

BUSINESS MEETING TO CONSIDER PENDING LEGISLATION

WEDNESDAY, JULY 30, 2025

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 4:05 p.m., in Room SR-418, Russell Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Boozman, Tillis, Sullivan, Blackburn, Cramer, Tuberville, Banks, Blumenthal, Hirono, Hassan, and King.

OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN, U.S. SENATOR FROM KANSAS

Chairman MORAN. The meeting will come to order. I thank my colleagues for being here for the business that we're doing today, we'll need a quorum. But I think in support of everybody's capabilities of doing what they need to do at this time, I'm going to go ahead and have my opening statement and call on the Ranking Member Senator Blumenthal.

As specified to the notice that you all received, we have 24 pieces of pending legislation on our agenda today. I'm pleased that we're back in the stage of looking at policy and legislation, and we're working hard to try to include every member's priority in this in consideration by this Committee.

These bills, the ones we're taking up today, represent a number of bipartisan priorities, including expanding access to VA healthcare and benefits, preventing veterans' suicide, supporting caregivers, student veterans, women veterans, and survivors of military sexual trauma, advancing research into low level blast injuries, and other topics as well.

I'm grateful to all the sponsors of these bills for their work on these proposals, and I'm pleased that we were able to reach bipartisan agreement to move forward with them this afternoon. I'm grateful to the VA for providing technical assistance on the legislation under consideration, and to our veterans service organizations and partners for working with us to improve and advance these bills.

Reporting these bills out of Committee today is an important step toward eventually delivering these bills to the President's desk for signature. And in doing so, improving the services for veterans and their families, their caregivers, and their survivors.

I do acknowledge that there is more work to be done on these bills before they pass the full Senate. That work includes making certain that mandatory costs associated with these proposals are fully offset in accordance with PAYGO requirements, after we receive the final cost estimate from the Congressional Budget Office.

We debated a bit about whether we should advance these bills, but while we wait for a CBO score, I think it's prudent to start the process, move the process further along. It will also include additional negotiations with our House counterparts, with VA leaders, and with the White House.

I look forward to the work that we're going to do in the future to get this done. And I will be voting in favor of all the bills we're considering today. Before returning to that agenda, I would yield to the Ranking Member, Senator Blumenthal, for his opening comments.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thanks, Mr. Chairman. Thanks to you and my colleagues on both sides of the aisle for a bipartisan package, which I think fits the work of this Committee, whatever our differences may be on other issues, and whatever our complaints about the VA, as you know, I have more than a few.

I think we have really sought to work together in a very bipartisan way, and I think it's important for veterans and advocates to know that we're still capable of coming together in good faith to advance ideas and legislation on their behalf. And it's tough to operate business as usual, but we have an obligation still to serve our veterans.

And today, I'm particularly proud to advance the Service Members and Veterans Empowerment and Support Act of 2025. This bipartisan legislation of mine, with Senator Murkowski, would eliminate bureaucratic hurdles for military sexual trauma victims and survivors who apply for VA disability benefits, and it would afford to those survivors a stronger voice in filing claims, while also expanding access to the treatment that they need.

They've endured unimaginable pain, and they deserve the highest quality care and services. They should have access to every tool needed to heal from their sexual assault trauma. Other critical bills on today's agenda ensure that the VA is better serving disabled veterans, women veterans, and student veterans. Some support veterans caregivers, and extend and expand efforts to address the mental health needs of veterans, and make care more accessible for veterans. These are very, very important goals.

In addition to addressing costs, I recognize that some of these bills will need additional changes, both technical and substantive as they advance through the legislative process. The Chairman and I have worked closely together for many years and will continue to do so.

We continue to hear from VA clinicians and veterans across the country experiencing cuts and delays due to the Secretary's ongoing, frankly, haphazard disastrous policies for VA employees and facilities. And in that connection, I'd like to put into the record an article that appeared in Prospect for Organizational Healthcare en-

titled, "Privatizing Veterans' Health Care Will Be a Disaster", if there's no objection.

Chairman MORAN. No objection. So ordered.

[The referenced article appears in the Attachments.]

Senator MORAN. Thank you. After we convene, after recess, I plan to introduce legislation to safeguard and expand VA's capacity to provide high quality accessible care to all veterans with all kinds of needs. And I hope the Chairman and I can work together in that effort. And I look forward to continued discussions about ensuring community providers are held accountable for meeting basic requirements to provide high quality care to veterans. And that includes returning medical records and ongoing training similar to what is required of VA providers.

The first item on our agenda is one that I am going to support for purposes of the votes today, but it needs continued work. It's the ACCESS Act of 2025, S. 275. I am going to support it today provisionally on the condition that we continue to work together, as the Chairman has mentioned, to make it better than what it is now, and make it acceptable so that community care meets the standards that are necessary. And we enhance and improve our VA system, not abandon it, but actually expand and improve it.

As we work in a bipartisan way to improve access to quality care for veterans in the community, it's essential that we do the same for care provided by the VA, which has been so essential to our sons—mine, and daughters, and our parents, and others who have depended on the VA being the gold standard, which it truly has been for so many veterans, the gold standard world class care that we need to preserve and enhance. Thank you, Mr. Chairman.

Chairman MORAN. Senator Blumenthal thank you for your comments, and you certainly can count on me to work to make certain that what this Committee does and what happens at the VA on behalf of our veterans, whether it's care that's provided directly in the Department of Veterans Affairs, or whether it's provided in our communities, is of the best and highest quality possible. And I look forward to making certain that that turns out to be the case for every veteran who seeks service in healthcare and from whatever the venue is that is provided.

I've been involved in the issue of community care for veterans since my early arrival in Congress. I represented a congressional district, the size of the State of Illinois. There is no VA hospital. And as a House member, became very interested in what we could do to make certain that veterans could access care where ever they lived.

