



***STATEMENT FOR THE RECORD
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BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS***

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Chairman Miller, Ranking Member Brown, and distinguished Members of the Committee,

Since 1944, AMVETS (American Veterans) has been one of the largest congressionally-chartered veterans' service organizations in the United States and includes members from each branch of the military, including the National Guard, Reserves, and Merchant Marine. We provide support for the active military and all veterans in procuring their earned entitlements, and appreciate the opportunity to present our views on the twelve bills being considered today.

H.R. 3216 - Veterans Emergency Treatment (VET) Act

If enacted, the VET Act would ensure that, regardless of their service connection, veterans enrolled in the Department of Veterans Affairs (VA) health care system could request a medical examination or treatment at VA emergency departments to determine if a medical emergency existed. In the case of a medical emergency their condition would be stabilized and they would have the option to be transferred to another VA or non-VA medical facility.

Veterans with a medical emergency could only be transferred to another facility if they were medically stabilized, unless the veteran makes a written transfer request after being made aware of the risks; or if a physician, or qualified medical professional if a physician is not present, certifies that the medical benefits of a transfer outweigh the risks to the veteran and, in the case of labor, to the unborn child.

The receiving facility must have available space and qualified personnel to provide appropriate medical treatment to the veteran or unborn child, and agree to accept the veteran as a patient. The transferring facility would be required to send the receiving facility all medical records available related to the veteran's medical condition, and the transfer must be handled by qualified personnel and transportation equipment, including the use of life support if appropriate.

If a VA employee refuses to authorize the transfer of an enrolled veteran with a non-stabilized emergency medical condition, or reports a violation this Act, the VA may not take adverse action

against them. Additionally, no medical facility may delay medical care or treatment of an enrolled veteran in order to inquire about their insurance status or payment method.

AMVETS supports this bill, which is in line with our founding principles of expediting and assisting the rehabilitation and care of veterans, including access to care. The VET Act would ensure that any enrolled veteran, including women veterans who may be in labor, receive the emergency medical treatment that they and their unborn child need. This is also in line with our National Resolution on women veterans' health care, which states in part that VA should continue to work to implement an equitable health care delivery model for women and ensure they have access to timely and appropriate health care.

H.R. 4150 - Department of Veterans Affairs Emergency Medical Staffing Recruitment and Retention Act

This measure would allow Department of Veterans Affairs (VA) physicians and physician assistants to modify their hours of full-time employment to be more or less than 80 hours in a biweekly pay period, as long as the employee works no more than 2,080 hours per calendar year.

AMVETS supports this measure in the effort to assist VA in its improvement of recruitment, hiring, and retention policies to help ensure the timely delivery of high quality health care to all enrolled veterans.

H.R. 4764 - Puppies Assisting Wounded Servicemembers (PAWS) Act of 2016

This bill directs the Department of Veterans Affairs (VA), through the Office of Patient Centered Care and Cultural Transformation, to carry out a five-year pilot program providing service dogs and veterinary health insurance to selected post-9/11 veterans who have been diagnosed with, and continue to suffer from, severe post-traumatic stress disorder (PTSD).

The provision of a service dog would not replace established treatment modalities for PTSD, and veterans considered for selection would rank at levels three and four on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). According to the scale, level three indicates a severe or markedly elevated problem 50 to 60 percent of the time, where it is difficult and at times overwhelming to manage symptoms. Level four indicates extreme or incapacitating symptoms, where PTSD is pervasive, unmanageable, and overwhelming.

Eligible veterans must have completed an established evidence-based treatment for PTSD without suitable improvement and remain significantly symptomatic. Once selected for participation in the pilot, veterans must see a VA primary care physician or mental health care provider at least quarterly in order to continue receiving VA provided veterinary health insurance.

VA would enter into contracts for obtaining and training service dogs with providers that are Assistance Dogs International (ADI) or comparably certified, that on average provide one-on-one training with each service dog for a minimum of 30 hours over at least 90 days. The organization would also provide an in-house residential facility where the veteran and service dog would stay for at least ten days in order to receive a minimum of 30 hours of training as a team. All service animals would be required to receive a wellness verification from a licensed veterinarian and pass the American Kennel Club Canine Good Citizen test prior to permanent placement with a veteran. The training organization would provide follow-up support services for the life of the service dog.

The cost for the procurement and training of any canine would not exceed \$27,000, which is within the industry standard for a well-trained service dog.

Within six months of the pilot program's completion, the United States Comptroller General would submit a report to Congress evaluating the effectiveness of the program in helping veterans with severe PTSD live more normally. Relevant metrics would include reduction in scores under the PTSD checklist (PCL); improvement in psychosocial function; therapeutic compliance; and reducing dependence on prescription narcotics and psychotropic medication. Recommendations with respect to the continuation or expansion of the program would also be included.

