STATEMENT FOR THE RECORD
THE AMERICAN LEGION
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HEALTH POLICY ANALYST
TO THE
HOUSE COMMITTEE ON VETERANS AFFAIRS HEALTH SUBCOMMITTEE HEARING
ON
"ROLES AND RESPONSIBILITIES: EVALUATING VA COMMUNITY CARE"

February 12, 2025

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee, on behalf of National Commander James A. LaCoursiere Jr. and more than 1.6 million dues-paying members of The American Legion, we thank you for the opportunity to comment on the Department of Veterans' Affairs' Community Care Program. The American Legion is guided by Legionnaires who dedicate time and resources to serving veterans and their families. As a resolution-based organization, our positions are guided by almost 106 years of advocacy that originate at the grassroots level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

The American Legion (TAL) advocated for the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 as a much-needed relief valve when the VA was unable to provide a veteran's healthcare within a reasonable time or distance after the 2014 Phoenix VA waitlist scandal. As TAL stated in a letter with other VSOs at the time, "[it] would consolidate VA's community care programs and develop integrated networks of VA and community providers to supplement, not supplant VA healthcare...This carefully crafted compromise represents a balanced approach to ensuring timely access to care while continuing to strengthen the VA healthcare system that millions of veterans choose and rely on."[1]

TAL stands by our view that the MISSION Act is intended to supplement – but not supplant – the VA direct care system. The VA should remain the center of veteran healthcare with a constant focus on improvement--keeping the veteran as their North Star. In December 2024, Veterans Affairs and rehabilitation (VA&R) Division Director Cole Lyle highlighted The American Legion's staunch support of keeping the VHA as the coordinator of care for U.S. veterans. Doing so, however, is becoming harder and harder as the VA continues sending more veterans into the community with contract oversight spread across multiple areas within the VA's Office of

[1] DAV Communications. "VSO Letter Supporting VA Mission Act of 2018." DAV, May 7, 2018. https://www.dav.org/learn-more/news/2018/vso-letter-supporting-va-mission-act-of-2018/.

Integrated Veteran Care (IVC). With the VA now spending more than 39% of its healthcare budget on community provider reimbursements[2] and Congressional efforts to codify community care access standards, setting clear guidelines for contract oversight will be a monumental issue as the VA negotiates a new community care contract. However, even with clear guidelines for oversight, the VA will continue sending a larger number of veterans into the community if Congress does not consider and act upon a comprehensive plan for infrastructure reform. Congress' disregard for the Asset & Infrastructure Review (AIR) Commission, housed within the MISSION Act and designed to address VA's long-standing infrastructure issues, is a large part of the reason the VA is facing a growing community care budget[3]. Important changes in policy to improve infrastructure, reduce barriers to accessing care, streamline appointment scheduling, support women veterans, and improve reimbursement requirements are critical to providing veterans with the healthcare they have earned.

The American Legion conducts regular visits to VA facilities each year as part of our System Worth Saving (SWS) program. In these visits, we talk to veterans at VA hospitals, along with staff, to find ways to work with the VA and Congress to improve veteran outcomes. Access standards were identified as an area for improvement. Who qualifies and how can sometimes seem unclear, and veterans report facing unexpected barriers to actually getting referrals. This goes against the spirit of the MISSION Act, which was to provide veterans with closer and timelier access to care. Congress and the VA should look closely at codifying access standards but also ensuring that veterans aren't going out of VA care just to receive care that is further away, a longer wait, or both, as we heard about anecdotally multiple times on our SWS visits.

For many Veterans—especially those who are women—community care is the only viable option for specialized care. The VA is not set up to provide women veterans with maternity care, obstetric services, or fertility treatment, therefore necessitating the use of a community provider to access gender-specific care. Lapses in coverage, unclear access standards, and lengthy wait times jeopardize the quality of care that our female Legionnaires already struggle to receive.

At the grassroots level, TAL has been interviewing veterans across the country, and access to community care under current laws and regulations continues to be a systemic issue. TAL met with Lillian Moss, a Legionnaire and member of Post 310 in San Diego, CA, who highlighted several stark inadequacies of referrals and VA operations. In addition to being a survivor of combat and military sexual trauma (MST), Lillian was diagnosed with cancer in December of 2017. Thanks to her VA care, she underwent a double mastectomy in 2020. Her cancer was removed, but inadequacies with her follow up reconstructive surgery were left unresolved for years. She described waiting on various calls and confirmations that always seemed to be just around the corner and just out of reach.