And we certainly supported and continue to support VA outpatient clinic, CBOCs, but the distances were still 2, 3, 4 hours for the travel for those veterans. Small town in northwest Kansas called Atwood, I always use it as an example. If you're an 88-year-old World War II veteran, or a disabled veteran, you live in Atwood, it's 5, 6 hours to the VA hospital. And so, we created an outpatient clinic, and it's 3 hours from Atwood to that clinic.

So, we've worked with the creation of choice in early days, and ultimately the MISSION Act, of which we were engaged in a significant way in its drafting in its passage. None of that is designed

to undermine, to diminish the role that the Department of Veterans Affairs plays in healthcare for veterans.

And it's not designed and not intended and wouldn't want it to occur that we prefer choice or community care over the Department of Veterans Affairs. But I do strongly believe that veterans should have a say in where they receive care in the community. They have a choice. And we're going to continue to try to do that.

But I will work with the Ranking Member, Members of this Committee and our colleagues to make sure that quality care is provided, so that veterans have a choice of good care here or good care there. And I look forward to that, and I thank the Ranking Member for his cooperation.

Today, he and I outlined my history in regard to community care. Senator Blumenthal, since my early days as the United States Senator, have worked together on a number of things related to veterans, but a number of things unrelated to veterans. And I'm pleased that we're here today. It's been a long time since this Committee has legislated, and I've been anxious to get it started.

This legislation that I just described, it does a number of things to improve the access to care in the community. And I certainly want to make certain that, as we go down the path that that care is of high quality. It expands the—I don't know that there's any reason to explain out the provisions of this bill. We did reach a conclusion. I have been seeking the permanent codification of ACCESS standards that were created in the MISSION Act.

This bill does not create a permanent, but has an 8-year opportunity for the ACCESS standards to be in position. And the Ranking Member was cooperative and agreeing to a compromise to get this provision included in the bill. And I thank him for his good faith effort to help us report that bill out in that regard.

This bill also has significant support, strong support from the VSO community, and I'm grateful for that. And I would then ask if any other Members wish to speak in regard to the ACCESS Act that is before us. Senator Blackburn.

**HON. MARSHA BLACKBURN,
U.S. SENATOR FROM TENNESSEE**

Senator BLACKBURN. Thank you, Mr. Chairman. I appreciate that, and I do appreciate that we're taking up the ACCESS Act and that we have a pilot on mental health that will look more comprehensively, if you will, at what we could do with community care.

One of the things that has concerned me, and I've worked for years on community care and opening up the opportunity for community care, and as we have worked on these issues, one of the things that we have found is that about 80 percent of the VA workforce, 80 percent is unionized workforce.

And they continue to push against provisions like community care expanding the ACCESS Act. And our goal should be to make healthcare convenient and to provide more options for our veterans. And to me, taking the ACCESS Act to permanence is something we should do to honor that sacrifice that the veterans have done.

Having pilots on community care in areas other than just mental health is something that we should do. As you mentioned, you have someone that is 6 hours from a Veteran's clinic. Tennessee is a long

state. Upper East Tennessee is closer to the Canadian border than it is to Memphis, Tennessee. And having these veterans, giving them the ability to go in their community to get the care that they need, is something that we should do.

So yes, permanence on ACCESS, more broadly, allowing community care so that veterans can get what they need when they need it. And I think it is imperative that we stop letting the unions dictate what they want. We saw during COVID, we had VBA staff that was required to show up only 2 days out of a 2-week work period in the office, 2 days in person. And in healthcare, we heard from the Secretary, they only had to show up 5 days. And then we wonder why we have such a backlog.

So, I am supporting the ACCESS Act. I think we should push this further and make it permanent, so veterans know that they are not going to have to guess if something is going to continue, they're going to know what they're going to get. Thank you.

Chairman MORAN. Thank you, Senator Blackburn. Thank you. Senator Blackburn raises a point I'd like to make as well. There is a shortage of mental health care providers, suicide prevention efforts, and we ought to utilize every tool we can, to make certain that mental health services are as available as they can be. And that includes care in the community as well as care at the Department of Veterans Affairs. Who else seeks recognition? Senator Hirono.

**HON. MAZIE K. HIRONO,
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman. I will be voting against the ACCESS Act. Not because I don't think that veterans deserve mental health services, they certainly do, but that moving us to our privatizing VA care is not the way to go. And I do appreciate Mr. Chairman, your efforts in that, of the Ranking Member, to continue working on this bill, because the idea is, and the commitment should be that the veterans should receive care within the VA system.

We should be focusing on providing this kind of care and increasing the capacity of the VA system to provide all levels of care. So, it's not just the mental health services that the veterans need. There are all kinds of specialty services that the veterans need. And are we going to send them into the community to receive this care? Or are we going to focus on recruiting the medical professions within the VA system, paying them enough, retaining them, doing all those things that truly will make VA care the kind of care that our veterans are relying upon.

So, it's for that reason, not because I don't think that you and the Ranking Member are not going to be focused on what we need to be doing, but I do have a concern about moving VA care to privatization. Thank you, Mr. Chairman.

Chairman MORAN. Senator Blumenthal.

Senator BLUMENTHAL. Thank you. Thank you both, Senator Hirono and Senator Blackburn. I just want to put an exclamation mark after the comment that Senator Hirono just made. If we need more mental health care, we are going to be hiring more psychiatrists and counselors and psychologists in the VA.

In fact, cutting the veterans suicide hotline as the VA Secretary did. Now, apparently, he's restored some of those positions, maybe not all of them, but that's an example of how shortchanging the VA is really intolerable.

We should be focusing on recruiting and retaining, not just mental healthcare, but all of the areas of healthcare where the VA has been a leader, and it truly has been a world leader in many of these areas, including mental trauma and prosthetics and other areas.

