

Ranking Member Richard Burr

Thank you Mr. Chairman. Welcome to our witnesses this morning.

We are here to look at how VA ensures veterans are receiving quality, cost-effective healthcare services when it purchases those services from the private sector.

I think many would be surprised to learn the extent to which VA relies on outside providers to deliver services to veterans and certain survivors of veterans.

Of course contract care should never be used to supplant the VA health care system. VA provides services that are specialized to the unique needs of veterans and is now known as one of the top providers of medical care in the country. But, in some cases, it does make sense to complement that care with the help of community providers.

I welcome this discussion. I've heard from many North Carolinians who live in rural communities who tell me that while they like the VA health care system, they'd rather avoid the long trip and just see their community doctor in some cases.

For this reason I'm excited about the rural health contract pilot program that was part of Public Law 110-487. VISN 6 will be a part of that pilot, which will give veterans residing long distances from VA medical facilities the option of receiving their care in their community.

Using local community providers can save rural veterans from long, tiresome trips. It can also be a way to deal with veterans' healthcare needs in rural America, especially when there are very few providers to meet the current need, particularly in specialty care. Therefore, establishing relationships with community providers is essential.

Of course when VA uses taxpayer dollars to purchase care for veterans we must ensure that we're getting three key things in return: timely access; quality care; and a fair price for the contracted services.

I look forward to hearing from our witnesses to see if the contracts which are the focus of today's hearing address these three key elements.

A couple of other points I think are worth noting. VA spends more than \$3 billion on healthcare provided outside its doors. Obviously some of this care is governed under a contract relationship. But the bulk of it is regular fee-based care.

I'm interested to see what quality and cost mechanisms are in place for fee-based care as well. A comparison between care purchased under contract and regular fee-based care will help determine whether VA should favor one approach over the other.

Finally, I'm interested to see VA's own measures when it comes to performance, quality, and cost. We should hold those VA does business with to the same standard as VA holds itself. To ensure that VA healthcare continues to serve our veterans well, VA must set meaningful measures in place to compare itself with the private sector and vice versa.

Mr. Chairman, I look forward to the testimony and, again, thank you for calling the hearing. I yield back.

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