



VA HEALTH CARE

Recommendations and Observations to Improve Community Care and Support for Caregivers Related to Dole Act

Statement of Sharon M. Silas, Director, Health Care

Testimony

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House of Representatives

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GAO Highlights

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What GAO Found

The Department of Veterans Affairs (VA) allows eligible veterans to receive health care from community providers through the Veterans Community Care Program. Since 2020, GAO has made several recommendations to improve access to the Veterans Community Care Program in areas also highlighted by the 2025 Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Dole Act). As of February 2026, VA has not fully implemented GAO's recommendations. For example:

- **Timely appointment scheduling.** In 2020, GAO found that most Veterans Health Administration (VHA) facilities from the region included in its review did not have the recommended number of staff needed to manage community care referrals, creating potential risks to timely scheduling. GAO recommended that VHA assess community care staffing needs to identify and address any risks. VHA agreed with this recommendation and is working to enable its staffing tool to identify and report such risks, according to officials. GAO also recommended that VHA establish a wait time measure for community care appointments and align its performance metrics. VHA disagreed with this recommendation but has defined time frames for some steps. VHA has not fully implemented these recommendations. The Dole Act requires VA to take action on its staffing model and performance metrics to ensure timely care for veterans.
- **Referral coordination and communication.** In 2025, GAO reported that VHA facilities had mixed results in implementing the Referral Coordination Initiative, which aimed to improve referral coordination and streamline appointment scheduling. VHA had not documented key elements of the initiative in policy, which may contribute to inconsistencies in implementation and limit staff and veterans' understanding of community care options. GAO recommended that VHA include this initiative in its national policy. VHA concurred in principle with the recommendation, but has not yet implemented it. GAO also reported in 2025 that the Office of Integrated Veteran Care, which VHA created to improve coordination of community care, did not always clearly communicate information to its facilities. GAO recommended that VHA ensure this information is clearly communicated. VHA concurred with this recommendation but has not yet implemented it. The Dole Act also requires VA to review facilities' processes for making such referrals.

GAO also has ongoing work on VHA's Caregiver Support Program. Preliminary results show that VHA responded to challenges caregivers reported with accessing in-person support by implementing a virtual therapy program. VHA also established goals to assess the effectiveness of its outreach efforts. These include a goal to increase program enrollment by 15 percent each fiscal year, which it met in fiscal year 2025. However, VHA has not set quantitative targets and time frames for its other goals. Doing so would better position VHA to assess its efforts and make any needed adjustments. The Dole Act also includes provisions addressing caregivers' access to and awareness of VHA's Caregiver Support Program.

Why GAO Did This Study

The Dole Act authorized significant expansions of health care programs for veterans and support for their caregivers. These programs are administered by VHA.

An increasing number of veterans receive their care from providers outside of VHA facilities through the Veterans Community Care Program; in 2024, about 3.1 million veterans received such care. VHA also provides services and support to nearly 100,000 caregivers of veterans who suffered serious injuries in the line of duty through its Caregiver Support Program. Concerns have been raised about the mental health of veterans' caregivers who often provide around the clock care that enables veterans to live at home and help with their recovery.

GAO has a large body of work related to aspects of the community care and caregiver programs, both of which were addressed in the Dole Act. This statement summarizes recommendations and related work on the Community Care program. It is based on three GAO reports issued from 2020 through 2025 ([GAO-20-643](#), [GAO-25-106678](#), and [GAO-25-107212](#)). This statement also includes preliminary results from GAO's ongoing work examining VA's efforts to provide mental health support to caregivers. To do this work, GAO reviewed VHA documents on its caregiver program and interviewed VHA officials, program staff, and participating caregivers at four selected VHA facilities.

Chairwoman Kiggans, Ranking Member Ramirez, and Members of the Subcommittee:

I appreciate the opportunity to be here today to discuss key programs where the Department of Veterans Affairs (VA) is charged with implementing mandates from the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Dole Act).¹ The Dole Act authorized significant expansions of health care programs for our nation's veterans and support for their caregivers, among other things. This act is one of several steps Congress has taken in the last decade to improve veterans' access to care, such as increasing veterans' ability to receive care from providers in their communities.² GAO has a large body of work related to several of the mandates for VA included in the Dole Act. This statement will highlight certain reviews we have conducted of the Veterans Community Care Program and the Caregiver Support Program—two programs where the Dole Act explicitly requires VA action.

In recent years, an increasing number of veterans have received care from providers outside of VA facilities through the Veterans Community Care Program, which is administered by the Veterans Health Administration (VHA). According to VHA, the number of veterans who received services through community care increased from about 1.1 million in 2014 to about 3.1 million in 2024. VHA is responsible for helping veterans access community care, and its efforts to do so have been the subject of many GAO evaluations both before and after the Dole Act was enacted in 2025.

