Statement for the Record
Of
Vietnam Veterans of America

Submitted by

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Before the

House Committee on Veterans' Affairs

Regarding

Draft legislation to amend title 38, United States Code, to establish a permanent Veterans Choice Program, and for other purposes; **Draft legislation** to amend title 38, United States Code, to modify the authority of the Secretary of Veterans Affairs to enter into agreements with State homes to provide nursing home care to veterans, to direct the Secretary to carry out a program to increase the number of graduate medical education residency positions of the Department of Veterans Affairs, and for other purposes; **H.R. 1133, Veterans Transplant Coverage Act of 2017**; **H.R. 2123, VETS Act of 2017**; **H.R. 2601, VICTOR Act of 2017**; **H R. 3642, Military SAVE Act**; **VA Draft legislation Veteran Coordinated Access & Rewarding Experiences (CARE) Act**; **Draft legislation** to direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line and **Draft legislation** direct the Secretary of Veterans Affairs to furnish mental health care to veterans at community or non-profit mental health providers participating in the Veterans Choice Program

October 24, 2017

Amended

Good morning, Chairman Roe and other distinguished members of the Committee. Vietnam Veterans of America (VVA) is pleased to provide our Statement for the Record sharing our views concerning pending legislation before this committee.

Draft legislation to amend title 38, United States Code, to establish a permanent Veterans Choice Program, and for other purposes.

This draft legislation makes a number of changes and improvements to the VA health care system. The Veterans Choice Program established in Section 101 is generally in line with the Secretary's plan and vision. VVA supports the elimination of the arbitrary 30 day and 40 mile requirements. Eligibility based on clinical need simplifies the process for both provider and veteran, making it a much more veteran centric program.

Additionally, the consolidation of care authorities and the authorization of veterans care agreements are two big legislative asks that the Secretary has been highlighting for over two years. These changes not only increase access to care but help streamline the process for a successful implementation and transition.

VVA has no objection to Section 202 of the draft legislation which authorizes the Secretary to reimburse for emergency ambulance services if the request was made as a result of a sudden onset of a medical condition where a prudent layperson who possesses an average knowledge of health and medicine would have reasonably expected that a delay in seeking immediate medical attention would have been life threatening or could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in jeopardy and the individual is transported to the closest most appropriate medical facility.

While we support the draft legislation, VVA would like to note that a priority of any legislation should be to restore the capacity of the Veterans Health Administration. We understand that VHA is struggling to fill 14,000 clinical positions. Additionally, purchasing care in the community, while necessary, should not be the focus of transforming VHA, rather preserving the health care system built to address the maladies of wartime veterans,

should be. We oppose any pretense of privatization of the VA health care system.

Draft legislation to amend title 38, United States Code, to modify the authority of the Secretary of Veterans Affairs to enter into agreements with State homes to provide nursing home care to veterans, to direct the Secretary to carry out a program to increase the number of graduate medical education residency positions of the Department of Veterans Affairs, and for other purposes.

Section 1 would modify the authority to enter into agreements with State Homes to provide nursing home care. Importantly, these agreements are excluded from certain Federal contracting provisions, making it a much faster and more fluid process. This will allow the Secretary to provide quality, appropriate, care in a timely manner.

Section 2 provides authority for the Secretary to record obligations for care at non-Department facilities on the date the claim is approved for payment rather than the date the hospital care was authorized.

Section 3 authorizes a program to fill graduate medical education residency positions through educational assistance. This program would require individuals who are accepted to incur obligated service as a full-time employee of the Department in a clinical practice of the participant or in another health care position as determined by the Secretary, commensurate with the agreement. If, in the case the participant breaches the contract or fails to complete the period of service, they become liable to pay back an amount determined by the Secretary.

Section 4 authorizes, at the discretion of the Secretary, covered health care professionals who are providing telemedicine to be able to do so in any location in any State regardless of the location of the provider or the patient. This is a change the VA has been asking for and would remove the barrier to care that currently exists and would greatly increase access, especially in rural areas.

VVA supports this legislation.

H.R. 1133, Veterans Transplant Coverage Act of 2017, introduced by Congressman John Carter, (R-TX-31), to amend title 38, United States

Code, to authorize the Secretary of Veterans Affairs to provide for an operation on a live donor for purposes of conducting a transplant procedure for a veteran, and for other purposes.

According to the Health Resource Services Administration (HRSA), the demand for organs far outweighs the number of donors. Living donations offer another choice and extends the supply of organs. Of the 28,954 organ transplants performed in the U.S. in 2013, over one-fifth (5,989) were living donor transplants.

While VVA has no objection to the bill, as it provides another avenue for veterans who receive transplants in the VA, the bill does not address potential liability issues for the Department concerning operating on someone who is not eligible for VA health care. Additionally, we note that VA would need sufficient appropriations to carry out this legislation.

H.R. 2123, VETS Act of 2017, introduced by Congressman Glenn Thompson (R-PA-5), to amend title 38, United States Code, to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes.

This section authorizes a covered health care professional of the Department to furnish telemedicine at any location in any State regardless of where in a State the covered health care professional or the patient is located.