And to Senator Blackburn, let me just say that the recent cuts and hiring freezes have really called forth workers organizations, unions representing those workers in a way that I think has been very impactful. And they've demonstrated the importance of union representation. I've worked with them in some of the complaints that we've made to the Secretary.

So, I think there is a role for unions in the VA, and if there was any doubt about it, the last 6 months have demonstrated it's important.

Chairman MORAN. Senator King.

**HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE**

Senator KING. Mr. Chairman, I intend to support the ACCESS Act and really appreciate the work that you've done and the Ranking Member on bringing it to a place where I can feel comfortable supporting it. Although I do want to—I mean, there's an underlying discussion here about the VA system versus private services. And I just want to be sure that community care is always an adjunct and not a replacement. That's the way I view it.

And it was originally designed to provide services, as you suggest, in rural that were more convenient, that were closer to home. But I just worry that about the privatization nose of the camel going under the VA tent. And I think this is something this Committee's going to have to continue to discuss.

And Senator Blackburn, I've heard you say about remote working and people coming. Some of our most successful companies in Maine found during the pandemic that remote work was indeed productive. And the folks that are working in those companies aren't coming in at all, but they're very productive, and they found it to be more successful.

So, there's nothing inherently wrong with remote work, depends on the nature of the job. So, as I say, I'm going to support this, but I think we're talking about a delicate balance here of providing convenient community care. And we want to be sure that the community care standards are the same as the VA. We haven't gained anything if the VA wait time is 2 days, and the community care wait time is 4 days, or whatever number it is.

So again, I really appreciate the work that you've done on this. I want to continue to be engaged in this issue, and I think it's one that is going to engage this Committee over the next few years.

Chairman MORAN. This issue may include my entire career [laughter.] So, I look forward to working with you Senator King. I ask unanimous consent to add letters and statements of support on the committee's print to the ACCESS Act, into the record from the

VFW, the PVA, TAPS, VVA, Wounded Warrior Project, Elizabeth Dole Foundation, and the American Legion. Without objection. So ordered.

[The referenced submissions appear in the Attachments.]

Chairman MORAN. Anyone else seek recognition?

**HON. DAN SULLIVAN,
U.S. SENATOR FROM ALASKA**

Senator SULLIVAN. Mr. Chairman, I just had one comment. It'll be for a future time. Well, I think the MILCON/VA bill that we're debating has a significant funding for a full-service VA hospital in New Hampshire, which I think is great for New Hampshire. So that leaves Alaska as the only State in the Union without a full-service veterans hospital.

And we have more veterans per capita than any state in the country. So, at some point, I noticed the \$1.8 billion authorization for major medical facilities and what we're going to vote on here in Missouri, which I'm sure is legit, just like the MILCON/VA is very legit for New Hampshire.

But at some point, I'm going to ask to be taken off the list of the states that don't have an actual VA hospital in my state when I have a lot of veterans there. So, congratulations to Senator Hassan. I think it's great that she's off the list soon if that approaching bill gets passed, but I want to join her someday.

Chairman MORAN. Senator Sullivan, you may have a lifelong career opportunity to serve that effort as well.

[Laughter.]

Senator HIRONO. Mr. Chairman?

Chairman MORAN. Senator Hirono.

Senator SULLIVAN. Was that a no from the Chairman? I'm not fully understanding?

[Laughter.]

Chairman MORAN. What I should say is you have been working on this for a really long time, and I hope that you get it well accomplished. I hope you get it accomplished soon.

Senator SULLIVAN. Good. Okay, thanks.

Chairman MORAN. That's a better—

Senator HIRONO. I just wanted to note that Hawaii also does not have a full-service VA hospital, so that's something that Dan and I can work on.

Senator SULLIVAN. I like that.

**HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. And Mr. Chair, I would be remiss if I did not say that I would fully support my two colleagues here in understanding the need for full-service VA hospital in our states. It's really important. It's something that we have been pushing for a long time. The veterans in New Hampshire have been pushing for, for a long time. We still have a lot of work to go to actually get it done.

And I have been pushing the VA to make sure they're actually talking to people in New Hampshire, including, and most impor-

tantly, the veterans in New Hampshire about how they're going to carry this through.

The last thing I would just say on this overall topic is, I too am a strong believer that veterans should have the choice for community care, especially in our rural areas. A choice that's been necessary in New Hampshire because we haven't had a full-service VA hospital.

But for anybody here who thinks that in a blink of an eye, somehow our civilian community care health system is currently prepared to take on veterans. For those of us who are waiting 6 months to a year for a primary care appointment on the civilian side, I think we should all be realistic about the fragile state of healthcare in this country right now on the civilian side, especially since the cuts that were just made. Thank you.

Chairman MORAN. Thank you.

Senator BLUMENTHAL. And I would just say Senator Sullivan and Senator Hirono; I think you'll have strong bipartisan support. And I think it goes to Senator King's point that the VA ought to be the primary source of healthcare. I don't know whether adjunct is the right word, supplement, but every veteran deserves a VA facility or access to a VA facility. And if it's impossible, and we should make it possible, but if it's impossible, community healthcare of some kind.

Chairman MORAN. I now recognize Senator Boozman to offer a motion.

**HON. JOHN BOOZMAN,
U.S. SENATOR FROM ARKANSAS**

Senator BOOZMAN. I move that the Committee adopt the Committee Print to S. 275 in favor of the Report S. 275 is amended, and I request a roll call vote.

Senator BLUMENTHAL. I second.

Chairman MORAN. Moved and seconded. The clerk will call the roll.

The CLERK. Mr. Boozman?

Senator BOOZMAN. Aye.

The CLERK. Mr. Cassidy?

Chairman MORAN. Aye, by proxy.

The CLERK. Mr. Tillis?

Senator TILLIS. Aye.

The CLERK. Mr. Sullivan?