In addition, many veterans have suffered serious injuries in the line of duty and receive care from family members or others to help them with everyday tasks. Concerns have been raised about the mental health of caregivers of veterans, who often provide around the clock care that enables veterans to live at home and help with their recovery. VHA administers the Caregiver Support Program to assist these caregivers with caring for veterans enrolled in VHA by providing resources and support, such as respite care to provide breaks from caregiving, and mental health services. In fiscal year 2025, about 98,000 caregivers of veterans participated in the Caregiver Support Program, nearly double the number who participated in fiscal year 2021. Recent legislation, including the Dole Act, expanded caregivers' access to the program and the mental health support it offers.³

The Dole Act's mandates highlight how central community care is to VHA delivering on its mission to ensure every veteran can access high quality health care, as well as the importance of VHA's support for veterans' caregivers. My statement summarizes GAO's recent work on the Veterans Community Care Program and the

¹Pub. L. No. 118-210, 138 Stat. 2706 (2025).

²The VA MISSION Act of 2018 (VA MISSION Act) broadened veterans' eligibility to receive care outside of the VA health care system under the Veterans Community Care Program. Pub. L. No. 115-182, tit. I, § 101, 132 Stat. 1393, 1395. The Veterans Community Care Program replaced the prior temporary program that had been in place since 2014—the Veterans Choice Program—and consolidated it with other existing community care programs.

³For example, the VA MISSION Act expanded eligibility for veterans and caregivers to participate in the comprehensive component of the program, which provides additional benefits like a monthly stipend, but has stricter eligibility criteria. Pub. L. No. 115-182, tit. I, § 161, 132 Stat. at 1438. Caregivers of veterans who served after September 11, 2001, have been eligible for the comprehensive component since it was established in 2011. Veterans who served before May 7, 1975, became eligible as of October 1, 2020, and veterans who served between May 7, 1975, and September 11, 2001, became eligible as of October 1, 2022. 38 C.F.R. § 71.20 (2025).

status of related recommendations. It also provides preliminary results from our review of the caregiver program in response to a Dole Act provision. This statement is based on three GAO reports that were issued between 2020 and 2025, as well as ongoing work.⁴

Detailed information on the scope and methodology of our prior work can be found within the specific reports on which this statement is based. These reports are listed in the related products page at the end of this statement. To do the work upon which our preliminary results are based, we reviewed VHA data and documentation on the Caregiver Support Program. We also interviewed VHA officials and program staff and 50 caregivers at four selected VHA medical facilities through site visits.⁵

We conducted the work on which this statement is based in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

VHA operates one of the largest health care delivery systems in the nation, serving over 6 million veterans. VHA's system is organized into 18 regional networks known as Veterans Integrated Service Networks (VISN) that manage VHA's medical facilities, including outpatient facilities.⁶ VHA headquarters, its regional network of VISNs, and VHA medical facilities all play a role in managing referrals and scheduling veterans' appointments for care in a timely manner at VHA medical facilities and in the community, through the Veterans Community Care Program.

VHA medical facilities are also the key point of contact in VHA's administration of its Caregiver Support Program, through which VHA offers various resources and services to support eligible caregivers' mental health and wellbeing. For example, VHA facilities host support groups and facility staff help caregivers access respite care.

⁴See GAO, *Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care*, [GAO-20-643](#) (Washington, D.C.: Sept. 28, 2020); *Veterans Health Care: Referral Coordination Initiative for Specialty Care Needs Improved Program Direction and Guidance*, [GAO-25-106678](#) (Washington, D.C.: Jan. 21, 2025); and *Veterans Health Care: Better Communication Needed to Integrate Management of Medical Facility and Community-Based Care*, [GAO-25-107212](#) (Washington, D.C.: Sept. 2, 2025). Appendix I provides an update on the status of recommendations GAO made in those reports.

⁵The four selected VHA facilities are located in Long Beach, California; Hines, Illinois; Manchester, New Hampshire; and Lexington, Kentucky. We selected these VA medical centers to obtain variation in geography, rurality, and the number of caregivers participating in the Caregiver Support Program.

⁶VHA operates 173 medical centers and more than 1,200 outpatient facilities, which we refer to collectively as "VHA medical facilities." In addition, in December 2025, VA announced that it intends to reorganize the management structure of VHA, including potentially reorganizing the 18 VISNs into 5 VISNs.

