

**STATEMENT OF
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“RURAL ACCESS: IS VA MEETING ALL VETERANS WHERE THEY LIVE?”

**COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES**

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Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to appear before you today to discuss the ways VA provides health care and benefits to Veterans in rural or highly rural areas.¹

Almost a quarter of all Veterans, more than 4.4 million reside in rural communities. Many of these Veterans face unique challenges and obstacles that differ widely from their urban counterparts. Veterans often reside in rural communities to be close to family, friends, and community; to have open spaces for recreation; more privacy; lower cost of living; and less crowded towns and schools. However, the geographical isolation of rural areas can create challenges for rural Veterans in accessing VA resources, including medical care, educational benefits, and employment assistance.

Rural Veterans often face unreliable internet access, long travel distances, and less awareness about the benefits and care available to them through VA. Unreliable internet access restricts their ability to connect with online platforms and information, limiting access to essential resources like telehealth services and online application processes. Long travel distances can also pose financial and logistical challenges for rural Veterans, who must travel considerable distances to receive medical care, appointments, or other essential services. Furthermore, historically limited outreach efforts in rural communities may prevent many Veterans from fully utilizing the resources to which they are entitled.

VA is committed to working across Government, including with Congress, the White House, and Executive Branch, and with Veterans, and external stakeholders to overcome these challenges and provide rural Veterans with the care and benefits they have earned and deserve. The Department is doing so through new efforts under the Biden-Harris Administration and through ongoing efforts across the agency.

¹ Veterans Health Administration uses the Rural-Urban Commuting Areas system to define rurality. The Rural-Urban Commuting Areas system considers population density as well as how closely a community is linked socio-economically to larger urban centers. We use the term rural to include rural, highly rural, and insular island areas.

President Biden's Policies Benefit Rural Veterans

The Biden-Harris Administration's general policy framework has provided more care and benefits to Veterans, including rural Veterans. The Administration emphasizes expanding access to quality health care services, including mental health and substance use disorder resources, through initiatives like telehealth and mobile clinics. The framework aims to address long travel distances and limited access to medical facilities experienced by rural Veterans and to increase awareness of benefits and care available to these Veterans through outreach efforts and improved communication channels. By prioritizing rural Veterans' needs and improving their access to care, the President, and VA, aim to improve their quality of life and overall well-being.

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act²

The PACT Act marked the largest expansion of Veteran benefits in a generation. From August 2022 to mid-December 2023, VA enrolled more than 500,000 new Veterans, over 100,000 of which were eligible to enroll based on specific new authorities in the Act itself, and included 25,000 rural Veterans. To date, VA has also screened over five million Veterans enrolled in VA health care for toxic exposures, of which 1.7 million live in rural areas. This marks significant progress toward our goal of screening all Veterans enrolled in VA health care for toxic exposures at least once every five years.

Rural Recruitment and Hiring Efforts. Department recruitment efforts for physicians and health care providers in rural regions have been a longstanding challenge. In fiscal year (FY) 2022, turnover rates within the Veterans Health Administration (VHA) hit their highest levels in over 20 years, reaching 11% for VHA overall and 12.1% in rural facilities. In FY 2023, the PACT Act provided VA with unprecedented authority and flexibility to better recruit and retain staff. Leveraging these and other authorities, VHA saw a 7.4% overall growth rate and 7.7% in rural facilities for health care providers, the highest rate in over 15 years. Despite the fact that rural hiring outpaced the enterprise's overall growth, physicians remain more difficult to recruit in rural areas in particular. In FY 2023, rural areas saw a 2.1% growth rate in physicians, compared to 3.6% for VHA overall. VA continues to work with Congress to strengthen VA's ability to recruit and retain providers in high-need areas and specialties.

As part of PACT Act implementation, VA has also developed the FY 2023 Rural Recruitment and Hiring Plan³ to ensure VA has the workforce it needs to meet our obligation to rural Veterans. The plan outlined goals to improve staffing levels at all rural facilities, engage stakeholders to improve recruitment and onboarding, empower leadership across rural facilities to implement comprehensive strategies, increase satisfaction with the recruitment, hiring, and onboarding process, and provide the

² Pub. L. No. 117-168, 136 Stat. 1759 (2022).

