

December 9, 2025

The Honorable Jerry Moran, Chairman,
Senate Committee on Veterans' Affairs
418 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Richard Blumenthal, Ranking Member
Senate Committee on Veterans' Affairs
418 Russell Senate Office Building
Washington, D.C. 20510

Dear Senators Moran and Blumenthal,

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) writes to express support for S. 1868, the Critical Access for Veterans Care Act.

The AHA believes a strong partnership between hospitals and health systems and the Department of Veterans Affairs is essential to ensure our nation's veterans receive the health care they need and deserve. Our member hospitals and health systems work with the VA to ensure veterans have access to the care they need, when they need it.

Many veterans live in rural communities and face challenges to accessing care, since some communities may lack a VA Medical Center or outpatient clinic. AHA supported the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018), which provided options for veterans to access care through community providers in certain circumstances instead of exclusively at VA facilities. The VA MISSION Act of 2018 also decreased confusion about eligibility criteria and covered services¹. The AHA is pleased now to support the Critical Access for Veterans Care Act, which would expand on the work of the VA MISSION Act of 2018 by creating a new pathway for veterans that live within 35 miles of a Critical Access

¹ <https://www.aha.org/system/files/2018-05/180522-let-streamline-vb-community-care-programs.pdf>



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Hospital (CAH) or Rural Health Clinic to access services from those community providers².

In addition, we are pleased that the legislation would address other barriers to access. Specifically, we support provisions of the legislation which would provide updates to payment methodology to mirror Medicare's cost-based reimbursement. This would ensure that CAHs are not reimbursed less to treat veterans than other patients, and can also support streamlined processes since there would be consistency in the type of reimbursement that CAHs receive from Medicare and the VA. We also support that this legislation would remove some of the onerous administrative burdens like prior authorizations, which can unnecessarily delay care delivery for veterans. Finally, we appreciate that the legislation would allow for referrals from CAHs and Rural Health Clinics to other providers in the same community. Ultimately, these provisions will support more timely access to care and greater choice for veterans in rural communities, and will also support rural providers by removing administrative burdens and providing consistent payment.

Our member hospitals and health systems stand ready to care for veterans who have sacrificed for our country and deserve the best possible timely care in their communities. If you have questions, please feel contact Kristin Horvath, senior associate director of government relations, at kschwartz@aha.org or Jennifer Holloman, director of public policy, at jholloman@aha.org.

Sincerely,

/s/

Rick Pollack
President and CEO

² <https://www.cramer.senate.gov/news/press-releases/cramer-sheehy-introduce-bill-to-improve-veterans-access-to-timely-local-health-care>