Veterans Community Care Program

Eligibility and Scheduling for Community Care

Through the Veterans Community Care Program, which VHA implemented on June 6, 2019, in response to the VA MISSION Act, eligible veterans may choose to obtain health care services from community providers rather than from VHA providers in some circumstances. There are six criteria that can qualify a veteran to receive care under the Veterans Community Care Program. For example, veterans may qualify for community care when the needed services are not available at their VHA facility or if VHA cannot provide care within its designated access standards. VHA's designated access standards specify that a veteran may be eligible for community care if

- the average drive time to a VHA provider is more than 30 minutes for primary care or more than 60 minutes for specialty care, or
- the next available appointment with a VHA provider is not available within 20 days for primary care or 28 days for specialty care based on the date of the request for care unless a later date has been agreed upon.

VHA is responsible for overseeing the scheduling processes for appointments at VHA medical facilities and through community care and establishing requirements for staff involved in the scheduling process.⁷ The process for scheduling a veteran's appointment under the Veterans Community Care Program generally begins when a VHA provider creates a referral for a veteran to receive care from another provider, such as for specialty care.⁸ The VHA provider sends the referral to a team of clinical and administrative VHA facility staff that determines the veteran's eligibility for community care. If the veteran is eligible for community care, the team discusses options with the veteran and collects any preferences, such as if the veteran prefers a specific provider. If the veteran opts to receive care in the community, the team sends the referral to the VHA facility's community care staff who review the referral. Community care staff contact community providers to schedule the appointment, send documentation to the community provider, and communicate the appointment information to the veteran.

VHA's Referral Coordination Initiative

In 2019, VHA began implementing the Referral Coordination Initiative to streamline scheduling for specialty care appointments at its medical facilities across the country, as well as to leverage its facility resources and staff more efficiently. The implementation of the initiative marked a significant change to the process previously followed by VHA medical facility staff for management of specialty care referrals. According to VHA guidance, the initiative is intended to

- create dedicated referral coordination teams that are focused on sharing with veterans their health care options,

⁷See, for example, Department of Veterans Affairs, *Outpatient Scheduling Management*, VHA Directive 1230 (Washington, D.C.: June 1, 2022) and *Consult Processes and Procedures*, VHA Directive 1232(5) (Washington, D.C.: Aug. 24, 2016, amended Dec. 5, 2022).

⁸Under the Veterans Community Care Program, eligible veterans can also self-schedule their community care appointments or use VA's online scheduling capabilities to request an appointment for primary care and select specialty care with community providers, which may involve different steps by VHA facility staff.

- empower veterans to make the health care choice that is right for them, and
- improve scheduling timeliness.

The Referral Coordination Initiative process is handled by facility referral coordination teams that include designated clinical and administrative staff who assist with scheduling and are trained to discuss veterans' options for care at the time of scheduling. The process is intended to ensure that referral documentation is complete and includes all pertinent clinical information before the coordination teams discuss care options with veterans and schedule appointments in VHA medical facilities or with community providers. In implementing the initiative, VHA provided facilities with guidance describing the different ways to structure their referral coordination teams but gave facilities flexibility to determine what worked best for their circumstances.

VHA's Office of Integrated Veteran Care

In 2020, VHA performed an assessment to further improve how VHA manages veterans' access to care and to reduce inadvertent overlap and duplication of clinical, administrative, and financial operations in its organizational structure. Based on one of several recommendations from this assessment, VHA created the Office of Integrated Veteran Care (IVC) in 2022 and began to implement changes to improve coordination of access to both VHA medical facility-based and community care. The IVC is responsible for establishing policy and conducting oversight of appointment scheduling processes. In March 2025, the Secretary of Veterans Affairs announced a department-wide review to consider future reorganization and workforce reduction efforts, which may affect the future organization and work of IVC.

Caregiver Support Program

The Caregiver Support Program consists of two components—the Program of General Caregiver Support Services (general component) and the Program of Comprehensive Assistance for Family Caregivers (comprehensive component). These components vary in their eligibility criteria and services offered. For the general component, caregivers of any veteran enrolled in the VHA health care system, and who are age 18 or older, can join. In contrast, the comprehensive component has additional criteria, including that the caregiver must be a family member or live with the veteran, and the veteran must meet a certain level of need for at least 6 continuous months.⁹

VHA provides a variety of support to caregivers in both components of the program. This includes resources to help caregivers care for the veteran, such as education and training, peer mentoring, and telephone support. The program also offers services to support caregivers' mental health and wellbeing, such as support groups, respite care, and emotional support from program staff. VHA provides additional benefits to caregivers participating in the comprehensive component, such as a monthly stipend, travel benefits, legal and financial planning services, and mental health treatment like psychotherapy for their individual needs.

