STATEMENT FOR THE RECORD

U.S. House of Representatives

Committee on Veterans' Affairs

Health Subcommittee Legislative Hearing

June 30, 2026

by

Nurses Organization of Veterans Affairs

Veterans Healthcare Policy Institute

(both are independent organizations, not representing the Department of Veterans Affairs)

Chairwoman Miller-Meeks, Ranking Member Brownley and distinguished members of the committee:

On behalf of the Veterans Healthcare Policy Institute and the Nurses Organization of Veterans Affairs, we thank you for the opportunity to submit this statement for the record. Many members of our organizations are veterans or have family members who served. A countless number of us have built careers serving veterans, published research in peer-reviewed journals, or presented testimony before this committee. We write today to express our appreciation for your leadership and commitment to ensuring that veterans receive the highest quality care within the Veterans Health Administration (VHA) and, when needed and authorized, through the Veterans Community Care Program (VCCP).

Today's hearing considers fifteen bills. We limit our comments to three on which we have substantive expertise: H.R. 9018, the Fostering TRUST Act; the Discussion Draft, "VA Health Care Capacity Assessment Act"; and the Discussion Draft, "VHA Personnel Transparency and Accountability Act."

Fostering TRUST Act — H.R. 9018 (Rep. Min)

This bill would require VA to report to the Veterans' Affairs Committees and relevant congressional delegations any veteran suicide or attempted suicide occurring at VHA facilities or at facilities participating in the Veterans Community Care Program. It addresses a meaningful gap in the current framework, under which suicides on VA campuses are reported but those occurring in the community care program are not.

That gap matters enormously. Approximately one-third of enrolled veterans now receive care through the VCCP, and veterans who rely exclusively on community care have higher suicide rates than those receiving care directly through VHA facilities. Of all veteran suicide deaths, 61 percent are among veterans not in active VHA care. A reporting framework that stops at the VHA campus boundary cannot give Congress or the public an accurate picture of veteran suicide.

To make this bill as effective as possible, we recommend explicit language requiring that tracking include: (1) completion of post-mortem documentation of the circumstances surrounding each suicide death — (the Behavioral Health Autopsy Program and Family Interview Contact forms, or equivalent — within 30 days of notification; and (2) completion of a Root Cause Analysis within 45 days of an identified highest-risk patient safety event. These are VA's own established quality and safety standards, codified in VA Directive 1050.01 (March 2023) and VA Directive 1160.07 (May 2021). Applying them uniformly across all care settings would demonstrate a genuine commitment to preventing veteran suicide system-wide, not only within VHA facilities.

It is a disservice to veterans that the community care program does not evaluate suicide with the same rigor that VHA applies to its own facilities. The Fostering TRUST Act begins to correct that. A balanced, system-wide approach to tracking veteran suicide is not only good policy — it is the minimum that veterans and their loved ones deserve.

Discussion Draft — VA Health Care Capacity Assessment Act (Rep. Takano)

When Congress passed the bipartisan Choice Act, it included a forward-looking requirement: a biennial report assessing the staffing needs of every VHA medical facility in the country. That report — "Assessing the Staffing Needs of Each Medical Facility within the Department of Veterans Affairs" — became an indispensable tool for evaluating staffing levels, panel sizes, and physical plant requirements across the VHA system. It has since expired. This bill would reauthorize it.

The timing could hardly be more consequential, and nowhere more urgently than in veterans' mental health care. Need is not growing gradually — it is surging. The 2025 Congressional Mandated Report observed that, "given ongoing rapid growth in the number of veterans with mental health conditions, on-going hiring is required to reach that goal, and additional hiring initiatives have been utilized to address hiring goals." The underlying projections give that urgency concrete shape: between 2023 and 2031, outpatient primary and specialty care combined are projected to grow 50% nationally, while outpatient mental health care alone is projected to grow 67%. Over a slightly longer horizon, VA projects 38% growth in combined inpatient and outpatient mental health care from 2023 to 2033. Planning for that scale of expansion without a regularly updated accounting of staffing capacity is planning without a compass.

What makes this report especially valuable is that it does not simply project need — it measures need against a well-developed and continuously evolving research base. A substantial body of peer-reviewed literature documents the relationship between outpatient mental health staffing levels and quality of care, confirming associations with access, timeliness, continuity, and patient satisfaction. The central metric is the staff-to-patient ratio, and VHA's established benchmark is 7.72 clinical mental health professionals per 1,000 mental health patients. Facilities that meet this threshold consistently outperform others on VA's SAIL measures of initial service delivery and coordinated

care. Staffing ratios also prove to be stronger predictors of treatment access and quality than either productivity measures or patient wait times — making them the most reliable indicator of whether a facility can meet the needs of the veterans it serves.

The stakes extend beyond access and satisfaction to life and death. Research has found that mental health staff enhancements are directly associated with reductions in veteran suicide rates, with the effect most pronounced where staffing grew most. VHA networks that implemented the largest outpatient staffing increases saw suicide rates fall by 11 to 13 percent; those with the smallest increases saw rates rise by 14 to 16 percent. The relationship is consistent and unambiguous: adequate staffing saves lives.

This bill ensures that Congress and the Department remain anchored to validated, evidence-based benchmarks — and that the workforce keeps pace with real and growing demand. Veterans have earned the care they were promised. This report is an essential instrument for ensuring the VHA has what it needs to deliver it.

Discussion Draft — VHA Personnel Transparency and Accountability Act (Rep. Vindman)

This bill would require VA to publish granular staffing and vacancy data for each of its health care facilities monthly, broken down by occupation, rather than the current quarterly reporting cycle. The result would be a clearer and timelier picture — for Congress, for Veterans Service Organizations, and for the public — of how many positions are filled, how many are not, and how many are eliminated.

The most important structural change is the shift to monthly reporting. Under Section 505(a) of the MISSION Act, the VA Secretary is already required to make publicly available on a quarterly basis information on staffing and vacancies, including the number of personnel in each position, accessions and separations during the prior quarter, vacancies by occupation, and the percentage of new hires meeting OPM's time-to-hire targets. The problem is that quarterly reporting means a staffing crisis can be three months old before Congress, veterans service organizations, or the public see it in the data. The mass VA workforce reductions of 2025 and early 2026 illustrated precisely this vulnerability. Monthly reporting would compress that lag from 90 days to 30, giving oversight bodies a genuinely timely signal.

More frequent reporting would also support a better understanding of the relationships between workforce changes and patient wait times, increased outsourcing, and quality metrics.

We respectfully thank you for the opportunity to provide our perspectives on these important matters. We look forward to working with the committee to ensure that veterans can receive timely, high-quality compassionate care in the VHA and the community now and in the future.