

STATEMENT OF
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BEFORE THE
VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

H.R. 272, H.R. 353, H.R. 359, H.R. 421, H.R. 423, H.R. 1356, H.R. 1688, H.R. 1862, H.R. 2464, H.R. 2914, H.R. 2915 and DRAFT LEGISLATION

WASHINGTON, D.C.

July 14, 2015

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 views 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 in our Nation's military. The bills we are discussing today are aimed at continuing that progress and we thank the Subcommittee for bringing them forward.

H.R. 272, Medal of Honor Priority Care Act

The VFW supports this legislation which would elevate Medal of Honor recipients from Department of Veterans Affairs (VA) Priority Group 3 to Priority Group 1. It would also explicitly grant Priority Group 1 benefits to those veterans, including eligibility for nursing home, domiciliary, and extended care services, as well as eliminating copayment requirements.

The 79 living Medal of Honor recipients are held in the highest esteem by the veterans and military community. These men have turned the tide of battle against overwhelming enemy forces, and saved the lives of their comrades at great risk to themselves. Accordingly, we believe it is entirely appropriate to grant them Priority Group 1 status as a small but meaningful symbol of our appreciation for their heroic actions.

H.R. 353, Veterans' Access to Hearing Health Act of 2015

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, VA Office of Inspector General (VAOIG) 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, VAOIG found that the Denver Acquisition and Logistics Center (DALC), which performs major hearing aid repairs for VA medical centers nationwide, lacks an adequate tracking system for the devices it receives.

To address these problems, VAOIG 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 and scope of practice of audiologists and hearing health technicians necessary to meet timeliness standards and increase the numbers of those employees accordingly.

H.R. 359, Veterans Dog Training Therapy Act

The VFW supports this legislation, which would require VA to establish a pilot program at three to five locations to assess the effectiveness of treating veterans for post-traumatic stress disorder (PTSD) by instructing them in the art and science of service dog training.

The VFW recognizes the potential value of canine training therapy as an alternative or complement to traditional pharmacological treatments for PTSD. The Palo Alto VA Medical Center has been operating a similar program since 2008 in partnership with the Bergin University of Canine Studies, known as Paws for Purple Hearts. This program resulted in positive feedback from veterans and staff, and we believe an expanded canine training pilot for the purpose of collecting data to determine its effectiveness in treating veterans for PTSD is warranted. The fact that the dogs would be trained and kenneled at off-site contracted locations ensures that the program would not interfere with the delivery of safe, quality care at VA Medical Centers.

H.R. 421, 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 in 2013. 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. 423, Newborn Care Improvement Act

The VFW supports this legislation which would expand VA's authority to provide health care to a newborn child, whose delivery is furnished by VA, from 7 to 14 days post-birth.

According to the Centers for Disease Control and Prevention, newborn screenings are vital to diagnosing and preventing certain health conditions that can affect a child's livelihood and long-term health. We understand the importance of high quality newborn health care and its long-term impact on the lives of veterans and their family. VA must ensure newborn children receive the proper post-natal health care they need.

H.R. 1356, Women Veterans Access to Quality Care Act of 2015

This legislation would improve the health care VA provides women veterans by establishing women health care standards, expanding access to gender-specific services and evaluating VA's ability to meet the health care needs of women veterans. The VFW supports this legislation and would like to offer suggestions to strengthen it.

Recent years have seen unprecedented levels of women serving in the U.S. military. Likewise, the demand for VA services by women veterans has increased dramatically. According to VA data, the number of women using VA services grew from more than 200,000 in 2003 to more than 400,000 in 2014, a 100 percent increase. In addition, recent VA data shows that approximately 19 percent of women using VA health care served in either Iraq or Afghanistan, compared to only 9 percent of men. Accordingly, women veterans receiving VA care are younger than their male counterparts, with 42 percent of women under the age of 45, compared to only 13 percent of men. As a result, the number of women using VA services as a percentage of the total population will only continue to grow in the coming years, along with their need for health care.

Although VA has made a concerted effort to increase capacity and quality of women's health care, gaps in services remain for women enrolled in VA, particularly in gender-specific specialty care. Today, only 52 VA facilities provide onsite mammography. According to VA testimony to this Subcommittee on April 30, 2015, many VA medical centers still have no onsite gynecological services; of those that do, many of the doctors work part-time. The VFW supports requiring all VA medical centers to have a full time obstetrician or gynecologist on staff.