⁹For purposes of the Caregiver Support Program, VA considers a veteran to have this level of need if the veteran is unable to perform an activity of daily living, needs supervision or protection based on symptoms or residuals of neurological or other impairment or injury, or needs regular or extensive instruction or supervision without which the ability of the veteran to function in daily life would be seriously impaired, according to Caregiver Support Program guidance. Veterans must also have at least a 70 percent service-connected disability rating for their caregiver to be eligible.

Dole Act

The Dole Act addresses a number of VA programs, benefits, and services available to veterans and their families, including the Veterans Community Care Program and the Caregiver Support Program. It directs VA to make changes related to program administration, outreach to veterans and their caregivers, and care and information standards, among other things, aimed to improve veterans' access to quality care and support for their caregivers. The Dole Act also includes provisions directing GAO and VA to report on these changes.

VHA Has Not Fully Implemented GAO Recommendations to Improve Access to Community Care

We have examined VHA's management of the Veterans Community Care Program since its inception in 2019, including its efforts to ensure veterans' timely access to community care and actions it has taken to ensure veterans are aware of their options for community care. Through this work we have also made recommendations to VHA to improve its community care staffing models and wait-time metrics, develop clear policy for the Referral Coordination Initiative, and enhance communication regarding the Office of Integrated Veterans Care. As of February 2026, VHA has not implemented these recommendations. These are all areas where Congress, through the Dole Act, has mandated that VA take action to make improvements to enhance veterans' access to and experience with their care in the community.

Improvements to Staffing Models and Metrics Are Needed for Scheduling Timely Care

The 2025 Dole Act includes a provision requiring VA to develop and implement action on its staffing model and performance metrics for employees with responsibility for ensuring timely care for veterans.¹⁰ This provision relates directly to work we did in 2020, in which we examined those aspects of the Veterans Community Care Program.¹¹ We found that improvements were needed to ensure veterans have timely access to care. Specifically, we reported that VHA developed a tool in 2017 to help VHA facilities determine their staffing needs to manage community care referrals and appointments. However, at that time, most of the VHA facilities in Community Care Network Region 1 did not have the recommended number of staff to manage the increasing volume of referrals.¹² As a result, staff from two VHA facilities described their workload at that time as "unsustainable," and some staff reported feeling frustrated that they were unable to keep up with the referral workload.

In that report, we recommended that leadership assess their community care staffing and resource needs and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed. VHA concurred with this recommendation and has taken some steps to address it. Officials stated in September 2025 that they were collaborating with a contract team to incorporate a mechanism within the staffing tool that

¹⁰Pub. L. No. 118-210, § 146, 138 Stat. at 2752.

¹¹[GAO-20-643](#).

¹²The Veterans Community Care Program allows VHA to purchase community care through regional contracts called Community Care Networks, which are developed and administered by contracted, third party administrators. VHA implemented these networks by region on a rolling basis starting in December 2018. See [GAO-20-643](#) for more information.

would enable VHA facilities to identify any risks associated with timely appointment scheduling. According to VHA officials, facilities will be required to develop an action plan to address any identified risks, which will be tracked by VISNs. As of February 2026, VHA has not implemented this recommendation.

Additionally, we have identified improving timely access to the Veterans Community Care Program as a priority area warranting VHA's timely and focused attention. In this same report in 2020, we made a recommendation that VHA align its monitoring metrics with the time frames it established for scheduling community care appointments to effectively monitor the extent to which veterans receive care within such specified time frames; we classified this as a priority recommendation. VHA did not agree with our recommendation at the time of our report but has since taken some steps to address it. Specifically, VHA has defined some steps in the scheduling process, but has yet to establish a timeliness standard for when a veteran's appointment should occur. As of February 2026 VA has not fully implemented the recommendation. We reiterate the importance of implementing our recommendation. Correcting deficiencies in VHA's alignment of its monitoring metrics and establishing a performance metric to measure wait times for the receipt of community care will permit VHA to more effectively monitor the timeliness of veterans receiving care regardless of whether the care is received at a VHA facility or in the community.

Clearer Policy Is Needed for VHA's Referral Coordination Initiative

Provisions within the Dole Act require VA to report on referrals made within VHA medical facilities for veterans to receive care from non-VA providers, as well as to review the processes within VHA facilities for making referrals.¹³ In January 2025 we examined VHA's Referral Coordination Initiative, which was announced in 2019 and marked a significant change to the process previously followed for specialty care referrals.¹⁴ We issued a report in 2025, in which we described the status of the initiative's implementation and potential benefits, such as reducing appointment scheduling time. However, we also found that facilities experienced mixed results implementing the Referral Coordination Initiative.

