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September 18, 2026

The Honorable Douglas A. Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Secretary:

Thank you to your team for appearing as witnesses before the House Committee on Veterans' Affairs Oversight hearing titled, "Beyond Go-Live: VA Electronic Health Record Modernization Status Update" on September 2, 2026.

As a follow-up to the hearing, I request that Dr. Lawrence, Deputy Secretary, U.S. Department of Veterans Affairs respond to the attached questions for the record.

The Committee requests written responses no later than October 9, 2026, so they may be made part of the record. If you have any questions, please reach out to Mr. Nicholas West, Chief Clerk, on my staff via email at Nicholas.West@mail.house.gov

Sincerely,



MIKE BOST
Chairman
House Committee on Veterans Affairs

cc: The Honorable Mark Takano, Ranking Member, House Committee on Veterans Affairs
Enclosure: Questions for the Record submitted by Representatives Bergman and Mace

Rep. Jack Bergman
Questions for the Record
“Beyond Go-Live: VA Electronic Health Record Modernization Status Update”

Third Party Revenue Collections and Electronic Health Record Modernization

It is my understanding that third party revenue collections have declined significantly at medical centers that have transitioned to the new EHR. This is revenue that VA collects from private insurance carriers for non-service-connected care furnished to Veterans; the Veteran is not charged a copayment for that care. These collections remain with the facility where the care was delivered, and hospital directors tell me they are a critical source of funding because they can be applied flexibly to facility and program needs. On average, I understand third party collections account for roughly 10 percent of a medical center’s annual operating budget. I am further told that the underlying issue in EHRM transition sites is the Oracle system’s difficulty properly interfacing with the VA financial databases that are a component of VistA.

Question 1:

Has VA received reports of reduced third party revenue collections at medical centers that have deployed the new EHR? If so, please describe those reports and identify the facilities affected.

Question 2:

What specific steps is VA taking to correct the interface between the new EHR and VA’s revenue and financial systems, and on what timeline?

Rep. Nancy Mace
Questions for the Record
“Beyond Go-Live: VA Electronic Health Record Modernization Status Update”

1. The first rollout containing 6 sites produced “unclear results” per your testimony. Please provide the data which lead you, and the Department, to the conclusion there were "unclear results" as it relates to the effectiveness and satisfaction of the rollout
2. Per your testimony, "The “vast majority” of the feedback from the existing rollout sites is largely positive" please provide the data supporting your claim.
3. At the hearing, VA stated that the Federal EHR does use the same AI tools deployed in Oracle Health's commercial Cerner Millennium environments. Please provide a complete list of third-party or Oracle-native AI tools - including anything available through Oracle Health's application marketplace (formerly Cerner's app gallery/code program) - that (a) are deployed commercially alongside Cerner Millennium, and (b) are currently deployed, piloted, or under evaluation in the Federal EHR. For each, identify deployment status, sites, and the VA office responsible.
4. What tools are currently deployed in the Federal EHR specifically to reduce provider data-entry and retrieval time? Please identify each tool, its go-live date, and any measured effect on task time or click count.
5. What AI-enabled clinical documentation tools (ambient listening, note drafting, note summarization) are deployed in the Federal EHR today? If none, has VA evaluated the tools Oracle Health offers its commercial customers for these functions, and if so, what was the outcome?
6. What AI-enabled diagnostic or clinical decision support tools are deployed in the Federal EHR today? Has VA evaluated tools that are already integrated with Cerner Millennium commercially? Provide any evaluation documents.
7. Has the VA formally asked Oracle Health which AI capabilities currently in production across its commercial Cerner customer base, not currently in place, may be enabled in the Federal EHR? If so, provide Oracle's response. If not, why not
8. Given that the Federal EHR is a Cerner Millennium instance shared with DoD, what specific technical, security, or contractual barriers prevent VA from enabling AI tools that Oracle's commercial Millennium customers run today? Identify each barrier, the office that owns it, and the timeline to resolve it.
9. Who at VA has decision authority to approve deployment of a commercially proven third-party clinical AI tool into the Federal EHR, and what is the approval pathway and average timeline?

10. VA has access to Cerner's Lights On Network usage metrics (used in VA-sponsored research on the Spokane deployment). Please provide current Lights On data showing average clicks and time-per-task for common provider workflows (order entry, note completion, result retrieval) at each live Federal EHR site, compared against Oracle Health's commercial benchmarks.

11. Has VA measured provider burnout or time-in-EHR at live Federal EHR sites since go-live, and does VA have a target for reducing either? If so, please provide the data, and if not, why not?

12. Please list the exact challenges preventing the VA from deploying these capabilities before the remaining sites go live, rather than after?