Regardless of what services are available, women veterans will not be afforded the opportunity to utilize them if they are unaware such services exist. This legislation seeks to improve outreach to women veterans by requiring VA to share veterans' information with state veterans' agencies. The VFW supports sharing data between government agencies to ensure veterans are aware of the benefits and services they have earned and deserve. This legislation would afford veterans the opportunity to opt out of the data sharing mechanism VA is required to establish. The VFW urges Congress and VA to ensure veterans are fully informed that their personal information will be shared and are given clear notification of such action, and are granted an easily accessible and user friendly mechanism to opt out.

In drafting testimony for women specific hearings, the VFW has sought the input of women VFW members from across the country. A consistent issue identified by women VFW members was lack of child care at VA medical facilities. Without access to child care services veterans are often reluctant to take their small children to medical appointments with them. Veterans may even choose to forgo the care they need and deserve. Veterans should not be forced to choose between their own wellbeing and that of their children. For this reason, we urge the Committee to amend this legislation to expand the VA child care pilot program to all VA medical centers.

H.R. 1688, to amend the VACAA of 2014 to designate 20 graduate medical education residency positions specifically for the study of optometry.

This legislation would require up to 20 of the 1,500 graduate medical education residency positions established under the Veterans Access, Choice and Accountability Act of 2014 to be designated for residencies in optometry. While the VFW appreciates its intent, we cannot support this legislation.

The Veterans Access, Choice and Accountability Act of 2014 also requires the VAOIG to annually determine the five health care occupations with the largest staffing shortages within the Department. It further requires VA to prioritize residency slots among such health care occupations and any other occupations the Secretary of Veterans Affairs determines appropriate. The VFW agrees that graduate medical education residency slots must be allotted for health care specialties that face the largest staffing shortages to ensure veterans have access to the health care they need. However, we believe the prioritization requirement set forth by the Veterans Access, Choice and Accountability Act of 2014 is the most equitable mechanism for determining which health care specialties receive residency slots.

H.R. 1862, Veterans Credit Protection Act

This legislation would require VA to assist veterans in resolving credit issues caused by delayed health care claim payments. It would also establish a national phone number for veterans to report credit issues. The VFW supports this bill and has several recommendations to strengthen it.

VA has an obligation to ensure veterans are not held liable for health care claims it fails to pay on time or accurately. In the past year, VA has made organizational changes to its claims process to improve timeliness and accuracy of health care claims. In testimony to this Subcommittee on June 3, 2015, VA reported that nearly 73 percent of health care claims were being paid within 30 days. However, the VFW continues to hear that non-VA health care providers bill veterans for health care services VA is responsible for paying because providers are unable to receive timely payment from VA. The VFW believes that the best way to prevent veterans from being wrongfully charged is to ensure VA pays claims on time and accurately. That is why we recommend the Subcommittee amend this legislation by expanding the Government Accountability report to include an evaluation of the accuracy of VA's Chief Business Office's health care claims process.

This legislation also requires VA to assist veterans with credit issues that result from any medical service or emergency health care claim, regardless if VA is authorized to pay such claim. While the VFW believes VA should assist veterans in achieving financial independence, we do not support overburdening VA's Chief Business Office with claims it is unable to resolve. That is why the VFW recommends the Subcommittee amend this legislation to limit assistance through the VA toll-free telephone number to health care claims VA has authorization to resolve.

H.R. 2464, Demanding Accountability for Veterans Act of 2015

The VFW agrees with this legislation, which would prevent VA employees who have failed to comply with VAOIG recommendations from receiving bonuses. Employees receive bonuses as an incentive and recognition for their superior work performance. Those who have failed to comply with VA directives or have been found to have caused harm to veterans or delayed their access to the health care they have earned and deserve cannot be rewarded for their wrongdoing.

H.R. 2914, Build a Better VA Act

This legislation would streamline the congressional process for authorizing VA's major facility leases. The VFW supports this important legislation and has several recommendations to strengthen it.