Furthermore, as described in our 2025 report, in May 2024, VHA began efforts to improve consistency of Referral Coordination Initiative implementation by increasing regional networks' leadership and oversight of VHA medical facilities' implementation of the initiative. However, we found that VHA had not documented in policy key elements needed to guide the initiative's implementation. Specifically, we found that VHA lacked national policy that defines program direction and had not provided quality guidance that aligns with policy. As a result, VHA networks and medical facilities may continue to experience inconsistencies in the initiative's implementation and the Referral Coordination Initiative may not fully achieve its goals of providing veterans with a full understanding of their available care options. In our 2025 report, we recommended, among other things, that VHA include Referral Coordination Initiative program direction as part of its national policy. VHA concurred in principle with our recommendation, and said it is in the process of evaluating the strategic direction of the initiative. As of February 2026 it had not implemented our recommendations.

¹³For example, the Dole Act requires VA to provide quarterly reports on referrals to non-VA health care and to review workflows associated with referral processing. Pub. L. No. 118-210, §§ 140, 152, 138 Stat. at 2743, 2761.

¹⁴[GAO-25-106678](#).

Enhanced Communication Is Needed for IVC to Better Coordinate Care

Provisions within the Dole Act require VA to review and take action on aspects of its community care program. The increased use of community care for veterans is a major change for VA and requires that relatively new VHA entities play key roles in coordinating veterans' care between VA providers and those in the community. For example, VHA's IVC was created to integrate management of both VHA medical facility-based and community care into one entity within VHA's national level central office.¹⁵ According to agency officials, the intent behind this integration is to improve coordination and provide seamless access to care for veterans. In 2025, our evaluation of IVC identified challenges related to VA's communication with field staff about changes within IVC, which oversees the Veterans Community Care Program and other access-to-care-related issues.¹⁶

Specifically, we reported that as IVC has evolved, VHA has not always clearly communicated with relevant parties, including officials in VISNs and medical facilities and other stakeholders such as Congress, as these changes are being developed and implemented. In our September 2025 report we identified some examples suggesting a lack of clear understanding of IVC's organizational structure among employees in the selected VISNs and VHA medical facilities in our review. For example, officials from one VISN said they did not understand who to contact with questions about training.

In our report we recommended that as VHA continues to evolve IVC and other aspects of its headquarters' structure, it should ensure there is a strategy for clear and continuous two-way communication with relevant employees—including those at the VISN and medical facility-level. Better communication will help IVC to successfully implement its priorities and initiatives to meet its mission to ensure every veteran can access high-value care where they need it, when they need it. VHA concurred with our recommendation and as of February 2026 it has not implemented it.

Preliminary Results Show VHA Has Responded to Challenges Caregivers Reported but Has Not Fully Assessed Its Efforts

The Dole Act includes a provision for us to review VHA's efforts to provide mental health support for caregivers of veterans.¹⁷ Preliminary results from our ongoing work in this area indicate that VHA responded to challenges caregivers reported in accessing mental health support. However, VHA has not fully implemented performance management practices we identified in our prior work, such as setting goals with quantitative targets and time frames, that would allow it to fully assess the effectiveness of its outreach efforts.¹⁸

¹⁵IVC was established in the spring of 2022 when portions of two prior offices within VHA—the Office of Veterans Access to Care and the Office of Community Care—were merged.

¹⁶[GAO-25-107212](#).

¹⁷Pub. L. No. 118-210, § 131, 138 Stat. at 2741.

¹⁸In our prior work, we define performance management as a three-step process by which agencies (1) set goals with quantitative targets and time frames to identify the results they seek to achieve, (2) collect performance information to measure progress towards meeting its goals, and (3) use that information to assess results and inform decisions to ensure further progress towards achieving its goals. See GAO, *Evidence-Based Policymaking: Practices to Help Manage and Assess the Results of Federal Efforts*, [GAO-23-105460](#) (Washington, D.C.: July 12, 2023).

VHA Has Taken Steps to Address Caregiver-Reported Challenges Accessing Program Services

The Dole Act includes provisions to improve support for veterans' caregivers through the Caregiver Support Program and increase their access to mental health treatment.¹⁹ Preliminary results from our ongoing review of the Caregiver Support Program show that VHA offers a variety of services to support caregivers' mental health and wellbeing, such as individual therapy, support groups, self-care education and resources, and respite care. Caregivers we interviewed at four selected VHA facilities said they appreciated the mental health support that the Caregiver Support Program offers. However, the caregivers also reported experiencing some challenges obtaining support. For example, some caregivers said they cannot travel to a VHA facility for in-person services because they live far away or because they cannot leave their veteran alone. Caregivers also expressed concerns about limited staffing and availability of desired services at these facilities.