Senator SULLIVAN. Aye.

The CLERK. Mrs. Blackburn?

Senator BLACKBURN. Aye.

The CLERK. Mr. Cramer?

Senator CRAMER. Aye.

The CLERK. Mr. Tuberville?

Senator TUBERVILLE. Aye.

The CLERK. Mr. Banks?

Senator BANKS. Aye.

The CLERK. Mr. Sheehy?

Senator SHEEHY. [No response.]

The CLERK. Mr. Blumenthal?

Senator BLUMENTHAL. Aye.

The CLERK. Mrs. Murray?

Senator BLUMENTHAL. Aye, by proxy.

The CLERK. Mr. Sanders?

Senator BLUMENTHAL. No, by proxy.

The CLERK. Ms. Hirono?

Senator HIRONO. No.

The CLERK. Ms. Hassan?

Senator HASSAN. Aye.

The CLERK. Mr. King?

Senator KING. Aye.

The CLERK. Ms. Duckworth?

Senator BLUMENTHAL. Aye, by proxy.

The CLERK. Mr. Gallego?

Senator BLUMENTHAL. Aye, by proxy.

The CLERK. Ms. Slotkin?

Senator BLUMENTHAL. Aye, by proxy.

The CLERK. Mr. Chairman?

Chairman MORAN. Aye.

The CLERK. The ayes are 16, nays 2, and 1 not voting.

Chairman MORAN. The motion is agreed to. Next, we'll consider the remaining items on our agenda. They include the Committee Print, S. 506, the Committee Print, S. 607, S. 610, the Committee Print S. 635, the Committee Print S. 654, S. 702, the Committee Print S. 778, the Committee Print S. 787, the Committee Print S. 800, the Committee Print S. 827.

The Committee Print to S. 832—831, excuse me. The Committee Print to S. 879, the Committee Print to S. 972. The Committee Print to S. 1139. The Committee Print to S. 1245, S. 1318. The Committee Print to S. 1320. The Committee Print to S. 1383. The Committee Print S. 1441, the Committee Print S. 1533, the Committee Print S. 1591, S. 2392 and S. 2393.

I am grateful to the Members of this Committee on both sides of the aisle, to the VA, and the veterans service organizations for the efforts to bring these bills forward today. Do any Senators wish to make comments on any of these bills?

I move the Committee. I would ask for a motion to move the Committee order to report the bills favorably in bulk. Is there a motion? Motion moved by Senator Blackburn, seconded by Senator Blumenthal. All those in favor say aye.

VOICE VOTE. [Chorus of ayes.]

Chairman MORAN. All those opposed say no.

Senator BLUMENTHAL. If I may just—

Chairman MORAN. Senator Blumenthal.

Senator BLUMENTHAL. On behalf of Senator Sanders, he wishes to be recorded as a no vote on S. 635, Veterans HomeCare Choice Act of 2025.

Chairman MORAN. He'll be so recorded. In the opinion of the Chair, the ayes have it. The motion is agreed to. I believe that concludes our work.

Senator BLACKBURN. Mr. Chairman, I've got a letter from Americans for Prosperity and Concerned Veterans for America, for the record.

Chairman MORAN. The Senator makes a motion to include those documents in the record. Without objections, so ordered.

[The referenced letter appears in the Attachments.]

Chairman MORAN. I ask unanimous consent that in preparing agenda items for reporting, the Committee staff be authorized to make any required clerical, technical and conforming changes, including changes necessary to conform with the Budget Act. Is there objection? Without objection, so ordered.

With that, the meeting is adjourned.

[Whereupon, at 4:33 p.m., the Committee was adjourned.]

A T T A C H M E N T S

THIS PAGE INTENTIONALLY LEFT BLANK

[MANAGE A PRINT SUBSCRIPTION](#)[MANAGE A RECURRING DONATION](#)[DNC 2024](#)[THE COLD CIVIL WAR](#)[HOW PRICING REALLY WORKS](#)[MONEY, POLITICS AND POWER](#)[ECONOMIC MODELS](#)[ECONOMIC POLICY](#)[WORKING IN AMERICA +](#)[ENERGY AND THE ENVIRONMENT +](#)[HOUSING AND TRANSPORTATION +](#)[CIVIL RIGHTS IN AMERICA](#)[LAW AND JUSTICE](#)[HEALTH AND SOCIAL POLICY](#)[AMERICA AND THE WORLD](#)[PODCASTS](#)[THE PROSPECT ARCHIVE](#)

Privatizing Veterans' Health Care Will Be a Disaster

Thousands of VA health care workers have been fired. Private-sector replacements will be worse.

BY RUSSELL LEMLE, JASPER CRAVEN JULY 30, 2025

875
Shares



BILL CLARK/CQ ROLL CALL VIA AP IMAGES

Secretary of Veterans Affairs Doug Collins testifies during a Senate subcommittee hearing, June 24, 2025, on Capitol Hill in Washington.



Listen to this article now

Powered by **Trinity Audio**



1.0x

00:00

06:49

Long before becoming secretary of the Department of Veterans Affairs (VA), Doug Collins's intention to steer veterans and their health care dollars away from VA medical facilities and into private hands was well established. During his tenure in the U.S. House of Representatives, Collins was a staunch ally of the Koch-backed Concerned Veterans for America (CVA), a group whose ideological North Star is privatizing VA services. He embraced three key bills the organization championed that laid the groundwork for outsourcing care for large numbers of VA patients and weakening protections for VA employees.

During his January confirmation hearing, Collins tried his best to shroud his objectives, lulling skeptical committee members with reassuring-sounding platitudes, such as “there’ll always be a VA for the

veteran.” He has continued to spread these unconvincing assertions as VA secretary in interviews, press releases, Twitter videos, and congressional hearings, while, at the same time, swiftly advancing proposals to deeply cut VA resources and personnel and redirect the so-called “savings” toward expanded outsourcing to private-sector care.

