

STATEMENT OF  
ALEKS MOROSKY  
NATIONAL LEGISLATIVE SERVICE  
VETERANS OF FOREIGN WARS OF THE UNITED STATES  
BEFORE THE  
VETERANS' AFFAIRS SUBCOMMITTEE  
ON HEALTH  
UNITED STATES HOUSE OF REPRESENTATIVES  
WITH RESPECT TO  
**H.R. 183, H.R. 2527, H.R. 2661, H.R. 2974, H.R. 3508, H.R. 3180, H.R. 3387, H.R. 3831,  
H.R. 4198, and DRAFT LEGISLATION**

WASHINGTON, D.C.

MARCH 27, 2014

Chairman Benishek, Ranking Member Brownley and members of the Subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I want to thank you for the opportunity to present the VFW's stance on legislation pending before this Subcommittee. Your hard work and dedication to improving the quality of veterans' health care positively impacts the lives of all those who have served our nation's military. The bills we are discussing today are aimed at continuing that progress and we thank the Committee for bringing them forward.

**H.R. 183, Veterans Dog Training Therapy Act:**

This legislation would require the Department of Veterans Affairs (VA) to establish a pilot program at three to five facilities to assess the effectiveness of treating veterans for post-traumatic stress disorder (PTSD) by instructing them in the art of service dog training. The Palo Alto VA Medical Center (VAMC) has been operating a similar program since 2008 in partnership with the Bergin University of Canine Studies, known as Paws for Purple Hearts, which resulted in positive feedback from veterans and staff.

The VFW recognizes the potential value of canine therapy and would not be opposed to a limited pilot program for the purpose of collecting data to determine its effectiveness in treating veterans for PTSD. We do, however, have suggestions that we believe would strengthen H.R. 813, which we hope the subcommittee would consider, should this bill be advanced to markup.

VA has been directed by Executive Order to establish community mental health partnerships, and numerous organizations around the country have expertise in the field of service dog training. We believe that the collaboration with the Bergin University of Canine Studies has benefitted the Paws for Purple Hearts program, and similar relationships should be encouraged going forward. For this reason, we suggest that the bill be amended to allow VA to carry out the pilot program at the selected sites in partnership with existing community resources.

We also believe that it may not always be appropriate to kennel dogs on the grounds of VA medical facilities. The VFW is concerned that noise, sanitation, and available space could present problems for VA facilities tasked with the primary mission of delivering health care to veterans. We recommend the bill be amended to allow VA the flexibility to house and train the dogs at off-site locations when necessary. With the above changes, the VFW would fully support this legislation.

**H.R. 2527, to amend title 38, United States Code, to provide veterans with counseling and treatment for sexual trauma that occurred during inactive duty training:**

The VFW supports this legislation which would authorize VA to provide counseling and treatment to service members who experience military sexual trauma (MST) during inactive duty training. VA policy states that veterans are entitled to treatment for all physical and mental health conditions determined by a VA provider to be related to MST, without the need for service connection or other enrollment qualifications. Current law, however, narrowly defines MST as having occurred while the service member was on active duty or active duty for training status. This means that many veterans who experienced MST on inactive duty, but while still in uniform, cannot receive the care they need.

VA is aware of this loophole, and included proposals to expand eligibility for MST treatment to those who experienced MST during inactive duty in their FY 2014 and FY 2015 budget requests. The VFW agrees that members of the Reserve Component who experience sexual trauma during weekend drills or other inactive duty should be entitled to the same MST-related services as those who experience sexual trauma while activated, and we encourage the subcommittee to move quickly on this critical legislation.

