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NATIONAL
HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland
20706-4380
TELEPHONE: 301-459-9600
FAX: 301-459-7924
E-MAIL: amvets@amvets.org

STATEMENT FOR THE RECORD

OF

**DIANE M. ZUMATTO
AMVETS NATIONAL LEGISLATIVE DIRECTOR**

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS,

SUBCOMMITTEE

ON

HEALTH

U.S. HOUSE OF REPRESENTATIVES

***ONE HUNDRED THIRTEENTH CONGRESS
SECOND SESSION***

CONCERNING:

HR 4720; HR 4887; HR 4977; HR 5059; HR 5475 & HR 5484

19 NOVEMBER 2014

Distinguished members of the Subcommittee on Health, it is my pleasure, on behalf of AMVETS, to offer this 'Statement for the Record' concerning the following pending legislation: HR 4720; HR 4887; HR 4977; HR 5059; HR 5475; & HR 5484.

I would like to begin today's statement with the following introductory remarks prior to turning to each specific piece of legislation: As the United States absorbs the aftereffects of more than a decade of continuous war and in the face of the planned draw-down of military personnel, the physical and mental health of our military and veterans will continue to be priority issues for AMVETS, the veteran's community and hopefully congress. Thanks to improvements in battlefield medicine, swift triage, aeromedical evacuations and trauma surgery, more combat-wounded than ever before are surviving horrific wounds and will be needing long-term rehabilitation, life-long specialized medical care, sophisticated prosthetics, etc. Your committee has a responsibility to ensure that the VA and our nation live up to the health care obligations imposed by the sacrifices of our veterans.

It is encouraging to acknowledge at this time that, despite the extraordinary sacrifices being asked of our men and women in uniform, the best and the brightest continue to step forward to answer the call of our nation in its time of need. I know that each of you is aware of, and appreciates, the numerous issues of importance facing our military members, veterans and retirees, therefore this testimony will be, following these introductory remarks limited to specific health care legislation.

I would also like to delineate first several general issues that AMVETS would like the committee to monitor and enforce as it goes about its work, followed by specific recommendations related to the VA.

General Recommendations:

- ensure that the VA provides a continuity of health care for all individuals who were wounded or injured in the line of duty including those who were exposed to toxic chemicals;
- ensure that all eligible veterans not only have adequate access, but timely and appropriate treatment, for all of their physical and mental healthcare needs;
- continue to press the VA to work collaboratively with the DoD in creating and implementing a completely operational and fully integrated electronic medical records system;
- continue the strictest oversight to ensure the safety, physical and mental health and confidentiality of victims of military sexual trauma;
- ensure that the VA continues to provide competent, compassionate, high quality health care to all eligible veterans; and

- ensure that the VA continues to receive sufficient, timely and predictable funding for VA health care.

Specific Recommendations:

- Ensure that both advanced appropriations and discretionary funding for VA keeps pace with medical care inflation and healthcare demand as recommended in the IB so that all veterans healthcare needs can be adequately met;
- Maximize the use of non-physician medical personnel as a way to mitigate physician shortages and reduce patient wait times especially while utilization of the VA system continues to rise;
- Ensure that VA makes more realistic third-party medical care collection estimates so that Congress doesn't end up under-appropriating funds based on false expectations which in turn negatively impact veteran care. Additionally, VA needs to redouble its efforts to increase its medical care collections efforts, because taken together, the cumulative effects of overestimating and under-collecting only degrade the care available to our veterans. Furthermore, VA needs to establish both first- and third-party copayment accuracy performance measures which would help minimize wasted collection efforts and veteran dissatisfaction;
- VA needs to incorporate civilian healthcare management best practices and include a pathway to VA hospital/clinic management for civilians as part of their succession plan requirements, so that VA will be able to attract the best and the brightest healthcare managers in the industry;
- VA could immediately increase its doctor/patient (d/p) ratio to a more realistic and productive levels in order to cut wait times for veterans needing treatment and/or referrals. While the current VA (d/p) ratio is only 1:1200, the (d/p) ratio for non-VA physicians is close to 1:4200. Instituting this one change would drastically improve our veterans access to needed healthcare;
- VA needs to improve its patient management system so that veterans have more appointment setting options available to them, which could reduce staffing errors and requirements. VA should also consider utilizing a hybrid system whereby half the day might consist of scheduled appointment and the other half would be for walk in or same-day appointment. The elimination of the need for non-specialty appointments would allow veterans quicker access to their primary care providers;
- The current VA healthcare system appears to be top-heavy with administrative staff and short-handed when it comes to patient-focused clinical staff. This imbalance can only lead to noticeable veteran wait times;

