The National Association of State Directors of Veterans Affairs

NATIONAL ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Joint Hearing of the House and Senate Veterans' Affairs Committees

March 1, 2023

Presented by

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INTRODUCTION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano and distinguished members of the Committees on Veterans Affairs, this written testimony is submitted on behalf of the National Association of State Directors of Veterans Affairs (NASDVA). My name is James S. Hartsell, and I am the NASDVA President and serve as the Executive Director for the Florida Department of Veterans' Affairs. Joining me today is Les Beavers, former NASDVA President who currently serves as our Legislative Director.

Our association was founded more than 75 years ago to bring together the State Directors, Commissioners and Secretaries from all 50 States, U.S. Territories and the District of Columbia to encourage communication, facilitate discussion, and promote best practices to successfully advocate for our Nation's more than 18.5 million Veterans, their families and survivors. It's vital work and we're committed with purpose and passion to address these important issues.

State Departments of Veterans Affairs (SDVAs) are comprehensive service providers and prominent Veterans' advocates, and as such, we serve as the primary intersection on Veterans' issues between the U.S. Department of Veterans Affairs and our respective state governments, as well as local communities, Veteran Service Organizations, community partners, and non-profit entities.

State Departments of Veterans Affairs are second to the U.S. Department of Veterans Affairs in providing comprehensive earned services, benefits and support. Our national focus is "to foster the effective representation of persons claiming entitlements on account of the honorable military service of any person defined in 38 U.S.C. 101; to provide a medium for the exchange of ideas and information; to facilitate reciprocal State Services; to ensure uniformity, equality, efficiency and effectiveness in providing services to Veterans and their family members in all States and Territories; and maintain an interest in all Veterans' legislation."

State Directors are tasked and held accountable by our respective Governors, State Boards or Commissions, and Veteran stakeholders to be responsible for addressing the multi-faceted needs of our Veterans irrespective of age, gender, era of service, military branch, or circumstance of service. We are well positioned to deliver efficient, effective and Veteran-focused services and partner with the U.S. Department of Veterans Affairs in outreach and advocacy for our nation's Veterans.

VA – NASDVA PARTNERSHIP

The years-long collaborative relationship between the U.S. Department of Veterans Affairs (VA) and NASDVA was originally formalized through a Memorandum of Agreement (MOA) in 2012 and updated on February 21, 2023 with VA Secretary Denis McDonough and NASDVA President James S. Hartsell signing its renewal at the NASDVA Mid-Winter Training Conference in Washington, D.C.

The formal partnership between the VA and NASDVA continues to yield positive results for our Veterans across the nation. Since NASDVA's incorporation in 1946, there has been a long-standing government-to-government cooperative relationship that shares a common goal to facilitate accessible, timely, and quality care for our nation's Veterans.

To highlight our partnership, the MOA also provides the VA Secretary a forum to highlight best practices among the States and Territories through presentation of the much-coveted Abraham Lincoln Pillars of Excellence Award.

VA FUNDING

NASDVA is committed to working with Congress and VA leaders to ensure scarce resources are allocated to priorities that will meet our Veterans' most pressing needs in an efficient, effective, and Veteran-focused manner. NASDVA applauds Congress' concerted efforts to improve VA funding for health care, claims and appeals processing and homeless Veterans' programs. Likewise, renewed emphasis on VA's aging infrastructure, Veteran suicide prevention initiatives, caregiver support and women Veterans' issues is recommended.

We support Congress' efforts to hold both the U.S. Department of Veterans Affairs and *Oracle Cerner* fully accountable for evolutionary upgrades to the VA's Electronic Health Record (EHR) millennium software system. It is essential that VA's EHR Modernization Integration Office address system challenges and future development.

As the VA continues its transformational journey, NASDVA supports a continuation of new initiatives and collaborative outreach, careful observation in ensuring effective and efficient program execution, and a continued focus to deploy resources where Veterans can best be served.

PACT ACT

NASDVA supports the full and prompt implementation of the recently passed *PACT Act*, which expands VA health care and benefits for Veterans exposed to burn pits, Agent Orange, and other toxic substances. Our Veterans and their families deserve no less.

