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The Honorable Mariannette Miller-Meeks
1034 Longworth Building
Washington, DC 20515

The Honorable Julia Brownley
2262 Rayburn Building
Washington DC 20515

Chairwoman Miller-Meeks and Ranking Member Brownley and Members of the Subcommittee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to provide comments on H.R. 3520, the “Veteran Care Improvement Act of 2023,” pending before the Subcommittee on Health, House Committee on Veterans’ Affairs during the June 21 legislative hearing. AFGE represents more than 750,000 federal and District of Columbia government employees, 291,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees.

H.R. 3520 would codify community care access standards that require the VA to authorize patients’ use of community care providers when the VA cannot provide in-person care within:

- 30 minutes of a veteran’s home and 20 days of the veteran’s request for primary care, mental health care, or extended care services;
- 60 minutes of a veteran’s home and 28 days of the veteran’s request for primary care service; or
- a 30-minute drive from the veteran’s home and 10 days of veteran’s request for residential treatment and rehabilitative services for alcohol or drug dependence.

The bill does not apply these standards to community care providers who would supplant the VA’s care. In fact, a recent study found that VA wait times were lower than those for community-based clinicians in many areas.¹ H.R. 3520 would authorize the Secretary to prescribe an even shorter drive-time standard for VA while applying no such standard to community care providers. H.R.3520 would also prevent the Secretary from correcting the current bias in the access standards for telehealth. VA providers cannot satisfy access standards using telehealth while community care providers can. As a result, veterans can be referred to community care because VA cannot meet the access standard for in-person care only to be sent to a community care provider for a telehealth visit.

¹ Feymany, Y, Asfaw, AA, Griffith, KN. Geographic Variation in Appointment Wait Times for US Military Veterans. *JAMA Network Open*, 2022;5(8):e2228783. doi:10.1001/jamanetworkopen.2022.28783



Further, H.R. 3520 would undermine VA's power to properly manage community care requests by allowing access to community care when veterans indicate their "preference" to their provider for "where, when, and how to obtain private sector health care." The preference provision superficially offers the veteran the choice between VA and community care services, but over time it would further erode the VA by accelerating the already alarming trend toward privatization.

More than a third of care is now provided by community care. According to the Congressional Budget Office, the percent of VA spending on community care nearly doubled from 2014 to 2021, a trend Secretary McDonough has publicly admitted is unsustainable. H.R. 3520 would further erode the ability of VA to appropriately manage community care by disallowing the VA from overriding inappropriate referrals to community care by third-party administrators.

H.R. 3520 is one-sided and would convert the VA from a provider of care to a payer for private care. This is an effort to dismantle the VA hidden behind the disingenuous language of choice. If enacted, this would deplete the VA of an adequate patient population to operate and eventually lead to facility closures. Academic studies have shown that the VA's in-house care is less expensive and produces health outcomes (as measured by reduced mortality) compared to community care². Bills that recklessly promote community care will unfortunately increase patient waiting times, increase taxpayer costs, and in some cases worsen veterans' health and indeed shorten their lives.

AFGE urges Congress to reject transparent backdoor attempts to dismantle the VA and instead focus on improving it by addressing the workforce shortage, providing adequate funding, undoing the harmful effects of HR modernization and reforming access standards so that they are applied to community care providers as well as VA.

Sincerely,



Julie N. Tippens
Director, Legislative Department

² Chan, DC, Danesh, K, Costanini, S. Mortality among US veterans after emergency visits to Veterans Affairs and other hospitals: retrospective cohort study. *BMJ* 2022; 376 doi: <https://doi.org/10.1136/bmj-2021-068099> (Published 16 February 2022)