- The VA needs to thoroughly review its entire organizational structure in order to take advantage of system efficiencies and to maximize both human and financial resources, while also minimizing waste and redundancies;
- VA needs to collaborate with HHS (Health & Human Services) so that it can utilize/share the benefits of the UDS (Uniform Data System). The UDS is a core set of information appropriate for reviewing and evaluating the operation and performance of individual health centers. The ability to track, through the UDS system, a wide variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues would be invaluable in improving the overall VA healthcare system;
- Rather than have veterans go unseen or untreated due to limited appointment or physician availability, veterans should be allowed to utilize the currently existing system of FQHCs (Federally Qualified Health Centers). FQHCs include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and they qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs are required to: serve an underserved area or population; offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and to have a governing board of directors. Allowing veterans to seek care, even on a temporary basis, until the VA appointment backlog is eliminated, would provide our veterans with immediate care and would relieve some of the pressure on the VA system;
- VA must immediately improve its recruitment, hiring and retention policies to ensure the timely delivery of high quality healthcare to our veterans. VA currently utilizes a cumbersome and overly-lengthy hiring process which reduces its ability to deliver critical services. VA need to consider adopting a more expedient hiring/approval process which could include some form of provisional employment;
- VA needs to have, and utilize, the option to terminate non-performing employees at all levels of the organization so that only dedicated, accurate, motivated employees will remain in service to our veterans; and
- Finally, VA needs to reform their incentive programs so that only high-performing employees receive appropriate bonuses for their excellence in serving our veterans.

Pending Health Care Legislation

HR 4720: Medal of Honor Priority Care Act – AMVETS supports this legislation which increases, from third to first, the priority for enrollment in the VA health care system for MOH recipients, regardless of the date on which the medal was awarded.

HR 4887: Expanding Care for Veterans Act - AMVETS fully supports the development and use of alternative treatment modalities as a valuable option in treating/managing chronic pain or other conditions which may not adequately respond to more traditional clinical therapies.

If enacted, this legislation would:

- a) direct the Secretary of Veterans Affairs (VA) to develop a plan to expand the scope of the VA's research and education on, and delivery and integration of, complementary and alternative medicine services;
- b) require the Secretary to carry out, through the VA's Office of Patient Centered Care and Cultural Transformation, a three-year program to:
 - 1) assess the feasibility and advisability of integrating the delivery of complementary and alternative medicine services selected by the Secretary with other VA health care services for veterans, and
 - 2) identify and resolve barriers to providing such services and integrating them with other VA health services;
- c) require such program to be conducted, at not fewer than 15 VA medical centers, by integrating the provision of complementary and alternative medicine services with other VA health care services provided to veterans who have a mental health condition, experience chronic pain, or have a chronic condition. Requires veterans' participation to be voluntary;
- d) direct the Secretary to contract with a qualified independent entity for comprehensive studies of the barriers encountered by veterans in receiving, and by administrators and clinicians in providing, complementary and alternative medicine services through the VA. Provides for the conduct of such studies through surveys of veterans and VA administrators and clinicians;
- e) require the Secretary to carry out a three-year program awarding grants to public or private nonprofit entities to assess the feasibility and advisability of using wellness programs to complement the provision of mental health care to veterans and family members who are eligible for readjustment counseling from the VA.

HR 4977: Creating Options for Veterans Expedited Recovery (COVER) Act – AMVETS supports this legislation which would establish the Veterans Expedited Recovery Commission which would:

- a) examine the efficacy of the evidence-based therapy model used by the Secretary of Veterans Affairs for treating mental health illnesses of veterans and identify areas to improve wellness-based outcomes;

- b) conduct a patient-centered survey within each of the Veterans Integrated Service Networks to examine the experience of veterans with the Department of Veterans Affairs (VA) when seeking medical assistance for mental health issues through the VA health care system, their experience with non-VA facilities and health professionals for such issues, their preferences regarding available treatments for such issues and which methods they believe to be most effective, their experience with complementary alternative treatment therapies, the prevalence of prescribing prescription medication among veterans seeking treatment through the VA health care system to address mental health issues, and the Secretary's outreach efforts regarding the availability of benefits and treatments for such issues;
- c) examine available research on complementary alternative treatment therapies for mental health issues (including music, yoga, and meditation therapy) and identify what benefits could be made with the inclusion of such treatments for veterans; and
- d) study the potential increase in the approval by the Secretary of claims for compensation relating to mental health issues for veterans who served Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn.

The bill also directs the Secretary, upon a report by the Commission, to submit: (1) an action plan for implementing recommendations and a time frame for implementing complementary alternative treatments, or (2) a justification for not doing so and an alternative solution to improve the efficacy of the therapy model.