³ Veterans Health Administration. (2023). *Rural Recruitment and Hiring Plan*. Workforce Management & Consulting, in partnership with the Office of Rural Health.

soonest and best care to Veterans living in rural communities.

Beyond efforts under the PACT Act, the Integrated Clinical Staffing Project contract, announced last year, is designed to address staffing shortages and improve care for Veterans.⁴ It covers various clinical and non-clinical positions, including physicians, nurses, pharmacists, therapists, technicians, social workers, and administrative staff. The contract will support VA's transformation initiatives, including the expansion of telehealth services and the enhancement of community care partnerships.

Largest Outreach Campaign in VA's History. With the passage of the PACT Act, VA launched its largest outreach campaign to ensure every Veteran impacted by toxic exposures receives the benefits and care they deserve. This required collaboration with community and national partners to reach Veterans across the country, especially rural Veterans, like never before. To this end, VA pushed an agency-wide enterprise initiative called "Summer Vet Fest," intended to inform Veterans, their families, caregivers, and survivors about the PACT Act and encourage them to apply for due benefits and care. Additionally, in the last calendar year, VA led at least two community-level events in every state and Puerto Rico and participated in 14,036 PACT Act-focused events, reaching 1,129,916 people. Of these PACT Act briefings, 5,883 included Congressional representation, and 32,248 included the media. VA also held 436 claims clinics across the country, reaching more than 18,000 attendees and resulting in 13,172 claims filed.

Veterans Exposure Team-Health Outcomes Military Exposures (VET-HOME). The VET-HOME program⁵ is a vital initiative aimed at addressing the health concerns of Veterans, with an emphasis on military exposures, such as hazardous chemicals or environmental toxins, to identify and mitigate potential health risks. Launching over the past year, the program offers clinical evaluations on a national scale through a geographically distributed team of providers trained in military environmental exposures. This initiative is particularly important for rural Veterans who may have limited access to health care resources and face challenges in receiving timely and specialized care.

Caregiver Support

Caregivers can play a crucial role in the well-being and quality of life of rural Veterans, especially those with physical or mental health challenges. In rural areas with limited health care and support resources, caregivers play a vital role in filling gaps and providing necessary support. They assist with medication management, transportation to appointments, and ensuring treatment plan adherence, leading to better health outcomes. Caregivers also positively impact the mental and emotional well-being of rural Veterans,⁶ providing emotional support, a listening ear, and a safe space for them

⁴ Note: The tentative award date for acquisition is January 9, 2024. No awardees have been named to date.

⁵ For more information, see <https://www.publichealth.va.gov/VET-HOME/index.asp>.

⁶ L'Heureux T, Parmar J, Dobbs B, Charles L, Tian PGJ, Sacrey LA, Anderson S. Rural Family Caregiving: A Closer Look at the Impacts of Health, Care Work, Financial Distress, and Social Loneliness on Anxiety. *Healthcare (Basel)*. 2022 Jun 21;10(7):1155. doi: 10.3390/healthcare10071155. PMID: 35885682; PMCID: PMC9318565. See also Talley R., Crews J., Caring for the Most Vulnerable: Framing the Public Health of Caregiving. *Am J Public Health*. 2007;97:224-228.

to express their feelings. They also help alleviate social isolation, providing companionship, engagement in social activities, and connecting Veterans with support networks.

In April 2023, President Biden signed an executive order to increase access to high-quality care and supporting caregivers,⁷ enabling families, including Veteran families, to have access to affordable, high-quality care and to have support and resources as caregivers themselves. As of December 19, 2023, 19,200 active caregivers in rural areas are enrolled in the Program of Comprehensive Assistance for Family Caregivers, offering services and benefits. This Executive Order called for the expansion of the Veteran Directed Care program to all VA Medical Centers by the end of 2024. VA's Veteran Directed Care Program (VDC) provided personal care services to over 7,200 Veterans in FY 2023, with over 50% living in rural areas. VDC is crucial due to limited home health aide agencies and labor market shortages.

