



**TESTIMONY
OF
COLE LYLE
DIRECTOR
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"**

JUNE 11, 2025

EXECUTIVE SUMMARY

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Chairwoman Kiggans, Ranking Member Ramirez, and distinguished members of the subcommittee, on behalf of National Commander James A. LaCoursiere Jr., and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 106 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

H.R. 984: To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide timely equitable relief to an individual who suffers a loss based on an administrative error by the Secretary, and for other purposes

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide timely equitable relief to an individual who suffers a loss based on an administrative error by the Secretary, and for other purposes

Administrative errors are an inherent risk with large government institutions like VA. As the number of veterans seeking VA services increases, so does the likelihood of administrative mistakes. In August 2022, Congress passed the *Sergeant First Class Health Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act of 2022* which expanded VA care to include veterans affected by toxic exposure. One year after implementation, the VA saw an increase of 332,252 veterans enrolled in VA health care, 4.1 million veterans who were screened for toxic exposure, and the submission of 1.95 million claims.¹ While the number of claims submitted is something to be celebrated, the growing number of veterans depending on VA claims staff for high quality and accuracy reduces the margin for error. In April 2025, the Office of Inspector General (OIG) conducted a case review of 100 claims which had incorrect effective dates

¹ One year of the PACT Act: A historic expansion of benefits and health care for Veterans and their survivors
news.va.gov

assigned by claims processors, a perennial and well-known issue in the disability compensation process. The effective date is critical to the claim process because it determines the eligibility and exact day the veteran is entitled to benefits and compensation. If this date is inaccurate, it can trigger overpayment which VA will recoup from the veteran. In many cases, this creates financial and psychological distress, particularly if the collection comes after a long period of the veteran having received the financial benefit with a massive debt now owed. VA's rating and standard inconsistencies, according to OIG, have resulted in \$6.8 million improper payments to veterans. If the Veterans Benefits Administration (VBA) continues these inconsistencies, they are projected to disburse an estimated \$20.4 million in overpayment.²

The VA prides itself on accuracy and providing quality care to veterans. This should also include accurate and timely claims processing and delivery of benefits. When VA is responsible for millions of claims, frequent rule changes for claims can strain the workforce and lead to human errors. The consequence should not rest on the veteran who has no control over unfortunate employee errors that may happen with their claims. The American Legion supports a congressional mandate that reaffirms VA's commitment to veterans. If an administrative error was made in the adjudication of a veteran's disability claim and this error is unknown to the veteran, there should be a mechanism for relief in favor of those impacted. Despite the challenges that exist for debt relief, The American Legion and our service officer corps have worked to support a tremendous amount of debt relief for veterans. In 2024, The American Legion service officers facilitated the reimbursement of \$14.8 million in debt relief for impacted veterans, and \$10.8 million year to date in 2025.

The American Legion supports Congress' efforts to ensure streamlined relief for veterans affected by administrative errors via The American Legion's Resolution No. 377: *Quality of Life*.

The American Legion supports H.R. 984 as currently written.

H.R. 1663: Veterans Scam and Fraud Evasion (VSAFE) Act

To amend title 38, United States Code, to establish in the Department of Veterans Affairs a Veterans Scam and Fraud Evasion Officer, and for other purposes.

The Federal Trade Commission (FTC) has noted an uptick in identity theft and other forms of financial crimes in the military & veteran communities, where it has received a two-fold increase in fraudulent reports.³ In 2021, the American Association of Retired Persons (AARP) noted that the military/veteran communities were 40 percent more likely to lose money to fraudsters than

² VA Office of Inspector General. "The PACT Act Has Complicated Determining When Veterans Benefits Payments Should Take Effect." VAOIG.GOV, accessed June 1, 2025. [The PACT Act Has Complicated Determining When Veterans' Benefits Payments Should Take Effect](#)

³ Kehrt, Sonner. "Military Veterans Are More Vulnerable to Scams Than Civilians." *Military Times*, August 19, 2022. <https://www.militarytimes.com/veterans/2022/08/19/military-veterans-are-more-vulnerable-to-scams-than-civilians/>.

their civilian counterparts, and that four out of five military/veteran adults were targeted by scams tied to their unique military benefits.⁴

From complex student loan scams and scholarship scams to impersonating government officials from a beneficiary agency, scammers have used increasingly unscrupulous tactics to prey on our nation's veteran population.⁵ These scams are often successful with service members and veterans dealing with mental health challenges or physical injuries which can diminish their capacity to manage day-to-day finances.⁶ As financial scams and identity theft become increasingly sophisticated, The American Legion urges more to be done.

