

*Statement of*

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*before the*

**House Committee on Veterans' Affairs, Subcommittee on Health**

*concerning*

**H.R. 214, H.R. 3176 and H.R. 10267**

December 17, 2024

Thank you, Chairwomen Miller-Meeks, M.D., Ranking Member Julia Brownley, and Members of the Committee. I appreciate the opportunity to testify at today's hearing on three critical bills: H.R. 214 Veterans' True Choice Act of 2023 (Rep. Greg Steube); H.R. 3176 Veterans Health Care Freedom Act (Rep. Andy Biggs) and H.R. 10267 Complete the Mission Act of 2024 (Rep. Mike Bost). These bills represent more than legislative proposals—they embody a promise to our veterans to provide timely, quality, and convenient healthcare options that honor their service and sacrifice.

I speak today from both professional experience and personal conviction. In no way does my testimony reflect any organization. The views I present here today are entirely my own. My expertise on this subject comes from being member on the VA Commission on Care, and my years of experience working both at the VA and the White House Domestic Policy Council in helping to create, negotiate and implement the VA MISSION Act of 2018 and the VA Veterans Community Care Program (VCCP) regulation, as the former Senior Advisor to both VA Secretary Shulkin, Secretary Wilkie, and as Veterans Affairs Advisor at the White House Domestic Policy Council. My guiding principle has always been this: veterans deserve nothing less than excellent care whether delivered at VA facilities or through community care providers. VA care should be a choice, not an obligation, and community care should be a high-quality alternative, not a compromise.

### **H.R. 214, H.R. 3176 and H.R. 10267 are crucial to veterans' healthcare**

I worked in the Department of Veterans Affairs (VA) for over nine years. Today, we face a stark reality. The VA healthcare system is failing too many veterans. This failure is not because of the lack of capable providers or resources but because of a system that prioritizes institutional preservation over the well-being of the veterans it was created to serve. No one wants a failed Veterans Health Administration (VHA), instead we want to make VHA great again for veterans. However, the current state of VA healthcare hurts veterans, and that is unacceptable.

A few examples from media headlines tells the story of why VHA is not currently a great healthcare provider of care for veterans and how veterans are harmed by that:

- [Cancer patient dies after delayed treatment at Fayetteville VA | 5newsonline.com](#)
- [Report: Phoenix VA patient died after waiting 11 minutes for care | 12news.com](#)
- [Local veterans furious chiropractic care cut off by Hampton VA](#)
- [Mast wants changes after strangulation of VA Medical Center patient](#)
- [Florida veterans say VA is taking away their doctors | Fox News](#)
- [Probe into VA facility uncovers orgy, official who had sex with 32 coworkers: report](#)

Unfortunately, these media examples are not the exception, but instead are a larger symptom of a VHA that has lost its way both culturally and operationally, with an attitude and emphasis on doing what is best for the institution instead of doing what is best for the veteran.

In addition to these media examples, I personally have assisted in helping veterans who have been illegally denied community care by VA despite being entitled to it by the MISSION Act. For example, a blind veteran in Louisiana who lives an hour from the VA Medical Center. A veteran in California whose Mental Health community care provider was taken away and told the soonest VA could see her would be in five months, and a veteran in Arkansas who needed immediate placement in a substance abuse residential treatment program, but instead was offered an Uber ride to a homeless shelter due to VA not having a bed available, despite a community care provider having a bed available.

The problem for veterans is that VA is not properly following the requirements in the MISSION Act to provide community care to veterans when they are eligible, and therefore there are a lot of veterans who are being denied the choice of community care and are having negative healthcare outcomes due to delayed care.