Our preliminary results suggest that VHA has taken some steps to respond to these challenges. For example, starting in fiscal year 2023, VHA implemented a virtual psychotherapy program to provide mental health treatment to caregivers in the comprehensive component through telehealth. Program officials told us that they developed this virtual psychotherapy program to address challenges caregivers faced traveling to VHA facilities for in-person treatment and limited capacity among mental health providers at VHA facilities.

The Dole Act also addresses caregivers' access to respite care, which provides them with breaks from their caregiving duties.²⁰ Caregivers we interviewed at selected VHA facilities reported using respite care. However, some caregivers identified challenges accessing respite care, including limited availability, concerns about the quality, or limited awareness of the Caregiver Support Program's respite care offerings. Our preliminary review of VHA documentation suggests that VHA has taken some steps to address these concerns by monitoring how many caregivers are using respite care at each VHA facility and requiring those facilities with low utilization to have a plan to educate caregivers about respite offerings.

VHA Developed Goals for Program Awareness but Has Not Fully Assessed Progress

The Dole Act includes provisions related to VA's communication with caregivers about their eligibility and available services.²¹ Our ongoing work found that VHA advertises the Caregiver Support Program through various methods such as email updates, brochures at VA medical centers, and partnering with veterans service organizations to share information with veterans and their caregivers. Some caregivers we interviewed had learned about the program through these methods. However, some caregivers told us they wished they had learned about the program sooner and noted that others may not be aware of the support available to them.

¹⁹For example, the Dole Act provides authority for the Secretary of VA to award grants and contracts to improve the provision of mental health services for caregivers in the comprehensive component and includes a provision to improve coordination of assistance and services for caregivers. Pub. L. No. 118-210, §§ 122, 124 138 Stat. at 2724, 2730.

²⁰For example, the Dole Act provides not less than 30 days annually of respite care for eligible caregivers. Pub. L. No. 118-210, §§ 123, 124(b), 138 Stat. at 2726, 2731.

²¹For example, the Dole Act includes provisions for VA to develop a centralized website for program information and that VA provide outreach to caregivers in the comprehensive component regarding mental health services. Pub. L. No. 118-210, §§ 122, 132, 138 Stat. at 2726, 2742.

To assess whether its outreach efforts are effective at increasing caregivers' awareness of the program, VHA established four goals, according to its communications strategic plan. One goal is to increase the number of caregivers enrolled in the general component by 15 percent each fiscal year. In fiscal year 2025, enrollment in the general component increased to about 28,500 from about 24,800 in fiscal year 2024 (15 percent), thus meeting this goal, according to VHA data.

However, preliminary results from our ongoing work also show that the other three goals, such as increasing subscribers to its email updates, do not have quantitative targets and time frames against which VHA could measure its progress.²² Setting targets and time frames for these goals would better position VHA to more effectively assess its efforts to raise awareness of the program among caregivers who are not enrolled. If needed, VHA could make adjustments to its outreach to ensure caregivers are aware of and can access support, which would help them to better support the veterans for whom they provide care.

VHA's mission is to provide high quality health care for veterans and to support those who care for them. We have reported for many years on VHA's challenges providing timely access to health care for veterans, including through the Veterans Community Care Program. Our work has identified a number of actions that VHA can take to overcome these challenges. Fully implementing our recommendations would aid VA's progress toward implementing the Dole Act's provisions.

Chairwoman Kiggans, Ranking Member Ramirez, and Members of the Subcommittee, this completes my prepared statement. I would be pleased to respond to any questions that you may have at this time.

GAO Contact and Staff Acknowledgments

If you or your staff have any questions about this testimony, please contact Sharon M. Silas, Director, Health Care, at silass@gao.gov. Contact points for our Offices of Congressional Relations and media relations may be found on the last page of this statement.

GAO staff who made key contributions to this testimony are Jill Center (Assistant Director), Erika Huber (Analyst in Charge), Ann Marie Cortez, Kelly Turner, and Cathleen Whitmore.

²²According to its communications strategic plan, VHA's other two goals are to increase program inquiries and increase caregivers' use of services.

