

Advocacy Toolkit

The Veterans' HEALTH Act and Making Community Care Work for Veterans Act



The Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023, S.1315 1 (Moran) and the Making Community Care Work for Veterans Act Discussion Draft (Tester) were considered at the July 12, 2023 Full Legislative Hearing of the Senate Committee on Veterans' Affairs. These bills expand eligibility of Veterans to the Veterans Community Care Program (VCCP).

Three of the bills' provisions will harm Veterans by causing large amounts of funds to be diverted from VA facilities to the private sector. This will force more reductions of VA staff, curtail in-house programs, and closures of inpatient units, emergency rooms, and even entire facilities. The bills could rapidly expedite the conversion of the VA healthcare system from its current primary role as a provider of healthcare into a payer for private sector care.

The HEALTH Act **creates “veteran preference” as a new eligibility criterion** to obtain care in the community even when it is available at the VA in a timely and convenient manner. The percentage of covered Veterans eligible for the VCCP will increase from 33% to 100%. The guardrails of the VCCP eligibility standards – travel time to or wait time for a VHA appointment – would become moot.

The HEALTH Act allows Veterans' **access to private sector healthcare without any VA referral, authorization, or oversight**. The first stage would be just for mental health and substance use care. The later stage would be for all care – i.e., 100% of covered Veterans.

The Making Community Care Work for Veterans Act allows self-referrals to the private sector for routine vaccinations and routine vision/hearing services. While this is only a tiny fraction of services, it opens the door to self-referral for most outpatient care, as witnesses at the July 12th hearing were quick to advocate. Seemingly harmless language would quickly lead to adverse impacts.

Under the guise of offering “choice,” healthcare options would diminish for Veterans. Draining VA funds and closing programs/ facilities means that **Veterans -- especially service-connected Veterans who depend on VHA -- will no longer have that choice.**

The bill’s refusal to require transparency in the private sector – on wait times, care quality or provider training – means that policy makers and patients alike **will be denied information they need to make well-informed healthcare decisions.**

This bill will make it difficult, if not impossible, for the VA to continue to collect data and conduct research on Veterans’ complex health conditions. It will also jeopardize the critical role the VHA plays in the training of future healthcare professionals as well as its ability to fulfill its Fourth Mission as backup for national emergencies.

CURRENT STATUS OF THE BILLS

The Veterans’ HEALTH Act and Making Community Care Work for Veterans Act were considered for discussion in a Senate Committee on Veterans’ Affairs legislative hearing on July 12, 2023. A composite bill is slated for markup in September.



Learn more about the Veterans’ HEALTH Act & Making Community Care Work for Veterans Act

RESOURCES AND REFERENCES

- 1 Full text of the [Veterans’ HEALTH Act of 2023](#).
 - NAVAPD plus nine other organizations’
- 2 [Statement for the Record](#), July 12, 2023
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HOW YOU CAN HELP

WRITE YOUR LAWMAKERS. HERE'S A SAMPLE EMAIL:

Dear Senator XXX,

I am *(include your personal information here, including where you live)*, and I am writing to you about S.1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023, and Making Community Care Work for Veterans Act. If enacted as written, they would be devastating to the Veterans they purport to help by:

1) vastly opening up eligibility for community care that will cause substantial amounts of funds to be diverted from VA to the private sector without referral, oversight, or utilization review. This will decimate VA's ability to continue providing high-quality, integrated, whole health care that, [research shows, outperforms](#) the private sector. VA will be transformed from being a system that provides healthcare to one that pays for healthcare at significantly higher costs

2) not holding private sector care to the same standards as VA clinicians with respect to understanding Veteran culture and how to care for their complex care needs. Additionally, there is no accountability for the private sector to report their wait times, care quality, or provider training.

We can't let our Veterans down by unraveling the high-quality, integrated, and comprehensive healthcare found in the VA. I urge you to not support the provisions in these bills.

Sincerely,

[LOOK UP YOUR U.S. SENATORS](#)

KEY SENATORS TO CONTACT: The Senators listed below serve on the U.S. Senate Committee on Veterans' Affairs, where this bill has been referred:

- Jon Tester (D-MT), Chairman • Jerry Moran (R-KS), Ranking Member
- Patty Murray (D-WA) • John Boozman (R-AZ)
- Bernie Sanders (D-VT) • Bill Cassidy (R-LA)
- Sherrod Brown (D-OH) • Mike Rounds (R-SD)
- Richard Blumenthal (D-CT) • Thom Tillis (R-NC)
- Mazie Hirono (D-HI) • Dan Sullivan (R-AK)
- Joe Manchin III. (D-WV) • Marsha Blackburn (R-TN)
- Kyrsten Sinema (I-AZ) • Kevin Cramer (R-ND)
- Maggie Hassan (D-NH) • Tommy Tuberville (R-AL)
- Angus King Jr. (D-ME)



ADVOCACY GUIDELINES

Federal employees can engage in advocacy on Federal, state, and local government levels so long as they do it on their own time, and they use their own resources (e.g., money, computer, phone, non-VA email) off station.