Food Security

Another significant health concern for rural Veterans, especially those who are younger, unmarried, unemployed, and have children is food security.⁸ Veterans who are food insecure are more likely to experience physical and mental health problems and have a four-fold higher risk of suicidal ideation. In 2022, VA established the VHA Food Security Office to address food insecurity among Veterans through partnerships, data management, and research. The office provides clinical nutrition care to many rural Veterans through tele-nutrition visits and VA Video Connect.

American Indian and Alaska Native Veteran Initiatives

Meeting the needs of rural Veterans also means ensuring American Indian and Alaska Native (AI/AN) Veterans receive the care and benefits they deserve. These Veterans serve in the military at one of the highest rates of all racial and ethnic groups and are the most likely to live in rural communities. These veterans' already significant health care disparities are aggravated by barriers related to access to care, coordination, and care navigation. Thus, VA has worked with its partners to develop programming to address these challenges.

Copayment Exemption for American Indian/Alaska Native Veterans. In April 2023, VA implemented the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020⁹, exempting eligible Native Veterans from copayments for VA health care. The copayment exemption honors our treaties with

⁷ See generally <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>.

⁸ See Widome R, Jensen A, Bangerter A, Fu SS. Food insecurity among Veterans of the US wars in Iraq and Afghanistan. *Public Health Nutrition*. 2015;18(5):844-849. doi:10.1017/S136898001400072X. See also Cohen AJ, Dosa DM, Rudolph JL, Halladay CW, Heisler M, Thomas KS. Risk factors for Veteran food insecurity: findings from a National US Department of Veterans Affairs Food Insecurity Screener. *Public Health Nutrition*. 2022;25(4):819-828. doi:10.1017/S1368980021004584, and Wang EA, McGinnis KA, Goulet J, et al. Food Insecurity and Health: Data from the Veterans Aging Cohort Study. *Public Health Reports*. 2015;130(3):261-268. doi:10.1177/003335491513000313.

⁹ Pub. L. No. 116-315, 134 Stat. 4932

sovereign Nations, addresses health care access and disparities, provides more health care options, and continues to build trust in VA. As of December 8, 2023, VA has canceled over 118,000 copayments for over 3,400 eligible AI/AN Veterans, amounting to \$2.1 million in canceled and reimbursed copayments. VA continues to receive, review, and process applications for exemption and conduct outreach to ensure qualified Veterans get this exemption.

Tribal-VHA Collaboration on Suicide Prevention. In 2021, the highest suicide rate within minority populations was found amongst AI/AN Veterans. VA is focusing on increasing access to care, delivering culturally meaningful treatments, and growing support networks to reduce suicide risk among these Veteran groups through a suicide prevention strategy that is guided by the National Strategy for Preventing Veteran Suicide 2018-2028 and aligns with the President's 2021 National Strategy for Reducing Military and Veteran Suicide. To this end, VA continues to collaborate with Federal, tribal, state, and local governments to advance a public health approach to suicide prevention. These efforts include:

- Advancing suicide prevention for Rural Native Veterans through Tribal-VHA partnerships;
- Implementing Mental Health and Suicide Prevention Outreach to Minority Veterans and American Indian and Alaska Native Veterans (P.L. 117-328 § 101);
- Awarding \$52.5 million to 80 community-based organizations through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program; and
- Expanding collaborative suicide prevention efforts with AI/AN tribal communities in FY 2024 as part of VA and the Substance Abuse and Mental Health Services Administration's (SAMHSA) Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families.

