

**TESTIMONY OF THE
NATIONAL GUARD ASSOCIATION OF THE UNITED STATES**

House Committee on Veterans' Affairs

October 24, 2017

Dear Chairman Roe, Ranking Member Walz, and other distinguished members of the House Veterans' Affairs Committee:

Introduction:

On behalf of the over 45,000 members of the National Guard Association of the United States (NGAUS) and the nearly 500,000 soldiers and airmen of the National Guard, we deeply appreciate this opportunity to share with you our thoughts on the legislation designed to reform the Veterans Choice Program for the record. We also thank you for your continued oversight to ensure accountability and improve Department of Veterans Affairs (VA) services to veterans and their families.

Since our inception in 1878, NGAUS has sought to ensure benefit eligibility and equity for the men and women of the National Guard. We are grateful for this Committee's work earlier this year in passing the Harry W. Colmery Veterans Educational Assistance Act, which was the most significant expansion of G.I. Bill benefits since the passage of the Post-9/11 G.I. Bill in 2008. Not only did that vitally important bill expand eligibility and increase educational benefits for all servicemembers, it also corrected a serious benefit inequity and provided access to educational assistance for Guardsmen and Reservists who serve under U.S.C. Title 10, Section 12304(a) and 12304(b) orders. With this legislation to reform the Veterans Choice Program, you have again proposed much needed changes to increase benefits equity and access to health care for our veterans of the National Guard.

Veteran Eligibility:

We greatly appreciate the opportunity to share our thoughts with you on your bipartisan effort to ensure the stability of the Veterans Choice Program for our veterans and their families. Currently, the program provides eligible veterans access to care through a comprehensive network of community-based providers and augments VA's ability to provide specialty inpatient and outpatient health care services to veterans. This access is critical for veterans who face wait times longer than 30 days for medical and mental health care or for whom a regular VA medical center is inaccessible. As you know, National Guard veterans face unique challenges in obtaining access to health care because, unlike the Active Component, access to health care is dependent on duty status and geographic location. Due to this Committee's collaborative efforts, we believe this legislation will mitigate those factors and continue to build upon the successful VA-centric model of increasing access to health care for our veterans.

We support the proposed provisions that permanently establish the Veterans Choice Program. The proposals aim to create a system that better delineates the circumstances where veterans can receive primary and specialty health care. This legislation *does not* take VA out of the equation. In fact, it puts the VA in the center of an apparatus that is targeted toward ensuring veterans receive access to health care. Only in cases where the VA is unable to assign their own primary health care provider will a veteran have the flexibility to choose a primary provider within their community from the contracted provider networks established by the VA. In cases where specialty care is required for a veteran, VA would also have priority to provide that care. We believe accountability and access to health care will increase because of these reasons and by requiring VA to continually evaluate on an annual basis whether there is capacity for veterans to be assigned to a VA primary care provider.

We are also pleased that this legislation eliminates arbitrary distance and wait time criteria for veterans to qualify for community-based health care from providers, especially when VA is unable to provide those services. By eliminating these provisions, it is better ensured that veterans are granted access to health care based on their individual medical needs and not where they live and/or how long they have waited for care. Community providers eligible under this new system include Medicare providers, Federally Qualified Health Center (FQHC) providers, Department of Defense providers, Indian Health Service (HIS) providers, academic affiliate providers, or any other health care provider that meets the criteria established by the VA Secretary.

We also support the proposed increased safeguards to protect veterans and their health records. Secure and confidential exchange of medical records between VA and private health care providers is essential. Under this legislation, medical records exchange will be required to adhere to HIPPA standards and health services undertaken by community-based providers will be added to a veterans' electronic health record through a system designed to do so. Additionally, in cases where copayments are required to be made by a veteran, we support the better defined and targeted limitations that would be put in place both on the amount and when a veteran is required to pay.

Access to Behavioral Health Treatment:

We would also like to convey our continued concern with the high rate of suicides throughout the military, especially among Reserve Component servicemembers. We greatly appreciate the efforts made by this Committee to try to improve the quality and access to behavioral health services for our servicemembers and veterans, but much more still needs to be done. NGAUS is eager to continue our work with this Committee to support and amplify

numerous initiatives to provide increased resources for our members to more easily receive care within this legislation. As you know, veterans of the National Guard and Reserves face unique challenges when it comes to behavioral health care, especially compared to their Active Component counterparts.

