NEBRASKA RURAL HEALTH ASSOCIATION

WRITTEN TESTIMONY

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"Delivering Quality and Modern Healthcare to Michigan's Veterans and Servicemembers"

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Chairman Barrett, Ranking Member Budzinski, and distinguished members of the Subcommittee, thank you for the opportunity to testify today. I appreciate your leadership and the Committee's continued commitment to improving access to care and services for our nation's veterans and servicemembers.

My name is Dr. Jed Hansen. I serve as Co-Chair of the National Rural Health Association's Rural Veterans Health Special Interest Group and as Executive Director of the Nebraska Rural Health Association.

From my perspective, EPS represents the digitization of the MISSION Act. Congress expanded veterans' ability to receive care in their local communities through the MISSION Act. EPS provides the technology infrastructure needed to operationalize that access by connecting VA scheduling processes with community providers.

EPS helps translate eligibility into access. Veterans may be eligible for community care, but eligibility alone does not create appointments. EPS helps connect veterans, VA schedulers, and community providers through a more coordinated process that can reduce administrative burden, improve scheduling efficiency, and expand access to care.

The National Rural Health Association's Rural Veterans Health Special Interest Group recently identified expansion of EPS as one of its top policy priorities for 2026. Through discussions with rural providers, hospitals, researchers, veterans, policymakers, and community partners across the country, a common question continues to emerge: How do we move from successful pilots and early adopters to broad statewide utilization?

Nebraska is attempting to answer that question.

One lesson emerging from Nebraska is that technology adoption accelerates once critical mass

is achieved. Individual facility participation is important, but the greatest value is realized when enough providers participate that utilization becomes part of routine operations. Veterans do not receive care from a single facility. They receive care through networks of hospitals, clinics, specialists, behavioral health providers, therapists, dentists, and other community providers. Successful implementation must reflect how veterans actually access care.

To support this goal, the Nebraska Rural Health Association developed a statewide EPS expansion strategy with support from the Nebraska Hospital Association. The Nebraska Department of Health and Human Services recognized the potential of the approach and incorporated it into Nebraska's Rural Health Transformation Program (RHTP) strategy, creating a strong partnership around implementation.

The strategy seeks to support participation across Nebraska's broader rural healthcare network, including approximately 77 rural hospitals, 110 rural health clinics, all rural federally qualified health centers, and approximately 100 independent healthcare providers, including behavioral health providers, dental practices, therapy groups, and primary care clinics.

The objective is straightforward: create the critical mass necessary to support long-term adoption and utilization of EPS across the state.

Nebraska's approach also demonstrates how existing federal investments can be aligned to accelerate implementation. Through Rural Health Transformation Program funding, Nebraska plans to support interface development, provider onboarding, staff training, implementation assistance, and community engagement activities. The state anticipates providing approximately $75,000 per rural hospital or federally qualified health center and approximately $20,000 per independent provider site to support implementation efforts.

These are often the activities that determine whether technology adoption succeeds, yet they can be difficult for individual facilities to fund independently. Nebraska's experience suggests that states may already possess funding mechanisms capable of supporting EPS implementation if those resources are intentionally aligned with veteran access objectives.

The Nebraska strategy extends beyond scheduling technology alone.

A second component of Nebraska's strategy focuses on improving access to Compensation and Pension (C&P) examinations and strengthening the connection between veterans and the benefits they have earned through their military service.

The VA's efforts to pilot and expand scheduling of C&P examinations through EPS represent an important opportunity to improve access to benefits determination, particularly in rural

communities. Just as EPS can help connect veterans to healthcare services, it can also help connect veterans to disability evaluations that are often necessary to establish service-connected conditions and access benefits.

Nebraska's approach seeks to support those efforts in two ways.

First, Rural Health Transformation Program funding can be used to support provider participation in C&P examination training programs, helping expand the number of community-based providers capable of performing these examinations. Increasing local examination capacity has the potential to reduce travel burdens, improve convenience, and shorten the time required for veterans to complete the benefits determination process.

Second, participating hospitals and clinics may utilize funding to support local outreach and education efforts so veterans are aware that C&P examinations may be available within their own communities. Expanding capacity alone is not sufficient if veterans remain unaware of local options.

This effort is equally important for transitioning servicemembers. Timely access to disability evaluations and benefits determinations can help ensure servicemembers and their families receive the support and resources available to them as they transition from military service to civilian life.

Nebraska also plans to partner with the Veterans Benefits Administration as part of its regional Veteran Benefits and Resource Events. These events will provide opportunities to educate veterans about available benefits, connect them with resources, and, where appropriate, facilitate access to Compensation and Pension examinations and other benefits-related services.

Taken together, this approach reflects a broader lesson from Nebraska's implementation strategy: improving veteran access requires more than technology alone. It requires technology, provider capacity, and outreach working together to ensure veterans can successfully access both healthcare services and benefits.

The Nebraska model also recognizes that technology alone does not improve access if veterans are unaware of the services and benefits available to them.

As a second major component of the initiative, Nebraska plans to support regional Veteran Benefits and Resource Events. These events will bring together VA programs, Veteran Service Officers, veteran service organizations, community providers, caregivers, and local partners to improve awareness of available services and benefits.

The goal is to connect veterans and their families not only to healthcare appointments, but also to

the broader network of benefits, resources, and support services available to them. These events are intended to help veterans better understand eligibility pathways, disability benefits, community care options, caregiver resources, and other programs that can improve health and quality of life.

Technology can improve scheduling and coordination. Outreach and education help ensure veterans can successfully utilize the services available to them. Both are necessary.

Our experience with EPS, health information exchange initiatives, and other statewide healthcare modernization efforts suggests that technology adoption is most successful when innovative software is paired with trusted implementation partners.

Here in Michigan, the Michigan Center for Rural Health is an excellent example of the type of organization that can help convene providers, educate stakeholders, and support implementation efforts. Similar organizations already play important roles across the country, including the Texas Organization of Rural and Community Hospitals (TORCH), the Illinois Critical Access Hospital Network (ICAHN), state rural health associations, state hospital associations, and State Offices of Rural Health.

These organizations understand local healthcare delivery systems, maintain trusted provider relationships, and can help accelerate adoption in ways that national efforts alone often cannot.

Based on our national discussions and Nebraska's implementation experience, I respectfully offer five recommendations for the Committee's consideration.

First, continue supporting statewide implementation strategies that seek critical mass participation among community providers.

Second, support implementation efforts alongside technology deployment through provider onboarding, training, technical assistance, and outreach.

Third, encourage states to identify and leverage existing funding streams like RHTP that can support EPS implementation, provider participation, and veteran engagement.

Fourth, continue engaging trusted state and regional organizations that can serve as implementation partners and help accelerate adoption across community provider networks.

Finally, continue advancing interoperability efforts. Scheduling is an important first step, but future success will increasingly depend on stronger integration of referral information, clinical records, benefits processes, and care coordination workflows between VA and community providers.

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Chairman Barrett and members of the Subcommittee, EPS is demonstrating how technology can strengthen access to care for veterans while improving coordination between VA and community providers. Nebraska's experience suggests that successful implementation depends on achieving critical mass, supporting adoption, leveraging existing resources, expanding access to benefits determination, and maintaining a strong focus on veteran outreach and engagement.

While technology is an important part of the solution, the ultimate measure of success is whether veterans can more easily access the care, services, disability evaluations, and benefits they have earned through their service.

Thank you for your commitment to our nation's veterans and servicemembers. I appreciate the opportunity to testify and look forward to answering your questions.

Thank you for the opportunity to testify.

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