Statement of

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before the

House Committee on Veterans Affairs

concerning

"Community Care Network Next Generation: One Trillion Dollars of Oversight"

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Thank you, Chairman Bost, Ranking Member Takano, and Members of the Committee for the opportunity to testify at today's full committee oversight hearing on the future of the Veterans' Community Care Program on behalf of Concerned Veterans for America (CVA). CVA is a grassroots network of thousands of veterans, family members, and patriotic citizens that advocates for and defends policies to preserve freedom and prosperity for all Americans. Our organization builds engaged communities of veterans, elevating their unique experiences and perspectives to help improve American lives.

CVA's History with Community Care

While CVA has focused on several issues since its establishment over 14 years ago, our organization has consistently fought to empower veterans to be at the center of their health care experience, not an agencies bureaucracy. As a Navy and Marine Corps veteran, I have seen how the ability or inability to access quality and timely health care has profoundly impacted the lives of those I served with.

Organizationally, CVA helped elevate the voices of VA whistleblowers who revealed that veterans had died while waiting for care on secret wait lists during the Phoenix VA scandal of 2014, underscoring the need for additional options outside of care at VHA facilities. In the aftermath of Phoenix, CVA also supported early reform efforts like the Veterans Access, Choice, and Accountability Act of 2014, which created the first options for veterans to choose to use their health benefits at independent providers.

These early efforts culminated in the VA MISSION Act of 2018, which CVA helped shape and support in Congress. The legislation passed with overwhelming bipartisan support, incorporating many of the recommendations of CVA's 2015 Fixing Veterans' Health Care Task Force, including creating the Veterans Community Care Program (VCCP) under discussion today.[1] By consolidating existing choice programs into an easier-to-use VCCP and simplifying access standards, the MISSION Act has been a game-changer for millions of veterans' access to timely and quality care.

CVA's view of veterans' health care is simple: at all times, veterans should have the choice of seeking care either at a VA facility or a community care provider depending on which best meets their needs. This is the same model our retired military and civilians are able to use.
To the extent the VA molds itself into a socialized health care system by limiting the progress that has been made to add choices for veterans, the more dysfunction we are likely to continue to see.

The Community Care Network's Next Generation contract offers an important investment in sustaining the hard-won health care choices of the VA MISSION Act and ensuring that veterans have quality choices to choose from. At the same time, Members of Congress and policymakers at the VA will need to work together to ensure the Next Generation contract is carefully and efficiently managed to limit the potential for waste, fraud, and abuse.

[1] "Fixing Veterans Health Care: A Bipartisan Policy Task Force," *Concerned Veterans for America*, 2015. https://cv4a.org/wp-content/uploads/2016/01/Fixing-Veterans-Healthcare.pdf

The VA's Own Surveys Have Shown Veterans Are Satisfied with Community Care
While the VA no longer publishes this data in its annual budget request, the agency's satisfaction survey in FY 2022 (the final year the comparison was available) found that 83% of veterans were satisfied overall with their community care experiences, compared to only 69% with their VHA experiences.[2] The roughly 40% of enrollees who use community care each year is ample evidence for the revealed preferences of veterans for additional treatment choices besides VHA direct care facilities.[3]

Veterans Need Community Care Options
Here in D.C. alone, the consequences of pushing veterans away from community care towards reliance only on direct care facilities through the Veterans' Health Administration (VHA) would be disastrous. As of January 20th, 2026, new patient wait times for primary care at the Washington VA Medical Center were over 35 days, according to the VA's wait time tracking tool.[4] This is well over the 20 day wait time access standard that currently qualifies veterans for community care to access non-specialty treatment. The same query found new patient wait times of 56 days for oncology appointments, 62 days for dental care, 66 days for OBY/GYN treatment or pain medicine appointments, 65 days podiatry appointments, and over 73 days for urology exams.[5] By contrast, the community care access standard for mental health or other specialty treatment is 28 days.

