

# HOUSE COMMITTEE ON VETERANS' AFFAIRS

CHAIRMAN MIKE BOST

## VA Healthcare Reform – VISN Structure Improvements

### Background:

Veterans Integrated Service Networks (VISNs) were administratively established in 1995 at the Department of Veterans Affairs (VA) to decentralize the Veterans Health Administration (VHA) and improve regional responsiveness. Over the past three decades, the system has grown increasingly inconsistent, bureaucratic, and misaligned with its original intent to effectively deliver healthcare to veterans across the country. Today, there are 18 VISNs—each varying in structure, staffing, and interpretation of policy—resulting in administrative redundancy, uneven veteran experiences, and limited oversight.

This bill would establish VISNs in statute for the first time and clearly define their purpose as regional integrated healthcare systems—not middle management entities. This title would restructure the existing 18 VISNs into 8 geographically defined networks, each with a single headquarters, capped staffing, and direct oversight responsibilities for effective healthcare delivery to veteran patients within their region.

### The Message:

This bill would eliminate ambiguity about the role of VISNs by ensuring they function as accountable, mission-focused extensions of VA headquarters—not independent bureaucracies.

The restructuring will:

- Codify VISNs in statute and define their mission, scope, and authority.
- Consolidate the current 18 VISNs into 8 regional networks aligned by geography and population need.
- Require each VISN to maintain a single headquarters co-located with a VA Medical Center.
- Elevate VISN Directors as Senate-confirmed positions with clear authority to enforce VA policy across all VAMCs and personnel within the region.
- Require all clinical employees working in a VISN, including licensed physicians, nurses, psychologists, and other healthcare professionals, to work at least one day per week in a VA Medical Center in the VISN to maintain clinical relevance and connection to frontline care.
- Reduce duplicative administrative and operational functions and realign VISN workforces to core mission needs.
- Cap staffing at 50 full-time personnel per VISN headquarters, including no more than 10 contractors.
- Establish direct oversight authority for VISN directors over all VAMCs and personnel in their jurisdiction.
- Require annual congressional reporting on VISN staffing and budget impact.
- Mandate triennial reviews of VISN structure, performance, and alignment with VA's national mission.