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House Panel Advances Bill to Expand Private Healthcare Options for Veterans

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The House Veterans' Affairs Committee has moved forward with bipartisan legislation designed to increase veterans' access to privately provided medical care, funded by the Department of Veterans Affairs (VA). The measure, known as the ACCESS Act, aims to codify standards from existing community care rules and introduce new provisions, such as a

pilot for direct private mental–health access, that aim to reduce VA wait times and give veterans greater flexibility in choosing providers.

Under current rules, veterans can receive private care when they face long waits or travel distances, as established by the Mission Act. The ACCESS Act would embed these criteria into law, ensuring veterans maintain access even if the VA changes its internal standards. Notably, the bill would prohibit the VA from counting telehealth availability when calculating appointment wait times. It also bars rescheduling a veteran's eligibility based on missed or canceled appointments.

One significant feature is a three–year pilot program that allows eligible veterans to seek private outpatient care for mental health or substance abuse without requiring a VA referral. This could ease access to critical services, addressing concerns about delays in mental health support. The pilot would operate in at least five regions initially.

House Veterans' Affairs Committee Chairman Rep. Mike Bost defended the bill, saying, “Veterans don’t need their hands held...it’s their health care.” He emphasized that the legislation reflects veterans’ desire for agency over their care and builds on previous bipartisan efforts. Senate counterpart Sen. Jerry Moran co-sponsored the companion version in the Senate.

Opposition from Democrats focused on fears that the legislation may advance VA privatization. Ranking Member Rep. Mark Takano warned that removing telehealth caps and launching the pilot could risk diverting resources and coordination away from VA oversight. He cautioned that veterans enrolled in private care without VA contact could fall through the cracks.

Data from the Congressional Budget Office indicates community care usage has jumped, from about \$7.9 billion in 2014 to around \$17.6 billion in 2021, with projected growth continuing under current trends. The FY2026 House appropriation proposal includes roughly \$34 billion for community care, up significantly from current funding levels. This increases pressure on lawmakers to balance resource allocation while ensuring adequate staffing and infrastructure at VA facilities.

From a center-right perspective, the ACCESS Act reflects a pragmatic response, honoring the principles of choice and prompt service while reinforcing the vital role of the VA. Veterans in rural areas, those with chronic conditions, or mental health needs stand to benefit most, especially where local VA resources are limited. Ultimately, the goal is to offer both choice and continuity of care, respecting veterans' preferences without compromising system integrity.