

**TESTIMONY OF
REPRESENTATIVE JOHN R. CARTER (TX-31)
MEMBER OF CONGRESS
BEFORE THE HOUSE VETERANS AFFAIRS COMMITTEE
MEMBERS DAY HEARING ON
MAY 16th, 2018**

Chairman Roe, Ranking Member Walz, and other Members of the Committee, it is an honor to speak before you this afternoon. Chairman, I want to take the time today to commend you for this committee's recent work to pass the VA MISSION Act and other legislation in support of our veterans.

I am here to speak on behalf of the veterans in my district and throughout the nation. In return for their service to this great nation, we owe them the best medical care that can be provided. As you all know, funding for CHOICE runs out at the end of May. I urge this committee, our leadership, the House, and the Senate to pass the MISSION Act, which provides better community based care without detracting from the outstanding medical services provided by VA medical facilities, such as the Central Texas Veterans Health Care System in my district. While I believe veterans are best served by the VA, there are also those who live too far from a VA facility, cannot afford a long wait period, or have very specific medical services that are best provided for outside the VA system. The MISSION Act provides this community care option, and it pays for it with discretionary spending, which means Congress has more control, more oversight, and more responsibility.

I also want to talk about a very specific provision in the MISSION Act. There is transplant coverage language that originated in a bill I sponsored, the Veterans Transplant Coverage Act, that was inspired by my constituents, the Nelson family. Mr. Nelson, a veteran, required a transplant, and his son was a matching live donor. The VA would not cover medical costs for the donor, Mr. Nelson's son, even though this was a life-saving transplant for Mr. Nelson. I'm sorry to say that Mr. Nelson had to liquidate almost everything to pay for the medical expenses. We could not help the Nelson family, but his story has inspired me to work towards changing the law. When the MISSION Act is enacted it will ensure future generations of veterans will have their transplant medical expenses, along with the donor's expenses, covered by the VA. We owe this to our veterans who need this life-saving care. I want to publicly thank one of my colleagues on the committee, Dr. Dunn, as his hard work in championing transplant care for veterans helped get this language in the bill.

I also want to take this time to urge both the VA and DoD to turn their attention toward a provision I am working to include in the FY 2019 MILCON and VA appropriations report. There are many military

installations, including Fort Hood, Texas, where thousands of veterans are living right outside the gate, many working on the installation itself. Some veterans who live outside military installations, such as those who live in Killeen, Copperas Cove, or Harker Heights, Texas, need to drive two or three hours to the nearest VA facility. That's six hours of driving on top of two or more hours at the hospital for their appointment. I want the DoD and the VA to work together to see if it makes sense to put VA outpatient care clinics on military installations, where there are readily available facilities, and where there is a need in the surrounding community for local VA care for veterans.

In closing, our veterans everywhere deserve the absolute best medical care, preferably at a VA facility, or, under certain circumstances, in the community. The Mission Act is a step forward for our veterans.

Dr. Roe, Ranking Member Walz, thank you for providing me the time to speak at the HVAC member's day hearing, and I thank all the members of the committee for their hard work in providing for our veterans. I yield back.