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STATEMENT FOR THE RECORD

OF

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

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

***ONE HUNDRED FOURTEENTH CONGRESS
FIRST SESSION***

CONCERNING:

LEGISLATIVE HEARING ON:

HR 1319, 1603, 1904, 2639, 3234, 3471, 3549

&

DRAFT LEGISLATION

TUESDAY, 17 NOVEMBER 2015

Distinguished members of the House Veterans' Affairs Committee, on behalf of the 23 million American Veterans in this country, AMVETS, a leader since 1944 in preserving the freedoms secured by America's armed forces and providing support for Veterans, Active Duty military, the National Guard/Reserves, their families and survivors, it is my pleasure, to offer this 'Statement for the Record' concerning the following pending legislation:

HR 1319, the Ask Veterans Act – AMVETS supports this bill which requires the VA Secretary to commission an survey, over a five-year period, to determine veteran's patient experiences at every VA medical facility. Importantly, the results of this survey are to be made publically available.

The survey, which would include questions relating to:

- timely access to hospital care and medical services;
- the length of time between the request and the appointment;
- the frequency of appointment cancellation;
- the quality of care received

These are the pillars that any health care system should meet and be measured by. If these areas have poor metrics, then there's a major problem with that facility. Additionally, it was help to identify both the good and the bad. Those facilities with positive rankings should be acknowledged and they should be required to share their best practices system-wide. Those facilities with negative rankings should be identified so that corrective action can be taken.

HR 1603, the Military SAVE Act – AMVETS supports this legislation which amends the *Veterans Access, Choice and Accountability act of 2014* to make victims of MST eligible for treatment in a non-VA entity. Since victims of MST are scattered all over the country, including highly rural areas, the option to seek care within their own communities would be an amazing benefit and would encourage more victims to access care.

HR 1904, the Wounded Warrior Workforce Enhancement Act – AMVETS supports this legislation which:

- directs the VA to award grants to eligible entities to establish a master's or doctoral degree programs in orthotics and prosthetics;
- seeks to expand existing programs in orthotics and prosthetics;
- requires a grant priority for institutions partnering with VA medical facilities;
- provides grants from \$1 and \$ 1.5 million;
- requires the VA to establish a Center of Excellence in Orthotic and Prosthetic Education; and

- seeks to improve orthotic and prosthetic outcomes for members of the military and veterans.

Though the 'Choice' Act was no doubt crafted with the best intentions, in practice, many flaws have surfaced. This legislation gratefully attempts, at least in part, to address some of those deficiencies.

HR 2639, the Marriage and Family Therapists for Veterans Act – AMVETS supports this legislation which seeks to provide additional qualification requirements for VA family therapy practitioners. Our veterans and their families deserve world-class support services and it is our belief that the quality of the practitioner is of the utmost importance to the positive outcome of any therapy.

HR 3234, the Failing VA Medical Center Recovery Act – AMVETS wholeheartedly supports this very important legislation which seeks to improve poor-performing VA medical facilities by establishing an Office of Failing Medical Center Recovery and an Under Secretary position to head the Office. This dedicated Office which would take over the managerial and day-to-day operations of every failing VA medical center and would also:

- publish, both in the Federal Register and on the VA website the key health metrics for each VA medical center;
- certify semiannually that each failing VA medical center is subject to managerial and day-to-day operational control by the Office;
- would only revoke the certification of a VA medical center as failing medical center on after achieving a rating of 'satisfactory' or better for three consecutive quarters;
- submit to Congress a quarterly report on the office, including corrective actions taken by the Under Secretary;
- transfer direct control of each failing medical center out of the pertinent VISN to the Under Secretary; and perhaps most importantly,
- establish rapid deployment teams to each failing medical to ensure that each failing VA medical is returned to a 'satisfactory' status as quickly as possible.

The focus, expertise and rapid response of the deployment team, under the direction of the Under Secretary should be very effective in correcting deficiencies in a cost effective and timely manner. It is our hope too, that this would help to improve the continuity of services across the VA system.