These are unacceptable wait times, yet they illustrate the abysmal delays veterans can face if given no other option but whenever the nearest VHA facility is available. In CVA's experience with its own activists, rural veterans face similar hurdles, too often being referred to VHA appointments hours away, sometimes across state lines, regardless of stated community care access standards. The prospect of these wait times and drive times to VHA appointments is one reason why over 84% of veteran enrollees rely on supplemental insurance besides the VA, such as Medicare, TRICARE, private insurance, or Medicaid.[6]

Evidence suggests that access to alternatives to sole reliance on VA care is associated with positive impacts on veterans' health, which is why community care remains crucial. A July 2023 JAMA Network Study found that "VA enrollees with private coverage were the most likely (44.0%) to report being in good health. Veterans who received all care through the VA were the most likely to report poor health (33.3%)."[7] This association should not be surprising given the importance of timely treatment, made easier by a variety of options, for effective preventative

[2] "Performance Summary," Department of Veterans Affairs FY 2022 Budget Submission, Vol. I: Supplemental Information, page 24. https://department.va.gov/administrations-and-offices/management/archived-plans-and-reports/
[3] "VA to improve health care choice and quality for Veterans with new community care contracts," Department of Veterans Affairs Press Room, December 15, 2025. https://news.va.gov/press-room/va-to-improve-health-care-choice-and-quality-for-veterans-with-new-community-care-contracts/
[4] "Washington VA Medical Center: Wait Times," Accesstocare.va.gov, Department of Veterans Affairs, January 20, 2026. https://www.accesstocare.va.gov/FacilityPerformanceData/FacilityDataResults?LocationText=District%20of%20Columbia,%20United%20States&Radius=50&UserLatitude=-1&UserLongitude=-1&f=688&sd=99&sc=10
[5] Ibid.
[6] FY 2026 VA Budget Request, Vol. II: Medical Programs," Department of Veterans Affairs, March 2025, page 316. https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-2-Medical-Programs.pdf
[7] Liam Rose, et. al. "Association Between Self-Reported Health and Reliance on Veterans Affairs for Health Care Among Veterans Affairs Enrollees," JAMA Network, July 17, 2023. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807342

care.

Community care is a source of savings and sustainability for the VA

Contrary to opponents' claims, community care is a source of savings, not out-of-control costs. Honoring our nation's promise to those who served requires responsibly managing the use of available resources to provide the best access to care possible. However, historically inflexible VA staffing trends have been larger drivers of cost than community care.

The VA-commissioned "Red Team" report, internally released March 30, 2024, painted community care as an untenable source of cost-growth, focusing on the increased popularity of community treatment overtime to recommend further restricting access (community care now accounts for roughly 40% of the VA's patient workload).[8] However, in emails obtained via Freedom of Information Act request, VA staff noted to report authors that in the past five years, only 15% of the agency's increased spending was due to community care.[9] In contrast, direct care costs and staffing accounted for 74% of increased VA spending.[10]

Members of this committee are right to be concerned about the sustainability of America's promise to those who have served. CVA would highlight the fact that the Department of Veterans Affairs increased its budget over four-fold in inflation-adjusted terms between FY 2004 and FY 2024 alone, while the overall number of enrollees remained largely stable and the overall population of veterans declined over 30% in the same time period.[11] Despite these factors, the Biden-era VA expanded its staff by nearly 80,000 full-time equivalents from 395,000 to 472,000 between FY 2020 and FY 2024.[12] To ensure it can continue to meet its obligations, the VA should follow similar industry practices as private health systems and adjust its VHA staffing overtime to reflect the growing popularity of community care among veterans.

We know the agency has focused on staffing when conditions have called for doing so previously. In the latter half of the 1990s, then-Undersecretary of Health Kenneth Kizer oversaw a reduction in over 25,000 VA staff and the merging of dozens of underutilized facilities to concentrate resources on efficiently serving veterans. Undersecretary Kizer paired these right-sizing efforts with opening lower cost community-based-outpatient clinics across the country, treating over 24% more veterans and decreasing wait times, all without major budget growth.[13]

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[8] "Empower Oversight Obtains VA Red Team Report on Community Care," Empower Oversight, April 30, 2024. https://empowr.us/empower-oversight-obtains-va-red-team-report-on-community-care/

[9] See: FOIA Production for Americans for Prosperity Foundation, October 24, 2014, page 3. https://americansforprosperityfoundation.org/wp-content/uploads/2024/10/24-14214-F.pdf

[10] Ibid.

