Statement for the Record:

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U.S. House Committee on Veterans Affairs
Subcommittee on Health
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Legislative Hearing

Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the Subcommittee;

Everything about AWP is unique in the veteran's service space. It was intended to never "recreate the wheel" or compete for a specialized purpose with existing veterans' organizations. AWP was meant to partner with communities, find and build relationships with veterans, connect them with trusted partners and resources, and collectively succeed by eliminating veteran suicide. The community integration model works very well and is perfectly suited to discuss many of the issues this Committee faces.

At AWP, we help veterans every day. And every single veteran is unique. Our "one-size-fits-one" approach to helping veterans is designed to build trust and relationships, instead of a transactional approach favored by other collective impact models.

Regardless of the politics involved, community care is a tremendous success and a terrific tool. At AWP, community care is a tool and resource we can offer to veterans that we find through outreach or referral, and it is especially helpful for many veterans who don't fully trust the VA or don't want to utilize VA facilities due to distance or time factors.

As I have said before, AWP will always side with the veteran. This does not mean being against the VA, but rather in favor of veterans. And AWP has always supported empowering veterans to make their own decisions and take charge of their own care. At AWP, we consider the VA to be one of our closest partners, and they take great care of many of the veterans we are in touch with or refer to the VA. But the ability to have veterans choose their path forward and have options has been a game-changer in helping veterans.

Fundamentally, it is the role of the VA to take care of veterans. But it's the role of Congress to prescribe how that is done. It is not the role of the VA to expand into every community and bring more services "in-house" to reduce the ability of veterans to use community care. Nor is it the role of the VA to continue expanding into communities and competing against private hospitals and medical centers - many of which are already federally subsidized, especially in rural areas - while also trying to compete for the limited pool of medical professionals available.

Accordingly, below are some insights regarding the pending legislation before the Committee today:

Complete the Mission Act of 2024 (HR ####)

Introduced by Chairman Bost, this legislation incorporates several important priorities for AWP, including several sections that were included in previous legislation or standalone bills. America's Warrior Partnership is proud to support this legislation, and we hope Congress will quickly work to ensure it is passed into law. Among the notable sections:

1. SEC 101: Codifying Access Standards

This section is one of the most important parts of the legislation. It is vital that the measure for community care eligibility is no longer left to regulatory guidance. Congress must pass minimum standards into the US Code and guarantee a minimal level of criteria for care. In this legislation, it sets the law at 20 days or 30-minute drive time for primary care, and 28 days or 60-minutes for specialty care. These are the current VA standards. But they should not be the goal. These should be the maximum wait, and goals set to half that standard. The VA must strive to do better. By comparison, the standard for TRICARE is a 7-days for primary care, and no longer than 28 days for specialty care (while the driving time standards remains the same.)

Further, despite the best efforts of this Congress, the VA has continued to push back against community care referrals. Often the dates are not aligned or the "clock" for waiting days is changed. Further efforts to expand VAMC's and outreach clinics highlight the VA's effort to bring more care "in-house" to reduce the need for community care.

By codifying the access standards for community care, Congress is stating in no uncertain terms that the ability for veterans to choose their care in the community is here to stay… permanently.

2. SEC 102: Notification of eligibility

   Despite the popularity of the MISSION Act and community care, many veterans are still unaware of their eligibility under the law, or what it means to them. Education is paramount to ensuring veterans make the best choice for their care. This notification to veterans must be more than just an email or letter stating they are eligible; it must clearly and simply lay out what options or choices are available, how to make those decisions, what it means for them, etc.

3. SEC 103: Veterans preference for community care

   Without a doubt, this section of the legislation is one of the biggest changes in veterans care in decades. Simply put, it allows veterans to state their preference for when, where, and how they seek hospital care, medical services, or extended care services. Prior to this, the VA decided whether veterans could use community care, based on availability at the VA facility and time/distance. This would allow veterans to unequivocally state that they would prefer to see someone in community care.

   While it may seem small, it raises the ability of veterans to receive primary or specialty care in the community at a place they prefer. This could be due to location or the ability to see the same medical professional again. Continuity of care is incredibly important in the medical field. And if a veteran can see the same doctor or specialist for their concerns, they can build a relationship and improve health care outcomes.

   Notably, it also ensures the VA must take into consideration a veteran's request for a caregiver or attendant when seeking care. For many older veterans or those with a caregiver, many times they are not included in the system and are forgotten by the VA. However, these caregivers and attendants will often know the veteran and their case very well and are the best advocates for the veteran themselves.

4. SEC 106: Value-based Reimbursement Model

   In Section 106, a small but meaningful change is made to require the VA to begin to explore a value-based reimbursement model. Previously, it was made optional, and to my knowledge, no progress was made. However, changing from "may" to "shall" requires VA to negotiate with existing third-party administrators on a value-based model. This ultimately comes down to quality vs quantity.

   For many health care professionals outside the VA, working with the VA or other government agencies is tedious and bureaucratic. Many of the best doctors and nurses

leave government service or large hospital systems for private practice because they get to choose their patients, build a relationship, and they can charge a high fee because of their expertise and high level of care.