We know that VA is not following the MISSION Act due to FOIA documents obtained by AFP Foundation. These FOIA documents revealed how VA is undermining MISSION Act access standards, wait times and eligibility for community care. [More evidence VA is denying, delaying care to veterans - Americans for Prosperity](#), [Records confirm VA's use of inaccurate wait time numbers - Americans for Prosperity](#)

Some of the FOIA key findings which are included in attachment 1:

1. Failing to follow VA MISSION Act eligibility requirements and denying community care
  - Denying Community Care referrals based on clinical appropriateness requirement
  - Waiving wait time access standards without veterans' consent
  - Granting administrators, instead of providers and veterans, the final decision-making authority on "Best Medical Interest" eligibility
  - Using "Patient Indicated Date" to misrepresent wait times
2. Canceling and rescheduling of appointments without agreement of the veteran or offering community care
3. Inadequate documentation of when veterans opt-out of community care
4. Using cost to determine administration of community care program
5. Neglecting to advise veterans of their options and actively dissuading use of community care

Other evidence that VA is not following the MISSION Act include the following:

- VA shut down the VA MISSION Act website ([missionact.va.gov](http://missionact.va.gov)). This move by the VA made it harder for veterans to access information regarding their healthcare options and eligibility.
- In a June 14, 2022, hearing at the Senate Veterans' Affairs Committee, VA Secretary Denis McDonough implied that he wanted to roll back VA access standards. When asked about access standards, [McDonough replied](#) that demand for health care "has increased more intensively for care in the community than for care in the direct system and told senators "my hunch is that we should change access standards,"
- In an August 29, 2023 videoconference town hall, the Under Secretary for Health, Dr. Shereef Elnahal told VHA staff in a tele townhall to reduce community care by hitting the easy button less and offer every VA option we can before defaulting to the community, [Veterans Affairs Under Secretary for Health: Video - Empower Oversight](#)
- The March 30, 2024, VA Red Team report, commissioned by the Veterans Health Administration. It was designed to force and repatriate more veterans into VA-run facilities instead of independent, or "community care" providers. First, the report suggests using telehealth to cut off veterans' access to community care by redoing the access standards. Second, the report recommends the VA approve fewer community care appointments for veterans across several treatment areas to "mitigate" (read: cut) costs, including emergency care, mental health care, and oncology. Lastly, VHA sees community care as a threat "in so far as the rising costs of the VCCP threaten funding for and erosion of the VHA direct care system". [VA-Red-Team-Executive-Community-Care-Roundtable-Report-post.pdf](#)
- VISN 16 Referral Coordination Initiative Plan is an example of VHA carrying out its Red Team Report by incentivizing VISN Directors to increase its direct care while decreasing community care, attachment 2. It specifically states, "To obtain a fully successful rating for the FY 24 Network Director Performance Plan 5C, the VISN must complete a Referral Coordination initiative (RCI) plan". One of its goals and priorities is to, "Better identify direct care options; reduce need for community care referrals. To measure success, the following National PKIs are included: d. Decrease in CC referrals. f. Increase in direct care consults. g. Decrease in referrals to CC."

The solution to VA following the MISSION Act is for congress to fix it and to ensure veterans have the real healthcare choice of either community care or VA facilities. Only then will VA have the true incentive and motivation to earn the veteran's business and veterans will have the ability to pick the care provider that best works for them.

Which is why the passage of H.R. 214 Veterans' True Choice Act of 2023, H.R. 3176 Veterans Health Care Freedom Act and H.R. 10267 Complete the Mission Act of 2024 are crucial. These three bills will provide and ensure the MISSION Act is implemented as congress intended and that veterans will have the healthcare choices they need, earned and will truly make VA veteran centric.

Critics of community care say that it is too expensive, that veterans prefer VA facilities and that outcomes are better at the VA. The facts from VA and from independent studies say differently.

