

STATEMENT OF
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VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH

WITH RESPECT TO

**H.R. 1319, H.R. 1603, H.R. 1904, H.R. 2639, H.R. 3234, H.R. 3471, H.R. 3549, and
DRAFT LEGISLATION**

WASHINGTON, DC

NOVEMBER 17, 2015

MR. CHAIRMAN 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, thank you for the opportunity to offer our thoughts on today's pending legislation.

H.R. 1319, Ask Veterans Act

This legislation would require the Department of Veterans Affairs (VA) to survey veterans to evaluate their views and experiences when seeking VA health care. The VFW supports this legislation and has a recommendation to improve it.

When the VA health care access crisis erupted in April 2014, the VFW turned to our members to gauge the issues from their perspective. We launched a series of surveys, held town halls, and provided a mechanism for veterans to share their experiences and seek help obtaining VA health care. What we heard from veterans was not surprising to us, but it did provide a holistic view of the VA health care system from the perspective of those it was designed to serve.

The VFW's first survey only included quantitative questions. While these questions provided a clear picture of the health care access crisis, they did not provide an empirical mechanism for us to determine the reasons for certain outcomes. For example, we were able to determine that 50 percent of veterans chose to keep receiving VA health care when given the opportunity to receive community care. However, the survey did not ask why veterans chose to stay with VA care. The VFW's subsequent surveys included qualitative questions to close the loop. That is

why we urge the Subcommittee to amend this legislation by requiring that the annual survey of veterans include both qualitative and quantitative questions.

Currently, VA conducts a number of surveys to measure veterans' experiences and evaluate its progress in meeting strategic goals. VA's most notable survey is the *Survey of Healthcare Experiences of Patients*, which surveys a random sample of veterans who have received VA health care within a month. The problem, however, is that VA mainly surveys VA patients or veterans who utilize VA benefits and programs. The last time VA conducted a survey of non-VA users was in 2010 as part of its *National Survey of Veterans*. That is why we recommend that this legislation be amended to include veterans who may be eligible for VA health care instead of only sampling veterans who have received VA health care in the proposed survey.

H.R. 1603, Military Sexual Assault Victims Empowerment (SAVE) Act

This legislation would expand eligibility for the Veterans Choice Program to any veteran who is the victim of military sexual trauma. The VFW opposes this bill.

The VFW strongly believes that veterans who struggle with psychological effects of military sexual trauma deserve timely access to high quality care. With the extraordinarily high incidence of sexual trauma in the military and the failure of many victims to report the trauma to medical or police authorities, it is important to ensure veterans who seek assistance are given the opportunity to receive timely access to mental health care.

VA has made a concerted effort in recent years to increase its capacity to deliver mental health care by hiring additional mental health providers and integrating mental health into primary care clinics. The VFW agrees that VA lacks the resources and capacity to provide timely mental health care to all the veterans it serves. However, veterans who have used the Veterans Choice Program also report having long wait-times for care or not being able to find a private health care provider willing to see them. While the VFW supports the use of private sector care and has worked to improve the Veterans Choice Program, we do not believe that expanding eligibility for the Veterans Choice Program is the correct solution.

Instead of shifting the workload to the private sector, the VFW recommends reforming the way we deliver health care to veterans by seamlessly combining the capabilities of the VA health care system with public and private health care providers in each community. Doing so would ensure veterans receive high quality mental health care and give private sector providers the cultural competency training needed to deliver veteran-centric care.

H.R. 1904, Wounded Warrior Workforce Enhancement Act

This legislation would require VA to expand the availability of training programs for orthotists and prosthetists. The VFW supports this legislation and has a recommendation to improve it.

Orthotists and prosthetists are vital to ensuring VA provides the prosthetics care and services veterans need and deserve. In 2014, VA provided 17.5 million prosthetic items and services to more than three million veterans and estimates a growing demand in future years. The VFW

strongly supports expanding the availability of orthotic and prosthetic care for veterans. For this reason, we believe the Subcommittee should amend this legislation by adding a requirement that grant recipients offer reduced or no-cost education to any admitted student who agrees to work at a VA medical facility for a period of time specified by the Secretary, similar to service requirements under other health professional educational assistance programs.

