STATEMENT OF

NEIL C. EVANS, M.D.

PROGRAM EXECUTIVE DIRECTOR

ELECTRONIC HEALTH RECORD MODERNIZATION (EHRM) INTEGRATION OFFICE

DEPARTMENT OF VETERANS AFFAIRS (VA)

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

ON

VA ELECTRONIC HEALTH RECORD MODERNIZATION UPDATE

NOVEMBER 18, 2026

Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee, thank you for the opportunity to appear before you today to discuss VA's Electronic Health Record Modernization (EHRM) Program. This year, VA completed all 13 medical-center deployments scheduled for 2026, on schedule, in 4 deployments between April and October. That is more than double the number of sites that went live in the previous 7 years of the program. The Federal Electronic Health Record (EHR) now serves more than 780,000 Veterans and supports more than 42,000 VA clinicians and staff at 19 health care systems, 107 clinics, and 165 remote services across 8 states, 5 of which are represented on this Committee.

At its core, this program is about giving every Veteran one accurate lifetime health record that follows them from military service into VA and the community, with less repetition, fewer duplicative tests, and faster access to the health information both they and their clinicians need. We appreciate the opportunity to share about VA’s successes over the past year, and to answer your questions, including those you raised in your October 22, 2026, letter requesting this hearing.

A Program Delivering Results

The most important fact VA can offer this Committee is that EHRM is no longer a program defined by plans and promises. It has a growing record of deployment

successes, production evidence, and meeting its schedule—a record this Committee can verify rather than take on faith.

As already mentioned, the Federal EHR is now live at a total of 19 medical centers and by the end of calendar year 2027, we will have deployed to 45 VA health care systems, not to mention the fact that this program has already delivered significant interoperability tools for all VA users, including our shared VA/Department of War health information exchange.

By the time we finish deployments of the Federal EHR in 2031, more than 500,000 new users will be leveraging the Federal EHR to take care of Veterans, regardless of where they seek care: one VA team using an integrated national electronic health record to take care of Veterans at all VA locations.

The results of the four deployment waves this year, in Michigan, Ohio, Kentucky, Indiana, and Alaska, have been successful, as detailed below.

Michigan (April 2026)

VA executed its largest single-wave EHR deployment to date, activating four sites in Ann Arbor, Battle Creek, Detroit, and Saginaw, Michigan, simultaneously, along with associated community clinics. Within days, Ann Arbor providers successfully performed open-heart surgery using the new record without incident. Pharmacies processed more than 25,000 prescriptions on day 1, and the data-migration success rate exceeded 99.5%. VA and Oracle Health resolved hundreds of legacy issues before go-live, and trouble ticket volumes were meaningfully lower than in prior deployments, a measurable sign that VA applied lessons from earlier deployments rather than ignored them.

Southern Ohio (June 2026)

Building on success in Michigan, VA deployed the EHR to Chillicothe, Cincinnati, the Cincinnati-Fort Thomas campus, and Dayton, Ohio. This wave migrated more than 773,000 prescriptions along with hundreds of thousands of laboratory, blood bank, and consult orders, again exceeding a 99.5% success rate. Pharmacy migration reached a 99.66% success rate, a new benchmark surpassing Michigan's results. Ticket resolution

times improved by 1.4 hours relative to Michigan, and the return to normal volumes of patient care was even faster in southern Ohio than in Michigan.

Indiana (August–September 2026)

VA's third consecutive multi-site EHR deployment this year proceeded on schedule, with clinician feedback consistent with the positive trend from Michigan and Ohio. Within the first week, Indiana sites returned to at least 50% of normal operations and were successfully performing highly complex clinical procedures involving cardiology, interventional radiology, urology, chemotherapy, dialysis, stroke care, blood transfusions, and more. Clinical teams demonstrated growing proficiency across several areas, including emergency, inpatient, ambulatory, surgical, specialty, and pharmacy workflows, with no critical patient safety issues reported. Much of the success for individual end users was attributed to VA's local leadership, its super-user model, continuous training improvements, robust on-site support for users, team-based reviews of complex clinical workflows, and effective use of VA's new ChatEHR tool—a rapid self-service option for questions about using the Federal EHR.

Cleveland, Ohio, and Anchorage, Alaska (October 2026)

These deployments marked the completion of all 13 sites VA committed to delivering this calendar year. Both the Anchorage, Alaska, and Cleveland, Ohio, go-lives demonstrated stability. Clinicians delivered high-acuity care while end users adopted standardized tools to improve documentation consistency. VA addressed expected early-implementation issues, and the sites reported growing confidence in system navigation and day-to-day operations.

Each wave has performed better than the last, including user support, data migration accuracy, pharmacy throughput, and problem resolution. This steady improvement demonstrates that the program has matured, now with a disciplined, repeatable deployment model. VA welcomes continued Government Accountability Office (GAO) and Committee review.