HR 3471, the Veteran Mobility Safety Act of 2015 – AMVETS supports this legislation which seeks to add a layer of security for eligible disabled veterans who, due to their sacrifice, are provided a vehicle or other conveyance by the VA by:

- requiring the certification of any provider of adaptive equipment modification services;
- requiring the certification of any individual who performs such modifications; and
- requiring both the automobile/adaptive equipment provider and the provider of modification services to adhere to specified requirements of the ADA of 1990.

HR 3549, the VA Billing Accountability Act – AMVETS supports this very important legislation which protects veterans from being billed by the VA for certain medical expenses when those expenses are incurred as a result of improper billing and notification on the VA's behalf. Furthermore, it limits the ability of the VA to collect these payments, unless a veteran has first been provided with information about applying for a waiver (which takes between 45 – 90 days to process) and given the opportunity to establish a payment plan (which takes the same amount of time to process as a waiver).

I have recently had a personal experience with this exact situation which I unsuccessfully attempted to resolve for several months. I called the central VA billing office numerous times about the situation and each time had to re-explain the situation after which I was told that the problem would be solved. Unfortunately, the problem wasn't resolved and the next time I called, I was told that my case would be escalated. Eventually I was informed that if the balance on my account was not paid, that it would be subtracted from my disability compensation in November. It wasn't until early October, that any mention was made about a possible payment plan, which I authorized pending the resolution of the problem. When November rolled around, even though I had agreed to a payment plan, the full amount of the outstanding balance had been removed from my disability compensation. When I called the VA to ask about why the full amount of the balance had been taken, I was told that it takes 45 – 90 days to set up a payment plan. It wasn't until the very end of this ordeal or immediately after the money was taken, that anyone even mentioned the possibility of a waiver and of course by then it was too late.

No veteran should be given the run around and mistreated in this manner; it is our hope that this legislation will prevent this type of situation going forward.

Draft Legislation, the Promoting Responsible Opioid Management and Incorporating Scientific Expertise or "Promise Act" – AMVETS is extremely grateful for the recognition of this critically important issue which, in part, directs both VA and DoD to jointly update

the VA/DoD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain, including guidelines regarding:

- prescribing opioids for outpatient treatment of chronic, non-cancer pain;
- contraindications for opioid therapy;
- treatment of patients with post-traumatic stress disorder, psychiatric disorders or a history of substance abuse or addiction;
- case management for patients transitioning between inpatient and outpatient health care;
- routine and random urine drug tests to help prevent substance abuse; and
- options to augment opioid therapy with other clinical and complementary and integrative health services to minimize opioid dependence.

The bill further specifies that VA shall:

- expand the Opioid Safety Initiative to include all VA medical facilities, including providing employees with pain management training and establishment of pain management teams;
- track and monitor opioid use, including through the use of state program information;
- increase the availability of Food and Drug Administration-approved opioid receptor antagonists;
- modify the Computerized Patient Record System to ensure that any health care provider that accesses a veteran's record will be immediately notified whether the veteran is receiving opioid therapy and has a history of substance use disorder or opioid abuse;
- establish a Pain Management Board in each VISN;
- conduct a feasibility study for a program under which veterans at risk for prescription drug abuse receive prescription drugs only from certain VA pharmacies;
- establish the Office of Patient Advocacy;
- expand research and education on, and delivery and integration of, complementary and integrative health services into veterans' health care services, including services provided to veterans with mental health or chronic conditions;
- assess the feasibility of using wellness programs to complement pain management and related health care services to veterans and their families;
- carry out a program of internal audits to improve health care services to veterans and their families; and
- provide to the medical board of each state in which a VA health care provider is licensed information about such provider's medical license violations.

The VA's own office of the Inspector General has issued numerous reports over the years indicating that overmedication, including the use of a wide variety of opioids, is a systemic problem at VA medical centers. With this in mind, no reasonable person can doubt that there must be some connection between the problem of over medicating veterans and the tragic veteran suicide rate.