While the VA does not compensate veterans for the care of service dogs that assist veterans with PTSD as they do for some physical conditions, they remain in the midst of a \$12-million-dollar study to measure the cost and mental health benefits of pairing well-trained service dogs with veterans diagnosed with PTSD. The study also aims to compare service dogs and emotional support dogs in how they assist veterans with PTSD. Unfortunately, the study has been beset by many setbacks, including improper pairing of poorly trained dogs with veterans, and for being slow in acquiring and pairing dogs with veterans. After undergoing a pause and reorganization, the VA study picked back up in 2015 and is set to be complete in 2018.

AMVETS sees the importance of well-trained and well-paired service dogs, and the impact this relationship has on individuals and veterans with physical and emotional illnesses or wounds. Service dogs are able to perform specific tasks to assist with the symptoms of PTSD such as learning commands to help secure space, turn on lights, sweep a room prior to a veteran entering and bark if anyone is present, to wake them up during a nightmare, remind them to take medication, and pick up on stress cues and offer calming support.

The AMVETS Ladies Auxiliary has worked with ADI accredited "Paws with a Cause" as its National Community Service program for nearly thirty years in a consistent effort to help veterans with visible and invisible wounds obtain a service dog to enhance their daily functioning. Through this partnership, AMVETS has seen firsthand the marked benefits to a veteran's quality of life when paired with a well-trained service dog.

The intent of this bill is in line with our National Resolution on VA mental health care that strongly recommends Congress appropriate more dedicated funding for mental health care and related programs and services. While AMVETS supports passage of the PAWS Act, it is with the stipulation that great care, consult, and oversight occur when awarding a contract to an organization that trains the service dogs; in choosing veterans who are able to manage the continued care and training the dog will require; in closely following those who are part of the pilot program; and in setting expectations for how quickly the veteran can obtain a dog. Fully trained service dogs are quite rarely immediately available, but once paired with a receptive and willing owner, the benefits can be extraordinarily rewarding. AMVETS looks forward to providing any assistance needed to properly choose organizations that provide trained animals that can effectively support veterans with PTSD.

H.R. 5047 - Protecting Veterans' Educational Choice Act of 2016

This act instructs Department of Veterans Affairs (VA) educational and vocational counselors who provide services to eligible veterans to share information about the formal agreements or partnerships between two or more Colleges and Universities in which the veteran is interested, and the transfer policies for a specific academic program or degree.

When the VA Secretary provides veterans a certification of eligibility for VA educational assistance, this bill would ensure that detailed information on such educational assistance, requesting education counseling services, and on articulation agreements is made available.

In the interest of ensuring that all benefits available to veterans are fully explained, AMVETS supports passage of this legislation.

H.R. 5083 - VA Appeals Modernization Act of 2016

This Act seeks to, among other things:

- modernize and remedy a number of issues within the current Department of Veterans Affairs (VA) appeals processing system by creating three distinct ‘lanes’ to address specific needs of veterans;
- improve Veterans Benefits Administration (VBA) decision notices; and
- provide effective date protection.

Large numbers of VA disability appeal cases are sent back for review — sometimes multiple times — and these cases must be addressed before any new cases can be opened. This cumbersome process often leads to veterans waiting years for a final decision on their case.

AMVETS supports this Act, which is in line with our National Resolution addressing the claims and appeals backlog which calls for improving the timeliness of all disability claims and appeals,

and believes that remedies need to be put in place so the more than 440,000 veterans currently in the appeals process are granted a swift solution. We look forward to assisting in its passage.

H.R. 5162 - Vet Connect Act of 2016

This measure would allow the Department of Veterans Affairs (VA) to disclose certain medical records of veterans to non-VA entities which provide hospital care or medical treatment to veterans.

In light of VA's consolidated community care plan that was devised to address VA's sharp increase in demand for care, AMVETS believes it is vital that non-VA providers treating veterans for a myriad of conditions have access to medical records in order to properly advise on treatment and provide suitable medical care. AMVETS supports passage of this bill.

H.R. 5166 - Working to Integrate Networks Guaranteeing Member Access Now (WINGMAN) Act

WINGMAN seeks to streamline the benefit claims procedure between the Department of Veterans Affairs (VA) and Congressional constituent advocates who process claims on behalf of veterans and their families.

Under WINGMAN, an accredited, permanent Congressional employee would have access to electronic Veterans Benefits Administration (VBA) records in a read-only fashion in order to review the status of a pending claim, medical records, compensation and pension records, rating decisions, statement of the case, supplementary statement of the case, notice of disagreement, and Form-9 files. This eliminates the time-consuming step of using the VA as a middle-man to receive files the Congressional employee already has permission to possess.

AMVETS supports this bill, which is in line with our National Resolution addressing the claims and appeals backlog which calls for improving the timeliness of all disability claims and appeals, and agrees that it is unacceptable for weeks or months pass before advocates are able to receive files they requested to help veterans.