H.R. 2639, Marriage and Family Therapists for Veterans Act

This legislation would amend VA's hiring requirements to increase VA's capacity to provide marriage and family therapy. The VFW agrees with the intent of this legislation, but we defer to VA to determine and justify the educational requirements of its therapists.

Suicide among military personnel and veterans presents a serious challenge to VA, the Department of Defense and the nation. A recent study of veterans from the Iraq and Afghanistan wars found that recently discharged veterans are up to 61 percent more likely to commit suicide compared to the United States general population. The study also found that more than 9,300 recently discharged veterans committed suicide between 2001 and 2007.

Without access to mental health care, those suffering from the invisible wounds of war are forced to deal with their mental health symptoms on their own, which makes recovery nearly impossible. This legislation would expand access to VA mental health care by requiring VA to accept regionally accredited master's degrees when hiring marriage and family therapists. While the VFW strongly supports expanding access to mental health care, we believe such expansion must not diminish the quality of care veterans receive from VA. Ultimately, VA is responsible for assuring the quality of care veterans receive. That is why the VFW believes VA is best suited to determine and justify the education requirements of its health care providers.

H.R. 3234, Failing VA Medical Center Recovery Act

This legislation would establish an undersecretary level office to identify and take over failing VA medical facilities. The VFW cannot support the legislation as written.

This past year VA deployed a rapid response team to the Phoenix VA Health Care System to address the issues that drew national attention to the VA health care access crisis. However, the problems the team were asked to address were largely systemic issues with outdated systems and processes that were not unique to Phoenix. The VFW has said many times that Phoenix was not Ground Zero because the nationwide access crisis could have started at any VA facility. The breakdown was caused by a systematic failure at every level. These failures included congressional and VA Central Office oversight that was too trusting of people and the information they presented; a decentralized management system that creates internal fiefdoms and breeds an employee culture of indifference towards politically-appointed leadership; and the lack of proper resources, both in human and fiscal capital.

The VFW supports efforts to identify and address facility specific issues that negatively affect VA's ability to deliver timely and high-quality health care. However, requiring the VA central office to take over underperforming facilities would further degrade the relationship between

politically-appointed leadership and medical center staff. Instead of establishing a new undersecretary position, Congress should strengthen VA's Veterans Experience Office to ensure every VA medical facility provides the timely and high quality health care veterans have earned and deserve.

H.R. 3471, Veterans Mobility Safety Act of 2015

This legislation would establish minimum safety standards for the Automobile Adaptive Equipment Program. The VFW supports the intent of this legislation and has a recommendation to improve it.

The Automobile Adaptive Equipment Program was established to enable severely disabled veterans to drive without the assistance of others by making modifications to their existing vehicles or purchasing a new vehicle with the specific accommodations they need. Because the VA automobile grant is a one-time benefit, it is important that modifications made to vehicles are safe and function properly the first time.

Currently, VA prosthetic representatives are required to assist veterans in locating an approved vendor and inspecting the workmanship of vehicle modification. VA encourages veterans to verify that a vendor is registered with the National Highway Traffic Safety Administration (NHTSA), which is responsible for developing motor vehicle safety standards. However, NHTSA does not conduct thorough compliance evaluations to ensure registered adaptive equipment installers comply with the established standards. The VFW recommends that any certification organization used by VA to accredit installers conduct thorough site visits to inspect installers and verify compliance with safety standards. VA must also ensure that requiring certification does not impede its ability to administer the Automobile Adaptive Equipment Program.

H.R. 3549, VA Billing Accountability Act

The VFW supports this legislation, which would ensure veterans are properly notified of their copayment obligations and would require VA to waive copayment if it fails to properly notify veterans.

Earlier this year, more than 1,400 veterans were charged more than \$500,000 for five-years' worth of health care received from the Minneapolis VA Medical Center. While disheartening, VA charging veterans for years of copayments all at once is not rare. The VFW continues to hear from veterans that VA has sent them large bills for care they either had no idea they were liable for or were unaware they had not paid. In most instances, veterans do not have the ability to pay such debts and are not offered any other recourse but to have their monthly disability benefits garnished until the debt is repaid. That is why the VFW supports waiving medical debt when VA fails to properly notify veterans. Veterans must not be punished for VA's inability to get its house in order.