State Departments of Veterans Affairs are partnering with the VA to provide outreach to all eligible Veterans and their families about the new law and its provisions. This is particularly important considering the intense television advertising for Veterans to join class action lawsuits to address potential disabilities from toxic exposures at Camp Lejeune. NASDVA is concerned about consumer protection for these Veterans. Alternatively, Veterans can file a claim with VA using an accredited Service Officer, including claims examiners from State Departments of Veterans Affairs, for free. The VA and NASDVA should continue its collaborative, in-person outreach efforts in 2023.

Contemporary reports from our membership show a marked increase in the number of disability compensation claims submitted by Veterans as a result of the new law. This is confirmed by published reports on February 6, 2023 by the U.S. Department of Veterans Affairs, which said Veterans have filed nearly 300,000 *PACT Act*-related claims since the law took effect in August 2022. U.S. Department of Veterans Affairs medical centers and clinics across the country will also begin offering enrolled Veterans a new toxic exposure screening as a result of the *PACT Act.*

NASDVA encourages VA, in light of our Memorandum of Agreement, to educate VA staff, Veterans and their family members about our State and Territory Departments of Veterans Affairs. Submitting a claim through an accredited State or Territory Veterans' Claims Examiner will sharply increase the chances of the individual claim being successfully adjudicated. NASDVA recommends a grant for states and counties to increase their staffing to support the increase in claims production.

NASDVA requests that Congress support the budget to expand the number of VA health care personnel and staff members who adjudicate claims, and support the VA's efforts to recruit and train additional staff to handle the influx of additional claims beyond those already forecast. We also note wait lists for claims and appeals will increase in the coming years before enough qualified VA staff is in place to handle the workload. NASDVA will work with VA to exhaust all efforts to lessen the time Veterans must wait to have their *PACT Act* disability compensation adjudicated.

The *PACT Act of 2022* originally contained a provision establishing a health registry for Fort McClellan veterans, but the provision was removed and, in an amendment, substituted an epidemiological study of toxic exposures at Fort McClellan to cover the dates January 1, 1935, through May 20, 1999. An epidemiological "study" is an inadequate substitute for addressing the fact that toxic exposures did exist by those stationed at Fort McClellan and they should be allowed to seek redress for the diseases incurred. It will be difficult to do a thorough study and find the relevant documents and veterans stationed at Fort McClellan.

NASDVA recommends that Congress take affirmative action to address toxic exposures for all of those who lived and served at Fort McClellan to produce an adequate Individual Longitudinal Exposure Record that will enable VA to address presumptive conditions and disability compensation. This should be done in a manner that is commensurate with the legislative measures already taken by Congress regarding Veterans of Camp Lejeune, North Carolina.

VETERANS HEALTHCARE BENEFITS AND SERVICES

NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA. Our State Directors fully support efforts to increase Veterans' access to VA Healthcare. This includes the continued collaboration of State Department of Veterans Affairs (SDVAs) with Veterans Integrated Service Networks (VISNs) and individual VA Medical Centers (VAMCs) in enrolling Veterans and eligible family members in the VA healthcare system. The collaboration also addresses expansion of Community Based Outpatient Clinics (CBOCs) and Vet Centers, the deployment of mobile health clinics, and expanding the use of telehealth services.

NASDVA applauds recent VA initiatives involving mental health and Veteran suicide prevention. Veterans in acute suicidal crisis may now go to any VA or non-VA health care facility for emergency health care at no cost, including inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. Veterans do not need to be enrolled in the Veterans Health Administration to use this benefit. The expansion of care will help prevent Veteran suicide by guaranteeing no cost care to Veterans in times of crisis. It will also increase access to acute suicide care for up to 9 million Veterans not currently enrolled in VA.

While the VA continues to place strong emphasis on Veteran suicide prevention, there is still much work to be done. It is critical State Departments of Veterans Affairs work with the VA healthcare system to address this high priority clinical and social issue. NASDVA congratulates the VA on implementation of *The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program* (SSG Fox SPGP), which enables VA to provide resources toward community-based suicide prevention efforts to meet the needs of Veterans and their families through outreach, suicide prevention services, and connection to VA and community resources. This affords those states with fewer resources to make real impact on suicide prevention.

It is imperative the Veterans Health Administration receives the funding required to care for the more than 9 million Veterans who are enrolled while the complexity of their care is increasing. VHA must have the resources necessary to recruit and retain doctors, nurses, and other professional staff.

