Thank you, Mr. Chairman, for holding this hearing and thank you to the witnesses for appearing here today.

I think everyone in this room agrees that our country has a duty to do everything it can to care for its veterans.

Unfortunately it is clear that our nation is falling far short of its duty to honor our veterans when it comes to providing timely, high quality VA health care.

A year ago we passed sweeping legislation, which in addition to creating the Choice Program, was intended to tackle the most pressing problems and give the VA new tools to address some of its longstanding challenges.

Unfortunately, despite these efforts I continue to hear from veterans across my home state of Washington that they have to wait too long for care. And when they do receive the care they need, it's often inconsistent or unclear what they should do next.

As the daughter of a World War II veteran, I refuse to let substandard care be the status quo.

VA is operating many different programs so veterans can receive care outside of the system. But none of them are coordinated or consistent. It's a mess that is impossible for VA to administer, much less for veterans to understand and use.

After hearing from so many veterans in my home state, I knew this problem could not be ignored. So more than one month ago, I spoke on the Senate floor to urge the VA to create a new plan for non-VA care for the future.

I called on my colleagues to help me help the VA build a program that is veteran-centered and one that would address growing bureaucracy – and tackle problems with leadership, staffing, and massive capital costs.

I also urged the VA to ensure that any new plan is easy for veterans to understand and access. That means it must have clear eligibility, as too many veterans have been unsure what they qualify for and when they can be referred to the community for care.

It is essential that any final plan to consolidate care ensure that there are simple and consistent procedures for providers to deliver care and get reimbursed quickly.

The new plan must also ensure high quality care for veterans. This includes oversight and coordination of care.

A new system must be flexible enough to meet local needs and use non-VA providers to fill in the gaps that VA can't meet. And the new system must be cost effective and fully resourced. VA nearly ran out of money and would have had to shut down the entire health care system earlier this year. That can never happen.

So VA's plan that we are discussing today asks many of the right questions, and recognizes the importance of each of those criteria I outlined. But I have some concerns, and we're going to need to make changes.

And, as VA looks to implement their new proposal, it must be clear with Congress about what it needs to effectively implement the new non-VA care system and ensure our veterans are getting care.

Veterans deserve a system that works, not one that is torn apart and weakened over time.

So the answer isn't just to dismantle the VA and leave veterans to fend for themselves, as some proposals would do.

It's important that we are having this conversation today-about what is going on at the VA and what the problems are. But it needs to be followed by a plan that pursues an "all of the above" approach.

So we have a lot of work ahead of us as we evaluate VA's new plan to make sure it meets all of those criteria. With the demand on the VA only continuing to grow, this is a pivotal moment in deciding how we provide care for veterans. We need to get this right. And I look forward to working with all of you on this important task.

Thank you, Mr. Chairman.