More from Russell Lemle | Jasper Craven

His approach has become more combative, marked by disparaging comments directed at reporters, VA employees, and officials responsible for overseeing his agenda. During one recent exchange with Sen. Patty Murray (D-WA), Collins lashed out, “You’re not being truthful. I’m not going to let you get away with that.” Yet Collins’s stance calls to mind Shakespeare’s famous observation in *Hamlet* that “The lady doth protest too much.” It is often the case, after all, that those who most vehemently attack others’ credibility are themselves concealing the truth.

Collins’s privatization campaign rests on four misleading narratives.

First is his pledge that “we’re not cutting VA health care providers.” Collins has repeatedly assured stakeholders that, despite his plan to eliminate between 30,000 and 80,000 department positions this year, the number of providers furnishing direct health care won’t decline one bit.

But the VA’s own internal systems contradict these promises. Normally, when VA staff leave, positions are backfilled to maintain care capacity. Presently, however, countless clinical positions remain unfilled as replacement efforts have slowed to a crawl or stopped entirely. Many facilities have simply removed vacated positions from their organizational charts.



Since the new administration took office in January, the VA has recorded a net loss of thousands of health care positions.

According to the VA's workforce dashboards, since the new administration took office in January the VA has recorded a net loss of thousands of health care positions, the only net loss in the last five years. The losses include, among others, 688 physicians, 1,882 registered nurses, 365 licensed practical nurses, 316 nurse assistants, 511 social workers, 201 psychologists, and 766 medical support assistants. Just in June 2025 alone, VA health system staffing fell by 2,096. Department-wide job announcements have plummeted by 30 percent and applications by 44 percent since last year, while new employee onboarding has sunk by 52 percent. These figures paint a stark picture of an agency diminishing its capacity to provide direct health care, while pretending that its services remain unchanged.

The upshot of this hemorrhaging was illuminated in a recent hearing when Rep. Mariannette Miller-Meeks (R-IA) crowed that “the higher the ratio between veterans and [VA] staff, the more veterans will need community providers for VA covered specialty care.” In other words, cutting staff has the intended effect of pushing people into the private system.

Second, Collins wrongly portrays private health care as on par with what the VA provides. He has repeatedly asserted that “community care is VA care,” and “we’re going to hold community care to the same high standards as VA.”

The two systems are not the same, however. The Veterans Community Care Program (VCCP) lacks critical features that were pioneered at the VA, including integrated care coordination, comprehensive screenings, rigorous inspector general oversight, and public transparency.

A recent Government Accountability Office report underscores this disparity: Only 2 percent of VCCP mental health providers have completed even one of the eight veteran-specific trainings required for all VA mental health providers. The sharp contrast highlights how distinct the systems truly are. Attempts by Collins and his allies to blur these differences are part of their justification to divert veterans from the VA to private-sector providers.

Relatedly, Collins often states that “the vast majority of our health care can be done just as effectively outside the VA system.” This contention implies that VCCP care quality is comparable to the VA. However, decades of research has established that the VA produces health care outcomes equal or superior to the private sector across virtually every medical condition. A comprehensive summary of peer-reviewed studies published last month reinforces this conclusion. Moreover, a recent survey by Iraq and Afghanistan Veterans of America found that only 31 percent of IAVA members with VCCP experience felt their community providers understand their medical needs.

Finally, Collins claims that “the VA under the Biden administration stifled veterans getting care in the community.” While congressional hearings often spotlight anecdotal cases of veterans struggling to access private-sector care, it’s just not true that Biden’s VA cut off community care. During the first three years of his administration, half a million additional veterans gained access to the VCCP.

These misrepresentations carry serious consequences. Community care unquestionably serves as a vital safety net for rural veterans and those facing extended VA wait times. However, last year's "Red Team" assessment by independent experts issued a dire warning: The swelling volume of private-sector referrals has created an "existential crisis" for VA health care. Excessive utilization of private providers threatens to close VA units and facilities nationwide, destabilizing the direct care system and undermining its long-term sustainability.

Secretary Collins has not been forthright about the adverse consequences of further expanding private-sector care. Taking concrete steps to counter this trend would ensure that the VA's integrated system remains fully funded and staffed to meet all the desired health care needs of America's current and future veterans.

RUSSELL LEMLE

Russell Lemle is a senior policy analyst at the Veterans Healthcare Policy Institute.

JASPER CRAVEN

Jasper Craven is an investigative journalist covering military and veterans' issues. His writing has appeared in Harper's, Politico, The Intercept, The Boston Globe, and The New York Times. He is a fellow at the Veterans Healthcare Policy Institute.



July 29, 2025

The Honorable Jerry Moran
United States Senate
521 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Blumenthal
United States Senate
503 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Moran and Ranking Member Blumenthal:

On behalf of the 1.4 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I wish to express our support for S. 275, *Veterans' ACCESS Act of 2025*, to enhance the provision of health care to veterans through the Department of Veterans Affairs (VA) community care program.

Ensuring consistency and transparency is crucial to the delivery of care to veterans, as timely and coordinated care has a significant impact on their quality of life. Clear information about eligibility, timely referrals, and coordinated care pathways is essential to reducing barriers, especially for those managing chronic conditions, mental health challenges, or disabilities. This legislation strengthens and upholds the integrity of the VA health care system, affirming the commitment to meeting veterans' needs with the respect, dignity, and efficiency they deserve.

The VFW is pleased that the legislation includes language to improve the policies and processes that govern access to VA's Mental Health Residential Rehabilitation Treatment Program (MH RRTP), as we recognize it needs serious attention. Mandating timely screenings, prioritizing those at highest risk, and ensuring access to care affirms that no veteran should be left waiting when mental health is on the line.