Under some circumstances, it is necessary and appropriate for Veterans to receive care at facilities and providers outside VA. According to the VA, community care accounted for 1/3 of the VA's total health care demand in 2022, and was budgeted for $37.3 billion in fiscal 2023. Lack of adhearance to community care timeliness standards have been a source of contention by many Veterans enrolled in the Veterans Health Administration, and we recommend continued emphasis by the VA to ensure all Veterans are provided community care referrals and appointments in a timely fashion. Reimbursements for community care services should also be prompt and meet industry standards. Slow reimbursements for care will and have discouraged health care providers from paticipating.

Telehealth services are mission critical to the service delivery of VA healthcare, and NASDVA applauds VA as a world leader in this practice. Telehealth is particularly critical to rural Veterans when timely access to mental health services is not available or when they must travel long distances to see a provider. State Departments of Veterans Affairs (SDVAs) can play an important role in connecting these Veterans to telehealth. SDVAs can provide outreach and connect our most vulnerable Veterans to life saving programs. The outreach effort will help close the gap in access to mental health care in rural areas, American Indian/Alaska Native lands, and other underserved minority communities.

However, there are barriers to care through telehealth services. NASDVA supports VA as they seek legislative authorities regarding telehealth prescribing of controlled substances to ensure that Veterans retain access to critical treatments and health care professionals. Telehealth use dramatically expanded during the COVID-19 public health emergency, in both federal and private sector health care. During the pandemic, Federal and State flexibilities included authority for the prescribing of controlled substances, as part of a telehealth encounter in the absence of a prior in-person medical evaluation. These flexibilities enabled many qualified health care professionals, delivering care through VA's telehealth programs, to initiate and maintain effective treatment plans for Veterans with chronic pain, substance use disorder, mental health conditions, or other conditions that required use of controlled substances for management.

Reverting to the pre-pandemic legal landscape for telehealth-controlled substance prescribing will disrupt access to effective treatments or therapeutic relationships for thousands of Veterans, putting their safety and access to quality VA health care at risk. A sudden pivot to pre-pandemic legal authorities increases these risks exponentially and could exacerbate chronic conditions, increase suicide risk, and drive substance misuse. As of December 2022, there are nearly 40 thousand Veterans who have active controlled substance prescriptions who will likely be impacted by the loss of pandemic authorities unless there is an intervention.

VA offers comprehensive dental care benefits to certain qualifying Veterans, although the eligble pool of Veterans is a small subset of those enrolled in the Veterans Health Administration. More than 600,000 Veterans were provided dental care in Fiscal Year 2022, according to the VA. Veterans who do not meet specific criteria are on their own to access oral health care, and for many this is unobtainable due to out-of-pocket expense, distance to travel, lack of transportation, or lack of dentists in their communities.

Oral health is also an important factor in physical, emotional, psychological, and socioeconomic well-being. If the VA is to accurately tackle mental health issues and physical health issues related to Veterans, they must also tackle oral health issues because they are connected. Good oral health can lead to a reduction in heart disease while presumptive conditions such as diabetes can negatively impact oral health.

Good oral health can also be impacted by mental health challenges. Veterans struggling with mental health challenges may eat more sugary foods, drink, smoke, fail to perform daily tasks like brushing teeth, and even have dry mouth from medications they are taking. These compounding issues may cost the VA and healthcare system more money because they then become secondary ailments to the initial ailment.

NASDVA supports efforts to expand the eligible pool of Veterans entited to dental care services through the VA. An increase in eligibility will have an impact on reducing other health care challenges associated with poor oral care.

STATE VETERANS' HOMES

The State Veterans Home (SVH) Program is the largest and one of the most important partnerships between State Departments of Veterans Affairs and the U.S. Department of Veterans Affairs. SVHs provide more than 53% of total VA long-term care (one of the largest nursing home systems in the nation) and is a cost-efficient partnership between federal and state governments.

SVHs are the largest provider of long-term care to America's Veterans through 153 operational SVHs (nursing homes), 51 Domiciliary Homes and 3 Adult Day Care Facilities in 50 States and the Commonwealth of Puerto Rico. These homes provide a vital service to elderly and severely disabled Veterans with over 25,000 skilled nursing beds, over 5,200 domiciliary beds, and 109 adult-day health care services.

The nationwide shortage of direct-care providers including doctors, nurses, licensed practical nurses and certified nursing assistants is well documented. The recent COVID-19 pandemic only exacerbated the decades-long decline as fewer health care professionals are recruited and established providers are leaving the workforce or retiring in unprecedented

numbers. The national competition for providers is also presenting an untenable situation, which is exacerbated by both burnout among nursing professionals from the rigors of care and the salaries offered by large, well-financed hospital groups.