For example:

- In FY 2024 the DoD military health system had about 9.5 million beneficiaries with most of its care purchased in the private sector, yet it only spent 60.2 billion. In comparison VA has around 6.3 million unique patients and spent 142 billion.
- VA states in its FY 2025 budget that [40 percent of veterans care](#) is community care. Yet that is only about 26 percent of the VHA budget, saving VA money.
- VA's own survey of veterans in 2022 found [overall satisfaction](#) with community care is at 83 percent, while overall satisfaction with VA hospitals is only 69 percent.
- A JAMA study, Association Between Self-Reported Health and Reliance on Veterans Affairs for Health Care Among Veterans Affairs Enrollees, published in July 2023 reported that in terms of self-reported health. "VA enrollees with private coverage were the most likely (44.0%) to report being in good health. Veterans who received all care through the VA were the most likely to report poor health (33.3%). [Association Between Self-Reported Health and Reliance on Veterans Affairs for Health Care Among Veterans Affairs Enrollees | Health Policy | JAMA Network Open | JAMA Network](#)

## **H.R. 214, H.R. 3176 and H.R. 10267 will improve veterans' healthcare**

Let's look at what these bills will and will not do. They will not privatize VA healthcare, instead they will simply provide veterans with more healthcare choice of either VA facilities or community care. Community care will not cost more and take money away from the VA facilities. Instead, community care is shown to be more cost effective than VHA direct care and is a separate pool of money funded separately from the VA facilities. No veterans will be forced to use community care. Instead, veterans prefer community care, which is why it continues to grow over 15% per year. Veterans' quality and outcomes will not suffer. Instead, as stated in the 2023 JAMA study listed above, community care overall provides better self-reported health outcomes.

Now let us look at what each of the three bills will do.

**H.R. 214 Veterans' True Choice Act of 2023 (Rep. Greg Steube):** This legislation is predicated on the simple premise that if service-connected disabled veterans are not happy with their VA healthcare, they can instead select another proven federal healthcare program, in this case the DoD healthcare program that they are eligible for, either TRICARE Select or TRICARE for Life. Some of the key components include:

- Service-connected veterans will be given the same health care choices and options that retired military have.
- Veterans must choose either the VA or the applicable TRICARE Program but may not be concurrently enrolled in both.
- Veterans who enroll in TRICARE Select can only utilize it until Medicare eligible, then they must use TRICARE for Life, giving veterans the option for both based on their eligibility for Medicare.
- Veterans will have the same cost share as military retired group B.

- The Department of Defense (DoD) will receive reimbursement from the VA for veterans who opt-in for TRICARE Select or TRICARE for Life. VA receives a higher amount per veteran per year than DoD does, so this will not have a negative effect on the VA budget.
- VA will have one year to phase into the new TRICARE programs and will leverage the existing VA Center for Innovation for Care and Payment as a vehicle for implementation.

TRICARE Select and TRICARE for Life are proven and successful DoD community care programs, well-liked by retired military and their families.

Empowering service-connected disabled veterans with the simple, straightforward choice to make decisions that best meet their individual health care needs through wider coverage choices is a clear solution to meet the changing needs of today's and tomorrow's veterans. The Veterans True Choice Act is a great step towards extending our veterans the flexibility and treatment access in their health care benefits that most Americans take for granted.

**H.R. 3176 Veterans Health Care Freedom Act (Rep. Andy Biggs):**

The Veterans Health Care Freedom Act will streamline access to treatment and fully implement recommendation #1 from the bipartisan Commission on Care, creating a fully integrated health care system where veterans can choose the health care provider that best meets their needs, either at a VA facility or community care. This legislation is truly bipartisan as the Commission on Care recommendation #1 was approved and supported during the Obama Administration by both Secretary McDonald, [Statement From VA Secretary Robert A. McDonald on Commission on Care Report - VA News](#) and President Obama who stated, "I strongly support the Commission's principle that creating a high-performing, integrated health care system that encompasses both VA and private care is critical to serving the needs of veterans. [Letter from the President -- Report of the VA Commission on Care | whitehouse.gov](#).

Some of the key components include:

- Creates a three-year pilot program within the VA's center for Innovation Care and Payment to improve veterans' accessibility to health care in the free market.
- Requires that the pilot program be carried out in at least four Veteran Integrated Service Networks (VISN).
- Improves access to free-market health care by allowing veterans to access primary, specialty, and mental care outside of their corresponding VISN and at non-VA facilities.
- Requires the VA to give veterans information about eligibility, cost sharing, treatments, and providers so that they are able to make informed decisions with respect to selection of primary and specialty care providers and other available treatments.
- Makes the pilot program permanent nationwide four years after enactment of the Veterans Health Care Freedom Act.