Thank you for your continued leadership in improving health care for veterans. We look forward to collaborating with you to ensure this legislation passes and is implemented effectively.

Respectfully,

Kristina Keenan

Kristina Keenan
Director, National Legislative Service
Veterans of Foreign Wars of the United States

NATIONAL HEADQUARTERS

406 W. 34th Street
Kansas City, MO 64111

Office 816.756.3390
Fax 816.968.1157

WASHINGTON OFFICE

200 Maryland Ave., N.E.
Washington, D.C. 20002

Office 202.543.2239
Fax 202.543.6719

info@vfw.org
www.vfw.org

STATEMENT OF SUPPORT FROM PVA ON COMMITTEE PRINT TO S. 275, THE ACCESS ACT

“PVA firmly believes VA is the best health care provider for veterans with spinal cord injuries and disorders (SCI/D), and our members consistently choose VA’s SCI/D system of care. As a result, we strongly believe VA should be a leader in access for disabled veterans and appreciate language in the ACCESS Act requiring the department to advise Congress on ways to improve disability-related access for our members not just at VA facilities, but with its community care partners as well. We also greatly appreciate the requirement for VA to establish a pilot program to address the lack of access to residential rehabilitation treatment programs for veterans with SCI/D. This has been a longstanding problem for PVA members, and we thank Chairman Moran for attempting to ensure veterans with SCI/D are able to access this life-saving treatment.”

- Heather Ansley, Chief Policy Officer



TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS

★ NATIONAL HEADQUARTERS ★

3033 Wilson Blvd, 3rd FL, Arlington VA 22201

202.588.TAPS(8277) | taps.org | @TAPSorg

July 29, 2025

Honorable Jerry Moran
United States Senate
Washington, DC 20510

Honorable Richard Blumenthal
United States Senate
Washington, DC 20510

Dear Chairman Moran and Ranking Member Blumenthal,

The Tragedy Assistance Program for Survivors (TAPS) is writing to express our strong support for the **Veterans' ACCESS Act (S. 275)** negotiated language included within the Senate Veterans' Affairs Committee Markup. TAPS greatly appreciates your leadership on this important legislation which would enhance the provision of health care and mental health care to veterans through the Department of Veterans Affairs (VA) Community Care program.

TAPS strongly believes that increasing timely referrals and coordinated VA community care will help improve both health care and mental health care outcomes for our veterans and their families. Survivors relay to TAPS that the care their veterans received — marked by uncertainty, confusion, and sudden changes — caused them to lose trust in the process. The bonds formed by veterans and providers at the start of the care cycle are critical. Having to retell their difficult stories time and time again to new providers at each visit can be debilitating. Abruptly changing care teams, especially when a veteran becomes suicidal, only heightens the sense of crisis. Familiarity and predictability are keys to effective mental health care.

Veterans are more likely to seek help from an established provider when they feel a sense of safety and trust. Talking about thoughts of suicide with an established provider — when they are not necessarily intent or have a plan for suicide — should be seen as positive in that the veteran is trusting enough to share some of their deeper struggles, and should not be a reason to transfer them to a new team.

Shifting thinking from a crisis response model — which pays attention to mental health only when someone is suffering and suicidal — to treating mental health care as a vital part of overall health and readiness is imperative.

The **Veterans' ACCESS Act** helps address this critical imperative and we look forward to its swift passage!

With Gratitude,


Bonnie Carroll
President and Founder, Tragedy Assistance Program for Survivors (TAPS)



VIETNAM VETERANS OF AMERICA

8719 Colesville Road, Suite 100

Silver Spring, MD 20910

(301) 585-4000  vva.org

NEVER AGAIN WILL ONE GENERATION OF VETERANS ABANDON ANOTHER.



July 29, 2025

The Honorable Jerry Moran
Chairman
Senate Committee on Veterans' Affairs
521 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Moran:

On behalf of Vietnam Veterans of America (VVA), I am writing to express our support for *S. 275, the Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025*. We commend the Committee's bipartisan work to strengthen the Veterans Community Care Program and ensure proper care for our nation's veterans. The ACCESS Act addresses critical barriers by:

Protecting community care access standards for eight years, safeguarding that veterans have reliable access to timely care based on the current 20-day wait time/30-minute drive time for primary and mental health care, and 28-day/60-minute standards for specialty care.

Expanding timely mental health treatment options, requiring that veterans be screened and admitted to residential rehabilitation programs within 48 hours, and allowing community care placement if VA capacity is insufficient.

Strengthening veteran-centered decision-making, by considering continuity of care, caregiver needs, and circumstances where requiring VA facility care could endanger a veteran's safety.

Improving accountability and transparency, including audits of community care access, standardized denial notifications with clear appeal instructions, and an interactive online module for veterans to track appointments and appeals.

Improving oversight of VA and community residential rehabilitation programs, with quality measures, transportation assistance, and stronger follow-up care coordination.

VVA believes these provisions will make a meaningful difference in the lives of veterans who continue to face delays or obstacles in accessing needed services. We are proud to support *S. 275*, and we urge prompt passage of this legislation.

Sincerely,

James McCormick
Executive Director, Government Affairs

Wounded Warrior Project

1120 G St. NW, Suite 700

Washington, DC 20005

O 202.558.4302

F 202.898.0301



July 30, 2025

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman and Mr. Ranking Member:

On behalf of Wounded Warrior Project, I want to express our appreciation for your leadership in supporting our nation's veterans and to express our strong support for the negotiated language in S. 275, the Veterans' ACCESS Act.

This legislation represents an important step forward in ensuring access to Residential Rehabilitation Treatment Programs (RRTPs) – a vital lifeline for veterans living with invisible wounds of war, including post-traumatic stress disorder (PTSD), substance use disorder (SUD), and other service-related mental health conditions. These programs provide the comprehensive care that veterans require to heal and reintegrate successfully into their families and communities.