Resident census cannot be maintained because of chronic staff shortages, resulting in fewer Veterans being served and providers unable to cope with financial losses due to lower reimbursement rates tied to a lower resident census. Vulnerable Veterans in need of care are being denied access because of insufficient staff to meet the required CMS/VA contact ratios. These shortages are projected to continue for the next decade.

It is imperative State Departments of Veterans Affairs and VA continue recruitment and retention efforts to have the quality and quantity of providers to care for eligible Veterans. Both NASDVA and the National Association of State Veterans Homes recommend a new Grant Per Diem scale that would allow for the hiring and retention of quality nursing staff in this competitive environment.

NASDVA also has concerns about behavioral health and future incidences of Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and other conditions in the aging Veteran population. While there are war-related traumas that lead to PTSD in younger OEF/OIF Veterans, aging Veterans can be exposed to various catastrophic events and traumas of late-life that can lead to the onset of PTSD or may trigger reactivation of pre-existing PTSD. PTSD has been seen more frequently in recent years among World War II, Korean and Vietnam War Veterans and has been difficult to manage.

VA has limited care for Veterans with a propensity for combative or violent behavior and the community expects VA or SVHs to serve this population. NASDVA and NASVH recommend a new Grant Per Diem scale that would reflect the staffing intensity required for psychiatric beds and medication management. SVHs and VA Community Living Centers are unable to serve intensive care psychiatric patients; therefore, VA cannot turn over hospital psychiatric beds because of a lack of community psychiatric step-down capacity. This level of care is critically needed in our States.

Both NASDVA and the National Association of State Veterans Homes (NASVH) support a continued commitment to the significant funding of the VA's State Veterans Home Construction Grant Program. It is important to the Veterans we serve to keep the existing backlog of projects in the Grant Program at a manageable level to assure life safety upgrades and new construction. In the budget proposal, VA is requesting $90 million for SVH grants. NASDVA and NASVH encourages full funding support for the priority one projects, which is estimated to be approximately $500 million.

VETERANS BENEFITS SERVICES

According to the White House in a Feb. 7, 2023 release, the VA in 2022 processed a record 1.7 million Veteran claims, and delivered $128 billion in earned benefits to 6.1 million Veterans and survivors. NASDVA's priorities for the care of our nation's 18.5 million Veterans are consistent with those of VA.

State Departments of Veterans Affairs continue to take on a greater role in the effort to manage and administer claims processing. Regardless of whether the State or Territory uses accredited employees, nationally chartered Veterans Service Organizations (VSO) and/or County Veteran Service Officers (CVSO), collectively, we have the capacity and capability to assist the Veterans Benefits Administration (VBA).

Additionally, the VA should offer expanded virtual and in-person training opportunities to accredited Service Officers, particularly those newly accredited Tribal Veteran Service Officers, to improve the "inputs" (e.g., changes to forms, updated processes, and/or new policies) to the benefits systems. These opportunities should be at the national level and at the regional office level. Additionally, as claims are processed through the National Work Que (NWQ) to better distribute caseloads, personnel staffing the VSO/CVSO Helpdesk Line need to have increased understanding of claims and access to the claim to better assist VSO/CVSOs calling for assistance. Increased training opportunities and increased support from the Helpdesk Line will support a more efficient claims process.

Two-thirds of the 117th Congress supported the *Major Richard Star Act* to support our combat-injured Veterans. Unfortunately, the bill was not signed into law. The *Star Act* would support more than 50,300 combat-injured Veterans with concurrent receipt of vested longevity pay and VA disability. These Veterans are subject to an offset where their retirement pay is reduced for every dollar of VA disability received. Retired pay is for completed years of service paid by DoD, while disability compensation is for lifelong injury paid by the VA. These are two different payments for two different purposes. Reducing retirement pay because of a disability is an injustice. NASDVA strongly recommends that the 118th Congress pass the *Star Act*.

BURIAL AND MEMORIAL BENEFITS

NASDVA appreciates the National Cemetery Administration's (NCA) collaborative partnership with States, Territories and Tribal governments. State, Territory and Tribal cemeteries expand burial access and support the NCA goal of "increasing access to a burial option in a National or State Veterans cemetery" and provide burial services to more than 95% of all Veterans within a 75-mile radius of their home. VA has awarded grants totaling $992 million to establish, expand, improve, operate and maintain 121 Veterans cemeteries in 48

states and territories including tribal trust lands, Guam, and Saipan. In fiscal year 2022, NCA grant funded state cemeteries provided more than 45,000 interments.

