

**Testimony Submitted for the Record by Congresswoman Cathy McMorris Rodgers**  
**House Veterans Affairs Committee**  
**May 24<sup>th</sup>, 2021**

Thank you to Chairman Takano and Ranking Member Bost for the opportunity to participate in the House Committee on Veterans' Affairs Member Day.

My primary focus during the 117<sup>th</sup> Congress has been on the Department of Veterans Affairs' (VA) electronic health record modernization (EHRM). The EHRM was supposed to move veteran health care into the 21<sup>st</sup> century, modernizing VA operations and ensuring smooth and seamless care for veterans as they move through different VA departments. Mann-Grandstaff VA Medical Center, in my district, was chosen to be the pilot of the new system.

Unfortunately, the new system is not the improvement we hoped for, at least not yet. It has put new stresses on Mann-Grandstaff, a vital lifeline for veterans in my district. Veterans are constantly reaching out to my offices with complaints and pleas for help.

One concern that I have repeatedly heard is that veterans cannot easily communicate with their care team through the system's patient portal. We are hearing reports of veterans' appointments being scheduled or changed without the veteran being notified. Recently, a veteran let our office know that although he had signed up to get alerts whenever he received an online message from his VA providers, he logged into the patient portal to find he had multiple urgent messages waiting for him that he hadn't been alerted to receiving. Days later, the same veteran received multiple alerts within minutes in the middle of the night about a message his provider had sent in the portal earlier that day. The patient portal, alert and messaging system is not where it needs to be. An inability to communicate with their care team effectively puts veterans' health and safety at risk.

Another area of concern is patient prescriptions. We've been contacted by veterans who have experienced baffling incidents and mistakes that put their health and safety at risk. One constituent shared that after the EHRM went live, his prescriptions started coming in his father's name instead of his own. He spent hours trying to correct the issue with the VA. Perhaps the most troubling incident that was communicated to my office involved a veteran who went through withdrawal after his prescriptions were not properly converted to the new system. This incident was dangerous and unacceptable.

I have been encouraged by the conversations I have had with VA leadership and others working on the EHRM, but we cannot take our eye off the ball. The problems that have become evident as Mann-Grandstaff has navigated the EHRM must be addressed before the system is deployed at other facilities.

I am also extremely concerned about the severe backlog in Community Care. In my district, a community care backlog of at least six months has developed. This bottleneck is cutting off access to an important health care option that many veterans in Eastern Washington utilize. I have written to VA leadership to try to get to the bottom of the problem and determine whether it is due to COVID-19, the EHRM, or a combination of both issues. A six-month wait for care is unacceptable. I'll continue to pursue answers so we can remedy this situation.

I appreciate the committee's oversight of the EHRM and commitment to making sure VA programs and benefits meet veterans' needs. There are several bills that I am supporting this Congress that I hope we will be able to move across the finish line. Two in particular I would like to mention are H.R. 845, the VA Billing Accountability Act, and H.R. 1361, the AUTO for Veterans Act. The VA Billing Accountability Act would waive the requirement for veterans to make copayments when the VA makes a billing error. Too often, veterans seek and receive care that they believed was 100% covered by their benefits, only to get a surprise bill in the mail. That is not acceptable, and veterans should not be responsible for the VA's mistakes.

Additionally, we must ensure veterans with disabilities have access transportation. The special-access vehicle grant program is a lifeline for some veterans, but under current law, the benefit is available only once in a lifetime. We know special-access vehicles do not last a lifetime, which is why I support the Auto for Veterans Act to provide a grant for veterans with disabilities to purchase a special-access vehicle every 10 years. I hope we can get these and other priority bills passed in the 117<sup>th</sup> Congress.

When someone joins the military, it's not just a job—it's a family commitment to our country. I appreciate the committee's efforts to roll out the red carpet for America's veterans and focus on policies that ensure they get the care and benefits they have earned. Thank you again Charmain Takano and Ranking Member Bost for the opportunity to share my priorities with you.