



**Statement of Nathan Anderson
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On

**H.R. 214: The Veterans' True Choice Act of 2023
H.R. 10267: The Complete the Mission Act of 2024
H.R. 3176: The Veterans Health Care Freedom Act of 2023**

**House Veterans' Affairs Subcommittee on Health Legislative Hearing
December 17, 2024**

Thank you to Chairwoman Miller-Meeks, Ranking Member Brownley, and the Members of the Subcommittee for the opportunity to submit this statement on behalf of Concerned Veterans for America (CVA). CVA is a grassroots network of thousands of veterans and military family members dedicated to a freer and more secure America where every person is empowered to live their American dream. Our organization is driven to organize and elevate the American veteran's unique perspective to both the American people and our leaders in Washington.

CVA's History in Veterans' Health Care Reform

Concerned Veterans for America has been a steadfast advocate for reform and accountability at the Department of Veterans Affairs and for increased health care choices for veterans since 2012. Throughout our 12-year history, CVA has worked on the leading edge of efforts to improve veterans' health care outcomes and hold the VA accountable when it falls short.

After news of the 2014 Phoenix VA wait time manipulation scandal broke, CVA staff and activists helped elevate this story to the national spotlight, along with the underlying issues that contributed to veterans dying while waiting for care. In the immediate aftermath of Phoenix, CVA fought for the Veterans Access, Choice, and Accountability Act of 2014, which created the first choice program for veterans to seek care outside the VA. CVA also backed the VA Accountability and Whistleblower Protection Act of 2017, which gave the VA the freedom to remove poorly performing employees and shielded whistleblowers from retaliation.

CVA also played a key role in shaping the contents and passage of the VA MISSION Act, which passed with overwhelming bipartisan support in 2018. This legislation incorporated



many of the recommendations of the 2015 Fixing Veterans' Health Care Task Force convened by CVA, namely by creating the Veterans Community Care Program (VCCP). By consolidating existing choice programs and simplifying access standards, the VA MISSION Act offered greater health care choice to millions of veterans, enabling far more to access care where and when they needed it.

CVA's efforts to defend the VA MISSION Act's faithfully implemented in the face of the VA's failure to honor its regulatory and statutory obligations to the law inform our strong support for several of the bills in today's hearing. These include **H.R. 214** (The Veterans' True Choice Act), **H.R. 10267** (The Complete the Mission Act), and **H.R. 3176** (The Veteran Health Care Freedom Act).

VA MISSION Act Implementation Failures: Community Care At Risk

Since the VA MISSION Act's passage, the VA has chosen to effectively pick and choose what regulations and sections of the law to follow. Rather than support the success of the VCCP as a treatment option that will enable veterans to get care faster and improve VA's capacity to provide care at its own facilities, the agency has taken several actions to minimize the VCCP's use among veterans.

Our staff routinely hear from veterans that the VA rarely, if ever informs veterans about their eligibility for community care or the associated access standards. To make matters worse, when veterans do request community care, VA internal guidance encourages VA employees to actively steer them away from these options.¹ When wait times at Veterans Health Administration (VHA) facilities exceed 20 days or a 30-minute drive time for primary or mental health care and 28 days or a 60 minute-drive time for specialty care, veterans are eligible for community care, per existing regulatory access standards. Nevertheless, CVA routinely hears reports from veterans around the country who are asked to instead drive hours for VHA appointments, sometimes across state lines, rather than being offered timely community care options.

A previous Freedom of Information Act (FOIA) suit also revealed that the VA disregards its own regulations on wait times to use outdated measurements that make veterans' wait times appear shorter than they actually are. This alarming practice is reminiscent of the conditions which led to the 2014 VA Phoenix scandal. The VA guidance has led to large portions of veteran patient pools in different areas of the country being deemed ineligible for community care when they should be legally entitled to these options.² For years, the

¹ Kevin Schmidt, "Records Confirm VA's Use of Inaccurate Wait Time Numbers," *Americans for Prosperity Foundation*, April 24, 2024. <https://americansforprosperityfoundation.org/records-confirm-vas-use-of-inaccurate-wait-time-numbers/>

² For a detailed explanation of the VA's outdated wait-time calculation guidance and its impact on veterans, see: "Delayed and Denied Care: Transparency and Oversight Needed for VA Wait Times." *Concerned*



VA's failures to accurately measure wait times as required by the MISSION Act have been criticized by the Government Accountability Office, the VA Inspector General, and veterans' organizations such as CVA.³

Even when veterans are approved for community care choices, internal guidance allows administrative staff to overrule VA doctors' assessments of their patient's best medical interest in receiving care from a non-VHA provider.⁴ In this respect, the agency's internal policies directly contradict the letter of the MISSION Act and the VA's own implementing regulations, both of which list "best medical interest" as one of the standards for community care referral.⁵

This pattern of unelected bureaucrats subverting the stated will of Congress in the VA MISSION Act demands robust oversight and accountability from lawmakers. Fortunately, several bills under discussion today address these failures by enforcing stricter compliance standards on the VA and increasingly removing the agency's ability to be an obstructive middleman between veterans and their care options to begin with.

