Congress of the United States
Washington, DC 20510

November 11, 2026

The Honorable Douglas A. Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary Collins,

We write today with concerns regarding oversight and accountability issues related to the Department of Veterans Affairs (VA) ongoing failure to transition community-based dialysis treatment for veterans to the VA Community Care Network (CCN). The continued reliance on the legacy National Dialysis Services Contract (NDSC) framework leaves veterans at risk of receiving subpar care because it lacks oversight elements that advance a safe environment for patients. It also raises serious concerns about VA's stewardship of taxpayer dollars.

VA squandered its opportunity to transition community-based dialysis treatment to the CCN during the development of the nearly trillion-dollar CCN Next Generation contract competition. Instead, VA elected to award five new NDSC agreements, which will be effective through potentially 2031. The new NDSC agreements went live on October 1, 2026.

While the new NDSC fails to incorporate long requested oversight mechanisms to bolster veteran patient safety, the CCN Next Gen solicitation contained significant improvements and enhanced protections for both workers and patients that we look forward to VA fully implementing and utilizing upon activation of the CCN Next Gen awards. These include whistleblower protections and conduits through which staff can report veteran safety issues that are absent from the NDSC. VA added *some* new oversight provisions to the NDSC contracts, but those provisions rely on contractors self-policing safety and quality issues and do little to strengthen VA's position to manage the contractors to ensure a safe care environment for veteran patients and dialysis workers.

Additionally, we are concerned about your apparent acquiescence to threats from dialysis contracts to disrupt services to veterans if VA were to require additional provisions ensuring stable labor relations in the NDSC. We have asked repeatedly for VA to consider including in any future iterations of the NDSC a requirement for "Labor Harmony Agreements" (LHAs) to ensure the uninterrupted delivery of services if there is a possibility of work stoppages because of a labor dispute. In response to a letter from Rep. Zoe Lofgren and

Senator Adam Schiff, you wrote in your reasoning to recommend VA *not* include an LHA in the NDSC procurement that:

> "…three of the largest vendors stated they would not participate in future dialysis procurements if VA included an LHA."

Dialysis contractors should never hold veterans' access to essential care hostage in order to refuse requirements aimed at stable labor relations, which promote safe and high-quality care for all patients. It is deeply troubling that these contractors would threaten to abandon veterans rather than commit to stable labor relations and that VA would still consider awarding them business.

Finally, and alarmingly, the new NDSC includes provisions authorizing new fees to be paid to non-VA dialysis providers for administrative and implementation costs, potentially increasing profits for community-based dialysis providers on the taxpayer dime. These fees represent a significant departure from previous NDSC awards, which explicitly stated that contractors could only bill VA for outpatient dialysis services and veteran training for home-based dialysis. We are deeply concerned about authorization of these fees, which effectively allow NDSC contractors to double dip in taxpayer dollars from both VA and Medicare, which already reimburses providers for administrative and implementation costs. We seriously question whether the addition of these fees to the new NDSC agreements was due to pressure from contractors as they leveraged their market share and VA's dependence on their services to provide dialysis treatment to veterans.

To that end, we request responses to the following questions by **December 2, 2026**:

1. Please provide full, unredacted copies of all active NDSC contracts.
2. Is it still VA's policy to follow its previously stated intention, as well as the intention of Congress, to transition community dialysis services from the NDSC to the CCN?
3. How does VA intend to effectively oversee the NDSC if it still lacks reporting requirements that are necessary to monitor quality of care delivered outside of VA?
4. In regard to VA's decision to not include an LHA in the most recent NDSC procurement, please provide all correspondence, meeting notes, documentation, or memoranda stating, explaining, or memorializing statements from the three largest dialysis vendors that indicated they would not participate in future dialysis procurements if VA were to include an LHA.
    a. Did VA conduct its own or hire an independent entity to conduct an analysis of the dialysis provider capacity in the community in the event any or all of the three largest vendors followed through with their threat to boycott the procurement if it included an LHA?

5. In the event of labor disputes that involve sites where veterans currently receive dialysis care, how will VA ensure these veterans receive safe, uninterrupted, high-quality care? As part of preparations for executing the new NDSC agreements, did VA have internal discussions or discussions with contractors about how disruptions in services would be addressed if a labor dispute were to arise?
6. In its oversight of the new NDSC, how will VA ensure that non-VA facilities where veterans receive care are appropriately staffed for proper patient care and infection control? Specifically, how will VA ensure that prescribed treatment times are followed and that contractors provide treatment at safe ultrafiltration rates?
7. VA issued three requests for information concerning reimbursement rates under the NDSC between November 2023 and 2024. In submissions received by VA in response to those requests for information, did any respondent suggest or ask for reimbursement of administrative and/or implementation costs? Please provide full, unredacted copies of any submissions received that reference reimbursement of fees related to administrative and/or implementation costs.
8. As referenced above, administrative costs related to the provision of dialysis care are already included in Medicare reimbursements. Please provide a detailed justification for creating duplicative fees in the most recent NDSC agreements. In this response, please include full, unredacted copies of any and all due diligence and analysis performed by VA that assessed the benefits and costs of adding such fees.
    a. Is there a cap on the amount of administrative and/or implementation fees for which a contractor can seek reimbursement? Did VA consider placing a cap on reimbursement fees for administrative and/or implementation costs to ensure reasonableness?
9. Based on documents reviewed by Congressional staff, it appears that the active NDSC agreements authorize fee reimbursements to contractors of administrative costs incurred during the life of the contract for up to $1300 per month for each veteran receiving care. This could result in reimbursement of administrative fees totaling over $1 billion through the life of the contract. Can VA confirm that it projects total obligations over the life of the new NDSC will be less than previous iterations of the NDSC even with the addition of these significant administrative cost reimbursements? Please provide a detailed analysis of VA's projected obligations under each new NDSC agreement, including a breakdown of its projected obligations for administrative and implementation costs and/or fees for each contract.
    a. Have the companies who were awarded these contracts made any assertions or assurances regarding whether the new Medicare rate plus administrative and/or implementation fees will reduce the total amount paid to the company over the contract term compared to the prior reimbursement rate?

We ask that you respond to these questions no later than **December 2, 2026.** Should you have any questions about this request, you may contact Ms. Ally Cimino (Ally.Cimino@mail.house.gov) with the Subcommittee on Oversight and Investigations. Thank you for your review and response to these concerns.

Thank you for your attention to this matter.

Sincerely,

Delia Ramirez
Ranking Member
Subcommittee on Oversight & Investigations
House Committee on Veterans' Affairs

Richard Blumenthal
Ranking Member
Senate Committee on Veterans' Affairs

Zoe Lofgren
Member of Congress

Adam Schiff
United States Senator

CC: The Honorable Jen Kiggans, Chairwoman, Subcommittee on Oversight & Investigations