The Veterans Cemetery Grants Program (VCGP) complements NCA's 155 national cemeteries in 42 states and Puerto Rico and is an integral part of NCA's ability to provide burial services for Veterans and their eligible family members. It is important to the nation's Veterans and their eligible family members to keep the existing backlog of VCGP projects at a manageable level to assure the delivery of honorable interment services. NASDVA strongly recommends increased funding support for both the priority one "expansion" projects ($60 million) and the priority 2 "establishment" projects ($79 million), for a total need of $138 million. The FY2023 budget for the VCGP is only $50 million. This will not allow NCA to establish new State or Tribal cemeteries in support of its rurial access goals.

NASDVA recommends Congress authorize and appropriate funds to provide a plot allowance for family members or increase the level of plot allowance for Veterans. Either increase in funding would help offset the operational cost in burials for family members and would allow the States to not charge family members and maintain parity with National Cemeteries.

NASDVA applauds the recent signing of *The National Cemeteries Preservation and Protection Act of 2022, S. 4949*. This legislation supports the VA in honoring veterans nationwide by requiring the VA to pay plot allowances for Native American Veterans buried at tribal veterans' cemeteries prior to March 15, 2022.

NASDVA also supports an allowance for burials now allowed by *H.R.3944 - Burial Equity for Guards and Reserves Act of 2022*. While VA cannot restrict the ability of a state to inter a member of the Reserve Component, a member of the Army National Guard or Air National Guard, a member of the Reserve Officers' Training Corps of the Army, Navy, or Air Force who died under honorable conditions while a member, the law does not make it equitable to bury these members as either the State or family will have to pay for the headstone and interment.

WOMEN VETERANS

According to the Department of Defense's 2021 Demographics Profile of the Military Community, women made up 17.3% of the active-duty force, totaling 231,741 members; and 21.4% of the National Guard and reserves at 171,000 members. Since 2017, the percentage of women on active-duty service has risen 1.1%.

Women assume roles in nearly all military occupational specialties and are the fastest growing Veteran cohort. There are more than 2 million Women Veterans of the Armed Forces, according to the U.S. Department of Veterans Affairs. By 2040, the VA estimates Women

Veterans will comprise 18% of all Veterans, making them the fastest growing group in the overall Veteran population.

Many Women Veterans do not know they are eligible for the full range of federal and state benefits including special programs for them. In addition, earned services, benefits and support for Women Veterans is often lagging behind their male counterparts. There are several areas NASDVA believes VA can work on to close gaps in service, ensure continuity of care, and better address the needs of Women Veterans.

Women Veterans are impacted nationwide by a provider shortage for the delivery of gender specific healthcare. We encourage the VA to continue its aggressive recruiting and retention efforts for qualified health care professionals.

In addition, VA priorities include addressing needs of all victims of Military Sexual Trauma (MST) to include those who served in the National Guard and Reserve. Due to an increasing volume of Veterans with MST, compatible care and provider alternatives need to be deliberately extended to all those Veterans who might otherwise be dissuaded from seeking treatment at the VA. Work should continue the reconciliation of MST claims for PTSD recommended by the VA Inspector General. Of note, one of the "factors leading to the improper processing and denial of MST-related claims" was the implementation of the National Work Queue, resulting in a "lack of specialization" for claims requiring special handling.

Additional gender specific healthcare includes infertility care. NASDVA advocates support for Veterans with infertility issues caused by illness or injury while serving in the military. The *PACT Act* will ensure those eligible Women Veterans who are experiencing infertility due to issues caused by exposure to toxic substances are recognized.

The Veterans Health Administration should also ensure Women Veterans have access to and receive in a timely manner high-quality, gender specific, and individualized prosthetic care that will allow them to improve their quality of life. The *PACT Act* will ensure those Women Veterans who are experiencing infertility due to issues caused by exposure to toxic substances.

With the relatively recent VA investment of state-of-the art women's clinics across the country, there still exists a disproportionate and non-standard availability to access gender-specific healthcare relative to the population of Women Veterans. The decision-making and planning for new clinics or renovation of existing clinics should be data driven to ensure Veterans receive care commensurate with the population.