Lillian further struggled with financial hardship after her local VA pulled back her community care referral for her psychologist. Devastated at the thought of losing a trusted provider, Lillian

[2] "Veterans Community Care Program: VA Needs to Strengthen Contract Oversight." GAO Report, August 2024. https://www.gao.gov/assets/gao-24-106390.pdf

[3] "VA Recommendations to the AIR Commission." VA.gov, March 2022. VA Recommendations to the AIR Commission Home

was forced to pay out of pocket for her desired mental healthcare. She is now waiting for what she was told would be another quick call to requalify her referral but has been waiting for months with no progress made. This is an unacceptable burden to place on veterans seeking mental healthcare. For veterans engaged in specialty care, a continuum of care is critical to the veterans' well-being. We know how challenging transitions can be for members of the veteran community and abrupt changes can be devastating to those receiving care.

Another veteran who receives care from the Portland, Oregon VA, Martha Nava, has faced repeated denials and delays for necessary medical treatments, including a three-year wait for back surgery and a mismanaged kidney procedure that led to severe complications. Despite VA policy stating that community care should be approved in the "best interest of the veteran," the patient advocate system has failed to provide her with necessary referrals, leaving her trapped in a cycle of inadequate care, prolonged suffering, and a lack of accountability.

When veterans qualify for community care and elect to go that direction, that decision should be between a veteran and their providers. While current access standards are not codified, they are part of VA policy and need to be followed. The Secretary of the VA has discussed making changes to access standards in the past to keep more care in the VA[4]. While no official changes to access standards have been made, there are reports that the VA has been informally restricting access[5]. We have heard this on our site visits as well, both from veterans and VA employees. Efforts to keep a veteran in VHA care should be made before treatment is needed, not at a time when a veteran is simply trying to get better. Sidelining veterans with bureaucratic roadblocks requiring extra reviews, referrals, and conversations does nothing to accomplish VA's mission or improve on it, nor does it help veterans.

Improving access to specialty services in VHA facilities for these two veterans would require the infrastructure reforms previously highlighted, particularly in urban facilities with large catchment populations. These assessments could also address proper staffing levels to help alleviate the VA's capacity problems. We have continually heard of staff recruitment and retention as an issue on our SWS visits. Adequate staffing in all areas helps improve veteran health outcomes and increase VHA capacity.

Furthermore, transportation remains a significant obstacle when it comes to veterans getting to their appointments for care in the community. The VA has several programs available to help veterans get to and from their VA and non-VA appointments such as the Veterans Transportation Service (VTS), Beneficiary Travel (BT), Highly Rural Transportation Grants (HRTG)[6], and a new partnership with Uber, Uber Health. However, on our SWS visits, TAL found these

[4] Kime, Patricia. "VA Weighs Limiting Access to Outside Doctors to Curb Rising Costs." Military.com, June 15, 2022. https://www.military.com/daily-news/2022/06/15/va-weighs-limiting-access-outside-doctors-curb-rising-costs.html.

[5] "Sen. Moran Speaks on Senate Floor Regarding VA Decisions That Are Limiting Veterans' Access to Care." U.S. Senate Committee on Veterans' Affairs, June 21, 2024. https://www.veterans.senate.gov/2024/6/sen-moran-speaks-on-senate-floor-regarding-va-decisions-that-are-limiting-veterans-access-to-care.

[6] US Department of Veterans Affairs, Veterans Health Administration. "Veterans Transportation Program." US Department of Veterans Affairs, January 12, 2015. https://www.va.gov/healthbenefits/vtp/.

programs all suffered from the same issue: a lack of drivers. Even with funding available and programs in place, highly rural catchment areas struggle to find enough employees, a problem that exists in nearly all sectors in some rural communities. TAL urges Congress to understand there is a gap here that cannot be covered by transportation programs in certain areas, and to look at providing more in-house services in such communities.

Infrastructure reform, ensuring adequate transportation, and addressing provider recruitment and retention are all crucial to providing veteran healthcare in an effective and timely manner, and TAL urges Congress to address these issues while holding the VA accountable for delays and denials of veterans who need healthcare in their community.

We must, in every effort to properly address balancing VA direct care with community care, keep the individual veteran as our focus. While VA's sheer size means agency consideration must sometimes be weighed in policy decisions, its parochial interest must come second to those of the end-user.

Chairwoman Miller-Meeks, Ranking Member Brownley, and all the distinguished members of this committee, on behalf of National Commander James A. LaCoursiere Jr. and members of The American Legion, thank you again for the opportunity to amplify the voice of the veteran. It is together with you that we do the great work of making a truly modern VA that provides the top-of-the-line healthcare veterans deserve. We look forward to working together with you to continue this sacred duty.

For additional information regarding this testimony, please contact The American Legion Senior Legislative Associate, Bailey Bishop, at b.bishop@legion.org.