**H.R. 2661, Veterans Access to Timely Medical Appointments Act:**

This legislation would codify the 2012 VA goal of completing all primary care appointments within seven days of the desired date and all specialty care appointments within fourteen days of the desired date. Additionally, it would require VA to comply with several recommendations of a March 2012 Government Accountability Office (GAO) report including: eliminating scheduler error, providing reliable appointment wait time data, standardizing the scheduling policy across all Veterans Integrated Service Networks (VISNs) and VAMCs, restricting the scheduling system to those who have been properly trained, improving veterans' phone access, and routine assessments. Although the VFW strongly supports the recommendations of GAO and the intent of this legislation to reduce appointment wait times for veterans, we do not support a statutory mandate of VA's appointment wait time goals at this time.

In the past, VA has tried to enforce scheduling policies and wait time standards without proper training of staff and using flawed tracking programs. GAO found that this often led to data manipulation by staff in an effort to falsely create the appearance of short wait times. We are concerned that codifying the VA wait time goals would apply so much pressure that it would encourage further data manipulation in order to comply with the law. Transparency and honest self-assessment will be necessary to truly reduce the wait times experienced by veterans.

Complicating the well-known deficiencies in VA appointment scheduling is the fact that VA is still in the process of establishing productivity standards to determine appropriate physician staffing levels at its facilities. Simply put, it is impossible to achieve the greatest level of access if too few providers are available to meet the demand for care. Accurate appointment scheduling and proper physician staffing must both be achieved in order to solve the problem of long appointment wait times.

The VFW is also concerned that this legislation would force VA to over-utilize purchased care in order to meet its mandates. VA's new purchased care model, Patient-Centered Community Care (PC3), is still being implemented. Its effectiveness is still unknown, and it may not be the best option for many veterans. The VFW wants to see PC3 succeed, but as a secondary option to direct care, as it was intended, not as VA's only option to comply with the law. Suddenly sending large numbers of veterans out of VA for care would not solve the appointment wait time problem at VA facilities, only camouflaging it.

VA should be given the opportunity to implement its plans for appointment scheduling, physician staffing, and purchased care before its self-imposed wait time goals are written into law. Furthermore, VA should not be discouraged from setting ambitious goals in the future out of fear that their announcement will be quickly followed by statutory mandates. In order to solve the problem of long appointment wait times, the VFW urges continued congressional oversight to ensure that VA complies with GAO and VA Office of the Inspector General (OIG) recommendations.

**H.R. 2794, to amend title 38, United States Code, to provide for the eligibility for beneficiary travel for veterans seeking treatment or care for military sexual trauma in specialized outpatient or residential programs at facilities of the Department of Veterans Affairs, and for other purposes:**

The VFW supports this legislation which would extend beneficiary travel benefits to veterans seeking care at VA facilities for conditions associated with MST. VA currently provides care for all physical and mental health conditions determined by a VA provider to be related to MST, without the need for service connection. This care is provided with no copay charges and without any income eligibility requirements. Qualifying veterans are eligible for residential rehabilitation treatment programs, and facilities that do not have those programs have been directed to refer veterans to those that do in order to guarantee access. This means that some veterans have to travel significant distances to receive MST care.

VA travel benefits are currently available to veterans who have a service-connected (SC) rating of 30 percent or more, are traveling for treatment of a SC condition, are eligible for pension, or are traveling for a scheduled compensation and pension examination. Not all veterans eligible

for MST care are included in one of those categories. As a result, many MST victims may have to forgo the care they need and deserve, simply because they cannot afford the costs of traveling to facilities that are able to provide that care.

OIG identified this as a problem in a December 2012 report, stating that VHA beneficiary travel policies are not properly aligned with MST policy. They recommended that the travel policy be reviewed. As of now the travel policy has not changed. This legislation would fix the problem by adding veterans who are receiving MST treatment to the list of eligible travel beneficiaries.

**H.R. 3508, to amend title 38, United States Code, to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes:**

This legislation would authorize VA to hire hearing aid specialists as full time employees at department facilities to provide hearing health services alongside audiologists and hearing health technicians. Hearing aid specialists would assume the responsibilities of performing in-house repairs, currently performed by technicians, and fitting and dispensing hearing aids, currently performed by audiologists. Although we appreciate this bill's intent to increase hearing health access and reduce wait times for hearing aids and repairs, the VFW believes that VA has the ability to address these issues under its current hiring authority.

