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January 13, 2025

The Honorable Marianne Miller-Meeks
 Chairwoman, Subcommittee on Health
 The Veterans' Affairs Committee
 U.S. House of Representatives
 Washington, DC 20515

The Honorable Julia Brownley
 Ranking Member, Subcommittee on Health
 The Veterans' Affairs Committee
 U.S. House of Representatives
 Washington, DC 20515

Chairman Miller-Meeks, Ranking Member Brownley, and distinguished members of the committee:

AFGE writes to strongly oppose the "Recognizing Community Organizations for Veteran Engagement and Recovery Act" (RECOVER Act), and the "Health Desert Reform Act," which will be considered at today's legislative hearing. Both would create pilot programs, that if expanded, would bypass VA authorization and significantly threaten VA's integrated delivery model.

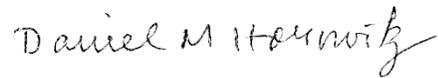
The Recover Act would establish a three-year pilot program to provide grants to established nonprofit mental health care providers to compete with services that the VA already provides. The Recover Act would make a mockery of the Mission Act's goal to supplement and not supplant the VA by funding private mental health providers without regard to whether the VA can provide care within drive and wait time access standards. In concert with steep staff reductions and punitive work policies that have already put stress on VA's mental health delivery system, it is clear that the Restore Act's real aim is to privatize the VA. The Act doesn't require these nonprofit providers to meet the same standards as the VA. It leaves it up to the Secretary to devise regulations that require a grant recipient to "demonstrate outcomes." This equates to privatization: defund and understaff a high-quality, cost-efficient public program, and divert care to loosely supervised private contractors, and put it on the taxpayers' tab.

AFGE has similar concerns about the Discussion Draft titled the "Health Desert Reform Act," which would create a pilot program for the VA to enter into agreements with hospitals in select areas to provide "the same hospital care and medical services for which the covered veteran would be eligible under the Veterans Community Care Program" without the need to meet wait-time and drive-time access standards. While the Discussion Draft directs the Secretary to give priority to hospitals located in rural areas with a high population of covered veterans; it doesn't limit the bill to areas that lack VA facilities, a damaging omission for a bill that purports to address access. As written, selected hospitals could supplant VA care if hospital sites are chosen

in areas close to VA facilities. VA's authority to coordinate and authorize care would be subverted.

Instead of creating unnecessary alternatives to VA care, the Committee should instead focus on bolstering the VA system.

Sincerely,

A handwritten signature in black ink that reads "Daniel M. Horowitz". The signature is written in a cursive style with a prominent loop at the end of the last name.

Daniel Horowitz
Legislative Director