Written Testimony:

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Oversight Hearing

"Protecting Veteran Choice: Examining VA's Community Care Program."

Chairman Moran, Ranking Member Blumenthal, Honorable Members of the Committee.

I am honored today to testify to the Committee regarding veterans' access to health care, specifically care in the community. And at AWP, that's where we operate: in the community.

Life is about choices. Hopelessness dwells on the lack of choices. I've told my Army-serving son that a successful career should give him choices throughout life. I say this because I remained in the military, doing my job and serving the Nation I love, to give myself and my family choices. One of the greatest choices gained from my military career is my ability to manage my healthcare through TRICARE or the VA, something my father, who was a World War II veteran, never had.

At AWP, we believe all veterans should have a choice in managing the healthcare they've earned. We believe providing veterans with the choice of where, when, and who they receive their healthcare is not only the right thing to do but also more affordable and effective than our current approach.

AWP's mission is to partner with communities. We find and build relationships with veterans, connect them with trusted partners and resources, and collectively succeed by improving veterans' quality of life and, in turn, reducing veteran suicide. Our community integration model with a "one-size-fits-one" approach to helping veterans is designed to build trust through a relationship with the veteran and their families. Our work at AWP is perfectly suited to discuss many of the issues this Committee is discussing today.

Community care is a successful tool and resource we can offer veterans, most of whom come to us through referral or outreach. And it is especially helpful for many veterans who don't fully trust the VA or don't want to utilize VA facilities due to distance, time factors, or continuity of care concerns.

AWP will always side with the veteran. This does not mean being against the VA, but rather in favor of veterans. We have always supported empowering veterans to make their own decisions and take charge of their own care. We consider the VA to be one of our closest partners, and they take great care of many of the veterans we are in

touch with or refer to the VA. But the ability to have veterans choose their path forward and have options has been a game-changer.

For the past several years, the Mission Act and community care have remained popular and in-demand. Requests from veterans for care in the community continue to increase. The number of appointments scheduled through community care has dramatically increased.

Regardless of the politics surrounding community care, it is without a doubt a vital tool in bringing veterans back to get care. As I have pointed out many times in previous statements and testimony, only half of the nation's 17 million+ veterans are known to the VA. At AWP, we find veterans that need help. Many of them have lost confidence in the VA. Community care helps change that discussion.

We must get this right. Mr. Chairman, as you said during Mr. Collins's confirmation hearing, "America's national security is dependent on an all-volunteer military, and a VA that is successful in helping service members thrive as veterans is key to bolstering recruitment and keeping our nation safe." We agree 100%. The VA is not a social services department but a national security entity.

In 2024, AWP had nearly 8,800 veterans contact us and our community branches. Over 4,100 of them needed help. From there, nearly 6,247 new cases representing multiple issues were opened for these veterans. Of those cases, a majority involved some type of challenge relating to access to health care. 392 were related to mental health. And 329 screened positive for suicidal ideations in the past 30 days before they contacted AWP (representing nearly 8% of all those screened).

In short, access to VA care is a challenge. And the use of community care is very high and remains a popular option.

Every year at AWP, we put out a "Community Survey" of veterans in the community across the nation. And the results have been remarkably consistent. The vast majority of America's veterans are successful and doing well, seeking only opportunities to volunteer and give back, connect to other veterans, or receive slight assistance on the edges.

However, a recurring theme among all veterans is the constant struggle for access to care. Even for those who are experienced, or high-functioning and successful, or know the system – access to VA health care remains a challenge.

And it's a challenge because veterans are NOT empowered to control their own health care. Their decisions are made by and for the VA itself, not the veterans.

The confusion, conflict, tension, and stress developed from trying to navigate a system with few choices have a negative impact on veterans' trust and confidence in the VA. Waiting on hold to schedule calls, being transferred repeatedly, waiting for your appointment, having appointments canceled, waiting again, additional phone calls … it adds up. It grinds away patience. It eats away at hope. It numbs veterans to the possibility that getting help for their medical conditions is reachable.

Finally, through the incredible work of Congress, the CHOICE Act and then the MISSION Act were signed into law. And veterans have voted with their feet, and used the opportunity to receive care outside of the VA.

Although the Biden Administration partially implemented the program and guided it through a pandemic and dramatic VA expansion of authorities with the PACT Act, it still has not reached its full potential.

In fact, in recent House testimony, many groups – including those representing government employees - have outright opposed the law and opposed its expansion. They called it "privatization." They see it as an existential threat to the existing VA model.

However, at its core, supporting veterans' choice and community care comes down to simple questions: Have veterans earned the right to choose? And do you trust veterans?