The largest emerging population of Homeless Veterans is women. Recent efforts across the country to end and prevent veteran homelessness are commendable and deserve recognition. The true numbers of this emerging population are underrepresented due to

prescribed models of addressing homelessness. For example, a victim of domestic violence fleeing an abuser and living with a friend is not considered homeless. NASDVA will work with VA and HUD to allow flexibility in their definition of homelessness and revitalize transitional housing models to better serve Women Veterans, especially those with children.

Currently, the VA does not have the authority to provide the reimbursement for the costs of services for minor children of homeless Veterans. The issue disproportionally impacts Women Veterans as they often bear the primary responsibility of child raising. A GAO report found that this inequity led to financial disincentive for housing providers and in turn limits housing for Veterans with young children.

Homeless Womwn Veterans consistently identify childcare as a top unmet need. The cost is a common barrier for many as they try to seek employment and healthcare. In addition, Women Veterans are more likely to die by suicide than non-Veterans. NASDVA recommends that VA develop a mechanism between VHA and VBA to identify at risk Veterans at the time a claim is initiated or when a service is requested through the VBA. In short, any coordination gaps between VBA and VHA need to be mitigated to identify Veterans at risk of death by suicide.

MINORITY VETERANS

The term "Veterans who are minorities" according to the U.S. Department of Veterans Affairs means Veterans who are identified as African Americans, Asian American/Pacific Islander, Hispanic, Native American/Alaska Native and Native Hawaiian. Veterans in Island Territories have had significant issues with earned services and support due to their isolation. For example, during hurricane catastrophes in Puerto Rico and the U.S. Virgin Islands, the VA was one of the only available providers, yet Category 7 and Category 8 Veterans were not accepted and thus did not have any viable options for their urgent medical needs. NASDVA recommends provisions in VA healthcare to allow care to all Veterans in VA facilities during catastrophic events.

Native American Veterans are chronically underserved on their reservations. NASDVA applauds the recent Memorandum of Understanding between the U.S. Department of Veterans Affairs and U.S. Department of Health and Human Services' Indian Health Service seeking to increase access and improve the quality of health care and services for eligible American Indians and Alaskan Natives.

NASDVA also supports the successful implementation of the January 2023 proposed rule by the VA waiving copayments incurred for eligible American Indian and Alaska Native Veterans. If successful, eligible American Indian and Alaska Native Veterans who have

submitted appropriate documentation to VA would no longer be required to pay copays for health care services.

Funding Veterans in local native clinics puts resources back into their networks to provide care to all. This worked across Alaska, where VA clinics were closed several days a week. The IHS network is working well and very robust when the VA pays for the care for our Veterans in the Alaska Native Healthcare system. The limited funds they receive from IHS tends to go much further. Native Veterans would much rather be cared for by IHS and have VA reimburse IHS. This appears to be a working model and should be continued. This is especially true on the large reservations and in Alaska where distances are vast. We are aware that there are Veterans who are dual users of IHS, VA tribal health or both.

NASDVA wants to make sure that our Veterans and the systems that they access have the resources available continually. Should there be a government shutdown, IHS should continue as the VA does with medical care for our Tribal Veterans.

HOMELESSNESS AMONG VETERANS

NASDVA commends VA's effort and continued emphasis on ending homelessness among Veterans. States will continue to develop and support outreach programs that assist VA in this high priority effort, particularly in further identifying those Veterans that are homeless and programs to prevent homelessness. As partners with VA at the nexus of local communities, we are focusing on addressing the multiple causes of Veterans' homelessness e.g., medical issues both physical and mental, legal issues, limited job skills, work history and currently high-cost rent.

NASDVA recommends continued funding for specialized homeless programs such as Homeless Providers Grant and Per Diem, Health Care for Homeless Veterans, Domiciliary Care for Homeless Veterans, Supportive Services for Veteran Families (SSVF) Shallow Subsidies and Compensated Work Therapy. It is vital to continue VA's partnership with community organizations to provide transitional housing and the VA/HUD partnership with public housing authorities to provide permanent housing for Veterans and their families.

We know that many stages of homelessness exist and likewise we know that many factors contribute to homelessness among Veterans. Contributing factors are alcohol and drug abuse, mental health issues, PTSD, lack of employment, and involvement with the justice system. To eliminate chronic homelessness, we should continue to address the root causes. They need to receive attention and action by providing the necessary mental health and drug treatment programs in conjunction with job skills training and employment. Case management

is imperative in these instances. These collective programs must be adequately staffed and fully funded in the current and future budgets.