While AMVETS would never deny the benefits that some medications may provide for certain patients, we must equally acknowledge that the VA's reliance on a strictly pharmacological approach to treating the health issues affecting our veterans, is certainly not the only option and may not even be the best approach. Medication, in and of itself, merely masks symptoms and does nothing to eradicate any under lying mental or physical health problems. This then can lead to a life threatening dependence on medications, many of which have side effects more serious than the conditions they are meant to treat.

Acknowledging that many medical conditions require some level of pharmaceutical interventions, AMVETS would encourage the VA in part to:

- increase use of complementary, alternative and integrative health practices;
- use an interdisciplinary team approach to healthcare that would more holistically treat patients with the goal being an improved quality of life; and
- require clinicians, prior to issuing prescriptions, to fully inform veterans of both traditional and non-traditional therapies that are available and appropriate alternatives for treating their conditions.

This completes my statement and I thank you again for the opportunity to offer our comments on pending legislation. Feel free to reach out to me at dzumatto@amvets.org if have any questions.



Diane M. Zumatto AMVETS National Legislative Director



Diane M. Zumatto of Spotsylvania, VA joined AMVETS as their National Legislative Director in August 2011. Zumatto a native New Yorker and the daughter of immigrant parents decided to follow in her family's footsteps by joining the military. Ms. Zumatto is a former Women's Army Corps/U.S. Army member who was stationed in Germany and Ft. Bragg, NC, was married to a CW4 aviator in the Washington Army National Guard, and is the mother of four adult children, two of whom joined the military.

Ms. Zumatto has been an author of the *Independent Budget* (IB) since 2011. The IB, which is published annually, is a comprehensive budget & policy document created by veterans for veterans. Because the IB covers all the issues important to veterans, including: veteran/survivor benefits; judicial review; medical care; construction programs; education, employment and training; and National Cemetery Administration, it is widely anticipated and utilized by the White House, VA, Congress, as well as, other Military/Veteran Service Organizations.

Ms. Zumatto regularly provides both oral and written testimony for various congressional committees and subcommittees, including the House/Senate Veterans Affairs Committees. Ms. Zumatto is also responsible for establishing and pursuing the annual legislative priorities for AMVETS, developing legislative briefing/policy papers, and is a quarterly contributor to '*American Veteran*' magazine. Since coming on board with AMVETS, Ms. Zumatto has focused on toxic wounds/Gulf War Illness, veteran employment and transition, military sexual trauma, veteran discrimination and memorial affairs issues.

Zumatto, the only female Legislative Director in the veteran's community, has more than 20 years of experience working with a variety of non-profits in increasingly more challenging positions, including: the American Museum of Natural History; the National Federation of Independent Business; the Tacoma-Pierce County Board of Realtors; The Washington State Association of Fire Chiefs; Saint Martin's College; the James Monroe Museum; the Friends of the Wilderness Battlefield and The Enlisted Association of the National Guard of the United States. Diane's non-profit experience is extremely well-rounded as she has variously served in both staff and volunteer positions including as a board member and consultant. Ms. Zumatto received a B.A. in Historic Preservation from the University of Mary Washington, in 2005.

AMVETS, National Legislative Director
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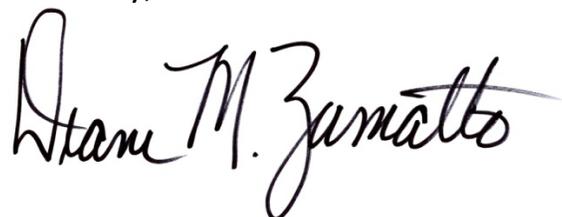
16 November 2015

The Honorable Jeff Miller, Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
335 Cannon Office Building
Washington, DC 20515

Dear Chairman Miller:

Neither AMVETS nor I have received any federal grants or contracts, during this year or in the last two years, from any federal agency or program.

Sincerely,

A handwritten signature in black ink that reads "Diane M. Zumatto". The signature is written in a cursive style with a large, stylized initial "D".

Diane M. Zumatto
AMVETS National Legislative Director