COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE COAST GUARD AND MARITIME TRANSPORTATION, RANKING MEMBER AVIATION HIGHWAYS AND TRANSIT COMMITTEE ON ARMED SERVICES STRATEGIC FORCES TACTICAL AIR AND LAND FORCES COMMITTEE ON AGRICULTURE GENERAL FARM COMMODITIES, RISK MANAGEMENT, AND CREDIT



Salud O. Carbajal 24th District, California

October 19, 2023

The Honorable Denis McDonough Secretary Department of Veterans Affairs 810 Vermont Ave NW Washington, D.C. 20420

Secretary McDonough,

I want to first thank you for taking the time to meet with me today, and for your commitment to addressing this issue. As a veteran myself I am enrolled in the Department of Veterans Affairs (VA) Healthcare System. I know firsthand the good work the VA does to take care of our veterans, but I also know the system is imperfect and needs to be improved. I am writing to express my deep concerns over barriers to access for veterans seeking substance use disorder (SUD) treatment at residential facilities.

Under the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) the VA was required to create access standards for the Community Care Program (CCP) every three years. These are known as the designated access standards and the last time they were eligible for changes was in 2022 and it was determined that no changes were needed. The current designated access standards allow for veterans seeking primary, mental health, non-institutional extended, and specialty care to receive community care if their drive time to or wait time at their regional VA medical center exceeds a certain amount of time. For most types of care if the drive time exceeds 30 minutes, then the veteran can receive community care.

Unfortunately, residential SUD treatment was excluded from the designated access standards. This has created a massive barrier to getting veterans treatment for SUD who do not live next door to a VA Domiciliary. My district encompasses a majority of California's Central Coast. At the most northern part of the district the drive time to the Domiciliary in Los Angeles is nearly four hours, and from the most southern part the drive time still exceeds an hour. My district is not unique in the distance there is from VA medical centers. This issue affects veterans nationwide.

We owe it to our veterans to provide accessible and quality care. According to the National Institute on Drug Abuse, more than one in ten veterans are diagnosed with SUD and substance abuse is known to increase the chances of an attempted suicide.¹ It is critical we make it easier for veterans to access SUD treatment, including at residential centers.

I am requesting that the VA use its existing authority, under the MISSION Act or otherwise, to establish drive-time standards for residential SUD treatment and ensure that these as well as existing wait-time standards are systematically applied when veterans are being clinically evaluated and considered for referral to VA facilities or community providers. Eliminating this barrier to treatment will allow veterans who do not live near a Domiciliary to quickly receive the care they need.

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¹ <u>https://nida.nih.gov/publications/drugfacts/substance-use-military-life</u>

Thank you for your time and attention to this important issue. I look forward to hearing what steps the VA is taking to implement drive and wait time standards for veterans seeking community care SUD treatment.

Sincerely,

SID.CLL

Salud Carbajal Member of Congress