

**** OPENING STATEMENT ****

- Thank you, Mr. Chairman. Dr. Stone, thank you for being here.
- In the 90 days following implementation of the new Veterans Community Care Program, there were nearly 258,000 more referrals for private sector care than in the preceding 90 days.
- More concerning, there were 283,000 fewer referrals for appointments in VA during that same period.
- So, referrals for community care went up 23 percent and for referrals for VA care went down 6.5 percent.
- I'm concerned, and I hope you are as well.
- Congress didn't create the new community care network to simply supplant VA care with private sector care – particularly when it actually takes less time for veterans to schedule appointments and be seen in VA facilities.
- If VA is connecting veterans with care more quickly, why are so many veterans getting their care in the private sector?

- I am concerned that the 43,000 vacancies at VHA are one of the chief reasons.
- And I remain frustrated that VHA isn't making effective and aggressive use of the authorities Congress has provided to recruit and retain providers and support staff – particularly in rural areas.
- I am also concerned by reports that the Decision Support Tool - that was supposed to assist veterans and their providers in making a decision on where to get care - is being underutilized because providers are choosing not to use it.
- My understanding is the purpose of the D.S.T. was to review the criteria proscribed in the MISSION Act and determine whether a veteran is eligible and best-served by utilizing private sector care.
- Then it would document the decision rationale in the veteran's health record.
- However, I now understand that VA will use a new referral process that could complicate referrals even more.

- I don't understand how creating a team to coordinate that decision is quicker or makes more sense than a veteran and provider making that decision.
- I'm also concerned that 8 months into the Program VA doesn't have a clear understanding of how many appointments have been completed in the community or how much it costs.
- While I understand there is a lag-time on medical bills coming in for completed appointments, I don't understand how VA doesn't have an estimate of how much this is costing taxpayers.
- And with the President's budget coming next week, I don't see how that request won't be met with a healthy dose of skepticism.
- I can tell you this - if the request shows a sharp increase for community care and level-funding for in-house care, VA had better have the justification and receipts to support that request.
- Dr. Stone, I know you are a straight shooter. And I have no doubt that the policies you advocate are with the best interests of veterans in mind.

- But as the VA's chief witness today, it will fall to you to convince me and others that VA isn't simply sending veterans into the community because providers think it's the easier decision.
- We also need your assurance that the IT Program to support the expanded Caregivers Program will be up-and-running by the end of this summer – which, as you know – is a full year after VA was initially tasking with completing the project.
- This expanded Program is too important to the veterans and caregivers who have been waiting for assistance for decades for there to be further delay.
- Mr. Chairman, thank you again for calling this important hearing.
- It's important that when Congress tasks the Administration with implementing important Programs, we hold them accountable for ensuring things are going as we intended.