

Chairman Moran, Ranking Member Tester – Thank you for holding today's hearing. The issue of the VA's implementation of community care under the MISSION Act is incredibly important. I have heard from a number of Vermont veterans who have been impacted by VA's contract with Optum – which is responsible for coordinating private sector care in VISN 1 – and I would guess that every one of my colleagues on this committee has had the same experience.

Because the VA medical center in my home state of Vermont was the first-in-the-nation rural hospital to pilot the Community Care Network, Vermont veterans have experienced more than their fair share of difficulties with this program. When I voted against the MISSION Act, I did so because I feared it was yet another step in the steady march toward the privatization of the VA. I worried about what would happen when we put a profiteering corporation like Optum between veterans and the care they needed. I had truly hoped I would be wrong. But unfortunately, from what I've seen and heard from veterans, I was right.

In Vermont, our veterans are struggling to get care in areas where we don't have in-house VA services, like dental care and home health services. In many of these cases, Optum has failed to offer reasonable rates, meaning private sector providers are refusing to sign up. My staff have spoken with dentists who are choosing to provide free care to veterans, rather than accept Optum's rates, which fall far below their break-even. And, because the definition VA agreed to when it came to an "adequate network" is so poor that Veterans are being forced to drive hours for care that they used to get much closer to home. In one

instance, a veteran was told to drive two-and-a-half hours to see a dental specialist out of state. In this instance, because the White River Junction VA Medical Center has not been allowed to expand their services to include dental care – something that was approved back in 2014 and then rescinded – this veteran has no choice but to drive the five-hour round trip for care or go without. I have long advocated for every state to have at least one clinic or medical center offer on-site dental care. The MISSION Act hasn't made that unnecessary. It has, in fact, made it even more critical.

Another particularly troubling issue for Vermont veterans has been accessing home health care services. Earlier this month, over 80 veterans were nearly kicked off critical home health services. After the dogged hard work of my staff, along with local officials, it was determined that there was an error made in the rate schedule approved for VISN 1. And while that problem was identified nearly three weeks ago, it's my understanding as I sit here today that the corrected rate has still yet to be approved. But all the blame here does not lay with VA. And that's because Optum could have chosen to negotiate fair rates with these home care providers, even if those rates were above VA's rate. To my mind, it is high time that Optum be held responsible for their role in putting veterans' health at risk and correct these dangerous mistakes.

As we talk with the witnesses before us today, I ask my colleagues on this committee to really question whether private sector is the solution for our veterans. Study after study have made it clear that VA care is as good or better than the private sector. We also know VA care is often less expensive than private sector care and far, far better coordinated. And, maybe even more importantly, it has been shown that the

overwhelming majority of private sector providers are *not prepared* and *not interested* in caring for veterans.

I also believe this committee has got to do a better job of understanding VHA's budget. This may come as a surprise to some of you, but Secretary Wilkie and the Trump Administration are not being honest with this committee. They are not being honest with our veterans, the Veterans Service Organizations, or with the American people. VHA is struggling. They don't have sufficient funding to provide the care and benefits that they're required to under the law. MISSION Act costs are higher than they predicted. Prescription drug costs are increasing by 15 to 20 percent each year – even with VA's mandatory discount – while funding for prescription medications has only increased by three percent. And staff vacancies are going unfilled because VA can't compete with private sector salaries and hiring timelines. And in some cases, these positions are left unfilled as a way to save money. Of course, this further exacerbates wait-times within VA and causes more veterans to be sent to private sector providers for care.

We have to ask what VA doing about this? It wasn't all that long ago that I was Chairman of this committee. During that time, when VA had an unexpected expense, they came to Congress and requested supplemental funding. So, is VA coming to Congress now to request more funding? No, they are not. Instead, they are telling hospitals, primary care sites, and mental health providers to do more with less. These budget shortfalls cannot – and must not – continue.

So, while I look forward to hearing from the witnesses today and hope they are able to answer our questions, I also want to challenge this committee to put politics aside and do what's right by our veterans. Let

us work together to deal with the fact that isn't about who pays the bill. It's about who provides the care. We have got to say that if we are truly committed to caring for our veterans, the best way to do that is to invest in the VA, not dismantle it bit by bit. Thank you.