With the help of this Committee and many dedicated veterans' groups, Congress has long held the belief that veterans should be provided with high quality medical care. And if you want the best doctors and medical professionals, exploring negotiations to pay slightly higher costs is how it happens. And better experts tend to result in better outcomes.

5. SEC 201: Interactive Self-Service Module Online

For many veterans entering community care, requesting a referral is difficult. And it's even more difficult to track after the request, especially if there are several requests for different services related to a veteran's care. Putting these together into a system on the VA website is a great idea and simplifies a lot of information for veterans. Allowing veterans to appeal a referral denial is also a great way to reduce wait and appeal times, and free up VA employees.

6. SEC 202: Publication of Wait Times

In 2014, in response to the VA wait list scandal that revealed secret wait lists and resulted in veterans' deaths at Phoenix VA Medical Center and delays across the nation, the Congress passed the CHOICE Act and VA Accountability Act into law. It was followed by the MISSION Act years later. Transparency matters. Especially in health care. Lives are at stake.

Anything that the VA can do to increase the transparency of how long it takes veterans to get care is a good thing. It helps bring resources and awareness to systems that need help and allows veterans to decide for themselves how they wish to receive care.

Further, the legislation takes care to specify that it does not matter when the request for community care was reviewed or approved. The language is clear about the clock. The timer starts when the request for an appointment is made and ends when the veteran receives the care. Period. No restarts or clock shuffles or time-outs. It might be worth clarifying how the VA defines appointments. Sometimes a single meeting with a medical professional can turn into several appointments.

7. SEC 203: Pilot Program

Part of Section 203 requires a 3-year pilot program in five regional areas that would allow veterans to access outpatient mental health and substance abuse services through health care providers without a referral. This is a terrific program that will have an immediate impact on veterans across the nation.

It's not outsourcing. It's not privatization. It's skipping the middleman and avoiding bureaucracy to take care of veterans at a vital and vulnerable moment. Contrary to other claims, this is not about protecting a government service/hospital/facility/program – this is exclusively about empowering the veteran and expanding the care available to them.

If at any time a veteran feels like they require those services, they would be able to go to the approved list of health care providers without additional steps, and it includes residential rehabilitation treatment programs.

However, this does not include treatment services for Traumatic Brain Injury (TBI). Often, the symptoms of TBI express themselves as post-traumatic stress and are then labeled as a mental health issue. However, they are physical wounds of the brain and need to be treated differently, and carefully. It is our belief that TBI services should also be included as one of the covered services under the pilot program, and several programs and providers across the nation who offer TBI services should be added to the approved list of providers who do not need a referral.

8. SEC 204: Eligibility in covered mental health groups

Section 204 is similar in some respects to Section 203, as it pertains to mental health and substance abuse services. However, this section is largely aimed at those who are referred or go to the VA for help, or are new to the VA, and specifically defines routine and priority admission requirements. Importantly, this section would codify specific criteria for priority admission – and requires the decision to be made within 48 hours or sent to community care. These community care programs would include current and future domiciliary residential rehabilitation treatment programs (RRTP).

At America's Warrior Partnership, we are a Fox Grant recipient. We have spent countless hours around the nation doing outreach and finding veterans who were not known to the VA or veteran service organizations. AWP even testified to this Subcommittee about the reauthorization of the program in September 2024. It should be known to the Committee that some of these veterans that AWP found during this

outreach were eligible for services under the Fox Grant and required immediate help. Had AWP not found them, the outcome could have been tragic.

Among them are veterans we have needed to refer for outpatient mental health or substance abuse services. The VA does not have enough space or staff for all the outpatient mental health and substance abuse service requests. But the community has space and programs, and for several years the referral process was easy and worked well.

However, in April, both AWP and our partners abruptly saw a surge in denials for care in these areas. This resulted in broken trust. Subsequently, we and our partners have lost touch with many of these veterans who asked us for help. They were suffering. And mental health and substance abuse are two leading factors in suicide.

This is unacceptable. We can't let this happen. This section of the legislation is urgently needed to address an ongoing issue. And overall, the Complete the Mission Act is a critical piece of legislation that needs to be passed into law soon.

Veterans Healthcare Freedom Act (H.R. 3176) – Rep. Biggs

This legislation is nearly identical to Section 203 of the "Complete the Mission Act" listed and detailed previously. AWP is supportive of the legislation.

Veterans' True Choice Act of 2023 (H.R. 214) – Rep. Steube

The Veterans' True Choice Act of 2024 (H.R. 214) is a bill that carries a big vision that would be a big win for veterans. H.R. 214 would allow veterans in Priority Groups 1-3 with a service-connected disability the choice to use TRICARE Select (with no copays) instead of VA furnished healthcare. For the veterans who chose TRICARE Select, the VA would reimburse the Department of Defense (DOD) for the cost, and the veteran would be ineligible for concurrent VA health care. For those veterans who are also eligible for Medicare, H.R. 214 would authorize TRICARE for Life.