NASDVA commends VA and HUD for their collaboration in increasing the number of Veterans Affairs Supportive Housing (VASH) vouchers. Unfortunately, in cities with high costs of living, the voucher value is insufficient to allow the Veteran to secure adequate housing. Some cities need cost of living adjustments to ensure the VASH voucher will cover most of the cost of affordable housing. NASDVA recommends vouchers be tied to local markets to ensure they can support Veterans with secure permanent housing.

NASDVA recommends attention be paid to those homeless Veterans, particularly those older Vietnam Veterans who are now experiencing issues with injury or disease and can no longer care for themselves. These Veterans are very vulnerable and require long-term care, but may not have filed for service connected disabilities nor have the capacity to navigate the system which also may include Medicare. NASDVA recommends Congress review changing policy to allow these veterans to use HUD/VASH vouchers for long-term care. We owe these Veterans the care they deserve for serving our nation.

VETERAN SUICIDE PREVENTION

NASDVA recommends more efforts through the VA Experience Office be made to support community efforts to prevent Veteran suicide. Engaging community coalitions through the Governor's Challenge and Mayor's Challenge on Veterans' Suicide Prevention can support the VA's effort. We recommend extensive collaboration between the VA Medical Centers, VA Regional Offices and State Departments of Veterans Affairs to impact this work. Data indicates that 70% of Veterans who take their own lives do not engage with VA. This access issue should be improved. The entire Veterans' community must take on the critical task of suicide prevention.

NASDVA recommends additional Veteran suicide prevention resources be provided to States and Territories through the Governor's Challenge. The VA will reportedly launch a new $10 million program to provide federal resources to states, territories, Tribes and Tribal organizations to develop and implement proposals under the Governor's Challenge program.

TRANSITION ASSISTANCE PROGRAM (TAP)

The Department of Defense reports more than 200,000 service members from all branches and components leave the Armed Forces each year and transition to civilian life. NASDVA strongly encourages the most effective national and state-level transition program(s) possible to ensure success when a military member leaves uniformed service. The transition is

tremendously important for financial and emotional security and often stressful for service members and their families.

Service members are required to attend the multi-day Transition Assistance Program (TAP) at their military installation prior to separation or retirement. Spouses are also encouraged to attend as appropriate. TAP is a mandated, standardized workshop across all services and components and primarily delivered by the Department of Defense, Department of Labor and Veterans Affairs, and focuses on earned benefits, employment opportunities, and education.

The TAP process has been often been described as an inadequate, last-minute avalanche of information to service members and their spouses already overwhelmed with planning for post-service life. As a result, many see TAP as something they need to get through in order to leave the service, rather than a helpful resource.

We note a recent December 2022 Government Accountability Office report, which found not all departing service members were provided access to TAP classes and materials. The recent COVID-19 pandemic also created additional stresses on providing key information to transitioning service members and their families. NASDVA recommends increased emphasis by the Armed Forces of mandatory participation in TAP.

NASDVA supports the expansion of TAP since the implementation of the *John S. McCain National Defense Authorization Act of 2019*, especially with initiatives to include post-service contact information on the electronic DD Form 214 discharge document, and the provision for the DoD to connect retiring or separating service members with community-based organizations and State Departments of Veterans Affairs. NASDVA has long advocated for this connection since States are in a unique position to provide separating service members and their families with critical information to access earned Federal and State services, benefits and support.

However, the States and Territories need a closer partnership with all federal agencies who are part of the TAP. There is currently no mandate to include the State Departments of Veterans Affairs in the TAP curriculum. It is a significant challenge for Transitioning Service Members (TSM) to connect with available and earned State services, benefits and support. Likewise, it is difficult for State Departments of Veterans Affairs to make service members aware of these benefits and services, especially in their new communities. This lack of connectivity between TSMs and SDVAs contributes to significant barriers to employment and increases the mental stress associated with their transition.

NASDVA recommends all State Departments of Veterans Affairs be included in the TAP at military installations in their State and be allowed to connect with TSMs who are moving to their State prior to separation. Additionally, NASDVA recommends that TSM contact data in the Defense Manpower Data Center (DMDC) be available to SDVAs longer than the current 45-day time limit.

