

Most Alarming Aspects of VA Document Review

Prepared by Office of Congressman Abraham J. Hamadeh (AZ-08)

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Executive Summary: Internal VA guidance directs staff to dissuade veterans from using community care options, with the VA Undersecretary for Health instructing employees to *"press the easy button less with community care"* to drive more veterans to VA facilities. The VA is also attempting to revise drive time and wait time standards without Congressional approval, potentially gutting community care access and contradicting the MISSION Act's goal of expanding veterans' healthcare choices.

1. The VA is attempting to revise drive and wait time standards, including potentially modifying wait time criteria to include telehealth appointments within VHA. This attempt to unilaterally change access standards without Congressional approval directly contradicts the MISSION Act's goal of expanding community care options and improving quality of care
2. There are efforts to enhance initiatives designed to mitigate spending in various areas like Emergency Care, Mental Health, Orthopedics, Cardiology, and Oncology. While cost management is important, these efforts are primarily aimed at reducing community care utilization, ultimately decreasing the veteran's access to care and increasing wait times, rather than focusing on expanding timely access to quality care per the MISSION Act.
3. The VA is considering financial incentives, such as co-pay waivers, to encourage veterans to stay within direct care, limiting choice and prioritizing keeping the veteran trapped within the VA system over ensuring they receive the quality and timely care for their needs they have earned.
4. There are proposals to modify Third Party Administrators (TPA) contracts to require more involvement in directing veterans to the direct care system, which could limit community care options. This arbitrary repatriation of veterans from community care not only limits choice and access but also jeopardizes quality of care by disrupting continuity of treatment, risking serious impacts on health outcomes.
5. The VA's "Red Team" report concludes that continued rapid growth of the Veterans Community Care Program (VCCP) presents an "existential conundrum" for VA leadership, rather than focusing on how best to serve veterans. The report neglects to mention the real issue: ensuring veterans have the choice to access care that works best for them, whether within VA facilities or through community providers. Any approach that doesn't put veterans' needs at the center is fundamentally flawed.

The most alarming aspect is the VA's consideration of including telehealth appointments in wait time calculations. This change could effectively eliminate eligibility for community care.

By counting telehealth options, the VA could claim no access standard violations for distance or wait time, regardless of the veteran's actual ability to receive timely, quality in-person care.

This potential "nuclear option" would allow the VA to severely restrict or even eliminate community care access at will, completely undermining the intent of the MISSION Act.