

Senate Veterans' Affairs Committee Hearing
VA Telehealth During and Beyond COVID-19: Challenges and Opportunities in Rural America

Opening Statement of Chairman Jerry Moran
Wednesday, July 29, 2020

(As Prepared for Delivery)

“Good afternoon, everyone. The committee will come to order.

“We are here today to discuss the VA’s use of telehealth as a modality to deliver care to veterans, especially those in parts of America that are rural, highly rural, or tribal lands. My entire time in Congress, I have been a proponent of telehealth as an innovative way to deliver care to veterans and all Kansans, especially those who live in rural areas. Currently, we see these capabilities being utilized for an even greater share of veterans due to the continued risk of COVID-19.

“The COVID-19 pandemic has unexpectedly accelerated the process of expanding the VA’s use of telehealth. In recent years the VA had advanced its capabilities, but in the spring of this year, as the country and the VA prepared for the anticipated spread of the novel coronavirus, telehealth was often the only safe option to provide care. The consolidation of resources at VA medical centers, postponing non-urgent in-person care, and restrictions placed on referrals for Community Care, fueled more widespread use of telemedicine.

“As we continue to move toward a new normal, it is essential that VA optimize the use of telehealth delivery where it works best, build on the lessons learned where it can be enhanced, and recognize the limits of its utilization.

“Telehealth has great promise, and the unexpected expansion of telehealth has yielded great knowledge in mere months. There are many times where it’s practical for a veteran to see their provider through VA Video Connect, or even through a conversation on the phone. While this flexible and time-saving modality can be great in many ways, we know telehealth cannot entirely replace the need for face-to-face medical appointments. This is also true as it relates to access to care in the community and the VA must ensure the full implementation of the MISSION Act to increase access to Community Care.

“The limitations of telehealth are also amplified for those living in rural America or Indian Country. VA Video Connect only works when you have a broadband connection at a certain speed. In many parts of our country, that reliable broadband service simply isn’t an option.

“I am disappointed the VA chose not to participate in a recent listening session led by this committee with key stakeholders from across the medical community, telecommunications industry, VSOs, and other federal agencies.

“As of 2019, rural veterans make up approximately one-third of VHA enrollees and are on average older than their urban veteran peers, tend to experience higher degrees of financial instability, and often live with a greater number of complex health needs and co-morbidities. Many veterans in rural America and Indian Country live prohibitively far from VA facilities, which underscores both the need for innovative solutions on how best to reach them and the importance of access to Community Care.

“For rural and tribal veterans, the geographic barriers to VA care often go hand-in-hand with poor or nonexistent connectivity to the broadband necessary for high-quality care via telehealth. I applaud the VA’s outside-of-the-box thinking with regard to creative partnerships with the private sector and VSO community, and the distribution of wireless devices to isolated veterans.

“Additionally, I am interested in learning from our witnesses today the progress the Department has made on forming agreements with telecommunications companies to provide subsidized short-term internet access to rural

veterans. This was a provision I was proud to champion in the CARES Act, in an effort to better serve the mental health care needs of rural veterans, especially during a time of social isolation during COVID-19, and look forward to hearing the progress the VA has made on this front.

“It’s also important to note, in addition to skyrocketing numbers of telehealth appointments, the VA has also been called on to fulfill its Fourth Mission across 46 states, including my home state of Kansas, as well as the District of Columbia, Puerto Rico, and the Navajo Nation. As we look forward to both the near term needs and longer term goals, the VA must make certain that the innovation of telehealth is utilized in the most effective way.

“I look forward to hearing from you all today on these challenges and opportunities, and how we can work together to best leverage this modality to address long-standing access to care issues. I understand that it has not been easy to adjust how the VA delivers care, especially at the rapid pace the COVID-19 pandemic has demanded.

“Thank you again for your work and for being here today.”