HR 5059: Clay Hunt Suicide Prevention for American Veterans Act or the Clay Hunt SAV Act – AMVETS enthusiastically supports this comprehensive legislation which seeks to minimize, if not eliminate, the tragic instances of veteran suicide. The problem of veteran suicide has continued, unabated, for far too long now and, at this point in time, there appears to be no end in sight to this senseless and horrific loss life. AMVETS supports this legislation and will continue to support future legislation that seeks a remedy to this national disgrace until there is no longer a need. While we acknowledge that this legislation, in and of itself, may not totally eradicate the problem of veteran suicide, we believe it would certainly make a difference because it would:

- a) require the Secretary of Veterans Affairs (VA) and the Secretary of Defense (DOD), at least annually, to each arrange for an independent third party evaluation of, respectively, the VA and DOD mental health care and suicide prevention programs;
- b) require a board reviewing the discharge or dismissal of a former member of the Armed Forces whose application for relief is based at least in part on post-traumatic stress disorder or traumatic brain injury related to military operations or sexual trauma, to:
 - 1) review the medical evidence from the VA or a civilian health provider that is presented by the former member;

- 2) review the case, with a presumption of administrative irregularity, and place the burden on the VA or DOD to prove, by a preponderance of the evidence, that no error or injustice occurred;
- c) direct the VA Secretary to publish an Internet website that serves as a centralized source to provide veterans with regularly updated information regarding all of the VA's mental health care services;
- d) require the VA Secretary and the DOD Secretary to enter into certain strategic relationships to facilitate:
 - 1) the mental health referrals of members of the reserve components who have a service-connected disability and are being discharged or released from the Armed Forces,
 - 2) timely behavioral health services for such members,
 - 3) communication when such members are at risk for behavioral health reasons, and
 - 4) the transfer of documentation for line-of-duty and fitness-for-duty determinations;
- e) require the VA Secretary to carry out a pilot program to repay the education loans relating to psychiatric medicine that are incurred by individuals who:
 - 1) are eligible to practice psychiatric medicine in the Veterans Health Administration (VHA) or are enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine, and
 - 2) demonstrate a commitment to a long-term career as a psychiatrist in the VHA;
- f) direct the VA Secretary to carry out a program, as part of the Yellow Ribbon G.I. Education Enhancement Program, under which the VA Secretary and an institution of higher education (IHE) agree to cover the full cost of charges not covered by post-9/11 educational assistance that are incurred by veterans who:
 - 1) are pursuing an advanced degree in mental health at the IHE, and
 - 2) intend to seek employment as a mental health professional in the VA.Allows the VA Secretary to cover up to 64% of those charges, if the school covers the remainder;
- g) require the DOD Secretary to submit to Congress a zero-based review of the staffing requirements for individual State National Guard Commands with respect to Directors of Psychological Health;
- h) direct the VA Secretary to establish a pilot program at not less than five Veterans Integrated Service Networks (VISNs) to assist veterans transitioning from active duty and to improve the access of veterans to mental health services. Requires the pilot program at each VISN to include:
 - 1) a community oriented veteran peer support network, and
 - 2) a community outreach team for each medical center in such VISN.

HR 5475: a bill to amend title 30, US Code, to improve the care provided by the secretary of Veteran Affairs to newborn children – AMVETS supports this legislation

which would allow the Secretary of Veterans Affairs (VA) to provide the newborn child of a woman veteran who is receiving VA maternity care with post-delivery care services for 14 days after the child's birth if the veteran delivered the child in a VA facility or another facility with which the VA has a contract for such services. (Currently, such care may not be provided for more than 7 days.)

HR 5484: Toxic Exposure Research Act of 2014 – AMVETS, as the lead organization in the recently established, Toxic Wounds Task Force, wholeheartedly supports this important legislation and encourages swift passage of this much needed bill. Additionally, at the AMVETS 69th annual convention this summer, our members approved two separate resolutions in support of legislation which addresses the critical issue of military toxic exposure. This legislation is an excellent next step in acknowledging the physical effects, and healing the wounds, suffered by our service members knowingly, and unknowingly, exposed to toxic chemicals. This legislation would provide the following important provisions:

- a) establish a National Center for the Research on the Diagnosis and Treatment of Health Conditions of the Descendants of Individuals Exposed to Toxic Substances During Service in the Armed Forces;
- b) requires the national research center to employ at least one licensed clinical social worker to coordinate the access of individuals to appropriate federal, state, and local social and health care programs and to handle case management;
- c) establish an Advisory Board for the National Center responsible for advising the National Center, determining health conditions that result from toxic exposure and to study and evaluate cases of exposure;
- d) authorize the Secretary of Defense to declassify documents related to incidents in which at least 100 members of the Armed Forces were exposed to a toxic substance that resulted in at least one case of a disability caused by exposure, except when declassification would threaten national security; and
- e) create a National Outreach Campaign on Potential Long-Term Health Effects of Exposure to Toxic Substances by Members of the Armed Forces and their Descendants.

In closing, I'd like to add a personal note regarding this bill: both my sister and I were stationed at Ft. McClellan, AL which is considered one of the most toxic sites in the U.S. My sister and I are/have suffered the negative effects of our exposure. Unfortunately, not only have we paid an extremely high price for serving our country, but even my children have unusual health issues due to my exposure.

Thank you for your time and continued efforts to address the special health care needs of our military and veterans. This concludes my statement.