Do policymakers, VA employees, health care providers, and American citizens believe veterans should be trusted to make their own decisions regarding their health care? I think the data on community care usage where veterans are voting with their feet to seek care outside the VA is a testament to how the VA should provide care.

Community care is VA care.

In other words, do you believe veterans should be empowered, or does the government know best?

Over the past several years, the VA has shown their answer. In that time, the VA has increased hiring and brought specialists in-house rather than letting these medical professionals flourish in the community. This is directly at odds with the intent of the Mission Act. And directly at odds with the millions of veterans who voted with their feet and requested community care referrals.

For a combat-related hand disability, my VA provider prescribed an MRI to confirm a diagnosis. For a week, I called my local VA to set up an appointment, only to have the phone picked up and hung up without a word being said. When I inquired to the VA medical center director, I was told the MRI scheduler had been on vacation for a week. I was never offered community care, and when I pressed to get a non-urgent referral outside the VA or seek service from a TRICARE provider, I was denied. It has been months and I'm still awaiting an MRI.

VA can absolutely help coordinate care, track records, and manage everything- but it does not need to provide all the treatments and solutions to everything. Further, the contracts it holds with major providers need to be more of a partnership in the veteran's best interests, rather than a one-direction transaction.

While some veterans enjoy their local VA facilities and utilize them regularly, how many are fully aware of the options available to them under the MISSION Act? Many of the veterans who call AWP do not know they are eligible for a community care referral and are unaware of their potential choices.

The VA has made significant progress over the past 25 years since the start of the Global War on Terror, but improvements are still needed. As veteran demographics change, community care must remain a key tool and be expanded. It benefits not only those within the VA system but also those outside it who may not want or trust traditional VA services.

The VA's role is to care for veterans, while Congress determines how that is done. It's not the VA's job to expand into every community or reduce access to community care. Nor should it compete with private hospitals and centers, many of which are federally subsidized, particularly in rural areas, while also vying for limited medical professionals.

Community care also benefits the community itself. In the past several years, the number of employees at the VA has dramatically increased. At the same time, our nation continues to suffer from a shortage of medical workers. For every nurse and doctor the VA hires, it removes that medical professional from the community.

There is no better evidence of this than a quick look at VA medical specialists. Both Congress and VSO's broadly agree that there is a core set of functions where the VA must absolutely invest in medical professionals, such as those related audiology, mental health, prosthetics, etc – where there is an exceptional demand from veterans. However, the discussion sours when the topic turns to lower-density specializations, such as obstetrics, where the use of these specialized medical professionals is not in demand by veterans nearly as much as the civilian population.

For those types of specialists, bringing them into the VA doesn't make sense. Many veterans feel more comfortable getting referred to community care, where they can build a relationship with the same medical professional during every visit. It's not a secret that the most experienced and knowledgeable experts in the medical field are often in the private sector. There they can do similar procedures multiple times daily, become subject matter experts, and have a financial incentive to be the best. While there are exceptional doctors at the VA that are experts, why should the VA compete to bring them in house?

Keeping these specialists in the community, along with countless other doctors, nurses and medical professionals, would buoy local communities by allowing civilians to access their work as well, and supplement the small practices across the nation that struggle with staffing shortages. The billions of dollars that have been spent on expansions of Community Based Outreach Clinic's (CBOC's) are better spent ensuring that every community has a doctor and specialists within their area. Let's focus should be on building relationships between the doctors and veterans, and getting ahead of issues, while also reducing drive times and wait times.

But instead of sending tax dollars back to every community across nation, those federal dollars are going to government run hospitals instead.

These are real issues that affect many of our nation's current and future veterans. It's the responsibility of policymakers to help ensure the VA is planning for the future while also offering the best care for all veterans today. Whether that involves another "Asset and Infrastructure Review (AIR) Commission" is up to policymakers. But until that happens, Congress should have a serious look at all VA-related construction projects and renovations, and weigh if they are essential before a longer-term strategy is in place.

With that in mind, below is a list of recommendations AWP has put forward for the Committee regarding community care:

1. **Codify the access standards.**

AWP is proud to support the "Complete the MISSION Act" in the House, and the ACCESS Act in the Senate, both of which codify the existing access standards. It is vital that the measure for community care eligibility is no longer left to regulatory guidance. Congress must pass minimum standards into the US Code and guarantee a minimal level of criteria for care. The 20 days or 30-minute drive time for primary care, and 28 days or 60-minutes for specialty care, are the current VA standards. But they should not be the goal. These should be the maximum wait, and goals set to half that standard. The VA must strive to do better. By comparison, the standard for TRICARE is 7-days for primary care, and no longer than 28 days for specialty care (while the driving time standards remain the same.) By codifying the access standards for community care, Congress is stating in no uncertain terms that the ability for veterans to choose their care in the community is here to stay… permanently.