This section requires a report on Telemedicine one year after the date of enactment. The report would include several elements to include satisfaction of veterans with services, satisfaction of health care providers, the effect of telemedicine on the ability of veterans to access health care, frequency of use, wait times, use by veterans of in-person and any reduction. This assessment would also include types of appointments that were provided during the year preceding the report, number of appointments during the year, disaggregated by VISN and finally, savings.

The authority provided by this legislation regarding furnishing telemedicine at any location in any State regardless of where in a State the covered health care professional or the patient is located removes a formidable barrier and is something VA has been asking for in order to improve access to health care through telemedicine.

VVA supports this legislation as long as there are strict oversight policies in place to ensure quality care and coordination of care is conducted in the best interest of the veteran.

H.R. 2601, VICTOR Act of 2017, introduced by Congressman Neal Dunn (R-FL-2), to amend the Veterans Access, Choice, and Accountability Act of 2014 to improve the access of veterans to organ transplants, and for other purposes.

This legislation would authorize transplants under the Veterans Choice Program at a non-Department transplant center if the veteran resides more than 100 miles from a Department transplant center. The Secretary would enter into an agreement with the non-Department transplant center.

VVA has no objection to this legislation.

H.R. 3642, Military SAVE Act, introduced by Congressman Andy Barr (R-KY-6), to direct the Secretary of Veterans Affairs to carry out a pilot program to improve the access to private health care for veterans who are survivors of military sexual trauma.

Section 2 of the bill establishes a pilot program to be carried out for a three-year period, at no more than five locations, to furnish hospital care and medical services to eligible veterans at non-Department health care providers to treat physical and psychological injuries or illnesses as a result of sexual assault, battery of a sexual nature, or sexual harassment.

The eligible veteran chooses the health care provider without restriction from the Secretary.

The Department must collect data in the form of a survey for each veteran, whether they elect to participate in the pilot program or not, to assess the health care treatment furnished to the veteran under 1720D of title 38. The survey includes a number of elements that would be garnered from the survey. The surveys will be taken when the veteran elects to participate in the program or as soon as practicable if the veteran does not choose to participate. The survey would be conducted during every six month period while the pilot program is going on and then upon completion of the pilot

program. In addition to the survey the legislation requires four questionnaires be given to the participants of the pilot program. A VA researcher would be assigned to the pilot program to ensure integrity of information.

There is a report required that includes several elements that are designed to assess such things as sleeping better, taking fewer or more medications, have a lower rate of suicidal thoughts or suicides. The report is to include whether eligible veterans who participated in the pilot, as compared to eligible veterans who did not participate fared in the evaluation.

VVA has some concerns with the legislation. The first concern is that the legislation allows the veteran to choose the non-Department provider and restricts the Secretary from intervening in that choice, while not addressing the certification and/or qualifications of non-Department agencies and/or individual providers. We believe this opens the veterans up to possibly choosing providers who are not qualified, and therefore experiencing poor quality health care, and may endanger the veteran. The second concern we have is with the questionnaires. Directing that the Secretary use the four that are listed in the legislation is very prescriptive. Some flexibility should be given to the Secretary to ensure that appropriate information and data are being collected. In addition, VVA believes that the Columbia-Suicide Rating Scale should not be used as the sole determinant for a veteran's suicide risk.

VA Draft legislation Veteran Coordinated Access & Rewarding Experiences (CARE) Act, to amend title 38, United States Code, to improve veterans' health care benefits and for other purposes.

The Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 required the Department to provide Congress a plan to consolidate care programs and improve access to care for veterans. VA submitted that plan to the Committees on October 30, 2015.

The path forward for this endeavor as outlined in the plan included streamlining eligibility, addressing referrals and authorizations to the community, developing high- performing networks, improving care coordination and medical records management, and improving billing, claims, and purchasing care. VVA is pleased to see VA put forth a draft

that is generally in line with the plan. However, VA cannot move forward with this transformation unless they are given the legislative authority necessary to implement the changes.

This draft legislation asks for the authority to engage in Veterans Care Agreements with eligible entities or providers. These Agreements would not be subject to any provision of law governing Federal contracts for acquisition. This would allow for a faster, easier and more streamlined process for VA to increase access to quality care for veterans. VVA believes this authority is a priority and we urge the Committee to act on this request.

Sections 111through 114 all address the issue of paying providers in a timely and efficient manner. VVA supports these sections under Subtitle B of Title I, of the draft.

Title III, Subtitle A, Section 301, authorizes a covered health care professional of the Department to furnish telemedicine at any location in any State regardless of where in a State the covered health care professional or the patient is located. This is at the discretion of the Secretary. Additionally, this section adds language on Supremacy over States. VA serves a large population of rural veterans who often times forgo needed medical treatment due to a variety of barriers that rural veterans face. VVA is pleased that this change to the delivery of telemedicine was included in the draft and fully supports its implementation.

Title IV, Section 401, authorizes a pilot program for VA and Department of Defense (DoD) sharing of health care resources without billing. The program will run for two years in no more than five sites that would be jointly identified by the Secretaries. VVA fully supports collaborations with other Federal entities as long as veterans' timely access to quality health care does not take a back seat to other beneficiaries.