While National Guard and Reserve servicemembers undergo annual health assessments to identify medical issues, any follow-up treatment is done at the servicemember's expense with a civilian medical provider unless they are within 180 days of a scheduled deployment. While TRICARE Reserve Select is an option for all members of the National Guard, the majority of servicemembers do not opt to enroll because it is prohibitively expensive. In fact, 25 percent of National Guardsmen (approximately 114,000 service members) do not have any sort of health insurance, which is a serious readiness issue in and of itself. NGAUS continues to support innovative solutions to increase treatment availability and access to VA medical facilities for our members.

For these reasons, we strongly support S. 1566, the CARE for Reservists Act of 2017, which is sponsored by Senator Jon Tester. This legislation was introduced in July and would expand eligibility for readjustment counseling at VA Veterans Centers to members of the National Guard and Reserves, including access to outpatient care from a certified mental health care provider should a Veterans Center individualized assessment determine that such care is necessary to facilitate successful readjustment to civilian life. Additionally, the bill would direct the VA, in consultation with the Department of Defense, to furnish mental health services for members of the National Guard and Reserves and allow the VA to provide mental health treatment for members of the National Guard and Reserves who served in classified missions.

Overall, we strongly believe the VA is uniquely positioned, in terms of its mission and infrastructure, to help close this gap in mental and behavioral health services for members of the National Guard and Reserves. The VA, through its Veteran Centers and health clinics around the country, plays a vital role in providing mental and behavioral care for those that come in and out of military life on a monthly basis. As such, we believe it is essential to continue to expand mental health services, especially at the community level, in order to deliver evidence-based care to veterans whenever and wherever they are located.

Conclusion:

Thank you again for allowing NGAUS to submit written testimony to this Committee and for developing the legislation to reform the Veterans Choice Program. We urge your colleagues in the House to support this crucial legislation that will provide increased access to health care for our veterans and their families. We look forward to continuing our work together and cannot thank you enough for your steadfast leadership in advocating for the men and women of the National Guard.

Biography of BG (Ret) Roy Robinson:

Retired Brig. Gen. Roy Robinson succeeded retired Maj. Gen. Gus Hargett as president of the National Guard Association of United States on March 13, 2017.

General Robinson serves as chief executive officer of NGAUS. He is responsible for the association's day-to-day operations in Washington, D.C., and a staff of 28 employees. He also oversees the National Guard Educational Foundation, which maintains the National Guard Memorial Museum, and the NGAUS Insurance Trust.

His principal duties include providing the Guard with unified representation before Congress and a variety of other functions to support a nationwide membership of nearly 45,000 current and former Army and Air National Guard officers.

He came to NGAUS after serving eight years as executive director of the National Guard Association of Mississippi, the nation's largest state Guard association with more than 2,500 members. He simultaneously served as NGAUS vice chairman-Army from 2014 to 2016.

General Robinson has more than 33 years in uniform, much of it while holding a series of full-time sales and marketing positions in the private sector, all of it in the Mississippi Army National Guard. He spent time in every duty status available in the National Guard: Traditional part time, as a state employee, federal technician and in the active Guard and Reserve.

He began his career in 1983 as an enlisted soldier, earning his commission as second lieutenant through the ROTC program at the University of Southern Mississippi in 1985. He retired in 2016 as assistant adjutant general of Mississippi-Army.

Among his military career highlights is commanding the 150th Engineer Battalion (Combat), 155th Armored Brigade Combat Team, during combat operations in Iraq in 2005. He earlier commanded Camp McCain Training Site in Grenada, Mississippi, for 18 months.

In addition to a bachelor's degree in speech communication from Southern Mississippi, General Robinson holds a master's in business administration from Jackson State University. He also completed a U.S. Army War College fellowship in logistics and acquisition at the Center for Strategic Analysis at the University of Texas.

The general holds several military decorations, including the Bronze Star, the Legion of Merit, the Meritorious Service Medal (with four Bronze Oak Leaf clusters), the Combat Action Badge and several Mississippi National Guard awards.

He is married to the former Susan Roth. They have three children and three grandchildren.