However, the states they are transitioning to cannot reach them to share resources because they are not aware that the service member is in their State. During the time of transition, service members must complete various forms and attend various transition type courses. Many want to check off all their ETS forms as quickly as possible so that their lives as civilians can begin. Current legislation requires that transitioning service members have the option to opt in to their states receiving their DD Form 214 information. The problem is service members must opt in, which is yet another step in a tedious transition process. If service members automatically opt in to sharing their DD Form 214 with states instead of having to decide to opt-in, we believe that states would receive more information about those moving to their states which would allow states to better serve these new Veterans.

STATE APPROVING AGENCIES

State Approving Agencies (SAA) operate in all states and are responsible for the approval and oversight of programs offered by postsecondary institutions that wish to provide for the use of GI Bill® educational benefits. Twenty-six (36) SAAs operate under their State Departments of Veterans Affairs, while the remainder operate within a State's Department of Education, or other State agency. All SAAs are funded through contract with the VA. NASDVA has entered a formal Memorandum of Understanding with the National Association of State Approving Agencies (NASAA) to support NASAA's efforts to promote and safeguard quality education and training programs for all Veterans.

Since the passage of the Post/9-11 GI Bill®, the role of SAAs and associated contractual requirements have expanded significantly. It is difficult for SAAs with added responsibilities to meet their contractual requirements and protect Veteran educational benefits in their State from waste, fraud and abuse.

The federal appropriation that supports SAA contracts has remained stagnant for several years although State costs to support the program have increased annually. NASDVA recommends an analysis to ascertain current state administrative cost requirements to effectively fulfill contractual obligations. Significant legislation has been enacted recently that provide necessary protections for Veterans and their earned educational benefits, including the *Harry W. Colmery Veterans Educational Assistance Act* and the *Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020*. NASDVA recommends the continued

implementation of these invaluable pieces of legislation through the promulgation of regulations by VA.

NASDVA recommends language be added to *U.S.C. 3696* that provides the SAAs authority to restrict an institution that has had their approval revoked "for cause" from immediately re-applying or applying for approval in another State. There is no statutory timeframe established that restricts an institution from immediately reapplying. The school will often reapply the next day or in the case where a State has a law in place to address this issue the institution will shop other States for approval, effectively avoiding the intended protections of *U.S.C. 3696*.

LESSONS OF ASSET AND INFRASTRUCTURE REVIEW (AIR) COMMISSION

In June 2022, it was announced the VA Asset and Infrastructure Review (AIR) Commission, intended to modernize and realign the VA health care system in the coming decade, would not move forward. NASDVA recognizes the AIR Commission report, which noted the declining national Veteran population and extreme aging of much of its infrastructure, did cause anxiety regarding the closing and relocation of certain VA health care facilities.

NASDVA recommends the VA review the infrastructure list and each year choose the most appropriate infrastructure to update. Follow this by making adjustments in the VA budget and work with states to manage the changes.

The now-defunct AIR Commission report placed great empahsis on inpatient mental health care for our Veterans. During a November 2022 poll of our membership, 38 State Directors of Veterans Affairs determined the lack of inpatient mental health support was one of their top three concerns. Veteran suicide prevention and mental health awareness has been a big part of the VA and national campaigns to save lives, yet those who need more institutional care cannot receive it because of the lack of infrastructure. There are many stories of Veterans who took their lives who were not connected to VA health care. Not every Veteran has access to telehealth and not every Veteran can heal in an outpatient setting, thus the need for Veteran specific inpatient facilities. We ask for a clear path forward that makes funding for VA inpatient mental health care a priority.

CONCLUSION

Chairman Tester, Chairman Bost, Ranking Member Moran, Ranking Member Takano, and distinguished members of the Committees on Veterans Affairs, we respect the important work that you have done and continue to do to improve the well-being of of nation's Veterans. I emphasize again, that we are "government-to-government" partners and are second only to VA in delivery of earned benefits and services to those who have served our great country.

State Departments of Veterans Affairs serve as an expanding hub and link to local communities where the Veteran resides. This opportunity for submitting a written testimony illustrates your recognition of NASDVA's contribution and value in serving our nation's Veterans, their families and survivors.

With your help and continued support, we can ensure our Veterans and their needs are adequately resourced and remain a priority. The challenges we overcome today become the foundation of our promise to serve those who have borne the battle and for their families and survivors, and our commitment to the nation's future Veterans.

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