

WRITTEN TESTIMONY DRAFT

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Thank you for the opportunity to provide testimony today. My name is Dr. Edward O'Bryan, and I am an Associate Professor of Medicine at the Medical University of South Carolina (MUSC). Prior to this role, I had the privilege of serving as an Attending Physician for six years at the Ralph H. Johnson VA Medical Center in Charleston, South Carolina, where I also completed three years of residency training.

This hearing is deeply personal for me. The Ralph H. Johnson VAMC is named in honor of a Marine who gave his life in Vietnam to save my uncle, Lt. Clebe McClary, also a proud Marine. My grandfather and father also served in the United States Marine Corps. The bond I feel with the veteran community is not only professional—it is profoundly personal.

Over the past 15 years, I've worked at the intersection of VA and academic medicine, and I've seen firsthand how critical it is to maintain strong, stable, and streamlined relationships between VA Medical Centers and their academic affiliates. The partnerships between the VA and institutions like MUSC are essential for delivering the best possible care to our nation's veterans. The bills under consideration today would enhance those connections and ensure that veterans receive timely, high-quality care, whether within the VA or through community providers.

Support for Legislative Proposals:

1. EHR Modernization Bill (Discussion Draft)

I strongly support the modernization of the VA's Electronic Health Record system. A fully interoperable system will eliminate data silos between the VA and its academic affiliates. At MUSC, we have already seen improvements in outcomes through integrated scheduling and data-sharing tools that allow for rapid transfer of care, real-time updates, and streamlined follow-up. A modernized system, with improved usability and interoperability, is essential to ensure continuity of care and safety, especially for veterans transitioning between VA and non-VA settings .

2. H.R. 3482 – Veterans Community Care Scheduling Improvement Act

This bill creates a direct, digital scheduling link between VA and community providers. I have seen the benefits of this model firsthand. By incorporating MUSC's specialists directly into the VA scheduling platform, we've drastically reduced delays in consults and

increased transparency for both patients and care teams. Allowing VA staff to view and book community appointments will empower schedulers, reduce wait times, and improve outcomes. Our VA system including Congresswoman Mace's district has shown excellent results, as highlighted below:

- Building on MUSC's strong academic affiliation with VA, the Ralph H. Johnson VA Health Care System's (RHJ VAHCS) Community Care Service began utilizing EPS in January 2024.
- As of May 2025, the Ralph H. Johnson VA Health Care System has scheduled a total of 1,863 appointments utilizing the EPS system. Of those, 34% have been scheduled appointments at MUSC.
- The RHJ VAHCS currently utilizes EPS to schedule directly into 26 specialties at MUSC in real-time; these specialties include:
 - § Orthopedics/Joint Surgery
 - § Primary Care Medicine
 - § Gastroenterology Endoscopy/Colonoscopy
 - § Ophthalmology
 - § Optometry
 - § Dermatology
 - § Rheumatology/Arthritis
 - § General Surgery
 - § Sleep Medicine
 - § Infectious Disease
 - § Physical Medicine and Rehabilitation
 - § Endocrinology
 - § Hematology and Oncology
 - § General Acute Care Hospital
 - § Renal/Nephrology
 - § Hepatology
 - § Radiology
 - § Pain Management
 - § Pulmonary/Chest
 - § Polytrauma/Traumatic Brain Injury (TBI)
 - § Neurology
 - § Mental/Behavioral Health
 - § Chiropractic Care
 - § Plastic Surgery
 - § Podiatry
 - § Spinal Cord Injury (SCI)
- Data shows for Charleston Veterans who are eligible for and elect to utilize Community Care, scheduling the community appointment through EPS reduces Veteran wait time by 8.8 days.

On average, wait time is reduced by 33% for all sites using EPS for Community Care scheduling versus traditional Community Care scheduling.

3. H.R. 3483 – FRAUD Act of 2025

Fraud wastes resources that should be going toward veteran care. Using advanced technology to detect billing anomalies and abuse is a critical step toward ensuring integrity in the Community Care Program. It protects taxpayer dollars while preserving access to high-quality community providers. I have yet to come across a front-line healthcare worker who isn't in full support of rooting out fraud and abuse. It's an affront to those who take care of Veterans on the front line that so much fraud and abuse seems to go unchecked.

4. H.R. 1663 – Veterans Scam and Fraud Evasion (VSAFE) Act

Veterans are among the most targeted populations for financial scams. Establishing a VA officer focused solely on scam and fraud prevention is a long-overdue safeguard. This role can increase awareness, coordination, and response time across the entire federal government. I would advocate for this role to be a public + private coordinated position subject to full fiduciary obligations where the interests of the Veterans are put above their own.

5. H.R. 3494 – VA Hospital Inventory Management System Authorization Act

Supply chain delays hurt patient care. This bill's support for a cloud-based inventory system could address critical shortages and bring more accountability to VA logistics, particularly in emergencies and natural disasters. This is a much-needed opportunity for improvement and modernization that is likely to significantly reduce waste if handled appropriately.

6. H.R. 984 – Equitable Relief for Administrative Error

When veterans are harmed by errors the VA should act swiftly to make it right. This bill mandates timely resolution and debt cancellation when the VA is at fault—a simple act of fairness and accountability.

7. Copayment Collection Reform (Discussion Draft)

It is unjust to bill veterans years after services are rendered due to internal system delays. This bill ensures that delayed billing caused by VA error does not unfairly burden veterans and places an appropriate time limit on collections. There is ample evidence that copays decrease healthcare utilization unnecessarily in vulnerable populations such as Veterans. I have seen first-hand Veterans delaying care secondary to the financial strain they place on patients; particularly the elderly, low-income or chronically ill

populations....the exact populations who need us the most. This bill is certainly a step in the right direction, but let us not forget that the entire copay system was developed by private insurers who have objectives that are not always in line with the health of our Veterans and vulnerable populations.

8. H.R. 3185 – Personnel Integrity in VA Act

Improving accountability for VA employees under investigation—even after resignation—is essential. Veterans deserve confidence that their providers and administrators are held to the highest ethical standards. Even after resignation, VA employees can be seen as subject matter experts in relation to VA medical issues and systems and therefore can influence veterans, employees, contracts, etc. Ethical integrity and fiduciary responsibility are paramount to accepting any position of service in the VA. Serving Veterans is an honor and should remain a badge of

Final Reflections:

In my time at MUSC and the Ralph H. Johnson VA Medical Center, I've cared for thousands of veterans. When the VA collaborates well with local academic affiliates, veterans receive coordinated, specialist-driven, high-quality, timely care. These legislative proposals all share a commitment to that mission—modernization, accountability, integrity, and faster access to care.

Thank you for the opportunity to advocate for these important reforms. I stand ready to assist the Committee in any way to ensure these bills achieve their intended impact.

Sincerely,

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