

**Chairman Jerry Moran Opening Statement
Committee on Appropriations Subcommittee on Military Construction,
Veterans Affairs, and Related Agencies**

**Hearing Titled “Reducing Burden & Increasing Access
to Healthcare: Improving VA Community Care”**

May 11, 2017

(As delivered)

OPENING

(GAVEL) Welcome to our fifth subcommittee hearing of 2017. The subcommittee will come to order. Good morning. Thank you all for being here today as we discuss the future of community care within the Department of Veterans Affairs. I’m really glad to have this hearing today. I’m glad to have our two witnesses with us. Choice is a topic of great interest to me and to many members of congress. And I regret, in my view, because of the antics of yesterday we were unable to have these two witnesses and others, including a number of Veteran Service Organizations, testify before the authorizing committee. But, we have a good opportunity to proceed with this topic, which the secretary has prepared today.

We’ve had hearings before in this subcommittee – I mentioned this is our fifth – this one, of course, is on Choice, but we’ve had hearings regarding appropriations related to the programs at the VA in regard to suicide and telehealth. But, Mr. Secretary, no VA program works without the trust of our veterans in the VA...In fact, you’ve indicated that and I appreciate the statements that I’ve read that you made – trust requires accountability. One of the surprising things to me in the past is that there were those at the Department of Veterans Affairs who testified that they had all the tools they needed in regard to accountability at the VA, and I’m pleased to see that you see that differently.

You have expressed that desire and I’m grateful for that, and we want to know in a broader sense – in this hearing or otherwise – what tools and authorities you need. Today, legislation is being introduced. The chairman of the authorizing committee, Senator Isakson, and the ranking member, Senator Tester, I and Senator Rubio, but also Senators Baldwin, McCain, Nelson and Shaheen are introducing the Department of Veterans Affairs Accountability and Whistleblower Protection Act. And in my view, that’s a significant development and we’ll work hard to see that it becomes law, with your help, Mr. Secretary.

Choice has a long history, it goes back to 2014, and the challenges, difficulties and perhaps crisis that was exhibited at a number of VA facilities across the country in regard to waiting lists and false waiting lists prompted, in my view, Congress to act to create a program with more opportunities for veterans to be cared for in the community. And the effort was there to address a lack of personnel at the VA to provide more outside care and to reduce the waiting times of veterans across the country.

While I think Choice is an important program within the VA, in too many instances it did not work well. And we're here to find out how we can be helpful in making certain that whatever occurs in the future in regard to programs for veterans within the community are ones that work well and meet the needs of veterans across the country – rural, urban and suburban.

There is a consensus that the VA should consolidate community care programs under one account. Not only to reduce the confusion for veterans and community providers, but to simplify the system for VA employees as well. Last year, this subcommittee created the Medical Community Care account as a way to identify how much the Department is spending in discretionary dollars on outside care, but having this separate account also defines how much is being spent in-house as well. The Veterans Choice Program is not currently included in this line.

Consolidating Choice and other authorities in a VA community care account will provide budget transparency and a more streamlined approach. So, it's an area in which we as appropriators I think can help bring accountability to the Choice Program and give us a clearer picture of how taxpayer dollars are being spent and how veterans are being cared for.

We are here today at this point in time – your efforts to testify in front of the authorizing committee I think is an indication that you would recognize this – we're at a crossroads. You arrive at a time in which Choice community programs need significant, dramatic, thorough attention and improvement. The Choice Program has been temporarily extended presumably until about January based upon the funding levels that are available. And that gives Congress and the Department time to work together to determine the future of VA healthcare and what is in the best interest of our veterans – healthcare that is designed to serve veterans and not serve the VA.

So, Mr. Secretary, my questions in a broad sense are, what are your plans? What resources are necessary for you to complete those plans? And what legislation is required to be able to implement those plans?

I and at least three other members of this subcommittee wear two hats – in this setting, we're appropriators charged with prioritizing the funding of your Department and the other setting as authorizers to provide legislative authority that you believe you need and that Congress agrees to provide. I hope you'll take the opportunity this morning to talk about the needs and constraints you have financially. And, I think in that regard you may tell us that it's significant in regard to the dollars that you think will be required to meet your goals, as well as the constraints you have statutorily.

Mr. Secretary, you were kind enough to meet with me yesterday. I want to compliment you and express my gratitude for that. In my time in the United States Senate, the hour you spent with me yesterday was the most useful conversation I've had with the leadership of the VA. I'm very grateful for that conversation, and the beginning of a solid conversation with you and the Department. Your openness here today can be very helpful to all of us, and I welcome that as we try to figure out how to truly reform the VA to benefit those it is intended to serve.

###