This proposed legislation would create a dedicated position in VA to oversee the necessary analytical monitoring, tracking, and coordination of scam and fraud prevention efforts with other federal agencies and Veterans Service Organizations in real time. This effort will improve the overall awareness of potential scams and create much needed protections for vulnerable veterans. The American Legion strongly supports the proposal via Resolution No. 11: *Support Veteran and Reserve Servicemember Financial Protections*. This resolution calls for sound financial protection for veterans and reserve servicemembers against unscrupulous and predatory lenders.

The American Legion supports H.R. 1663 as currently written.

H.R. 3185: Personnel Integrity in Veterans Affairs Act

To amend title 38, United States Code, to require a notation in the personnel record file of certain employees of the Department of Veterans Affairs who resign from Government employment under certain conditions, and for other purposes.

Unfortunately, some federal workers who engaged in misconduct or poor performance at the Department of Veterans Affairs have been permitted to quietly resign or transfer to another agency, facing no real accountability. This proposed legislation would mandate that any misconduct investigation be permanently annotated in a personnel file and prohibits the Secretary of Veterans Affairs from accepting any resignation, retirement, or transfer paperwork tendered from anyone currently under investigation. Furthermore, proposed legislation provides for employee safeguards under the current Merit Systems Protection Board structure so that an employee may contest the findings of an investigation.

This legislation became necessary after a 2022 misconduct incident where a Special Agent in Charge of the VA Office of Inspector General (OIG), who was under investigation for “conduct unbecoming,” was permitted to retire during the 30-day advance notice period required before VA

⁴ AARP. “AARP Survey: Veterans More Likely to Lose Money to Scams Than Civilians.” *AARP Press Center*, November 9, 2021. <https://press.aarp.org/2021-11-9-AARP-Survey-Veterans-More-Likely-to-Lose-Money-to-Scams-Than-Civilians>.

⁵ U.S. Department of Veterans Affairs. “Fraud Prevention.” Accessed June 2, 2025. <https://benefits.va.gov/BENEFITS/fraud-prevention.asp>.

⁶ “Letter to U.S. Representative Julia Brownley in Support of the Protecting Our Veterans from Financial Fraud Act, July 13, 2015.” The American Legion Digital Archive, July 13, 2015. <https://archive.legion.org/node/15416>.

could terminate him.⁷ Improving accountability will increase trust that VA’s employees are of the highest caliber and will deliver the quality performance our veterans deserve. The American Legion supports H.R. 3185 through Resolution No. 375: *Prosecution of VA Employees Engaged in Fraudulent Practices in the Department of Veterans Affairs*, which urges Congress to press for a special prosecutor to be assigned to investigate and prosecute any Department of Veterans Affairs employees engaged in fraudulent practices.

The American Legion supports H.R. 3185 as currently written.

H.R. 3455: Veterans Affairs Distributed Ledger Innovation Act

To direct the Secretary of Veterans Affairs to conduct a comprehensive study on the use of distributed ledger technology in the Department of Veterans Affairs, and for other purposes.

This bill would create a study on the feasibility and advisability of creating a “distributed ledger”—also known as blockchain—capability for veteran benefits.

Although The Legion has no resolution and thus no formal position on the use of blockchain technology at VA, it must be noted that this technology could have the opposite intended effect of improving claims processing and benefits delivery. Due to the complexity of validating transactions that this technology uses to improve security and transparency, blockchain can be much slower than traditional database technology. The more it is used and the more transactions that are processed, the slower it gets at processing the transactions. According to a 2023 article on blockchain technology,

“Blockchain networks can be slow and inefficient due to the high computational requirements needed to validate transactions. As the number of users, transactions, and applications increases, the ability of blockchain networks to process and validate them in a timely way becomes strained. This makes blockchain networks difficult to use in applications that require fast transaction processing speeds.”⁸

Blockchain technology is also energy inefficient and has a scaled high energy usage for the many transactions and updates needed to track all benefits across the entire VA, with the energy usage per interaction growing with every interaction. While shared information, transparency, and transaction validations are valuable outcomes, the high demand for computer and energy infrastructure would continue to grow.

