The American College of Physicians (ACP) is pleased to submit the following written testimony for the record on its priorities, as funded under the U.S. Department of Veterans Affairs (VA), for Fiscal Year 2021. ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 159,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. As the Subcommittee begins deliberations on appropriations for FY2021, ACP is urging funding for the following proven programs to receive appropriations from the Subcommittee:

- VA, Veterans Health Administration (VHA), $98.4 billion, which includes the following within the VHA;
  - VA, VHA, Medical Services, $64.4 billion;
  - VA, VHA, Medical Community Care, $18.2 billion;
  - VA, VHA, Medical and Prosthetic Research; $860 million.

As the Subcommittee works to finalize the FY2021 Military Construction and Veterans Affairs Appropriations Act in the coming weeks, we strongly urge the Subcommittee to provide the VA with sufficient resources for the VA’s vital healthcare mission for all of our nation’s veterans, both for our veterans receiving care through traditional VHA services, as well as for those veterans needing access to care in the community. The VHA provides high-value and critically important health care services to veterans, and that infrastructure should be adequately funded and supported going forward. There is also a demonstrated need to ensure funding for those veterans who legitimately need access to care in the community, as stipulated in the VA Mission Act of 2018 with the establishment of the Veterans Community Care Program (VCCP), without diverting precious funds from existing VHA medical services or other vital federal health care programs.

ACP greatly appreciates the $9 billion for continued VA Mission Act implementation enacted in the FY2020 Military Construction and Veterans Affairs Appropriations Act. Since the VA Mission Act changed the source of funding for its medical community care program from mandatory funding to discretionary appropriations, congressional appropriators must respond each fiscal year by providing enough funding for both the VCCP within medical community care and the VA’s core VHA medical services outside of medical community care. The Bipartisan Budget Act
of 2019 only raises non-defense discretionary budget caps by $2.5 billion for FY2021. However, Congress must continue to provide sufficient funds for implementing the VA Mission Act as it did in FY2020 without diverting funds from other VA medical care programs. Therefore, Congress may need to provide increased and dedicated funding, equal to the actual costs of the VCCP to address any estimated shortfall in VA funding without cutting funding for other programs.

**Coronavirus Disease 2019 (COVID-19)**
In addition to ACP’s regular FY2021 appropriations requests that appear below for the MilCon-VA appropriations bill, ACP urges the subcommittee to address the threat of the Coronavirus Disease 2019 (COVID-19) to our veterans and also provide the highest possible funding level for research, prevention, control, and treatment of illnesses associated with the virus that is commensurate with the public health emergency that the SARS-CoV-2 virus represents to veterans. This funding should also be sufficient to enable the VA to purchase adequate supplies for testing, treatment, and vaccines. Whether through the regular order of the FY2021 appropriations process or an emergency supplemental appropriations bill, the nation’s veterans need to be able to access VHA health services during this crisis.

**VA, Veterans Health Administration (VHA), $98.4 billion**
ACP supports the recommendation by The Independent Budget for $98.4 billion in total funding for the VHA in FY2021. Continued implementation of the VA Mission Act during FY2021 is projected to increase demand for health services by veterans through greater enrollment and reliance on the VA as a direct provider of care. In FY2020, community care was almost 20 percent of the VA medical care budget, up from 10 percent in FY2014. More utilization requires increased resources for FY2021 through the annual discretionary appropriations process. In addition, an overwhelming number of medical students, residents, and physicians benefit from the graduate medical education (GME) training programs provided by and directed through the VHA. The VHA needs the continued resources to train the approximately 43,000 individual physician residents who receive their clinical training by rotating through about 11,000 VA-funded physician residency positions at VHA medical facilities. These valuable programs rely on a sufficient number of veterans treated at VHA facilities. With less funding, these VHA facilities would treat less veterans, jeopardizing these training programs for residents’ learning and working opportunities. The impact could have a far-reaching downstream effect, not only on the nation’s veterans but on the nation’s healthcare system as a whole.

**VA, VHA, Medical Services, $64.4 billion**
The VHA’s medical services account funds traditional VA inpatient and outpatient medical treatment. According to The Independent Budget, there will be an increase of 65,000 patients across all veteran priority groups, which is estimated to result in at least almost $1 billion in additional health care costs to care for that population. The Independent Budget also estimated that new medical services will cost close to $2.1 billion. Therefore, ACP supports the recommendation of $64.4 billion in FY2021 funding for Medical Services within the VHA.

**VA, VHA, Medical Community Care, $18.2 billion**
The medical community care account within the VHA funds health care provided outside the VA by non-VHA clinicians in the community. ACP strongly supports The Independent Budget’s $18.2 billion FY2021 recommendation for VHA Medical Community Care, which would include the regular increase in current services, continued VCCP implementation, and potentially the VCCP in FY2021. The request for FY2021 Medical Community Care account is approximately $3 billion more than the FY2020 enacted amount. ACP continues to remain greatly concerned that funding needed to fully fund the VCCP in FY2021 could potentially impact the funding levels of traditional VHA medical care services. The College strongly urges the Subcommittee to provide enough overall funding to the VHA and medical services while also adequately funding the VCCP.

VA, VHA, Medical and Prosthetic Research; $860 million
The medical and prosthetic research program of the VHA funds research on the specialized health needs of veterans, such as mental health issues including post-traumatic stress disorder (PTSD), advancing prosthetic technology, and chronic-pain management. ACP supports $860 million in FY2021 for the VHA Medical and Prosthetic Research account recommended by both The Independent Budget and the Friends of VA Medical Care and Health Research (FOVA). This funding level is needed to permit growth in these programs above inflation, investment in innovative programs such as the Million Veterans Program (MVP), and robust support for VA research on the medical needs of the nation’s veterans.

Many of ACP’s physician members work and provide care within the VHA and are deeply committed to the VA’s mission to provide high quality, comprehensive, and timely care to veterans in their time of need and throughout their lifetime. ACP recognizes the important health care services that the VHA provides to this nation’s military veterans as well as its significant overall contribution as the nation’s largest health care system, the largest provider of graduate medical education, and a valuable contributor of medical and scientific research.

The College greatly appreciates this opportunity to provide input on these important VA medical care funding matters for FY2021. We look forward to continuing to provide the clinician perspective on VA funding matters and working with the Subcommittee and Congress on the FY2021 appropriations process.