In addition to the RRTP provisions, the Veterans' ACCESS Act will drive other meaningful improvements in mental health care access for veterans. The bill reflects a balanced approach that will strengthen care delivery and enhance long-term outcomes for veterans whose mental health challenges are the direct result of their service.

I want to again thank you for your continued commitment to veterans. Wounded Warrior Project stands ready to work with you to help advance this legislation and ensure it delivers the care our warriors need and have earned.

Sincerely,

Vice President
for Government and Community Relations

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE





July 30, 2025

The Honorable Jerry Moran
Chairman, Senate Veterans Affairs Committee
United States Senate
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member, Senate Veterans Affairs Committee
United States Senate
Washington, DC 20510

Dear Chairman Moran and Ranking Member Blumenthal,

As a national non-profit organization serving our nation's 14 million veteran and military family caregivers, we write today to express our strong support for S. 275, the Veterans' Assuring Critical Care Expansions to Support Servicemembers Act of 2025.

The Elizabeth Dole Foundation advocates for issues that are of both direct impact and significant interest to caregivers, and nothing is of higher interest to them than access to timely, high-quality care for their loved ones who served this nation.

This legislation mandates clear access standards that apply to all care and services within VA's medical benefits package and to all veteran patients, and the Foundation is especially pleased that the bill also requires:

- The VA to take continuity of care into consideration when determining if community care is in the veteran's medical best interest.
- The VA consider the veteran's need for a caregiver or attendant for the purpose of seeking care.
- If the VA denies a request by a veteran to receive community care, the agency must provide the veteran with the reason for the denial and instructions for how to appeal the denial. As the individuals who are so often left to navigate the complex VA medical system, this clarity will offer options to the veteran and clear direction for the caregiver.
- Permanent access standards for residential rehabilitation treatment programs. Caregivers of those in need of these services know that time is of the essence once a veteran indicates willingness to accept help.

As the individuals who so often must navigate the complex VA medical system, the clarity offered by these provisions offers options to the veteran and clear direction for the caregiver.

www.elizabethdolefoundation.org

ELIZABETH DOLE FOUNDATION
1625 Eye St NW Suite 725
Washington, DC 20006

f **@** **in** @elizabethdolefoundation
X @dolefoundation

The Elizabeth Dole Foundation stands in strong support of a VA that is capable of providing excellent direct care and services to veterans, caregivers, and survivors. When that care is unavailable, no matter the reason, the veteran and his or her family must have options available to them to ensure the highest quality of timely care for those who have given so much.

Thank you for your continued efforts to support this community, and we look forward to continuing to work with you to advance this important legislation.

Sincerely,

A handwritten signature in black ink that reads "Steve Schwab". The signature is fluid and cursive, with the first name "Steve" and last name "Schwab" clearly distinguishable.

Steve Schwab
Chief Executive Officer
Elizabeth Dole Foundation

STATEMENT OF SUPPORT FROM TAL ON COMMITTEE PRINT TO S. 275, THE ACCESS ACT

S. 275, the Veterans' ACCESS Act, is a meaningful and overdue step toward restoring clarity, consistency, and common sense to the VA Community Care Program. While The American Legion has long supported a permanent codification of access standards, doing so for an eight-year period ensures that veterans—not bureaucracy—remain at the center of their health care decisions for the foreseeable future. The American Legion strongly supports this legislation and commends Senate Veterans Affairs Committee leadership for advancing priorities important to Legionnaires across the country. - Cole Lyle, Director of Veterans Affairs & Rehabilitation, The American Legion.



Chairman Jerry Moran
521 Dirksen Senate Office Building
Washington, D.C. 20510



Ranking Member Richard Blumenthal
503 Hart Senate Office Building
Washington, D.C. 20510

Letter of Opposition for S. 275, the Veterans' ACCESS Act

Dear Members of the Senate Committee on Veterans Affairs,

On behalf of Americans for Prosperity and Concerned Veterans for America, **we write to oppose S. 275, the Senate version of the Veterans' ACCESS Act, due to last-minute changes that put the future of the Veterans Community Care Program at risk.** Despite AFP's and CVA's prior support for the legislation as originally written, recent decisions to sunset the codification of community care access standards are a betrayal of President Trump's promise of health care choice to our nation's veterans in the VA MISSION Act and must be opposed.

Why Community Care Access Standards Need to be Codified

During his first term, President Trump expanded millions of veterans' treatment options by signing the VA MISSION Act. Unfortunately, the VA has historically failed to faithfully carry out the letter or spirit of the MISSION Act, making additional Congressional action necessary. Evidence obtained via Freedom of Information Act (FOIA) suits revealed that VA internal guidance directly undermined MISSION Act implementing regulations covering community care access.¹ The Veterans' ACCESS Act can correct these shortcomings and foster greater accountability for the VA in carrying out its mission.

FOIA-obtained VA training documents show the agency prioritized driving veterans toward treatment at VHA facilities regardless of their individual preferences. The documents recommended that staffers not inform veterans of their community care eligibility during scheduling unless veterans directly asked about the option.² Even then, VA call scripts suggested that schedulers actively dissuade veterans from choosing community care when requested.³

Current VA leadership is exercising greater commitment to following through on the VA MISSION Act, but leaving veterans' certainty about their health care choices in the hands of temporary agency leadership leaves community care at risk. Unless community care access standards become law and stay law, future VA leadership hostile to these choices can easily restrict or effectively kill access to the program.