COMPACT Act

The Biden-Harris Administration recognizes that reducing suicide cannot be accomplished singularly through reactive policy change; rather, it requires a long-term strategic vision and commitment to implement systemic changes in how we support Service members, Veterans, and their families across the full continuum of risk and wellness. In addition to continuing to build on VA's public health approach to suicide prevention, this year, VA implemented section 201 of the Veterans Comprehensive, Access to Care and Treatment Act of 2020 (COMPACT)¹⁰ Act. This law enables VA to provide, pay for, or reimburse emergent suicide care for eligible Veterans, determine eligibility for other VA programs and benefits, and make appropriate referrals for care. The ability to be seen at any medical facility for this care without prior authorization can be critical for rural Veterans who may have to travel long distances to their nearest facility. In addition, rural Veterans in crisis now have simpler access to the Veterans Crisis Line. The National Suicide & Crisis Lifeline's new number—988 (then Press 1 for Veterans)—helps make it easier to remember and share the number to access help in times of need, regardless of location.

¹⁰ Pub. L. No. 116-214, 134 Stat. 1026.

Ongoing Efforts to Serve Rural Veterans

VA's longstanding efforts continue to help bridge the gap between rural Veterans and the resources available to them. Through outreach efforts, telehealth services, mobile clinics, and partnerships with local community organizations, VA is working diligently to address the specific needs of rural Veterans and improve their overall well-being.

Outreach Initiatives

VA is committed to reaching rural Veterans where they are, ensuring they can access healthcare services and information about benefits, mental health support, and other available resources. This outreach involves partnering with various agencies, including Veteran Service Organizations (VSO), State Departments of Veterans Affairs, Federal agencies, and non-governmental organizations. VA.gov offers an online platform for Veterans to learn about, apply for, and manage their VA benefits and health care. In rural communities, VA collaborates with Rural Outreach Coordinators, VHA's Office of Rural Health (ORH), Mobile Vet Centers, County Veterans Service Officers, Transition Assistance Advisors, disability and aging network organizations, and community faith-based organizations to coordinate outreach support for events.

VA's success in providing updated benefits and service information to rural Veterans is largely due to its collaboration with local VSO Officers. The Rural Veteran Special Emphasis outreach program identifies gaps in benefits delivery to remote locations, ensuring equal access to and knowledge of all benefits. In FY 2023, VA completed over 1,100 Rural Veteran outreach events, connecting with over 300,000 Veterans, Service members, and beneficiaries. Additionally, Regional Offices across the U.S. have outreach plans based on their state's Veteran demographic and population data. For instance, the Winston-Salem Regional Office uses this data to determine the best methods for rural and untethered Veterans. They also collaborate with VA, VSOs, and other Veteran stakeholders to ensure effective outreach. Further, the Homeless Veterans Outreach Program focuses on assisting homeless or at-risk Veterans through outreach events and partnerships with stakeholders.

Rural Partners Network to Empower Rural Communities to Access Federal Resources. The Office of Rural Engagement (ORE) is a key partner in the Rural Partners Network (RPN), a whole-of-government initiative led by the U.S. Department of Agriculture. ORE collaborates with various stakeholders, including the RPN, government agencies, and community organizations, to understand and address the unique needs of rural Veterans. The ORE's mission is to leverage the strengths of the Federal Government, the Department of Veteran Affairs, and Veterans themselves to build resilient rural communities and improve the health and well-being of rural Veterans. ORE connects VA programs and policies to the unique needs of rural Veterans, employing a whole-of-government approach to support and engage both Veterans and their communities. It serves as the front door for rural Veterans, improving accessibility to resources specific to their needs. ORE also assesses VA policy

implications for rural Veterans, providing relevant information to Congress, the White House, the Interagency, and VA senior leadership. VA conducts outreach to engage rural Veterans and their advocates, aiming to increase participation in earned benefits and develop effective strategies for reaching rural communities.

Compensation and Pension (C&P) Examinations and VA's Over-Development Reduction Task Force

VA strives to improve service delivery to the rural Veteran population. VA's Medical Disability Examination (MDE) vendors understand the need to expedite C&P examinations in remote geographical locations with limited medical resources. VA uses several methods to ensure rural Veterans are receiving C&P examinations in a timely manner.

