

**Veterans' Affairs Conference Committee**  
**Opening Remarks – Mark Takano**  
**June 24, 2014**

Good afternoon, Co-Chair Sanders, Co-Chair Miller, and Conference Committee Members.

It is an honor to serve on this Conference Committee. In the wake of reports of misconduct within the VA, learning that so many of our veterans aren't receiving the care they need in a timely matter, and allegations that some veterans may have died as a result of long wait times and those deaths may have been covered up, I look forward to us all working together to pass a bill that will give our veterans access to the health care they need and deserve.

It is clear that any solution must include accountability measures for VA employees, improve VHA scheduling practices to expedite appointments and prevent future abuse, and provide our veterans with timely access to quality care. It is also clear, especially in light of yesterday's allegations about cover-ups at the Phoenix VA, that we need to reevaluate the culture at the

VA and take steps to ensure that the department truly is veteran-centered.

Our goal should be to strengthen the VA health care system, not dismantle it. By and large, once they are in the VA health care system, veterans say they are happy with the care. Our final legislation should break down the barriers to entry we've learned about in hearings.

We also must remember that what works for one region of the country won't necessarily work for all. Giving veterans the opportunity to seek non-VA health care may be a solution in areas where private care is plentiful. In districts like mine, however, where we have a serious shortage of health providers, I'm not sure how much of a difference it will make. In fact, every member of this conference committee represents counties with service areas, populations, or health facilities that are designated as primary care, mental health, and/or dental Health Professional Shortage Areas by the Department of Health and Human Services. For primary care, that means the physician to people ratio is 1 to more than 3,500. For mental health – a

specialty we all know is critical for the veteran population – that ratio is 1 psychiatrist to more than 30,000.

Furthermore, the VA's internal audit found that front-line staff members said the single biggest barrier to care was a lack of provider slots. That's why I believe that increasing VHA's capacity should be a key component of our final legislation.

Yesterday, I joined Reps. Titus and O'Rourke, fellow members of the House Veterans' Affairs Committee, in introducing legislation that would increase the number of residency slots at VA medical facilities by 2,000, growing the VA's ability to care for our veterans. I hope that this committee's final legislation will include modified language from the Senate amendment's section on health care provider recruitment and appointment based on the Titus-Takano-O'Rourke bill to establish new residency positions at VA hospitals.

Finally, as we expand choice for our veterans to non-VA health providers, we must ensure that there is continuity of care. These non-VA providers should maintain electronic health records through a system that is interoperable with the VA system. We

know too well the issues caused by the disconnect between DOD and VA electronic health records systems. I do not want to see that mistake repeated.

Thank you Mr. Chairmen.