This could potentially end up being a burden on VA computer and energy resources, increasing with every update made to the ledger. Scaling over time could eventually take up a majority of VA’s energy and computer processing resources. Potential benefits may not be worth the enormous cost of resources required to implement and maintain this technology.

⁷ “Summary of Internal Investigations Regarding Misconduct by a Former VA OIG Special Agent in Charge.” Department of Veterans Affairs, November 21, 2022. <https://www.vaoig.gov/reports/internal-investigation/summary-internal-investigations-regarding-misconduct-former-va-oig>.

⁸ Marr, Bernard. “The 5 Biggest Problems with Blockchain Technology Everyone Must Know About.” Forbes, February 20, 2024. <https://www.forbes.com/sites/bernardmarr/2023/04/14/the-5-biggest-problems-with-blockchain-technology-everyone-must-know-about/>.

The American Legion currently has no resolutions that could be used to support or oppose this legislation.

The American Legion holds no position on H.R. 3455.

H.R. 3482: Veterans Community Care Scheduling Improvement Act

To amend title 38, United States Code, to establish an online program through which an employee of the Department of Veterans Affairs may schedule an appointment for a covered veteran with a non-Department health care provider under the Veterans Community Care Program, and for other purposes.

The American Legion strongly supports H.R. 3482, the *Veterans Community Care Scheduling Improvement Act*, as a vital step toward ensuring timely access to quality health care for our nation's veterans. In the wake of the Phoenix VA wait time scandal—where delayed care and mismanagement led to tragic consequences—Congress responded with the bipartisan VA MISSION Act of 2018, empowering eligible veterans to seek care through community providers when the VA could not meet their needs promptly. This bill builds upon that commitment by creating an efficient, technology-driven system for VA employees to directly schedule appointments with participating community partner providers under the Community Care Program. Such modernization aligns with The American Legion's long-standing priority: removing barriers to care and reducing harmful delays. Including VA employees in the community care scheduling process will improve information-sharing with community providers and speed up the entire care continuum. H.R. 3482 helps restore trust in the VA health system and upholds our sacred obligation to those who served.

Despite legislative progress, veterans—particularly those in rural communities—continue to face unacceptable delays in accessing care through the Veterans Community Care Program. A 2024 report by the VA Office of Inspector General revealed persistent scheduling failures at the Martinsburg VA Medical Center where, between October 2022 and February 2023, it took staff an average of 45 days to schedule community care appointments after consults were put into in pending status. By the end of that fiscal year, delays worsened to 48 days on average, with only 31 percent of appointments meeting the VA's own seven-day scheduling target. These failures underscore the urgent need for the streamlined, technology-based scheduling solution proposed in H.R. 3482—a reform that will help ensure veterans receive the care they need when and where they need it.⁹

The Veterans Community Care Scheduling Improvement Act aims to establish an online program to improve the ability of the VA to schedule an appointment for a covered veteran with non-Department providers under the Veterans Community Care Program. This will be carried out by amending Public Law 116-315; 38 U.S.C 1701. The bill adds a new section which calls for the use of an information technology system which will allow a scheduler to view, search, and sort

⁹ U.S. Department of Veterans Affairs Office of Inspector General. *Delays in Community Care Consult Processing and Scheduling at the Martinsburg VA Medical Center in West Virginia*. Report No. 23-02020-85. May 2, 2024. https://www.vaoig.gov/sites/default/files/reports/2024-05/vaoig-23-02020-85_0.pdf

appointments by type of care, location, date, schedule such an appointment, provided referrals or authorization documentation, and perform any other function the Secretary determines necessary.

In response to these persistent challenges, the Department of Veterans Affairs has begun implementing a modernized solution known as External Provider Scheduling (EPS). This innovative system enables VA staff to book appointments directly into participating community providers' scheduling systems, eliminating the need for time-consuming phone calls and manual coordination. Currently deployed at 16 VA medical centers, EPS streamlines the scheduling process, reduces administrative burden, and improves the veteran experience. Among its key benefits are the ability to schedule appointments in under six minutes, enhanced flexibility with after-hours booking, visibility into drive times and appointment locations, and real-time access to provider availability and outcomes. H.R. 3482 would formalize and expand this promising advancement, helping to ensure that all veterans—regardless of where they live—benefit from timely, efficient access to care.¹⁰

The American Legion supports this legislation through Resolution No. 14: *Access to Care* which mandates that VA shall streamline the community care referral process to ensure that veterans have access to care in the most efficient manner possible.

The American Legion Supports H.R. 3482 as currently written.