VA began using the Acceptable Clinical Evidence (ACE) process to streamline and enhance the disability claims evaluation. The ACE process provides C&P examination services for Veterans that reside in rural areas, and those who are elderly and may have difficulty traveling distances, utilizing C&P examiners who assess Veterans using Disability Benefits Questionnaires (DBQs) and existing medical evidence, supplemented by interviews conducted telephonically or via video when deemed appropriate. From FY 2021 to FY 2023, MDE vendors have increased their ACE modality usage by 123.8%. Tele-C&P (that is, telehealth) examinations expanded in 2020. The use of telehealth in the C&P disability examination program provides services for Veterans who reside in rural areas, those who are elderly and may have difficulty traveling distances, and those requiring specialty examinations. This allows for flexible exam scheduling and reduces the likelihood a Veteran will miss their examination. Tele-C&P examinations use video technologies for accurate face-to-face assessments, ensuring safety and efficiency. From FY 2021 to FY 2023, MDE vendors have increased their Tele-C&P modality usage by 74.6%.

VA has also utilized vendors to deploy mobile units throughout the country to augment existing provider networks and provide a full range of exam services which allow Veterans to undergo exams where they live. These units allow providers to conduct examinations in rural areas of every state within the lower 48 states. Mobile units are equipped to complete general medical and most specialty exams, as well as diagnostic testing. The units are handicap accessible, with wheelchair lifts and ramps, and are fully self-contained with power supply and internet connectivity, allowing for secure evidence transmission to VA systems. VA Medical Disability Examinations (MDE) Contract Vendors continue to expand their mobile unit fleets and collectively have 31 operational individual units.

VA collaborates internally with other VA benefits and services offices committed to reaching our rural Veterans, such as VA's Office of Outreach, Transition, and Economic Development, Office of Field Operations, Office of Tribal Government Relations, local VHA Outreach Coordinators, as well as VSOs, to support claims clinic events by providing on-site C&P examinations utilizing MDE vendor Mobile Units. MDE vendors have supported events for C&P examinations with the Crow Agency,

Cheyenne, Arapahoe, Saginaw-Chippewa, and Apsaalooke Tribes.

MDE vendors are beginning to use newly approved innovative measures to complete C&P examinations such as boothless technology for audio exams, newly approved portable visual field-testing units for optometry exams, and wearable home sleep monitoring devices for in-home sleep studies. These technologies reduce the need for Veterans to travel in some geographical areas.

In addition to increased examination modalities, MDE vendors use traveling providers and per-diem or rented locations, such as a temporary medical office space in Fulton, Illinois, to assist rural Veteran populations. License portability is utilized by MDE vendors, allowing covered examiners to travel across state lines to supplement the provider network in areas with limited medical provider options.

Supporting Rural Veterans' Health

ORH also works to improve the health and well-being of rural Veterans by increasing access to care and services. nine Specific programs include:

(1) *Telemedicine*: ORH supports various telemedicine programs, including Clinical Resource Hubs for primary care, mental health and substance use disorder treatment, and specialty care in 18 VISNs, Tele-Critical Care for remote critical care expertise in rural intensive care units, and over a dozen specific telemedicine programs in various specialties.

(2) *Transportation*: ORH collaborates with the Veterans Transportation Program to support two programs that provide transportation options to rural Veterans. The Highly Rural Transportation Grant Program grants to local and tribal programs, while the Veteran Transportation Service offers services like VetRide and ambulances, partnering with VSOs.

(3) *Broadband*: ORH, in collaboration with the Office of Connected Care, is providing VA Video Connect Patient Tablet program equipment, training, and broadband to Veterans without access.

(4) *Workforce*: Rural health care can be disproportionately impacted by both chronic and sudden shortages. ORH is working to leverage the full VA workforce through telemedicine, clinical education and training to rural sites, and disseminating best practices for recruiting and retaining providers in rural areas.

