



February 4, 2026

The Honorable Douglas Collins
Secretary
U.S. Department of Veterans Affairs
810 Vermont Ave., NW
Washington, D.C., 20420

Dear Secretary Collins,

The National Rural Health Association (NRHA) writes in support of the Veterans Health Administration's (VHA) External Provider Scheduling (EPS) model to support efficient health care for our nation's rural veterans. We urge VHA to implement digital record exchange via EPS in order to fully modernize access to care for Veterans.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

Nearly one-quarter of all U.S. veterans live in rural America, and 48% are enrolled in the Department of Veterans Affairs (VA) health system. On average, rural veterans are older and experience higher rates of cardiovascular death, suicide, and homelessness rates. **As 60% of rural veterans struggle with a service-related condition, it is imperative that they receive timely access to care.** While complex scheduling procedures affect all veterans, rural veterans face elevated challenges due to transportation barriers, geographic isolation, and physician shortages. Over 1,800 rural counties are classified as [Medically Underserved](#) by the Health Resources and Services Administration.

The EPS model, which allows patients to schedule appointments directly via their Community Care Network providers' scheduling systems, reduces appointment wait times for veterans and lessens administrative burden. EPS aims are consistent with recent GAO recommendations included in a [comprehensive study](#) evaluating appointment scheduling modernization within the VA. GAO concluded that both veterans and schedulers within the VA struggle to navigate complex operating systems. [Bipartisan legislation](#) introduced last year seeks to permanently authorize the EPS program at the VA. We are thrilled that states like Nebraska plan to use Rural Health Transformation Program (RHTP) funds to incentivize EPS adoption, and the NRHA plans to encourage other rural states to follow suit.

As VHA modernizes its scheduling process through EPS, reliance on fax machines for critical medical records creates delays and administrative burden. **Digital record exchange via EPS is essential to fully modernize access to care for Veterans.** Integration of EPS with Community Care Referral and Authorization Management is critical to success, providing a standardized, end-to-end workflow to receive, manage, and track VA referrals—ensuring continuity of care, real-time visibility, and reduced delays. This is especially vital for rural health systems, where limited provider availability and long travel distances make precise coordination essential. Rural healthcare facilities consistently cite the lack of integrated referral workflows as a barrier to broader EPS adoption.

RuralHealth.US

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The NRHA applauds the VA for its implementation of EPS models in rural areas and are ready to work alongside the agency to achieve its aims to ensure the smooth administration of the model. If you have any questions or would like to discuss further, please contact Alexa McKinley Abel (amckinley@ruralhealth.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light grey dotted grid background.

Alan Morgan
Chief Executive Officer
National Rural Health Association