The VFW strongly believes that VA must improve timeliness in issuing and repairing hearing aids. A February 20, 2014 OIG report revealed that 30 percent of veterans are waiting longer than 30 days to receive new hearing aids, and repairs take an average of 17 to 24 days to complete, far exceeding the VA 5-day timeliness goal for those services. According to the report, the long wait times can be attributed to a steadily increasing work load, which will likely continue to increase as the veteran population grows older. This problem is compounded by the fact that many audiology clinics are not fully staffed. Additionally, OIG found that the Denver Acquisition and Logistics Center (DALC), which performs major hearing aid repairs for VAMCs nationwide, lacks an adequate tracking system for the devices it receives.

To address these problems, OIG recommended that VA develop and implement productivity standards to determine proper staffing levels in audiology clinics, and establish tracking controls for the hearing aids received by the DALC. VA concurred with these recommendations and will include audiology in its implementation plan for productivity standards. In our opinion, this is the correct course of action. The VFW believes that adding a new class of provider whose scope of practice overlaps that of existing employees does not get to the root of the problem. To fully address the issue, VA must determine the proper staffing levels of audiologists and hearing health technicians necessary to meet timeliness standards and increase the numbers of those employees accordingly.

**H.R. 3180, to amend title 38, United States Code, to include contracts and grants for residential care for veterans in the exception to the requirement that the Federal Government recover a portion of the value of certain projects:**

The VFW supports this legislation which would allow state veterans homes that receive residential care contracts or grants from VA to also contract with VA under the Health Care for Homeless Veterans (HCHV) supported housing program. Since state veterans homes receive

VA funding for other programs, the recapture clause of section 8136 of title 38 prohibits them from receiving HCHV funds. Only those state veterans homes that also run outpatient VA clinics are currently exempted from the recapture clause. This means that many state veterans homes with empty beds are unable to offer them to homeless veterans in their communities. Similarly exempting them from the recapture clause would solve this problem.

The Secretary's ambitious five year plan to end homelessness among veterans includes six strategic pillars. The sixth pillar is community partnerships, which certainly must include state veterans homes. The VFW strongly supports the Secretary's five year plan and believes that state veterans homes should be utilized to the fullest extent possible to ensure its success. As long as there are homeless veterans who need them, beds in state veterans homes should not remain empty simply due to the unintended consequences of a federal regulation.

### **H.R. 3387, Classified Veterans Access to Care Act:**

The VFW supports this legislation which would require VA to develop standards and disseminate guidance to ensure that veterans who participated in sensitive missions or were assigned to sensitive units are able to access mental health services in a way that does not require them to improperly disclose classified information.

We are aware that this legislation was inspired by the case of Daniel Somers, a veteran of sensitive missions in Iraq, who felt that he was unable to participate in the group therapy sessions offered to him at the Phoenix VAMC, believing that he would be required to share classified information with other group members. Tragically, Daniel Somers took his own life last year. The VFW has been in contact with his parents, who strongly believe that had their son been offered individual therapy from the beginning due to the nature of his service, his suicide may have been prevented. The VFW believes that requiring VA to develop standards for those who served on sensitive missions is reasonable, and would ensure that veterans feel that they can access the services they need without violating any nondisclosure responsibilities they may have.

### **H.R. 3831, Veterans Dialysis Pilot Program Review Act of 2014:**

The VFW supports this legislation which would prohibit VA from expanding the dialysis pilot program until the program has operated at each initial facility for at least two years, an independent analysis has been conducted at each facility, and a report is submitted to Congress. A May 2012 GAO report found that VA was planning to expand the pilot, despite not having developed adequate performance measures to evaluate the existing locations. While the GAO report focused primarily on cost, the VFW is pleased that the report required by this legislation would also examine non-cost factors such as access, quality of care, and veteran satisfaction.