VA leases property throughout the country for community-based outpatient clinics, medical centers, and an array of other purposes. Since the 1990s, leases \$1 million and above have required congressional authorization. In 2012, the Congressional Budget Office changed its accounting practice on how major facility leases are to be funded, hindering the congressional authorization process. As a result, 27 major facility leases went unauthorized for more than two years. The two year delay resulted in a number of proposed clinics being delayed. Such a delay

negatively impacts access to health care for veterans who rely on leased VA medical facilities for their health care.

This legislation seeks to streamline the authorization process by authorizing the Committees of Veterans' Affairs of the Senate and the House of Representatives to authorize VA major facility leases without requiring legislation. However, it does not eliminate the requirement for the House Transportation and Infrastructure Committee and the Senate Environment and Public Works Committee to pass Committee resolutions. The VFW recommends the Subcommittee amend section 3307 of title 40, United States Code, to exempt VA leases from such requirement.

This bill also fails to address other factors that hinder VA's ability to enter into major facility leases. Currently, VA lacks a revolving fund to insure its major facility leases in the case it is unable to abide by contract requirements for a lease and is contractually required to pay out the full cost of the lease without receiving appropriations for the full amount of such lease. VA currently relies on the General Services Administration's revolving fund authority to insure major VA facility leases. The VFW urges this Subcommittee to establish a VA revolving fund to insure VA leases.

H.R. 2915, Female Veteran Suicide Prevention Act

The VFW supports this legislation to improve VA mental health care and suicide prevention programs offered to women veterans.

As VA and Congress work to expand the availability of women-specific care at VA medical facilities, they must also focus on expanding research on the psychological and physical effects war has on women veterans. VA and Congress must make a concerted effort to understand any differences in the causes, symptoms and treatment modalities between male and women veterans as they relate to mental health conditions and suicide. Without such research, women veterans may go unnecessarily undiagnosed and untreated for serious conditions. The VFW strongly supports this legislation and recommends that this Subcommittee expand it to include an evaluation of which mental health and suicide prevention programs produce the best health outcomes.

In addition to identifying mental health programs with the highest patient satisfaction and health outcomes among women veterans, VA must also work to implement successful programs and adjust existing women veteran programs. VA and Congress have already identified several programs that have proven to improve health outcomes and are well received by women veterans, such as the childcare pilot program and the retreat counseling program for women veterans. VA and Congress must ensure these programs are expanded and successfully implemented.

Draft Legislation, to clarify the role of podiatrists in the Department of Veterans Affairs.

The VFW supports this legislation, which would improve access to VA podiatry care by authorizing VA to properly compensate podiatrists.

VA estimates an increase in the amount of veterans that will require podiatry care in the coming years. Yet, VA has historically been unable able to recruit and retain enough experienced podiatrists to meet the podiatric needs of veterans. In testimony to the Subcommittee on May 15, 2015, the American Podiatric Medical Association cited the lack of pay equality between podiatrists and physicians as the primary reason for VA's recruitment and retention challenges. This legislation is a common sense solution to this issue. The VFW thanks Congressman Wenstrup for his leadership in bringing it forward.

Draft Legislation, Construction Reform Act of 2015

This legislation would require VA to enter into project management agreements for major construction projects over \$100,000,000, calls on VA to apply industry standards when constructing medical centers, increases congressional oversight, and authorizes the funding of four FY 2015 Major Construction projects.

While the VFW supports this legislation, we would like to make a recommendation to strengthen it. As written, this legislation defines medical facility construction projects with expenditures of more than \$100 million as "super construction projects" that must be fully managed by a non-departmental entity. While the VFW agrees that VA's role in managing major construction projects should be reduced, mandating any project over a specified cap with no waiver process could lead to VA managing projects that would be better suited for a third party manager or prevent it from managing projects that are over the cap which they could clearly manage.

The VFW recommends amending Section 2 to include a waiver clause in the plan and design phase that would allow VA to manage larger projects when appropriate and allow the committees of jurisdiction the authority to insist that below cap projects be managed by a third party. This will provide VA and Congress flexibility in the construction process and prevent the third party management agent from becoming overburdened with VA construction projects.

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, the VFW has neither received any federal grants in Fiscal Year 2013, nor has it received any federal grants in the two previous Fiscal Years.