VA Updates: Best Medical Interest (BMI) Office of Integrated Veteran Care

May 22, 2025

Best Medical Interest (BMI) Determination

- BMI determinations are clinical decisions based on a veteran's individual circumstances and VA policy.
- BMI factors, as defined by VA regulations, guide veterans and referring clinicians in deciding if community care is in the veteran's best medical interest.
- Elimination of Secondary Clinical Review & General Hardship Criteria

BACKGROUND

Best Medical Interest (BMI) determinations for community care eligibility are impacted by two recent developments:

- Senator Elizabeth Dole 21st Century Veteran's Healthcare and Benefits Improvement Act
  - Section 101 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118-210), which was signed into law January 2, 2025, requires that determinations of eligibility for community care under the best medical interest provision be made solely between a veteran and their referring clinician, and that such determinations of eligibility for care are final.
- General Hardship Community Care Eligibility Criteria
  - Review of MISSION Act implementation and BMI guidance identified that the "General Hardship" community care eligibility criteria previously used by VA is not supported by statute or regulation. This would give blanket eligibility for community care for a 6- or 12-month period. However, the definition for BMI is tied to a specific episode of care.

BMI DETERMINATION FACTORS

BMI determination must be based on one or more of the following factors:

- Distance between the veteran and the facility or facilities that could provide the care or services.
- Nature of care or services for the veteran.
- Frequency the veteran requires the care or services.
- Timeliness of available appointments for the required care or services.
- Potential for improved continuity of care.
- The quality of care provided.
- Whether the veteran faces an unusual or excessive burden in accessing a VA facility based on consideration of: Excessive driving distance or obstacles affecting the drive time or length.
  - Accessibility of a VA facility.
  - Whether the veteran's medical conditions affects their ability to travel.
  - The veteran's need for an attendant.
  - Another compelling reason for receiving care and services from a non-VA facility.

BMI DETERMINATION CHANGES AND GUIDANCE

- Will be made solely between a veteran and their referring clinician, eliminating any other clinical review.
- BMI decisions may not be undone once the decision has been made by the referring provider, unless requested by the referring provider or the veteran.
- Prior to making a BMI determination referring providers may consult with a specialist to discuss the veteran's clinical needs and to identify available VA resources.

ADDITIONAL CONSIDERATIONS

- Any "referring clinician" can make the BMI determination.
- Recommended to consult specialty care when care needs are outside the provider’s expertise or experience.
- Consultations may be accomplished via phone call, voice message, e-consult or VA specialist referral.
- Administrative reviews may still occur to ensure referral package is complete and to connect veterans to timely care.

FREQUENTLY ASKED QUESTIONS

Question – What if I don't agree with the BMI decision?

- Only the referring provider may edit or correct a BMI determination after the veteran agrees to the changes. A BMI determination is considered final once both the VA referring provider and veteran agree that furnishing care through a community provider is in the best medical interest

Question – What if patient safety issues are identified after BMI determination?

- If patient safety issues are discovered, the referring provider needs to be notified so he/she may coordinate the appropriate next steps with the veteran and receiving provider.

Question - Can BMI determinations override other laws?

- BMI determinations may not override other law-based eligibility criteria for specific benefits including: IVF, Dental care, Transplant care and services, Solid organ and bone marrow transplantation, Homemaker/Home health aid, Home respite care, Nursing home care, Mental Health Residential, Rehabilitation Treatment Program

Question – What if the veteran disagrees with the decision?

- Veterans who disagree with a denied BMI request or determination should be instructed on their rights under the Clinical Appeals process.