The purpose of any pilot program should be to assess its strengths and weaknesses on a small scale in order to decide whether or not it should be expanded. If and when it is instituted on a large scale, it should be done based on a detailed analysis and lessons learned from the pilot. Therefore, we believe it is both reasonable and prudent to require VA to submit a detailed report on the dialysis pilot program before it is allowed to expand.

## **H.R. 4198, Appropriate Care for Disabled Veterans Act:**

The VFW supports this legislation which would reinstate the requirement for VA to submit an annual report to Congress on its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans. This requirement expired in 2008 and since that time, it has become apparent that the capacity of VA specialty care has been inadequate to meet veteran demand. The VFW believes that current accurate data on VA capacity will greatly assist Congress in conducting oversight on veterans' access to care.

Since the report was first mandated in 1996, many changes have been made in the way VA provides specialty care. We look forward to working with the subcommittee and our *Independent Budget* Veterans Service Organization (IBVSO) partners to identify any necessary updates to the original reporting requirements to ensure future reports are relevant and actionable.

## **Draft Bill, to authorize major medical facility projects for the Department of Veterans Affairs for fiscal year 2014:**

This legislation provides VA the authority to enter into 27 major facility leases, allows VA to construct or lease joint VA/Federal use medical facilities, expands VA's Enhanced-Use Lease (EUL) authority, and modifies the authority to build a major medical facility project in Tampa, Florida.

Sections 1, 2 and 3 provide authorization for VA major facility leases. It is critical that VA is provided the authority to enter into the 27 major medical leases. Many of these leases have been awaiting authorization for nearly two years. Most of these facilities are Community-Based Outpatient Clinics (CBOC) that have provided direct medical care in the communities where veterans live. However, since the current leases have expired and there is a need to expand capacity or change the physical location of the CBOCs to better serve the needs of veterans, VA must enter into new leases.

Congress had failed to authorize these leases because of the Congressional Budget Office's revised scoring model, which now requires VA to account for the full lease amount in the first year of the lease. Congress must find a workable solution to allow VA to continue its major capital leasing projects. Failing to pass this authorization into law will create greater access and timeliness issues for veterans, and in the end cost VA more as they begin reimbursing veterans for travel to distant medical centers or pay for fee-based care in the community. The VFW fully supports these provisions and their quick passage.

Section 4 amends VA's current medical facility construction and leasing authority to allow VA to enter into joint acquisitions and leases with other Federal agencies. Currently, when VA sees the value in co-locating a medical or research facility with another agency, either VA or the other agency must already own the property and grant the other agency a portion of the property through an acquisition by exchange. By amending the current authority, VA will be able to reduce construction and/or lease costs by acquiring, planning and building facilities jointly. The VFW sees the value in this authority and we fully support this provision.

Section 5 amends VA's authority to enter into EULs. In 2012, VA was forced to modify its EUL authority, greatly reducing its ability to lease out its unused or underutilized properties. This authority will greatly widen VA's lease options, thereby producing revenue and reducing the number of unused or underutilized properties in VA's inventory. The VFW understands that when VA property is unused or underutilized, VA still incurs significant costs to maintain it, ultimately squandering resources that could be better used serving veterans. This is why the VFW supports the idea of expanding VA's leasing authority, but we must also point out that VA must make every effort to lease these unused or underutilized properties for projects that directly support veterans and their families before considering other leasing projects.

Sections 6 and 7 authorize modification and the appropriations for the major medical project in Tampa Florida. VA has requested that a previously authorized upgrade to the medical facility bed tower be reauthorized as a new bed tower at the Tampa, Florida medical center. The VFW supports this modification.

Mr. Chairman, this concludes my testimony and I look forward to any questions you and the members of this subcommittee may have.

**Information Required by Rule XI2(g)(4) of the House of Representatives**

Pursuant to Rule XI2(g)(4) of the House of Representatives, VFW has not received any federal grants in Fiscal Year 2013, nor has it received any federal grants in the two previous Fiscal Years.