(5) *Other Specific Rural Clinical Initiatives*: ORH has developed a pipeline of innovation and research to enhance care models for rural Veterans, including 36 enterprise-wide initiatives, 9 Rural Promising Practices, and hundreds of small-scale pilots in various fields like primary care, emergency medicine, geriatrics, and more.

Caring for Veterans Where They Are

Telehealth, mobile clinics, and innovative technologies are also helping bridge health care barriers. Telehealth reduces wait times and travel costs, mobile clinics bring health care directly to rural communities, and wearable devices enable effective home

health management. These approaches promote preventive care, early intervention, and reduce emergency treatment costs, improving the quality of life for rural Veterans.

Telehealth. In FY 2023, the VA delivered more telehealth services than in any previous fiscal year, while achieving increased Veteran trust and satisfaction. Over 11.6 million telehealth episodes were delivered to over 2.4 million unique Veterans, with over 2.9 million delivered to over 770,000 rural Veterans. Further, 48.6% of rural Veterans identified telehealth as their preferred mode of care.

Telehealth also allows VA to expand clinical capacity and address health care disparities in rural areas by sharing clinical services across its health care system. The Clinical Resource Hub program delivered over 340,000 telehealth encounters to over 144,000 rural Veterans in FY 2023, a 21% increase in the number of encounters delivered to rural Veterans. Additionally, VA Health Connect offers 24/7 access to dedicated clinical triage registered nurses, urgent care providers, clinical pharmacy, and pharmacy support. It provides four essential core services: scheduling and administrative services, clinical triage, virtual clinic, and pharmacy. In the last fiscal year alone, VA Health Connect saw an increase of 3 million calls from rural Veterans and a nearly 70% increase in Virtual Clinic visits by rural Veterans.

Community Care. VA provides care to Veterans through community providers when VA cannot provide the care needed. The department does so through Third-Party Administrators (TPA), who maintain and strengthen the provider network, particularly in rural areas with fewer providers. The reliance on community care in rural areas continues to grow; it remains critical that we maintain a network of providers to ensure Veterans receive needed care. In cases where there are not enough providers in certain areas, VA works with TPAs to adjust reimbursement rates. The rate waiver process allows TPAs to request higher rates to attract providers to the network. The relationship with TPAs is a two-way dialogue, with ongoing monthly meetings to address standing and emerging needs. If TPAs are not meeting designated metrics, they must develop a corrective action plan and report regularly on measures they are taking to improve access to care.

Beneficiary Travel

The beneficiary travel program addresses the financial and logistical challenges of traveling long distances for specialized medical care for rural Veterans. This program reimburses eligible Veterans for travel expenses, such as mileage, lodging, and meals, ensuring they receive the care they need. It not only improves access to necessary medical appointments but also alleviates financial stress, allowing rural Veterans to prioritize their health without worrying about associated costs. VA's commitment to beneficiary travel is an important part of providing comprehensive and inclusive health care services to rural Veterans.

Homelessness

VA is committed to ending homelessness among Veterans because it is our Nation's duty to ensure all Veterans have a safe place to call home, including Veterans living in rural areas. One of the programs making that possible is the VA Grant-Per-Diem (GPD) program, which provides 365 transitional housing grants, including to rural organizations. These grants provide 10,500 total GPD beds Nationwide. The program operates in all 50 states, Washington, DC, and Puerto Rico. GPD grantees establish programs to meet their communities' unique needs. They collaborate with VAMCs to identify resource gaps and determine how their proposed grants may fill them. Grant funding decisions consider factors like geographic dispersion, equity, and responsiveness to community needs. GPD continues to support rural communities and end homelessness among Veterans by providing transitional housing resources.

Chairman Bost, Ranking Member Takano, thank you for the opportunity to discuss VA's efforts to best serve Veterans living in rural communities. Through our collaborative efforts, we are proud to have expanded our reach and provided more benefits and more care to more Veterans than ever before. Rural Veterans, and all Veterans, benefit from the strong working relationship between VA and Congress. We appreciate your continued partnership as we embrace our collective responsibility to serve those who have served.