H.R. 5392 - No Veterans Crisis Line Call Should Go Unanswered Act

This measure would direct the Secretary of Veterans Affairs to develop a Veterans Crisis Line (VCL) quality assurance document which would outline measurable performance indicators and objectives to improve its responsiveness and care of veterans in crisis, including all backup call centers. This Act would also outline quantifiable timeframes to meet objectives in tracking the progress of the quality assurance document, and be consistent with guidance issued by the Office of Management and Budget.

The Secretary would be instructed to create a plan to ensure that every telephone call, text message, or other form of communication received by the VCL and its backup call centers is answered by a person in a timely manner consistent with the guidance established by the American Association of Suicidology. Periodic testing of the VCL and its backup centers would be conducted during each fiscal year to identify and quickly correct any issues or gaps in care.

Within 180 days of enactment, the Secretary would submit a report to the House and Senate Committees on Veterans' Affairs containing the developed quality assurance document and plan.

AMVETS supports this bill, and notes that the February 11, 2016 Department of Veterans Affairs Office of Inspector General (OIG) healthcare inspection report [14-03540-123](#) which investigated the caller response of the Veterans Crisis Line made seven recommendations to the VHA Office of Mental Health Operations Executive Director. Among those recommendations were to ensure that issues regarding response hold times are addressed, that a formal quality assurance process be established, and to collect, analyze, track and trend data on an ongoing basis in order to address gaps or call issues in a timely manner.

Once a veteran, or their loved one, reaches the point of asking for help, the system designed to assist them during a life threatening crisis must fully function and stand ready at all times to intervene. Not one call or text should be missed. AMVETS look forward to swift passage of this important legislation.

H.R. 5407 - To amend title 38, United States Code, to direct the Secretary of Labor to prioritize the provision of services to homeless veterans with dependent children in carrying out homeless veterans reintegration programs, and for other purposes.

This bill would direct the Secretary of Labor to prioritize the provision of services to homeless veterans with dependent children in carrying out homeless veterans' reintegration programs. The bill would also require additional reporting to include an evaluation of services, inclusion of an analysis of any gaps in access to shelter, safety, and services for homeless veterans with dependent children, and recommendations for improving any gaps.

The Homeless Veterans' Reintegration Program (HVRP) provides services to assist reintegrating homeless veterans into meaningful employment. Services include job placement, training, career counseling, and resume preparation. Supportive services such as clothing, provision of or referral to temporary, transitional, and permanent housing, referral to medical and substance abuse treatment, and transportation assistance are also provided to meet the needs of these veterans.

AMVETS supports this measure based on our National Resolution addressing ending veteran homelessness. We remain a strong partner in this goal and recognize that homeless veterans, or veterans at-risk of becoming homeless, many times present with dependent children as they seek

assistance. Current provisions often do not meet their needs and we support remedies to address this deficiency.

H.R. 5416 - To amend title 38, United States Code, to expand burial benefits for veterans who die while receiving hospital care or medical services under the Veterans Choice Program of the Department of Veterans Affairs, and for other purposes.

This measure would expand Department of Veterans Affairs (VA) burial benefits for veterans who die while receiving hospital care or medical services to include those receiving care under VA's Veterans Choice Program.

As the Department of Veterans Affairs (VA) moves forward with its plan to consolidate community care, VA continues to examine how the Veterans Choice Program interacts with other VA health programs, including the delivery of direct care. Based on our National Resolution addressing burial benefits, AMVETS support passage of this bill and the intent to update title 38 to reflect that veterans may be receiving VA health care in a non-VA facility at the time of their passing and should receive a burial benefit.

H.R. 5420 - To authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marne-la-Coquette, France.

This bill would authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marne-la-Coquette, France.

The Commission would carry out its duties pursuant to an agreement with the Lafayette Escadrille Memorial Foundation and would be subject to the consent of the Government of France. Additionally, the Commission could only employ the personnel needed to carry out this Act.

AMVETS has no position on this bill.

H.R. 5428 - Military Residency Choice Act

This Act would amend the Servicemembers Civil Relief Act by adding that the spouse of a servicemember may elect to use the same residence as the servicemember for purposes of taxation regardless of the date of their marriage. This would apply to any state or local income tax filed for the taxable year beginning with the year that includes the date of enactment.

The Servicemembers Civil Relief Act would be further amended by adding that a person who is absent from a state because they are accompanying their spouse in compliance with military or naval orders shall not, solely by reason of that absence, lose residence in that state without regard

to whether or not they intend to return; or have it assumed that they have acquired residence in another state. The spouse of a servicemember may elect to use the same residence as the servicemember regardless of the date of their marriage for purposes of voting.

AMVETS is not opposed to the passage of this Act and supports the intention of lessening confusion regarding residency relevant to state and local taxation and voting issues for the spouses of servicemembers.

Mr. Chairman and members of the Committee, this concludes my testimony and would be happy to answer any questions the Committee may have.