H.R. 3483: Forcing Real Accountability for Unlawful Distributions (FRAUD) Act

To amend title 38, to direct the Secretary of Veterans Affairs to use an information technology system to detect fraud, waste, and abuse regarding claims for payment submitted to the Secretary under the Veterans Community Care Program.

The American Legion strongly supports efforts to ensure that all veterans receive timely, high-quality care—whether at a VA facility or through approved community providers. When care is delivered in the community and the condition is not connected to military service, VA has the legal authority to recover the cost of that care from a veteran's private health insurance. These reimbursements are not just financial transactions—they include the proper management of critical resources that directly support the broader mission of the Veterans Health Administration and improve care for all veterans.

To help manage the complex delivery of care through the Community Care Network, the Department of Veterans Affairs partners with two Third Party Administrators (TPAs)—Optum and TriWest—to oversee provider credentialing, appointment scheduling, and billing. While VA has maintained effective oversight of these TPAs, a February 2025 report from the VA Office of Inspector General revealed significant financial vulnerabilities within the system. The report highlighted approximately \$178.5 million in overpayments stemming from the incorrect

¹⁰ U.S. Department of Veterans Affairs. "Community Care Network—Information for Providers." Last modified June 4, 2025. [https://www.va.gov/COMMUNITYCARE/providers/Community-Care-Network.asp#:~:text=External%20Provider%20Scheduling%20\(EPS\)%20enables,the%20High%20Performing%20Provider%20Designation](https://www.va.gov/COMMUNITYCARE/providers/Community-Care-Network.asp#:~:text=External%20Provider%20Scheduling%20(EPS)%20enables,the%20High%20Performing%20Provider%20Designation).

application of Medicare or VA fee rates, as well as \$900 million in dental service charges resulting from a lack of safeguards to limit allowable reimbursements. These findings underscore the need for stronger fiscal controls to protect VA resources and ensure that every dollar supports the delivery of high-quality care to veterans.¹¹

Modern technology can create an automatic guardrail on certain payments that will improve visibility of potential errors. The American Legion supports the FRAUD Act of 2025 as a critical step toward improving oversight and accountability of resources within the Veterans Community Care Program. By directing the Department of Veterans Affairs to deploy advanced machine learning technology to detect fraudulent claims and prevent overpayments, this legislation promotes more responsible stewardship of taxpayer dollars and safeguards resources intended for veteran care. This effort aligns with Resolution No. 27: *The American Legion Policy on the Department of Veterans Affairs (VA) Billing of Private Insurance*, which calls for greater transparency and efficiency in VA's financial practices. Enacting this bill will help ensure that every dollar entrusted to the VA is used to deliver timely, high-quality care to those who served.

The American Legion supports H.R. 3483 as currently written.

H.R. 3494: VA Hospital Inventory Management System Authorization Act

To authorize the Secretary of Veterans Affairs to carry out an information technology system and prioritize certain requirements to manage supply chains for medical facilities of the Department of Veterans Affairs.

The American Legion is deeply concerned that each year, the Department of Veterans Affairs loses millions of dollars in medical supplies due to antiquated and inefficient inventory systems. These preventable failures have delayed critical surgeries and jeopardized the health and safety of the very veterans the VA is meant to serve. We believe the mission is clear: reduce waste, modernize operations, and guarantee our veterans timely access to the lifesaving medical equipment they've earned through their service.

This bill would give the VA the tools it needs to track and manage medical equipment across its healthcare facilities through the following provisions:

- Authorize the VA Secretary to develop or procure a modern cloud-based inventory system for medical equipment and supplies.
- Establish a pilot program at one VA facility to evaluate the effectiveness of the new system before broader implementation.
- Provide \$50 million in authorized funding to launch the pilot and implement the program.

Support for this legislation is grounded in extensive oversight. A 2023 OIG investigation into the Michael E. DeBakey VA Medical Center in Houston, TX revealed widespread deficiencies in

¹¹ "Community Care Network Outpatient Claim Payments Mostly Followed Contract Rates and Timelines, but VA Overpaid for Dental Services." Dept. of Veterans Affairs Office of Inspector General, February 20, 2025. <https://www.vaoig.gov/reports/audit/community-care-network-outpatient-claim-payments-mostly-followed-contract-rates-and>

inventory tracking and accountability, including improper recording of expendable supplies, equipment, and surgical implants. The failures were attributed to insufficient oversight and noncompliance with established procedures, which risked patient safety and increased the likelihood of waste. Similar vulnerabilities were found at the Denver Logistics Center, where outdated software and hardware created unacceptable security risks and undermined the integrity of VA's national ordering system.