The bill would mostly take the VA out of the community care referral process by allowing veterans to find and schedule necessary appointments at medical facilities in the department's network, similar to how VA urgent care works. Veterans would now have total control and choice over their healthcare decisions and remove the barriers they may face in accessing care closer to home or higher quality private care facilities in their local communities.

## **H.R. 10267 Complete the Mission Act of 2024 (Rep. Mike Bost):**

This bill is necessary due to VA not following the MISSION Act as implemented by the Trump Administration, negating congressional intent, proven by FOIA documents and widely reported by veterans and by VA staff. It would protect veterans' health care choices from bureaucratic meddling and hold the VA accountable for improving veterans' awareness of and access to their preferred treatment choices – even when that treatment is not at a VA facility.

I agree with Chairman Bost assessment when he states “Biden’s VA is riddled with the worst malfeasance we’ve seen in over a decade since the deadly 2014 Phoenix VA scandal when veterans died while waiting for care on secret wait lists. Considering ongoing misconduct, an ongoing veterans’ mental health crisis, and the VA’s failure to provide veterans with lifesaving community care options, our message to the Congress is clear: Veterans deserve health care choice and VA officials must be held fully accountable for not carrying out the MISSION Act. Our veterans’ lives and wellbeing depend on it.”

Some of the key components include:

- **Codified access standards:** Codifies existing community care access standards in place since 2019 to provide veterans greater certainty about their health care options.
- **Community care eligibility and status outreach:** Requires the VA Secretary to inform veterans of their community care eligibility. If referrals are denied, the bill requires the VA to inform veterans about why and how to appeal.
- **Full choice pilots for mental health, substance abuse:** Creates a three-year pilot offering veterans’ access to outpatient mental health and/or substance use treatment through community care without prior VA referral.
- **Accurate wait times:** Requires the VA to measure wait times from a veterans’ date of request for an appointment to the date they receive care, as already stipulated in MISSION Act regulations but currently ignored by the VA.
- **In-patient mental health referrals:** Creates a standardized process to refer veterans for priority or routine admission for in-patient mental health care, ensuring that veterans are able to choose between VHA and community care facilities based on existing eligibility access standards.

Veterans were very satisfied with the MISSION Act until the Biden VA broke and abused it, writing directives and policies that were contrary to both the law and the veterans community care legislations, causing veterans to have denied and delayed care. Now with the Complete the MISSION Act, veterans can once again have the confidence that they will have the choice of community care if they want it and a VA healthcare system that works for the veteran and not against them.

### **Conclusion**

Veterans healthcare is not just a policy issue—it is a moral imperative. It reflects our nation’s responsibility and gratitude to those who have served. It is critical that no matter how good or how bad VA healthcare is, veterans are not stopped by any VA employee from being able to have the choice and option of accessing the healthcare that works best for them. All veterans in DoD have that ability and all veterans who use VA healthcare should have that ability as well.

The three bills under discussion today offer a clear and practical path forward. They empower the veterans with the freedom to choose the healthcare that best meets their needs. They demand accountability and ensure that the MISSION Act's promise is fulfilled. They challenge the VA to elevate its standard of care to earn veterans trust and business. These bills are not about privatizing VA care; they are about prioritizing veterans' needs.

Change is hard, but as VA goes forward it must change its culture, become veteran centric, and do what is best for the veteran, not what is best for VA. Only then will veterans have the care they earned and deserve. As General Omar Bradley said, "We are dealing with veterans, not procedures; with their problems, not ours."

And as President Theodore Roosevelt said, "A man who is good enough to shed his blood for the country is good enough to be given a square deal afterwards." Today, let's honor those words with action.

This is a pivotal moment. The decisions you make today will have a lasting impact on the future of veterans' healthcare. Let us honor their sacrifice with the commitment to do what is right. I look forward to working with the chairwomen, ranking member, and all members of this Subcommittee on Health to achieve this shared commitment. I am prepared to answer any questions.