Appendix I: Selected Open GAO Recommendations Related to the Veterans Community Care Program

Table 1: Status of Open Recommendations Related to the Department of Veterans Affairs’ Veterans Community Care Program for GAO Reports Included in This Statement, as of February 2026

GAO recommendation (GAO Report, Date)	Implementation status
<p>The Under Secretary for Health should ensure the Office of Integrated Veteran Care develops and implements a strategy for conducting clear, direct, and continuous two-way communication with relevant employees—including those at regional networks and medical facilities—and stakeholders as the office continues to evolve and makes changes to its central office organizational structure. (GAO-25-107212, September 2025)</p>	<p>Open – not addressed. Veterans Health Administration (VHA) concurred with our recommendation. When we confirm what actions the agency has taken in response to this recommendation, we will provide updated information.</p>
<p>The Under Secretary for Health should ensure that the Office of Integrated Veteran Care defines Referral Coordination Initiative program direction—strategic goals, roles and responsibilities, standards for consistent implementation, and oversight and accountability—in appropriate VHA national policy. (GAO-25-106678, January 2025)</p>	<p>Open – not addressed. VHA concurred in principle with our recommendation. In response to our draft report, VHA acknowledged the importance of clear program direction and stated that should not be interpreted as a stand-alone process but rather one piece of the overall referral management process. We maintain that the Referral Coordination Initiative marks a significant change from how referrals have historically been managed within VHA, and as such, our recommendation that program direction be fully defined in national policy would increase accountability mechanisms and help ensure veterans receive timely and effective care.</p> <p>VHA said it is in the process of evaluating the Referral Coordination Initiative and plans to update its Standard Operating Procedures after a strategic direction has been established. As of February 2026, VHA estimated that its actions would be completed by May 2026.</p>
<p>The Under Secretary for Health, upon inclusion of the Referral Coordination Initiative in the appropriate VHA national policy, should ensure that the Office of Integrated Veteran Care aligns Referral Coordination Initiative guidance with VHA national policy and updates it as needed to reflect available evidence, such as findings from studies, best practices, and other elements that promote consistent implementation. (GAO-25-106678, January 2025)</p>	<p>Open – not addressed. VHA concurred with our recommendation. In response to our draft report, VHA described actions the Office of Integrated Veteran Care would take to promote consistent implementation, such as a future update to Referral Coordination Initiative guidance. For example, VHA stated that the Office of Integrated Veteran Care will update Referral Coordination Initiative guidance to include a Veterans Integrated Service Network-led model that is based on evidence-based studies and identified best practices. As of February 2026, VHA estimated that its actions would be completed by May 2026.</p>
<p>The Under Secretary for Health, following initial alignment of Referral Coordination Initiative guidance and national policy, should ensure that the Office of Integrated Veteran Care establishes a process to ensure that any guidance remains current and accurate when the Office of Integrated Veteran Care makes changes to Referral Coordination Initiative policy or program requirements. (GAO-25-106678, January 2025)</p>	<p>Open – not addressed. VHA concurred with our recommendation. In response to our draft report, VHA stated that the Office of Integrated Veteran Care will establish a process for recurring reviews and revisions of Referral Coordination Initiative guidance and other resources. As of February 2026, VHA estimated that its actions would be completed by May 2026.</p>

Appendix I: Selected Open GAO Recommendations Related to the Veterans Community Care Program

GAO recommendation (GAO Report, Date)	Implementation status
<p>The Under Secretary for Health should ensure that the Office of Integrated Veteran Care reviews the Referral Coordination Initiative performance metrics, and updates them as needed, to ensure that the metrics align with and assess progress toward all aspects of Referral Coordination Initiative's strategic goals. (GAO-25-106678, January 2025)</p>	<p>Open – not addressed. VHA concurred with our recommendation. In response to our draft report, VHA stated that the Office of Integrated Veteran Care is in the process of reviewing, revising, and developing key performance indicators to assess its progress against Referral Coordination Initiative's strategic goals. As of February 2026, VHA estimated that its actions would be completed by May 2026.</p>
<p>The Under Secretary for Health should ensure that the Office of Integrated Veteran Care communicates with Veterans Integrated Service Networks and VHA facilities regarding how to use its metrics to measure performance toward the Referral Coordination Initiative goals. (GAO-25-106678, January 2025)</p>	<p>Open – not addressed. VHA concurred with our recommendation. In response to our draft report, VHA described actions the Office of Integrated Veteran Care will take, including publishing information on the key performance indicators it develops on the internal Referral Coordination Initiative SharePoint. Further, the Office of Integrated Veteran Care plans to use community of practice calls and site visits to communicate informational updates. VHA noted that, through these efforts, the Office of Integrated Veteran Care will also be able to incorporate feedback from Veterans Integrated Service Networks and facilities into the development of its program documentation. As of February 2026, VHA estimated that its actions would be completed by May 2026.</p>
<p>The Undersecretary of Health should align its monitoring metrics with the time frames established in the Veterans Community Care Program scheduling process.^a (GAO-20-643, September 2020)</p>	<p>Open – partially addressed. VHA initially did not agree with our recommendation but since February 2022 has started to address it. In a directive and standard operating procedure, VHA defined some time frames for VHA facilities to follow when scheduling appointments under the Veterans Community Care Program. The Consolidated Appropriations Act, 2023, enacted on December 29, 2022, requires VHA to establish a specific wait-time measure (the number of days from the date of request for the appointment to the first next available appointment) for veterans eligible for care under the Veterans Community Care Program and requires program third-party administrators to furnish care within this standard. Pub. L. No. 117-328, div. U, tit. I, § 121, 136 Stat. 4459, 5415 (2022).</p> <p>In September 2023, VHA officials stated that they continue to evaluate the technical, logistical, and financial implications of operationalizing these legislative requirements. However, as of February 2026, VHA has not yet defined a timeliness standard for when a veteran's appointment should occur. Once established, VA can take steps to ensure they align their monitoring metric for receipt of care to that timeliness standard</p>