At the Houston facility, the OIG found serious lapses in supply chain management, including the failure to accurately record and account for expendable supplies, nonexpendable equipment, and surgical implants—despite clear directives outlined in VHA policy. These shortcomings were the result of inadequate oversight and enforcement of established inventory procedures, increasing the risk of supply loss or the use of expired materials in patient care. Comparable issues were identified at the Denver Logistics Center, where a lack of proper system controls left inventory data exposed to access and security vulnerabilities. The facility's outdated software and hardware further compounded the risk, creating transparency gaps and leaving critical infrastructure open to physical breaches. According to the OIG, the overall state of the VA's national ordering system is rapidly approaching unsustainability.¹²

The American Legion has consistently emphasized the importance of modern, standardized procurement practices to meet the evolving needs of our nation's veterans.

As the OIG has weighed in on this issue extensively, citing deficiencies in managing supplies, equipment, and implant inventory; The American Legion supports this legislation through Resolution No. 25: *Reviews of the Department of Veterans Affairs Programs*.

The American Legion supports H.R. 3494 as currently written.

DRAFT: To authorize the Secretary of Veterans Affairs to carry out a program to modernize the electronic health record system of the Department of Veterans Affairs, and for other purposes

To authorize the Secretary of Veterans Affairs to carry out a program to modernize the electronic health record system of the Department of Veterans Affairs, and for other purposes

Since the American Legion's founding, we have advocated for first class healthcare for our nation's veterans and their families. In 2025, to meet first class standards, a patient's records must be easily accessible and readable regardless of which VA hospital they receive care from.

Since 2001, the Department of Veterans Affairs has launched four separate efforts to modernize its aging health information system, VistA. These initiatives—HealtheVet, the integrated Electronic Health Record (iEHR), VistA Evolution, and now the Electronic Health Record Modernization (EHRM) program—have each pursued different approaches toward achieving a

¹² U.S. Department of Veterans Affairs, Office of Inspector General. *Significant Deficiencies Found in VA's Denver Logistics Center Inventory Management Operations and Systems*. Report No. 22-02739-210. December 13, 2023. <https://www.vaoig.gov/reports/audit/significant-deficiencies-found-vas-denver-logistics-center-inventory-management>

modern, interoperable health IT system. Despite the Department’s repeated efforts, no initiative to date has delivered the lasting transformation promised to veterans. The current initiative, EHRM, marks a significant shift by moving VA to the same commercial electronic health record platform currently being deployed by the Department of Defense (DOD).

The VA’s mission to “Transform how VA delivers health care by implementing an enterprise-wide Electronic Health Record (EHR) system to standardize care across facilities, strengthen interoperability and collaboration with federal and community partners, foster innovation, improve provider and Veteran experiences, and ensure the continued delivery of high-quality, safe, and efficient health care to the nation’s Veterans” is noble and achievable.

However, achieving this requires more than government resolve—it demands dependable performance from private sector partners. VA, Oracle, and Congress must continue working together by delivering a product that meets clinical needs, treating this mission with the urgency and seriousness it deserves. Veterans’ lives and wellbeing depend on it.

Section 3 – Modernization of VA’s EHR and Health IT Systems

This section provides the foundation for the entire bill by authorizing the Secretary to either continue improving the current EHRM program or to implement an entirely new program. Most critically, it outlines ten specific purposes of the modernization, including:

- Improving care delivery through better coordination, access, and quality.
- Enhancing employee satisfaction and workflow efficiency, critical to retaining medical professionals in VA facilities.
- Advancing data consistency and interoperability, ensuring VA, DOD, and community care providers speak the same digital language.
- Protecting personal information—a growing concern in today’s cybersecurity climate.

These goals are not abstract. For veterans, it means fewer repeated tests, quicker diagnoses, and seamless transitions from active duty to VA care. For providers, it means less time battling clunky systems and more time focusing on patients.

Section 4 – Clear Leadership and Accountability

This section establishes a governance structure that assigns specific responsibilities to the Deputy Secretary, Under Secretary for Health, and Assistant Secretary for Information and Technology. One of the historic failings of the EHRM rollout has been fragmented authority and a lack of coordination. By assigning direct accountability to senior VA leaders and establishing a Program Executive Director, this legislation provides a clear command structure to manage complexity and drive performance.

