

**STATEMENT FOR THE RECORD
THE AMERICAN LEGION
MATTHEW CARDENAS
HEALTH POLICY ANALYST
TO THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
ON
"DEPARTMENT OF VETERANS AFFAIRS'
COMMUNITY CARE PROGRAM"
January 22, 2025**

Chairman Bost, Ranking Member Takano, and distinguished members of the committee, on behalf of National Commander James A. LaCoursiere Jr. and more than 1.6 million dues-paying members of The American Legion, we thank you for the opportunity to comment on the Department of Veterans' Affairs' Community Care Program. The American Legion is directed by active Legionnaires who dedicate their time and resources to serving veterans and their families. As a resolution-based organization, our positions are guided by almost 106 years of advocacy and resolutions that originate at the grassroots level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

The American Legion (TAL) was a leading force behind the passage of the VA Mission Act. On May 7th, 2018, when the VA MISSION Act was working its way through Congress, TAL signed on to a VSO support letter along with nearly all of the other major Veteran Service Organizations (VSOs) in support of the bill, saying in part that "[it] would consolidate VA's community care programs and develop integrated networks of VA and community providers to supplement, not supplant VA healthcare...This carefully crafted compromise represents a balanced approach to ensuring timely access to care while continuing to strengthen the VA healthcare system that millions of veterans choose and rely on."¹

TAL still stands by the MISSION Act being intended to supplement – but not supplant – the VA direct care system, serving as a relief valve. The VA should remain the center of veteran healthcare with a constant focus on improvement, keeping the veteran as their North Star. In December 2024, in testimony before the House Committee on Veterans' Affairs Subcommittee on Health, VA&R Director Cole Lyle highlighted The American Legion's staunch support of keeping the VHA as the coordinator of care for U.S. veterans. If, however, the VA cannot provide veterans with the care they need, when they need it, community providers are the only realistic solution that is in the best interest of the individual veteran. Important changes in policy to reduce barriers to accessing care, streamline appointment scheduling, support gender-specific care unique to women veterans, and improve reimbursement requirements are critical to providing veterans with the healthcare they have earned.

As part of the Legion's outreach involving satisfaction with VA community care, TAL staffers met with Lillian Moss, a Legionnaire and member of Post 310 in San Diego, CA. Throughout the interview she highlighted several stark inadequacies of referrals and VA operations. In addition to being a survivor of combat and military sexual trauma (MST), Lillian was diagnosed with cancer in December of 2017. Thanks to her VA care, she underwent a double mastectomy in 2020. Her

cancer was removed, however inadequacies with her follow up reconstructive surgery were left unresolved for years. She described waiting on various calls and confirmations for appointments that always seemed to be just around the corner and just out of reach.

Lillian further struggled with financial hardship after her local VA pulled back her community care referral for her psychologist. Devastated at the thought of losing a trusted provider, Lillian was forced to pay out of pocket for her desired mental healthcare. She is now waiting for what she was told would be another quick call to requalify her referral but has been waiting for months with no progress made. These delays are an unacceptable burden to place on veterans seeking mental healthcare. For veterans engaged in specialty care, a continuum of care is critical to the veterans' well-being. We know how challenging transitions can be for members of the veteran community and abrupt changes can be devastating to those receiving care.

One solution is for VHA to improve access to specialty services in house, particularly in urban facilities with large catchment populations. These areas make the most economical sense for providing in-house services, whereas the current community care model might be more reasonable in rural areas. This fits much better with the VA's mission of providing care to veterans in an effective and timely manner than finding ways to delay and deny veterans' access to community care providers.

When veterans qualify for community care and elect to go in that direction, that decision should be between a veteran and their providers. While current access standards are not codified, they are part of VA policy and need to be followed. The Secretary of the VA has discussed making changes to access standards in the past to keep more care in the VA². While no official changes to access standards have been made, there are reports that the VA has been informally restricting access³. We have heard this on our site visits as well, both from veterans and VA employees. Efforts to keep a veteran in VHA care should be made before treatment is needed, not at a time when a veteran is simply trying to get better. Sidelining veterans with bureaucratic or unnecessary procedural roadblocks requiring extra reviews, referrals, and conversations does nothing to accomplish VA's mission or improve on it, nor does it help veterans.

The American Legion conducts regular visits to VA facilities each year as part of our System Worth Saving (SWS) program. In these visits, we talk to veterans at VA hospitals, along with staff, to find better ways to work with the VA and Congress to improve veteran outcomes. Access standards have consistently been identified as an area for improvement. One issue that has come up repeatedly from staff in facilities with large rural catchment areas is that community care access standards are not reasonable for rural communities. Often, veterans qualify for care in the community due to time and distance rules, only to end up with private sector appointments that are even further out and further away than what VA can provide.

This goes against the spirit of the MISSION Act, which was to provide veterans with closer and timelier access to care. Congress and the VA should look closely at codifying access standards, but making sure that there is a provision in the standards that makes sure that the time and distance standards are also compared to what is available in the community to ensure that veterans are not going out of the VA care system just to receive care that is further away, a longer wait, or both.

Chairman Bost, Ranking Member Takano, and all the distinguished members of this committee, thank you again on behalf of National Commander James A. LaCoursiere Jr. and every one of our members of The American Legion for this opportunity to amplify the voice of the veteran. It is together with you that we do the great work of making a truly modern VA that provides the top-of-the-line healthcare veterans deserve. We look forward to working together with you to continue this sacred duty.