Congress of the United States

Washington, DC 20515

June 2, 2025

The Honorable Doug Collins
Secretary of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary Collins,

We write to emphasize the critical importance of systematically collecting and publicly reporting quality-of-care data for veterans—both within the Department of Veterans Affairs (VA) health care system and across the contracted Community Care Network. As members of Congress responsible for oversight of VA's healthcare system, we view transparency in care quality as a non-negotiable pillar of accountability trust, and VA's commitment to providing timely access to high-quality care.

It has come to our attention the Department may be considering harmful changes not only to how quality-of-care data is collected, but how it is shared with Congress and the public. We are particularly concerned by reports that VA may cease submitting quality-of-care data to the Centers for Medicare & Medicaid Services (CMS) for inclusion in the annual Overall Hospital Quality Star Ratings. This data is displayed on the CMS "Care Compare" website and is designed specifically to help patients make informed decisions about where to receive care. And we remind you VA has long history of data transparency. In fact, VA has published hospital performance measures on the VA Quality of Care website (www.va.gov/qualityofcare) since 2008. Additionally, mortality and readmission results were first reported in August, 2011 and VA Core Hospital Measures have been available on the Joint Commission website, (www.qualitycheck.org), since 2005.

In contrast, we understand the Department intends to reduce its briefings to Congress on Strategic Analytics for Improvement and Learning (SAIL) data from quarterly to biannually. This is wholly unacceptable. These briefings are typically brief—often under 30 minutes—but provide essential insight into performance trends, including mortality, complications, and patient satisfaction. SAIL data serves as a critical early warning system when a VA medical center is underperforming and requires attention. Having insight into quarterly scorecards promotes a culture of accountability at VA.

Congress strengthened transparency requirements in direct response to the Phoenix wait-time scandal and VA's placement on the Government Accountability Office's High-Risk List in 2015. Since then, statutory requirements have expanded—most recently by section 104 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210)—and any attempt to roll back reporting obligations represents a step in the wrong direction. We remind you of the Department's obligations under current law:

- **38 United States Code (U.S.C.) § 1703C** requires VA to establish standards for quality in hospital care, medical services, and extended care for services delivered by VA and non-VA providers. VA has enumerated initial quality measures for timely care, effective care, safe care, and veteran-centered care, including metrics such as wait times, risk-adjusted mortality rates for common conditions, infection rates, and patient satisfaction scores. These standards were developed to enable comparisons between VA and community providers.

- **38 U.S.C. § 7311** requires VA to maintain a comprehensive quality-assurance program within the Veterans Health Administration (VHA). This program is designed to monitor, evaluate, and enhance the quality of healthcare provided to veterans.

- **38 U.S.C. § 7311A** requires VA to designate a VHA official to act as the principal quality management officer for the quality-assurance program required in § 7311. Assistant Under Secretary for Health for Quality and Patient Safety has overall responsibility for SAIL, among other things.

- **P.L. 113-146, § 206** requires VA to publish the wait-times for the scheduling of an appointment at each VAMC for the receipt of primary care, specialty care, hospital care, and medical services. It also requires VA to develop and make available to the public a comprehensive database containing patient safety, quality of care, and outcome measures for healthcare provided by the VA. Additionally, the Secretary is required to enter into an agreement with the Secretary of Health and Human Services for the provision of information to be available on the Hospital Compare Internet website.

As such, we urge you to reaffirm VA's statutory obligation to maintain a uniform, systematic approach to quality data collection and reporting. This includes clinical outcomes (e.g., mortality and complication rates), patient safety events (e.g., infections, readmissions), and patient experience indicators (e.g., satisfaction and coordination scores). These data must be collected across both VA-operated and community-based care settings.

Transparency in healthcare quality is not an administrative burden—it is a moral imperative. Veterans and their families deserve to know how well the system that serves them is performing. Congress cannot fulfill its oversight responsibilities if key data are delayed, diluted, or withheld.

We expect the Department to maintain full compliance with the reporting requirements outlined above and to continue providing timely, detailed briefings on SAIL and other quality metrics. Any proposed changes to these practices must be communicated to the Committee in advance and justified clearly. We look forward to your prompt written response outlining how the Department intends to meet its transparency and quality obligations moving forward.

Sincerely,

Richard Blumenthal
Ranking Member

Mark Takano
Ranking Member

Cc:
David Case, Acting Inspector General, Department of Veterans Affairs