We feel continuity of care should also be a factor in considering community care. Continuity of care has long been recognized for improved patient-provider

relationships, better health outcomes, coordinated care, patient satisfaction, and as an outcome, cost-effectiveness.

2. **Eliminate referrals for veterans seeking help for mental health, substance abuse, and Traumatic Brain Injury (TBI) care – and make it priority admission at VA**

Referrals are generally required for all community care, but it can also require considerable time to schedule. For mental health, substance abuse, and TBI care – the need is often urgent. Time is of the essence.

Accordingly, Congress should allow veterans to access outpatient mental health, substance abuse, and TBI services through health care providers without a referral. This is a big step and would take care of veterans at a vital and vulnerable moment.

If at any time a veteran feels like they require those services, they could go to the approved list of health care providers without additional steps, and it must include residential rehabilitation treatment programs (RRTP).

It is well known that the VA does not have enough space or staff for all outpatient mental health or substance abuse service requests. But the community has space and programs, and for several years the referral process was easy and worked well.

However, in April, both AWP and our partners abruptly saw a surge in denials for care in these areas. The result was thousands of veterans left without help, and given wait times in excess of 6+ months for a bed at a VA program. Generally, there is a "magic 48hr window" to get someone into treatment for substance abuse after they ask for help. If that period of time is missed, that relationship and trust is broken, and statistically are unlikely to seek assistance in the near future.

Subsequently, we and our partners have lost touch with many of these veterans who asked us for help. They were suffering. And mental health and substance abuse are two leading factors in suicide.

In addition, Traumatic Brain Injury (TBI) services should be available without referral as well. Often, the symptoms of TBI express themselves as post-traumatic stress and are then labeled as a mental health issue. However, they are physical wounds of the brain and need to be treated differently, and carefully. It is our belief that several programs and providers across the nation who offer TBI services should be added to

the approved list of providers who do not need a referral. There is a growing demand for this type of service from veterans across the nation. In fact, our partners at the Avalon Action Network have an 8-month waiting list at all their facilities across the nation.

3. **Educate Veterans about community care options**

Despite the popularity of the MISSION Act and community care, many veterans are still unaware of their eligibility under the law, or what it means to them. Education is paramount to ensuring veterans make the best choice for their care. This education to veterans must be more than just an email or letter stating they are eligible; it must clearly and simply lay out what options or choices are available, how to make those decisions, what it means for them, etc.

4. **Veterans' preference in community care**

The next step to ensure the success of the MISSION Act is to empower veterans by allowing them to state their preference for when, where, how, and who they seek hospital care, medical services, or extended care services. Currently, the VA decides whether veterans can use community care based on availability at the VA facility and time/distance. This would allow veterans to unequivocally state that they prefer to see someone in community care.

While it may seem small, it raises the ability of veterans to receive primary or specialty care in the community at a place they prefer. This could be due to location or the ability to see the same medical professional again. Continuity of care is incredibly important in the medical field. And if a veteran can see the same doctor or specialist for their concerns, they can build a relationship and improve health care outcomes.

5. **Allow Veterans the opportunity to utilize TRICARE Select instead of VA care**

While some legislation has previously been introduced on this topic, including The Veterans' True Choice Act of 2024 (H.R. 214), the idea behind the legislation would be a big win for veterans. H.R. 214 would allow veterans in Priority Groups 1-3 with a service-connected disability the choice to use TRICARE Select (with no copays) instead of VA furnished healthcare. For the veterans who chose TRICARE Select, the VA would reimburse the Department of Defense (DOD) for the cost, and the veteran

would be ineligible for concurrent VA health care. For those veterans who are also eligible for Medicare, H.R. 214 would authorize TRICARE for Life.

TRICARE Select has been a successful program within the DOD for many years. This program has been widely revered by servicemembers and veterans already. Giving military servicemembers and retirees the ability to use the military health system and/or community providers for primary care and specialty care (without referral) when/where it is best for them has proven to be a win for everyone. While some have claimed that moving eligible members to TRICARE Select and out of the military health system has not worked, the evidence points to the contrary, with tens of thousands of appointments booked and a consistent flow of new TRICARE Select members.

This policy/legislation would be a win for veterans and dramatically alter how health care is delivered. While proper oversight will continue to be needed, the DOD has implemented significant safeguards to ensure proper reimbursements and member outcomes.

Improving all veteran's trust and confidence in the VA is a national security imperative. Community care has been an essential resource, but its full potential has been questioned. In response, let veterans choose. Loosen the referral restrictions and put veterans in charge of the care they want. Let's enable veterans, not restrict them. Together, we can do better.

Members of the Committee, we look forward to our continued work together and would like to thank each of you for all your hard work and dedication to those who served in our nation's armed forces.