Dear Secretary McDonough:

We write to express our concern that the market assessments conducted as part of the Asset and Infrastructure Review (AIR) Commission are using outdated data from 2017. Given that these market assessments will be used to make major infrastructure decisions for the Veterans Health Administration (VHA), the data used in the assessments should be current, and take into account the effects of the COVID pandemic on the VHA system.

The market assessments are the foundation for the Department of Veterans Affairs’ (VA’s) recommendations to the AIR Commission’s modernization and realignment of the VHA. It is critical that we have the most current and accurate information for implementing decisions that will affect Colorado veterans. The pandemic caused unforeseeable changes to the baseline 2017 market assessment data and the 2019 consistency analysis data. Both data sets were unable to capture:

1. **Population Trends:** The pandemic changed demographic patterns across Colorado in unexpected ways, making 2017 an unreliable baseline for future population projections. For example, many rural and mountain areas have seen unexpected general population growth with the rise of teleworking. Additionally, growth in the veteran population in Colorado Springs over the past few years is twice as large as what the market assessment reflects.

2. **Delivery of VHA Services:** Over the course of the pandemic, the VHA has innovated in its delivery of care. For example, the use of telehealth has increased and become a viable option for veteran care. The market assessment does not reflect this increased demand for telehealth services or assess the ability of veterans to access this care. Internet connectivity and affordability have increased relevance to the future ability of the VHA to deliver care digitally, yet the VA has not included it in the market assessment.
3. **Demand for VHA Services:** The pandemic placed extraordinary strain on the health care system, which has resulted in significant changes in demand for VHA services. For example, the market assessment shows underuse of the medical and surgical beds in the Grand Junction VA Medical Center. However, throughout the pandemic, medical and surgical beds were fully realized and constantly used to ensure veteran care.

4. **Increased vulnerability in the Community Care Network:** The pandemic has also significantly affected the public-private health care sector. Community care capacity to serve veterans, captured before the pandemic, may no longer be an option for reliable veteran care. The COVID pandemic has demonstrated the urgent need for additional mental health therapies, and more health care workers to fill community-wide shortages. It is our understanding that providers once registered to treat veterans in the Community Care Network (CCN) have been dropping out of the network due to bureaucracy and lack of timely payment. All across Colorado, there are fewer options for using the CCN to provide care to veterans, which is not captured in the market assessment.

We agree with your decision to establish a “Red Team” to supplement the AIR Commission’s work. Timely and relevant information assembled as close to the veterans as possible must guide the delivery of their health care. Each VA health care network independently captures data for use in day-to-day management decisions. We urge the use of these data sources during the AIR Commission review to achieve the best recommendations possible. Passage of the MISSION Act was an important step forward. Improved implementation will be crucial for providing the quality of care our veterans deserve.

We appreciate hearing your views about our concerns regarding the market assessments in the days ahead, and look forward to working with you.

Sincerely,

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Michael F. Bennet
United States Senator

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John Hickenlooper
United States Senator