TRICARE Select has been a successful program within the DOD for many years. This program has been widely revered by servicemembers and veterans already. Giving military servicemembers and retirees the ability to use the military health system and/or community providers for primary care and specialty care (without referral) when/where it is best for them has proven to be a win for everyone. While some have

claimed that moving eligible members to TRICARE Select and out of the military health system has not worked, the evidence points to the contrary, with tens of thousands of appointments booked and a consistent flow of new TRICARE Select members.

This legislation would be a win for veterans, and dramatically alter how health care is delivered. While proper oversight will continue to be needed, the DOD has put into place significant safeguards to ensure proper reimbursements and member outcomes.

[DRAFT legislation – VA Joint Scholarship for Public Health Service Officers] – Rep. Takano

There has been a significant shortage of health care professionals for many years across the nation. It is recognized by DOD, VA, HHS, the public health providers, and many others. The intent of this legislation is to offer a VA-funded scholarship to Public Health Service Officers in return for an obligation to work at the VA for a period. While AWP is supportive of the intent, the question of how long the VA would be able to retain the services of these scholarship recipients is important and unfilled in the legislation.

It is essential for the VA to retain these talented young health care professionals long enough to ensure the investment is fully returned but also to help stabilize a professional workforce. It is crucial to also balance the demands of other public health service organizations. Accordingly, clearly laying out in legislation the intent of Congress is vital and will help provide clarity for those thinking about becoming a public health services officer but unsure of the service obligation to the VA after the scholarship.

Veterans Emergency Care Reimbursement Act of 2023

No comment.

Improving Menopause Care for Veterans Act of 2023 (H.R. 8347) – Rep. Brownley

No comment.

Emergency Community Care Notification Time Adjustment Act of 2024 (H.R. 8481) – Rep. Mast

In emergencies, the last thing veterans should be thinking about is the nearest hospital and whether the VA will cover the cost of care. Many veterans in emergency situations are left scrambling as it is. Further, most veterans are unaware that to be covered by the VA, veterans must notify the VA within 72 hours after being admitted to a hospital or emergency care facility. That is often a low priority, and certainly lower than the safety and well-being of veterans.

This legislation would make a simple change by starting the 72-hour clock for notification at discharge and not at entrance. This would dramatically help veterans by extending the time for notification and allowing the veterans to presumably get better. Accordingly, AWP is proud to support this legislation.

One option for the legislation to include is education and awareness about the notification requirements. At AWP, many of the veterans we speak with are unaware of the 72-hour requirement and are calling for help. Some are unaware the VA would help cover any of the emergency care. The bills for emergency care for many veterans would be devastating, as they are for many others across the country. For those eligible, let's ensure that they are aware of these incredible benefits offered by the VA.

Including Eyeglass Lens Fittings in Community Care (H.R. 10012) – Rep. Maloy

Getting fitted for eyeglasses is deeply personal. Every doctor and veteran is as unique as the style and lens that are fitted. Eyeglasses are not a core competency of the VA, and the VA should not be in the eyeglass business. There are providers in nearly every small town in the nation that successfully help Americans every day with their eyeglass fittings.

This is a simple fix to an issue that is not usually thought of, but very important to countless veterans who utilize eyeglass services. AWP is proud to support H.R. 10012.

What Works for Preventing Veteran Suicide Act (H.R. 9924) – Rep. Landsman

At AWP, our work is focused on suicide prevention every day. And as a SSG Fox Grant recipient, we see how the program has been successful and want to ensure it is fixed and reauthorized. This would allow the program to continue helping veterans. As we have stated before, transparency and metrics are key. Standards of practice and measurable results are incredibly important. And AWP is proud to support this legislation.

However, it should go one step further. It should mandate transparency and accountability for the VA as well. For years, the VA has refused to publish the full methodology or data for their Annual Veteran Suicide Prevention Report, and has repeatedly dodged questions to both the House and Senate Committees on the topic. It is time to shine light on the VA as well, with the hope that we can begin to understand the true nature of the ongoing veteran suicide epidemic.

Veterans Access to Direct Primary Care Act (H.R. 5287) – Rep. Roy

This legislation would be a significant departure from the existing VA care model. It would enable a 5-year pilot program for veterans in certain areas to choose a Health Savings Account (HSA) from the VA, instead of VA care instead. This would enable the veterans to directly purchase primary care and other related health care items without the VA.

At its heart, the idea is quite simple. The rules governing HSA accounts are not new and are used by millions of Americans each year. What is unique is the size and scope of how they would be used under this program. Empowering veterans to shop for their health care and learn about this health care system itself is a positive step. However, the downside is that health care choices are often some of the most convoluted and confusing issues that most Americans make. Many just don't understand. Others make bad choices or ignore the issue.

However, enabling a choice for veterans is always a victory. But short-term guidance or education would likely be necessary to help guide veterans through the process, and help find providers and health care systems that work for them. Initial guidance on HSA amounts would likely be required too and could be based off existing data and standards. While we don't believe there would be a large number of veterans who would be eligible for this pilot, or would ultimately choose the HSA account, AWP is supportive of the intent and interested to see how veterans enjoy the ability to have health care choices of their own.

Members of the Subcommittee, we look forward to our continued work together and would like to thank each of you for all your hard work and dedication to those who served in our nation's armed forces.