Fully and Faithfully Implement VA MISSION Act of 2018

The VA MISSION Act of 2018 (P.L. 115–182) contains a number of critical policy priorities for DAV. Most notably, the law calls on the VA to provide for access to timely, high-quality care; expand the VA's internal capacity to provide care; modernize and align the VA's health care system infrastructure; and extend VA's caregiver program to all severely injured service-connected veterans. The MISSION Act was developed through a long and deliberative process that led to a broadly-supported, bipartisan consensus, specifically rejecting more radical approaches, such as outsourcing of services that could lead to the diminution of care and eventual wholesale privatization of the VA. Because millions of service-disabled veterans and their family caregivers rely on the VA health care system and the specialized care it provides, the law must be fully and faithfully implemented as intended by all stakeholders.

Unfortunately, recent decisions by the VA signal its willingness to depart from the bipartisan agreement contained in the MISSION Act. For example, the VA replaced the previous 30-day, 40-mile access standards to receive care in the community with much looser requirements, significantly increasing the number of veterans eligible to receive private-sector care from 8 percent to 40 percent of the 9.5 million enrolled veterans. Yet, VA has failed to establish a system to monitor the quality of care provided in the new VA Community Care Network (VCCN) or consult with veterans service organizations on a survey to assess veteran satisfaction required by the law. The MISSION Act authorized the VA to develop a tiered community network where providers with higher quality and lower costs would be placed in the most-preferred tier rankings to ensure veterans are easily able to choose the highest quality providers; the VA has not implemented this provision. Finally, the MISSION Act required two sets of market capacity assessments—one to guide creation of the VCCN and the other to inform a future Asset and Infrastructure Review process—and both were to be conducted in an open and transparent manner in consultation with veterans and VSO stakeholders. Instead, the VA has combined the two assessments and conducted them in a closed manner without any meaningful VSO stakeholder input.

The MISSION Act contains numerous provisions to strengthen the VA's ability to recruit, hire and retain high-quality medical professionals. Yet since enactment, the average vacancy level increased to over 43,000 throughout fiscal year 2019 and the average number of veterans waiting over 30 days for appointments has grown to over 740,000.

The MISSION Act also mandates a multi-year Asset and Infrastructure Review (AIR) process to examine existing VA health care facilities and develop a long-term plan to realign and modernize them. This plan must be reviewed and approved by the VA, an independent commission, the President and Congress. The commission will consist of nine members chosen by the President, including three members specifically representing major veterans service organizations. The AIR process will only be successful if veterans and VSO stakeholders are fully informed, consulted and engaged throughout the process.

Finally, the law required expansion of the caregiver support program to all eras of veterans to begin on October 1, 2019, contingent on the certification of a robust IT system to support program expansion. Yet despite having 16 months from enactment of the MISSION Act in June of 2018 to October 2019, the VA failed to meet this statutory deadline, which will delay for at least eight months the expansion of the program to support severely injured and aging veterans of World War II, the Korean and Vietnam War eras.

- Congress must closely oversee the VA to ensure the VA MISSION Act is fully and faithfully implemented as intended in an open and transparent manner that provides regular opportunities for meaningful participation from VSOs and veterans at all critical decision points.

- Congress must provide the VA with sufficient and timely funding to fully implement the VA MISSION Act, and to meet the full demand for care by enrolled veterans within VA facilities and through non-VA providers in the Veterans Community Care Program.