Addressing the Contract Ceiling

Much of the concern following our September 2, 2026, hearing with the House Committee on Veterans' Affairs centered on the Oracle Health contract ceiling rising from approximately $10 billion to approximately $27 billion. VA executed that modification in August 2026 to support its commitment to complete deployment of the Federal EHR at all VA facilities by 2031. This is an Indefinite-Delivery, Indefinite-Quantity contract. The ceiling represents the maximum VA may order—it is not a price or a spending commitment. Actual work is priced separately in firm-fixed-price task orders VA negotiates individually with Oracle Health, so a higher ceiling adds capacity without authorizing spending or changing any task order's price.

Importantly, the $37.2 billion cost estimate VA provided the Committee in September 2025 covers both the Oracle Health contract and VA's internal costs and that cost estimate anticipated the need for the ceiling increase for the Oracle Health contract.

Numerous factors contributed to the cost change between the 2018 contract and the current contract ceiling. First, the 2022 to 2024 program pause resulted in unexpected costs. Halting work during that period extended every element of the rollout, adding costs the original contract did not anticipate, including operational costs of the system for an additional 3 years beyond what the contract covered.

Second, VA refined requirements within the contract scope, as VA established what is now a stable system baseline. The Department, alongside Cerner and subsequently Oracle after its acquisition of Cerner, gained a better understanding of the requirements for implementing the Federal EHR at scale across VA. For example, the 2018 contract ceiling understated the number of systems that would need connections to the new record, such as bedside monitoring, radiology imaging, and nutrition management systems. Consequently, required interfaces grew from 57 to over 150. Additionally, VA identified infrastructure requirements after the 2018 ceiling determination, such as installation of local servers at VA medical centers to support cybersecurity requirements, data migration needs, and more. The original 2018 contract also assumed VA would take over portions of training and help desk support; however,

experience demonstrated it is more effective for Oracle Health to conduct those functions.

Third, VA integrated crucial lessons learned from early deployments of the Federal EHR. For example, to support smooth transitions at all sites, VA has required custom modifications to Oracle Health's commercial system—particularly in pharmacy and billing—to meet Federal requirements and improve the experience for Veterans and VA staff. VA also expanded staff training and committed additional personnel and equipment to each site during transitions. VA's successful deployments demonstrate the value of those investments.

VA evaluated expenditures to date and validated this against the analysis from the 2022 independent cost estimate for this program, to determine the current program cost estimates shared with Congress in 2025, which then informed the expanded ceiling on VA's contract with Oracle Health. The additional ceiling will allow VA to complete deployments at all sites, operate sites already live, and continue modernizing the platform while maintaining the standardized workflows and controls that keep the deployment model repeatable through May 2031. The $27 billion ceiling for the Oracle Health contract is one part of the overall acquisition plan within VA to execute the program. Again, as reported in 2025, VA's total estimated cost is $37.2 billion to finish deployment by 2031.

Concerning Oracle Health's role, the $16.94 billion increase in the ceiling for the Oracle Health contract is simply ordering capacity. It is not a payment to Oracle Health. Regarding concerns over whether this represents a blank check, it does not. Every order under this contract requires a negotiated, firm-fixed-price task order, and we welcome this Committee's continued review of those task orders as they are issue.

Furthermore, VA continues to negotiate with Oracle Health to identify opportunities for better value to the Government. For example, Oracle Health will absorb numerous costs, including a no-cost pharmacy application rewrite, dozens of no-cost pharmacy and referral enhancements, no-cost interoperability infrastructure, and maintenance price reductions. Additionally, VA significantly enhanced its service level agreements with Oracle Health, which generated roughly $8.24 million in performance

credits through August 2026. The record reflects VA holding its vendor accountable, with a focus on delivering value to the Veterans we serve.

Responding to GAO and the Committee's Letter

We take GAO’s oversight role seriously, and our progress on its recommendations has improved since our last hearing. GAO has made 18 recommendations to strengthen this program. As of November 2026, VA has implemented or closed 7 recommendations. Of the 11 that remain, VA believes the work is complete on 5, including 4 priority recommendations, and has asked GAO to close them. We are waiting for GAO’s response. The other 6 are open or partially implemented, and we are continuing to work on them. We will keep the Committee informed as VA resolves each one.

Chairman Moran and Ranking Member Blumenthal, in conclusion, VA asks you to judge our performance going forward by the evidence in front of us:

- 13 VA health care systems live in 2026, for a total now of 19 systems and 107 clinics;
- More than 780,000 Veterans served by the new system;
- Improving performance at every successive deployment wave;
- Most of GAO's recommendations are now resolved, or pending closure;
- A stable and standardized system baseline;
- A time-tested deployment and training methodology;
- Expedient return to normal operations at our hospitals and clinics after go-live, measured in weeks, not months; and
- A committed schedule with a plan to go-live at 26 sites in calendar year 2027, while remaining on track to complete deployments at all sites by 2031.

We are not asking this Committee to trust a plan. We are asking it to examine a growing operational record, and we commit to keeping that record available for your oversight. I look forward to your questions.