

**Floor Statement of the Honorable Jeff Miller  
Chairman  
Committee on Veterans' Affairs  
U.S. House of Representatives**

**H.R. 3236, the Surface Transportation and Veterans Health Care Choice Improvement Act**

**July 29, 2015**

[Mr./Madam] Speaker, I rise today in proud support of H.R. 3236, the Surface Transportation and Veterans Health Care Choice Improvement Act.

Only two weeks ago, buried in a letter from the Deputy Secretary, the Department of Veterans Affairs (VA) made a startling announcement – that unless Congress intervened, the VA health care system would shut down in August due to a massive budget shortfall that resulted from larger than anticipated demand for non-VA care and increased costs for Hepatitis C treatment.

A VA health care system shutdown would be an unprecedented act in our nation's history and it is all the more startling given that the possibility of a shutdown was not mentioned even once during a hearing that I called in late June where VA first publicly admitted its budget troubles or during any of the four times that Secretary McDonald testified before Congress this year or anywhere in the quarterly financial plan that VA submitted in March showing that VA was operating under budget so far this fiscal year.

[Mr./Madam] Speaker, exactly one year ago today, House and Senate conferees agreed to file a conference report to ensure that veterans could receive timely access to VA care and increase accountability for poor-performing VA senior executives.

Now, we are yet again facing VA management failures of historic proportions. We are yet again prepared to act to ensure that our veterans do not suffer for VA's mistakes and that the VA health care system that is in place after this latest scandal has left the public consciousness is stronger and better able to provide the men and women who have served our nation with the high-quality care that they so richly deserve.

To address the immediate crisis facing the Department and ensure that the doors to VA medical centers and clinics across the country remain open to our veterans through the end of this fiscal year, the Surface Transportation and Veterans Health Care Choice Improvement Act would allow VA to utilize just over three billion dollars from the Veterans Choice Fund to cover the costs of non-VA care incurred from May 1st to October 1<sup>st</sup> and allow up to five hundred million dollars to be used to pay for costly but effective new Hepatitis C medications.

To improve the existing Choice program and increase access to care in the community, the bill would also eliminate the requirement for a veteran to have been enrolled in the VA healthcare system by August 1, 2014 in order to be eligible for Choice; expand the number of non-VA providers allowed to participate in Choice; give VA greater flexibility to waive the thirty day wait time for veterans who need care under Choice; and, stipulate that veterans who live within forty miles of a VA community-based outpatient clinic that does not have a full-time physician on staff can use Choice for their primary care needs.

These are important changes to the current Choice program that will immediately increase access to care for veterans across the country.

Critically, the bill would also require VA to enact long-term and much-needed reforms to the way that VA provides non-VA care from here on out by making the Choice Program indeed the program of choice and requiring VA to deliver a plan, by November 1<sup>st</sup>, to consolidate all non-VA care programs under the Choice umbrella funded with a dedicated appropriations account.

Right now, VA has seven different programs that provide hospital care and medical services to veterans outside of the Department's walls.

These seven different programs have seven different sets of eligibility requirements, seven different reimbursement rates, and seven different ways of conducting business.

Often, these programs operate in conflict and in competition with one another and confuse veterans, VA employees, and non-VA providers alike.

As a result, none of them perform as well as our veterans and our taxpayers deserve for them to perform.

We *can* do better and, with the passage of the Surface Transportation and Veterans Health Care Improvement Act, we *will* do better.

This bill also includes other important veterans-related provisions.

Similar to language that has been approved in previous appropriations packages, the bill would prohibit VA from using appropriated dollars to expand internal dialysis capabilities until an independent analysis of the ongoing dialysis pilot program is complete and a five-year dialysis investment plan is submitted to Congress.

The bill would also amend the Internal Revenue Code to exempt any employee with health coverage by the Department of Defense or by VA from classification as an eligible employee for

purposes of the employer mandate under the Patient Protection and Affordable Care Act to provide such employees with minimum essential health care coverage.

Finally, the bill would allow a veteran who receives hospital care or medical services for a service-connected disability to participate in or contribute to a tax-preferred health savings account.

In closing, I want to state that I understand that some Members may be hesitant to allow VA to use Choice program money for purposes outside of the Choice program.

I understand their concerns and their consternation.

However, the bill before us does a lot more than just give VA the budget flexibility that the Department is asking for to avoid a system-wide shutdown.

This bill takes the next step in laying the groundwork for what will be VA's model of providing care in the future.

By improving the Choice program as we know it today and creating a permanent, much-more expansive program that offers robust choice for veterans both within the VA system and through enhanced opportunities for care with partners in the community where veterans live, we will be ensuring that taxpayers are respected and, that most importantly, veterans receive the care they earned and can trust.

Once again, I encourage all Members to support this legislation and I yield back the balance of my time.