[11] Data Tables for Historical VA Budgets in 2025 Dollars, "At last of Military Compensation, 2024," Congressional Budget Office. January 30, 2025. https://www.cbo.gov/publication/60886; Appendix A in "Department of Veterans Affairs FY 2024 Appropriations," Congressional Research Service, May 1, 2024. https://crsreports.congress.gov/product/pdf/R/R48056

[12] VA MISSION Act Section 505 Data – Annual Reports FY 2024 - FY 2019, U.S. Department of Veterans Affairs. https://www.va.gov/employee/va-mission-act-section-505-data/

[13] For more on VA staff right-sizing in the 1990s, see: Kenneth Kizer and R. Adams Dudley, "Extreme Makeover: Transformation of the Veterans' Health Care System," Annual Review of Public Health, Vol. 30. December 15, 2008, Pgs. 313-339. https://www.annualreviews.org/content/journals/10.1146/annurev.publhealth.29.020907.090940; Brian Friel, "VA considers more layoffs, buyouts," Government Executive, April 14, 1999. https://www.govexec.com/federal-news/1999/04/va-considers-more-layoffs-buyouts/2787/; "Final Report of the Commission on Care," Commission on Care, June 30, 2016, pgs. 213-215, https://permanent.fdlp.gov/gpo69908/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf

Finally, the VHA's astronomical cost-per-patient rates, which numbered upwards of $21,000 on average, according to the most recent FY 2024 actuals, dwarf choice-friendly alternatives.[14] TRICARE Select and TRICARE for LIFE, which allow active duty and military retiree patients to use their health benefits at private sector providers without Department of War pre-approval, cost roughly one-half to one-quarter the amount per-beneficiary, while empowering patients with more choices, not less. By comparison, a rough per-patient cost approximation of Kaiser Permanente's per-patient costs, based on 2024 operating expenses and total patients suggests an average of $9,000 per beneficiary.[15] Offering patients more access to systems that typically serve their needs more efficiently should save, not drain VA resources.

The Next-Gen Contract Promotes a Robust Health Care Marketplace

The community care network is only as beneficial to veterans as the choices it is able to offer them. Crucially, the Next-Gen contract promotes the sort of competition that will expand veterans' health care options further through its "indefinite delivery/indefinite quantity" structure. This system removes upper bounds on the numbers of health plans that can be approved to compete to serve veterans.[16] Allowing for many health plans to provide offerings to veterans at once will improve third-party administrators' transparency incentives as Congress and the Department oversee their performance and compliance.

Policy Solutions

Codify Community Care Access Standards:

The VA's prior failure to follow the implementing regulations of the MISSION Act require firmer action by Congress. In 2019, the VA wrote the implementing regulations determining veterans' eligibility rules, or access standards, for community care. These access standards specify that when wait times at Veterans Health Administration (VHA) facilities exceed 20 days or a 30-minute drive from the veterans' residence for primary or mental health care, and 28 days or a 60-minute drive for specialty care, veterans are eligible for a community care referral.[17] The regulations also allow a veteran's VHA clinician to refer them to community care, regardless of wait or drive time, if he or she determines that doing so is in the veteran's best medical interest.

Over the past four years, the VA repeatedly chose to ignore these rules and even issue contradictory internal guidance. VA training documents recommended that schedulers not inform veterans of their community care eligibility unless veterans directly asked for it.[18] On top of this, VA scheduling scripts instructed employees to actively try to dissuade veterans from choosing

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[14] "TRICARE vs. VA Health Care, Cost Estimates: FY 2026 Budget," Concerned Veterans for America, 2025 (see document submission); U.S. Department of Veterans Affairs FY 2026 Budget Submission, Department of Defense FY 2026 Budget Submission: Defense Health Program; Congressional Budget Office February 2024 Baseline Projection: Department of Defense Medicare Eligible Retiree Health Care Fund.

[15] "Fast Facts," Kaiser Permanente, https://about.kaiserpermanente.org/who-we-are/fast-facts; Dave Muoio, "Kaiser Permanente Clears $115B revenue in 2024 thanks to Risant Health additions," Fierce Healthcare, February 10, 2025. https://www.fiercehealthcare.com/providers/kaiser-permanente-clears-115b-revenue-2024-risant-health-additions#:~:text=Kaiser%20considered%20this%20a%20%E2%80%9Cmodest,%E2%80%9Cleading%2Dedge%20technologies.%E2%80%9D

[16] "VA to improve health care choice and quality for Veterans with new community care contracts," Department of Veterans Affairs Press Room, December 15, 2025. https://news.va.gov/press-room/va-to-improve-health-care-choice-and-quality-for-veterans-with-new-community-care-contracts/

[17] CFR § 17.4040

[18] "Unless the patient requests to review their other eligibility, no additional [community care] eligibility is required to be reviewed other than wait time." See: "Standard MISSION Act Guidance: Patient Eligibility and Scheduling Reference Sheet," *Department of Veterans Affairs*, October 28, 2020, pg. 2. https://americansforprosperity.org/wp-content/uploads/2021/09/03-Mission-Act-Guidance-Oct.-2020.pdf

community care instead of VHA facilities.[19] Veterans who knew about and wanted community care nevertheless faced a variety of obstacles for access.