H.R. 10267 The Complete the Mission Act of 2024

The Complete the Mission Act, sponsored by House Veterans Affairs Chairman Mike Bost, represents an immediate remedy to many of the problems discussed previously stemming from VA administrative overreach. This legislation incorporates many provisions previously included in the Veteran Care Improvement Act, sponsored by Subcommittee Chair Miller-Meeks. Several provisions are worth extra emphasis:

First and foremost, this bill would codify community care access standards. Currently, the access standards are set in regulation by the VA. While Secretary McDonough has been content to actively subvert these standards through internal guidance to VA staff, he has publicly suggested before the Senate Veterans Affairs Committee that the VA should tighten the access standards to further restrict eligibility.⁶ A VA-commissioned internal "Red Team" report released this year also outlined the agency's plans to further reduce

Veterans for America. February 22, 2022. https://cv4a.org/wp-content/uploads/2022/02/22_298900_VAPolicyBriefingHandout.pdf

³ "Veterans Health Administration: Concerns with Consistency and Transparency in the Calculation and Disclosure of Patient Wait Time Data," *Department of Veterans Affairs Office of Inspector General*, April 7, 2022. <https://www.va.gov/oig/pubs/VAOIG-21-02761-125.pdf>; "Priority Open Recommendations: Department of Veterans Affairs." *Government Accountability Office* to Secretary Denis McDonough. May 10, 2021. <https://www.gao.gov/assets/720/714332.pdf>

⁴ Jill Castellano, "The Mission Act is supposed to help US veterans get health care outside the VA. For some, it's not working." *USA Today*, November 1, 2021. <https://www.usatoday.com/in-depth/news/investigations/2021/11/01/mission-act-aid-veterans-healthcare-va-isnt-letting-it/8561618002/>

⁵ 38 USC § 1703(d)&(n); CFR § 17.4010(a)(5)

⁶ Patricia Kime, "VA Weighs Limiting Access to Outside Doctors to Curb Rising Costs," *Military.com*, June 15, 2022. <https://www.military.com/daily-news/2022/06/15/va-weighs-limiting-access-outside-doctors-curb-rising-costs.html>



community care usage.⁷ Unless Congress acts to make these access standards law, the risk will remain that a future VA Secretary can arbitrarily set them to be so restrictive as to effectively eliminate community care choices.

The bill also improves veterans' experience as patients by setting up a self-scheduling portal that allows them to avoid needing to stay on VA phone lines to secure an appointment. The legislation also requires the VA to inform veterans when they are eligible for community care and to accurately measure wait times from the date of a veterans' treatment request to the date of their appointment.

One of the most important parts of the Complete the Mission Act is its pilot program to offer veterans seeking mental health and substance use treatment "full choice"—the ability to access community providers for these services without VA preapproval. Veterans in urgent need of either of these kinds of care do not have time to wait for VA schedulers to get to their case. Putting veterans' health care outcomes first when time is of the essence should be uncontroversial for any Member of Congress to support.

H.R. 214 The Veterans' True Choice Act of 2023

The Veterans' True Choice Act, sponsored by Rep. Greg Steube, would allow disabled veterans in Priority Groups I-III the opportunity to choose whether to enroll in the Veterans Health Administration or the TRICARE system. We owe those who have incurred disabilities while serving the country our utmost in ensuring that we honor our promise to ensure access to quality and timely health care, regardless of where it comes from.

The Veterans' True Choice Act would allow service-connected disabled veterans the ability to enroll in TRICARE Select or TRICARE for Life if they are Medicare eligible. Both TRICARE plans allow servicemembers and military retirees the ability to choose whether to seek treatment from the military health system or community providers without pre-approval. The option to switch to these plans would empower disabled veterans with the opportunity to choose their providers directly rather than seeking permission from the VA first.

To pay for this program, Veterans True Choice Act directs the VA to reimburse the DoD directly for the costs of veterans that choose TRICARE plans. Per-patient costs in the TRICARE system are historically significantly lower than those in the VHA, even among more readily comparable patient pools, such as enrollees in TRICARE for Life and VHA enrollees who are also over 65 years of age.⁸

H.R. The Veterans Health Care Freedom Act of 2023

⁷ "Empower Oversight Obtains VA Red Team Report on Community Care," *Empower Oversight*, April 30, 2024. <https://empowr.us/empower-oversight-obtains-va-red-team-report-on-community-care/>

⁸ See: "TRICARE vs. VA Health Care Cost Estimates: FY 2022," *Concerned Veterans for America*, 2023.



The Veterans Health Care Freedom Act, sponsored by Rep. Andy Biggs, would truly revolutionize the way we deliver veterans' health care in the United States and should be a major Congressional priority moving into next session. This legislation would phase in "full choice," offering all veterans the opportunity to choose to receive care either at the VA or at community care providers without first seeking VA pre-approval.

Congress has watched the VA fight its attempts to give veterans additional health care choices through legislation like the MISSION Act for years. Fundamentally, current reform will naturally be limited by the administrative discretion they give the VA to support or obstruct any given program. Incoming VA leadership that may be more friendly to offering veterans' greater control over their care is no guarantee that future agency heads will not want to restrict these options.

Full choice removes the VA's ability to abuse its existing administrative discretion over the Veterans Community Care Program by manipulating wait times, cancelling referrals, and controlling the pace of the scheduling process. Empowering veterans to choose the provider that best meets their needs puts those who have served at the center of their own health care, rather than agency bureaucrats.

Conclusion

When speaking about veterans' health care, General Omar Bradley, the first Administrator of the VA, noted, "we are dealing with veterans, not procedures; with their problems, not ours." Honoring America's promise to its veterans requires rededication to General Bradley's mindset. Unfortunately, VHA leadership has lost sight of the fact that driving patients to its facilities is not its mission—caring for veterans and improving their health outcomes is, regardless of where that care takes place.

Through **H.R. 214** (The Veterans' True Choice Act), **H.R. 10267** (The Complete the Mission Act), and **H.R. 3176** (The Veteran Health Care Freedom Act), Congress has the opportunity to both protect the spirit of the VA MISSION Act and further expand veterans' health care choices to put those who have served at the center of their care.

Sincerely,

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