

United States Senate

WASHINGTON, DC 20510

June 25, 2024

The Honorable Denis R. McDonough
Secretary of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420

Dear Secretary McDonough,

We write to you today to reaffirm veterans' right to community care and to urge you to quickly correct policy initiatives that are endangering the lives of veterans. Ten years ago, the Department of Veterans Affairs (VA) suffered through a nationwide access to care crisis. Six years ago, the enactment of the MISSION Act expanded the ability of veterans to seek care in the community. For countless veterans, the convenience, accessibility, and control that community care offers is life-saving. In the years since the MISSION Act was enacted, the VA healthcare system has seen significant increases in enrollment, utilization, and reliance, as well as improvements in key measures of quality and veteran trust. However, a recent shift in strategy at VA is jeopardizing these significant gains for our veterans.

In January, Dr. Shereef Elnahal, Under Secretary for Health, commissioned a panel ("Red Team") to "assess the trends and drivers of increasing community care spending." VA leaders – including yourself – addressed the Red Team and provided it with select data and briefings that contributed to the conclusion that frames community care as a potential existential threat to VA's direct care system, rather than the vital lifeline it is for veterans and for VA. Among the Red Team's recommendations are suggestions that VA save money by reducing community care referrals for veterans seeking emergency, oncology, and mental health care. Veterans in need of these services are among the most vulnerable and high-risk. It is unconscionable that VA would consider leaving them with fewer options to seek needed care.

VA claims that the Red Team's work was independent, and that their findings are still under consideration. However, a dramatic increase in the number of reports from veterans and their family members, as well as from whistleblowers working in VA medical facilities, about administrative practices suggest that VA is already operating in accordance with the Red Team's recommendations. For example, in one recent case, VA cancelled the community care authorization of a veteran who had just two treatments left to complete a course of successful chemotherapy in his hometown. In another case, VA denied a veteran with a recurrence of cancer the opportunity to seek radiation and chemotherapy in the community, as he did during his previous cancer battle, following surgery that will leave him unable to communicate and without a means of transportation to-and-from his VA medical center.

We are also hearing from a number of veterans who had been receiving non-narcotic pain relief treatments outside of VA medical facilities who are now having their community care authorizations revoked. This appears to stem from another Red Team recommendation. Many of the veterans in this situation who have contacted our offices for help have been offered few alternatives in place of community care other than VA-provided opioid prescriptions. In one case, an opioid prescription was the only alternate treatment VA offered a veteran recovering from an addiction. This is contrary not just to law, veteran preference, and best medical interest but also to VA's Opioid Safety Initiative, which has a stated goal of decreasing opioid prescriptions among veterans and better utilizing non-narcotic methods of managing pain.

In line with these examples from veterans, VA whistleblowers have disclosed the establishment of burdensome processes to have VA medical center leaders highly scrutinize community care referrals in an effort to recapture care in VA medical facilities. Given that the VA healthcare system recently initiated a strategic hiring pause and is actively working to reduce staff by 10,000 employees, we share the concern expressed by these whistleblowers about the impact that increased reliance on VA's direct care system will have not just on wait times for veterans in need of care, but also on VA staff who are already being asked to do more with less. Independently, these policy goals are cause for concern. Together, they risk the welfare of veterans and VA's workforce.

We are also alarmed by the volume of concerns we are hearing from veterans and VA staff who attribute limitations on care in the community to a lack of funding for VA. You have assured us that VA has adequate funding and VA's most recent budget submission, for the second fiscal year in a row, did not request additional funding over the advance appropriations VA received in the last budget cycle. Yet, veterans and VA staff continue to assert that they are unable to move forward with community care referrals because of alleged budget shortfalls. Congress has never failed to provide VA with the resources required to fulfill its mission. Furthermore, VA data shows that community care is more cost-effective than VA's direct care system, with VA's projections of global relative value units (RVUs) showing an average cost of just \$58 per RVU in the community compared to \$116 per RVU in the direct care system. Regardless, if you believe that VA lacks the funding to provide the level of access to care that veterans deserve, in VA and in the community, it is incumbent on you to reprioritize resources from non-patient care areas and reduce waste, fraud, and abuse, not to unilaterally implement purported cost-savings measures that, even as an unintended consequence, decrease veteran choice and endanger veteran lives.

Many of the veterans who have shared their complaints with our offices are willing to do whatever it takes to continue accessing care in their communities. This includes paying out of pocket, even if they are on limited incomes. The MISSION Act was designed, in part, to avoid this unacceptable outcome. VA must embrace both the spirit and letter of that transformational piece of legislation to ensure this does not continue. Doing anything less is detrimental to the progress VA has made through the MISSION Act and a personal affront to veterans across the country.

For these reasons and more, we ask that you act without delay to refute the Red Team's recommendations and issue guidance and retraining materials to all VA staff reaffirming veterans' right to seek community care. Our nation's veterans are waiting.

Thank you for your attention to this matter.

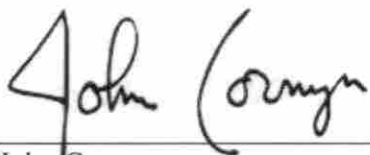
Sincerely,



Jerry Moran
United States Senator



Charles E. Grassley
United States Senator



John Cornyn
United States Senator



John Thune
United States Senator



James E. Risch
United States Senator



John Boozman
United States Senator



Marco Rubio
United States Senator



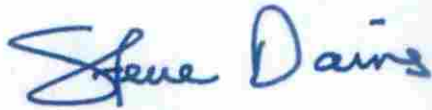
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James Lankford
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