Lawmakers only need to look to the past four years to understand the stakes of not permanently codifying community care access standards. Under the Biden Administration, Secretary McDonough moved to shut

¹ "Records confirm VA's use of inaccurate wait time numbers," *Americans for Prosperity Foundation*, October 1, 2021. <https://americansforprosperity.org/blog/records-confirm-va-inaccurate-wait-time-numbers/>

² "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>

³ "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>

down the Office of Community in 2021.⁴ In 2022, then-Secretary McDonough told this committee that “my hunch is that we should change access standards” for community care.⁵ In a 2023 town hall, then-Undersecretary for Health Shereef Elnahal told Veterans Health Administration (VHA) employees to “press the easy button less” on respecting veterans’ wishes to choose community care, driving patients to choose VHA facilities instead.⁶

Lastly, in 2024, the Biden VA’s internal “Red Team” showed the steps a Harris administration may have taken to restrict community care had Kamala Harris been elected without codified access standards in place. The report recommended a variety of steps to actively reduce community care usage. The authors suggested including forcibly repatriating veterans from community care to the VA system and using VA tele-health appointments to claim reductions in overall brick-and-mortar facility wait times.⁷ The report also recommended restricting community care referrals for time-sensitive treatments such as emergency care, mental health care, and oncology, in which access to a timely, nearby appointment is paramount.⁸

The Biden red team report reflects the future intent of a VA leadership hostile to community care, because contrary to the agency’s claims that it was an “independent” document, the report was reviewed and edited by VA officials during drafting.⁹ Then-VHA Chief of Staff Ryung Suh described the report “as an opening step for a broader strategy to include an Interagency Task Force to look deeper at the issues raised in the report in greater depth,” indicating a clear intent to implement its recommendations in future executive action.¹⁰

If it fails to permanently codify community care access standards, the Veterans’ ACCESS Act will eventually put veterans at the same risk of restricted access to care that they faced under the Biden administration. **Sunsetting access standards is an unacceptable red line for advocates of veterans’ health care choice.**

The VA MISSION Act’s current community care access standards have already been in place for six years and have changed the lives of millions of veterans for the better. There is no compelling reason not to permanently codify standards that have already operated for several years and seen community care grow in popularity. Sec. 101 of the Veterans’ ACCESS Act, as originally written, already provides a clear mechanism for the VA to offer recommendations to Congress on potential changes to the access standards in the future.

⁴ Leo Shane III, “Changes to VA’s community care program raise concerns about vets’ health care access,” Military Times, October 13, 2021. <https://www.militarytimes.com/veterans/2021/10/13/changes-to-vas-community-care-program-raise-concerns-about-vets-health-care-access/>

⁵ Patricia Kime, “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>

⁶ Kathleen McCarthy, “Chairman Bost Presses Biden Administration on VHA’s Failing Top Brass,” House Committee on Veterans Affairs, June 28, 2024. <https://veterans.house.gov/news/documentsingle.aspx?DocumentID=6492>; Tristan Lewitt to Secretary Denis McDonough, “Re: Application of MISSION Act of 2018,” Empower Oversight, January 18, 2024

⁷ “The Urgent Need to Address VHA Community Care Spending and Access Strategies,” Red Team Executive Roundtable Report, March 30, 2024, pg. 11-12, 15-16. <https://empowr.us/wp-content/uploads/2024/04/VA-Red-Team-Executive-Community-Care-Roundtable-Report-post.pdf>

⁸ Red Team Report, pg. 10-11.

⁹ Kevin Schmidt, “VA’s Claim Of An ‘Independent’ Red Team Report Falls Apart Under Scrutiny,” Americans for Prosperity Foundation, November 25, 2024. <https://americansforprosperityfoundation.org/blog/vas-claim-of-an-independent-red-team-report-falls-apart-under-scrutiny/>

¹⁰ Ibid.

Codifying community care access standards, only to remove them in 8 years and once again put veterans at the same risks they faced the past four years, is malpractice. **For these reasons, we urge you to oppose S. 275, the Veterans' ACCESS Act, in this week's Committee markup hearing.**

Sincerely,

A handwritten signature in blue ink that reads "Brent Gardner". The signature is fluid and cursive, with the first name "Brent" being more prominent than the last name "Gardner".

Brent Gardner
Chief Government Affairs Officer
Americans for Prosperity

Sincerely,

A handwritten signature in blue ink that reads "John Vick". The signature is fluid and cursive, with the first name "John" being more prominent than the last name "Vick".

John Vick
Executive Director | Concerned Veterans for
America

July 30, 2025

The Honorable Jerry Moran
United States Senate
521 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Blumenthal
United States Senate
503 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Moran and Ranking Member Blumenthal:

On behalf of the undersigned organizations representing millions of veterans, service members, families, and survivors, we wish to express our support for S. 1245, *Servicemembers and Veterans Empowerment and Support Act of 2025*.

This vital legislation would codify both an updated and inclusive definition of military sexual trauma (MST) and permissible forms of evidentiary support for MST-related disability compensation claims. It would also take meaningful steps to improve communication and information sharing between survivors, the Veterans Health Administration, and the Veterans Benefits Administration, enabling survivors to more easily obtain medical and mental health care and to file claims. Critically, it would ensure that MST claims processors receive specialized training to ensure high-quality, accurate claims decisions while avoiding retraumatization of survivor claimants by minimizing the need for them to repeatedly restate or relive the details of their traumatic experiences.

Moreover, the establishment of a publicly accessible, web-based MST dashboard that would provide claims data and general information would enhance transparency, encourage trend analysis, and support the development of data-driven policies. This step toward accountability is essential in building a more trusted, responsive, and compassionate claims process.

The enduring psychological and emotional consequences of MST often follow survivors long after their military service. This comprehensive legislation represents a long-overdue step toward ensuring that these veterans receive the dignified care, understanding, and compensation they have earned.

We look forward to collaborating with you to ensure this legislation passes and is implemented effectively.

Respectfully,

Disabled American Veterans
Iraq and Afghanistan Veterans of America
Jewish War Veterans of the United States of America
Military Officers Association of America
The American Legion
Tragedy Assistance Program for Survivors
Veterans of Foreign Wars of the United States