SVAC HEARING

MAY 21

SUPPORT

- **S. 599 – DRIVE Act of 2025** (**Welch**) – Aligns VA mileage reimbursement rates with federal standards to reduce veterans' financial strain.
  - **VA does not support**

- **S. 605 – CHAMPVA Children's Care Protection Act** (**Blumenthal**) – Extends CHAMPVA coverage for veterans' children until age 26.
  - **VA does not support**

- **S. 778 – Lactation Spaces for Veteran Moms Act** (**Rosen/Murkowski**) – Mandates dedicated lactation spaces in VA medical centers for nursing veteran mothers.
  - **Recommendation:** Implement designated lactation spaces across all VA medical centers to accommodate the increasing number of women veterans.

- **S. 784 – Rural Veterans Transportation to Care Act** (**Ossoff/Collins**) – Expands VA's Highly Rural Transportation Grant Program to improve health care access.
  - **Recommendation:** Expand transportation grants to ensure veterans in rural areas can more easily access VA medical facilities.

SUPPORT

- **S. 800 – Precision Brain Health Research Act of 2025** (**Moran/King**) – Enhances research on brain health and wellness for veterans affected by injuries.
  - **Recommendation:** Less restrictive requirements.

- **S. 827 – Supporting Rural Veterans Access to Healthcare Services Act** (**Cramer/King/Sullivan**) – Extends transportation grant eligibility to tribal and Native Hawaiian organizations.

- **S. 879 – Veteran Caregiver Reeducation, Reemployment, and Retirement Act** (**Moran/Hirono**) – Expands support for veteran caregivers, including employment assistance and retirement options.

- **S. 1320 – Servicewomen and Veterans Menopause Research Act** (**Murray**) – Improves research and provider training on menopause-related health care for women veterans.

- **S. 1383 – Veterans Accessibility Act** (**Scott/Moran/Blumenthal/Gillibrand**) – Establishes a committee to enhance accessibility for disabled veterans.
  - **VA does not support**

SUPPORT

- **S. 1441 – Service Dogs Assisting Veterans (SAVES) Act** (**Tillis/Blumenthal**) – Expands service dog access for veterans with disabilities.

- **S. 1533 – VA License Portability Act** (**Moran/King**) – Permits contract physicians to conduct VA disability exams nationwide, streamlining claims processing.
  - **Recommendation:** Improve oversight to ensure quality control and consistency in medical evaluations across multiple states.

- **S. 1543 – Veterans' Education, Transition and Opportunity Prioritization Plan Act** (**Banks/Hassan**) – Creates a new VA administration for veteran transition and economic opportunity programs.
  - **Recommendation:** Strengthen oversight mechanisms to prevent administrative inefficiencies and ensure programs effectively serve transitioning veterans.
  - **VA does not support**

OPPOSE

S. 219 – Veterans Health Care Freedom Act (**Blackburn/Tuberville/Cramer/Sheehy**) – Allows veterans to seek private-sector health care, potentially weakening VA resources.

- **Concern:** Diverting resources to private providers risks weakening VA's ability to deliver specialized, integrated care for service-disabled veterans.
- **Recommendation:** Instead of expanding private-sector care, Congress should invest in VA infrastructure, staffing, and IT modernization to strengthen the system.
- Ensure VA remains the primary provider and maintains oversight of community care to prevent fragmented treatment.
- **VA supports**

NO POSITION, NO CONCERNS

- **S. 214 – MEDAL Act of 2025** (**Cruz/Cotton**) – Recognizes and honors service members for their military contributions.
- **S. 585 – Servicemember to Veteran Health Care Connection Act** (**King/Cramer**) – Seeks to improve the transition of servicemembers into VA health care.
- **S. 649 – Guard and Reserve GI Bill Parity Act** (**Moran/Blumenthal**) – Improves educational benefits for National Guard and Reserve members.
- **S. 1318 – ABMC Identification Act** (**Moran/Rosen**) – Directs ABMC to identify American-Jewish servicemembers buried overseas under incorrect religious markers.
- **S. 1591 – Acquisition Reform and Cost Assessment Act of 2025 (ARCA Act of 2025)** (**Moran**) – Implements reforms to improve acquisition cost transparency at VA.