FOIA-obtained VA training documents revealed that officials added an additional approval layer for community care requests. Despite appearing nowhere in the MISSION Act or its implementing regulations, the VA created a new standard for determining whether a veteran's community care request was "clinically appropriate," which in practice functioned as an additional opportunity to improperly deny referrals despite no legal basis for the VA to do so.[20]

What's more, the VA allowed its administrators to overturn clinicians' assessment of a veteran's "best medical interest" for community care referrals.[21] VA internal guidance even created carveouts where wait time access standards were simply ignored for scheduling purposes without the veteran's consent.[22]

Fortunately, legislation such as **H.R. 740, the Veterans' ACCESS Act**, which has been reported by this Committee, would write community care access standards into law, putting an end to blatant wait-time manipulation and rogue scheduling. The Next-Gen contract needs the guarantees that codified access standards create to attract as many providers and third-party administrators as possible.

Pursue Full Choice:

While Congress should codify community care protections via the Veterans' ACCESS Act, the best way to remove opportunities for the VA administrative meddling that harms veterans is to end the VHA's role as a gatekeeper for whether a veteran can choose to go to the VA or a community care provider to begin with. **H.R. 71, the Veterans Health Care Freedom Act**, sponsored by Rep. Andy Biggs, would create a "full choice" pilot program, allowing veterans to seek either VHA or community care without VA preapproval over a three-year trial in at least four VISNs.[23] This legislation would give veterans' health benefits the same user-friendliness veterans enjoy in other contexts like the VA Home Loan or GI Bill, where their choice as consumers comes first.

Conclusion: Embrace What Works

Protecting and expanding community care options is not about "privatizing" or otherwise eliminating the VA that so many veterans appreciate. It's about treating veterans like adults and

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[19] "Referral Coordination Initiative Implementation Guidebook," Veterans Health Administration, *Department of Veterans Affairs*, March 10, 2021. https://americansforprosperity.org/wp-content/uploads/2021/09/Referral-Coordination-Initiative-Guidebook.pdf#page=62

[20] VA training flowcharts obtained via FOIA: https://americansforprosperity.org/wp-content/uploads/2022/01/21-06268-F_Responsive_Records_1-Part-1.pdf#page=347

[21] Jill Castellano, "The Mission Act is supposed to help US veterans get health care outside the VA. For some, it's not working." *USA Today*, November 1, 2021. https://www.usatoday.com/in-depth/news/investigations/2021/11/01/mission-act-aid-veterans-healthcare-va-isnt-letting-it/8561618002/

[22] For example, the VA's internal community guidebook, obtained via FOIA, included directives such as "For Veterans with a Return to Clinic order with CID greater than 20/28 days, the wait time standard is considered waived." This guidance is in direct contravention to MISSION Act eligibility access standards, under which only a veteran can waive community care wait time standards. "Office of Community Care Field Guidebook," Veterans Health Administration, *Department of Veterans Affairs*, August 21, 2021. https://americansforprosperity.org/wp-content/uploads/2022/01/21-06268-F_Responsive_Records_1-Part-1.pdf#page=198

[23] "Blackburn, Colleagues, Introduce Veterans Health Care Freedom Act," Senator Marsha Blackburn, January 24, 2025. https://www.blackburn.senate.gov/2025/1/issues/veterans/blackburn-colleagues-introduce-veterans-health-care-freedom-act

giving them the same options policymakers extend them elsewhere. When veterans are able to choose the care that best meets their needs, as military retirees can, they are more able to live fuller lives and pursue their goals, benefitting American communities through their leadership in the process. Congress and the Department of Veterans Affairs should protect and expand our veterans' treatment options, putting them in their health care driver's seat.

Sincerely,

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