Title V, Section 501 and 502 modify the termination date of the Choice Program to September 30, 2018, and, authorizes appropriations and appropriates $4 billion in mandatory funds from the Treasury to the VA Choice fund, respectively. VVA does not support mandatory funding for VA health care. The original funding of Section 802 of the Choice Act of $10 billion in emergency funding was supposed to be temporary. While we understand that mandatory funding may be necessary to bridge the gap while

VA is implementing the transition plan, we fully expect a return to full discretionary funding of VA health care.

Section 503 is a pay-for and authorizes round-downs of certain cost-of-living adjustments from 2018 through 2027. VVA is vehemently opposed to this section. We do not support taking money from veterans to pay for their own benefits. This is a disservice to all veterans and we call on Congress to find another source of funding.

H.R. (no number), introduced by Congressman Jim Banks, (R-IN-03), to direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line. VVA thanks the Congressman from Indiana for putting forth this important legislation. However, as recently as June 2017, our organization called for a comprehensive evaluation of the VCL, which we feel is sorely needed. This evaluation is important and a needed effort to ensure the efficacy of the hot line. However, we cannot support the bill as written. We have several concerns with the some of the elements in the bill. Having said that, we would like to work with the Congressman and the Committee to improve the bill and ensure that the essential data called for in this study can be gathered in a less invasive, but more effective manner.

H.R. (no number), introduced by Congressman Mike Gallagher (R-WI-8), would direct the Secretary of Veterans Affairs to furnish mental health care to veterans at community or non-profit mental health providers participating in the Veterans Choice Program.

Section 2 of this draft legislation would require the Secretary to furnish eligible veterans mental health care to a community or non-profit mental health care provider, regardless of whether or not the veteran has a referral for the treatment. The sessions would be limited to eight with the Secretary having approval to extend that number pending approval of a treatment plan. However, the eligibility of the veteran to receive covered medical services *would be determined by the community or non-profit provider*. Additionally, a toll-free hotline, to a community or non-profit provider must be maintained by the VA. An initial report and final report would be required that lists several elements to include recommendations by the Secretary regarding extension or making permanent the authority.

VVA has serious concerns with this legislation and hence cannot support it. First, there is no mention of any coordination of care; in fact, a veteran does not even have to have a referral. Seriously? This distorts the VA's role in navigating a veteran's health care, and would likely lead to poor quality and care management for the veteran.

Second, if enacted, would result in total confusion for the veteran because it gives the community or non-profit mental health provider the authority to determine the eligibility of a veteran to receive covered medical services. This is neither sensible nor necessary.

In addition, this legislation has privatization written all over it. Not only does it take fundamental authority away from the Secretary, it puts it in the hands of non-VA entities. It seems that the mental well-being and appropriate care of the veteran will take a back seat by extending the concept of choice.

Third, yet another toll-free hotline is redundant and unnecessary, given that the VA already has established a Veterans Crisis Line (VCL).

Finally, we would like to emphasize that the Veterans Health Administration provides superior mental health care for veterans. We would prefer to see Dr. Shulkin's vaunted CARE plan initiated, monitored, and tweaked where necessary. But we are adamant that primary care and mental health care must remain the province of the VHA.

VVA thanks you for this opportunity to provide our Statement for the Record supporting our nation's veterans and their families.

VIETNAM VETERANS OF AMERICA
Funding Statement
October 24, 2017

The national organization Vietnam Veterans of America (VVA) is a non-profit veterans' membership organization registered as a 501(c) (19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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Richard F. "Rick" Weidman is Executive Director for Policy and Government Affairs on the National Staff of Vietnam Veterans of America. As such, he is the primary spokesperson for VVA in Washington. He served as a 1-A-O Army Medical Corpsman during the Vietnam War, including service with Company C, 23rd Med, AMERICAL Division, located in I Corps of Vietnam in 1969.

Mr. Weidman was part of the staff of VVA from 1979 to 1987, serving variously as Membership Service Director, Agency Liaison, and Director of Government Relations. He left VVA to serve in the Administration of Governor Mario M. Cuomo as statewide director of veterans' employment & training (State Veterans Programs Administrator) for the New York State Department of Labor.

He has served as Consultant on Legislative Affairs to the National Coalition for Homeless Veterans (NCHV), and served at various times on the VA Readjustment Advisory Committee, the Secretary of Labor's Advisory Committee on Veterans Employment & Training, the President's Committee on Employment of Persons with Disabilities - Subcommittee on Disabled Veterans, Advisory Committee on Veterans' Entrepreneurship at the Small Business Administration, and numerous other advocacy posts. He currently serves as Chairman of the Task Force for Veterans' Entrepreneurship, which has become the principal collective voice for veteran and disabled veteran small-business owners. In 2002 he was named as one of the most effective small business advocates in Washington by INC. magazine.

Mr. Weidman was an instructor and administrator at Johnson State College (Vermont) in the 1970s, where he was also active in community and veterans affairs. He attended Colgate University (B.A., 1967), and did graduate study at the University of Vermont.

He is married and has four children.