Appendix I: Selected Open GAO Recommendations Related to the Veterans Community Care Program

GAO recommendation (GAO Report, Date)	Implementation status
<p>The Under Secretary of Health should direct VA medical center leadership to assess their community care staffing and resource needs, and develop a plan to address any identified risks to their ability to schedule appointments in a timely manner, including strategies to adjust staff levels and address recruitment and retention challenges as needed. (GAO-20-643, September 2020)</p>	<p>Open. VHA agreed with our recommendation and in January 2023, stated that it last updated its staffing tool in March 2022 to enable each VHA medical facility to quantify resource needs and identify the recommended number of administrative and clinical staff based on current workload data, systems, and processes. VHA also stated that VHA medical facilities are to make quarterly updates to the staffing tool, which is then used by the facility community care offices to support position requests and for discussions with leadership regarding community care staffing levels.</p> <p>In addition, VHA submits staffing tool results to Congress every 180 days. Under the Referral Coordination Initiative, VHA transitioned responsibilities for community care appointments from multiple clinical employees to designated referral coordination teams at each VHA medical facility. In January 2023, VHA stated that community care staffing needs are expected to evolve further over the next year as VHA medical facilities continue to recruit staff and implement new business processes, like the use of referral coordination teams and enhanced technological tools to expedite referral management and appointment scheduling.</p> <p>In September 2025, officials stated that they are collaborating with a staffing tool contract team to incorporate a mechanism within the staffing tool that enables Veterans Integrated Service Networks to report any risks associated with timely appointment scheduling. According to VHA officials, this self-assessment feature will allow VHA medical facilities to evaluate if staffing deficiencies are affecting their scheduling capabilities. If a facility identifies any scheduling risks, they are required to develop an action plan, which will be tracked by the networks and reported to the VHA program office for monitoring and further action. VHA officials estimate providing an update on its actions in March 2026.</p>

Source: GAO-25-107212, GAO-25-106678, and GAO-20-643, and GAO analysis of Veterans Health Administration (VHA) information. | GAO-26-108943

^aGAO identifies priority open recommendations each year. These are GAO recommendations that have not been implemented and warrant priority attention from heads of key departments or agencies because their implementation could help the federal government save large amounts of money or significantly improve government operations. In the 2025 update, this was a priority open recommendation for VA. See GAO, *Priority Open Recommendations: Department of Veterans Affairs*, GAO-25-108071 (Washington, D.C.: May 5, 2025).

Related GAO Products

Veterans Health Care: Better Communication Needed to Integrate Management of Medical Facility and Community-Based Care. [GAO-25-107212](#). Washington, D.C.: Sept. 2, 2025.

Veterans Health Care: Referral Coordination Initiative for Specialty Care Needs Improved Program Direction and Guidance. [GAO-25-106678](#). Washington, D.C.: Jan. 21, 2025.

Veterans Community Care Program: VA Needs to Strengthen Contract Oversight. [GAO-24-106390](#). Washington, D.C.: Aug. 21, 2024.

Veterans Health Care: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health. [GAO-24-106410](#). Washington, D.C.: June 3, 2024.

Veterans Health Care: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments. [GAO-23-105617](#). Washington, D.C.: Jan. 4, 2023.

Veterans Community Care Program: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers. [GAO-23-105290](#). Washington, D.C.: Nov. 10, 2022.

Veterans Community Care Program: Improvements Needed to Help Ensure Timely Access to Care. [GAO-20-643](#). Washington, D.C.: Sept. 28, 2020.

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