Section 5 – Protecting Veterans’ Personal Data

Veterans entrust the VA with some of their most sensitive health and service records. This section mandates strict contractual protections to ensure personal and health data is never monetized or misused. It also requires VA to train employees and contractors to identify and prevent such abuses. Veterans should never fear that their information is being exploited.

Section 6 – Workflow Baselines and Best Practices

This provision mandates that VA conduct a full inventory of clinical workflows, compare them to best practices, and set a national baseline. Why is this important? Because inconsistent workflows across sites have caused breakdowns in communication, training gaps, and patient safety concerns. Establishing a unified clinical standard ensures every veteran receives the same high-quality care, no matter where they go in the VA system.

Section 7 – Health Care Quality Metrics

Quality cannot be managed unless it is measured. This section requires VA to establish uniform quality metrics—tailored to facility size and complexity—and make them public. It also ensures continuation of the Strategic Analytics for Improvement and Learning (SAIL) model, providing transparency and promoting accountability.

Section 11 – Resource Reporting for Future Sites

Before any new facility implements the EHR, the bill requires a detailed report on resources needed, including staffing, training, funding, and technical support. This ensures future deployments are not rushed or underprepared, preventing the kind of disruptions that affected early pilot sites.

Section 12 – Transparency on VistA Maintenance

Even as we modernize, thousands of veterans still rely on VistA. This section mandates annual reporting on VistA’s costs, capabilities, and stability, ensuring we don’t lose sight of those still using the legacy system during the conversion. It also ensures Congress and stakeholders can plan for a responsible and phased transition.

Section 13 – Enhanced Quarterly Reports

By expanding the reporting requirements from the Veterans Benefits and Transition Act of 2018, this section brings more transparency to contractor performance, system downtime, user satisfaction, and financial impacts. Veterans and taxpayers deserve a system that works—and the data to prove it.

Sections 14–16 – Guardrails and Oversight

The final sections call for timely reporting on program structure, readiness assessments, and performance criteria. These are the kind of governance tools necessary to oversee a complex, long-term effort like EHR modernization.

The American Legion believes this bill is a meaningful response to years of systemic challenges within VA’s health IT modernization efforts. It centers on what matters most: the delivery of timely, safe, high-quality care to our nation’s veterans. By setting clear goals, defining leadership roles, protecting personal data, and demanding transparency and accountability, this legislation builds the structure necessary to succeed where past efforts have fallen short. Our support is grounded in long-standing policy positions, including Resolution No. 83: *Virtual Electronic Lifetime Record* and Resolution No. 14: *Electronic Health Record*, which affirm that VA must have a modern, interoperable electronic health record system to facilitate the best possible care for veterans.

The American Legion supports the draft legislation as currently written.

DRAFT: To amend title 38, United States Code, to prohibit the collection of a health care copayment by the Secretary of Veterans Affairs from a veteran after a two-year period if

the delay in collection is attributable to a failure of an employee, official, or information system of the Department of Veterans Affairs to process certain information within applicable timeliness standards established by the Secretary

To amend title 38, United States Code, to prohibit the collection of a health care copayment by the Secretary of Veterans Affairs from a veteran after a two-year period if the delay in collection is attributable to a failure of an employee, official, or information system of the Department of Veterans Affairs to process certain information within applicable timeliness standards established by the Secretary

This bill would remove the financial liability of any veteran who receives care under a VA health plan and receives a copayment invoice two years or more after the service was performed. This legislation would protect veterans from being burdened with unexpected or excessive medical bills caused by bureaucratic delays or administrative errors, and encourages timely billing processes at VA. In addition, if an error by a VA employee, official, or system causes a veteran to be charged more than \$2,000 in copays for care, the veteran would not be required to pay any amount above \$2,000.

The American Legion supports this legislation through Resolution No. 36: *Copayment and Enrollment Fees for Priority Groups 7 and 8*. The Legion backs all efforts to reduce copayments for veterans receiving health care at VA.

The American Legion supports the draft legislation as currently written.

CONCLUSION

Chairwoman Kiggans, Ranking Member Ramirez, and distinguished members of the subcommittee, The American Legion thanks you for your leadership on these important issues and for allowing us the opportunity to provide feedback on legislation.

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Jake Corsi, Legislative Associate, at jcorsi@legion.org.