However, the VFW recommends that the Subcommittee amend this legislation by authorizing VA to evaluate whether the 120-day and 18-month requirements for notifying veterans of

copayment obligations are aligned with industry best practices.

Draft Legislation, Promoting Responsible Opioid Management and Incorporating Medical Expertise Act

This legislation would reduce VA's reliance on pharmacotherapy to treat mental health and complex pain conditions; expand VA research, education, and delivery of complementary and alternative medicine (CAM) treatments; and improve VA hiring and internal audits. The VFW supports this legislation and has a recommendation to strengthen it.

Too often, the VFW hears stories of veterans who have been prescribed high doses of pain medication to treat their mental health conditions. Countless veterans have experienced first-hand the dangerous side effects of pharmacotherapy. Many of these medications, if incorrectly prescribed, have been proven to render veterans incapable of interacting with their loved ones and even contemplate suicide. With the expanding evidence of the efficacy of non-pharmacotherapy modalities, such as psychotherapy and CAM, VA must ensure it affords veterans the opportunity to access effective treatments that minimize adverse outcomes.

Timely and accessible mental health care is crucial to ensuring veterans have the opportunity to successfully integrate back into civilian life. With more than 1.4 million veterans receiving specialized VA mental health treatment each year, VA must ensure such services are safe and effective. VA has made a concerted effort to change its health care providers' dependence on pharmacotherapy to treat mental health conditions and manage pain. In 2011, the Minneapolis VA Medical Center launched its Opioid Safety Initiative. Aimed at changing the prescribing habits of providers, the Opioid Safety Initiative educates providers on the use of opioids, serves as a tool to taper veterans off high-dose opioids, and offers them alternative, non-pharmacotherapy modalities for pain management. Unfortunately, VA has failed to produce a notable change since implementing the Opioid Safety Initiative systemwide. This legislation includes much needed reforms to ensure VA's clinical practice guidelines for pain management are appropriate and includes the proper compliance mechanisms, such as the pain management boards, to ensure such guidelines are carried out.

The VFW has consistently heard from veterans that their patient advocates are ineffective or seek to protect the medical facility's leadership instead of addressing their concerns. For this reason, we strongly recommend the Subcommittee amend this legislation to codify VA's Veterans Experience Office. Established to collect and disseminate best practices for improving customer service, coordinate community outreach efforts, and serve as the subject matter experts on the benefits and services VA provides to veterans, veteran experience officers should replace patient advocates currently located in VA medical facilities.

Patient advocates cannot effectively meet their obligations to veterans if their chain of command includes VA medical facility staff who are responsible for the actions and policies they are required to address. In the markup of this bill, the VFW recommends that the Subcommittee codify the Veterans Experience Office and expand the duties of veteran experience officers to include: ensuring the health care protections afforded under Title 38, U.S.C., a veteran's right to seek redress through clinical appeals; claims under Section 1151 of Title 38 U.S.C. and the

Federal Tort Claims Act; and the right to free representation by accredited veteran service organizations are fully applied and complied with by VA medical facilities and contracted non-VA health care providers.

With the growing body of research on the efficacy of CAM therapies, such as biofeedback, mindfulness meditation, and other non-pharmacologic approaches to treating mental health conditions and managing pain, the VFW believes that more work must be done to ensure veterans are afforded the opportunity to receive these safe and effective alternatives to pharmacotherapy. This legislation would make significant strides toward ensuring veterans who are tapered off high-dose medications have effective alternatives.

Legislative Proposal, VA Purchased Health Care Streamlining and Modernization Act

The VFW strongly supports this legislation, which would streamline VA's ability to purchase health care from private sector health care providers when VA health care is not readily available.

VA must have the ability to quickly provide non-VA health care when it is unable to provide direct care to the veterans it serves. The VFW is glad to see this legislation includes best practices, such as requiring non-VA medical providers to return medical documentation, and quality and safety mechanisms to ensure veterans receive high quality care from non-VA providers.

The VFW has heard from veterans who live in contracted extended care facilities that they may be required to leave the place they have called home for years because VA does not have the authority to renew provider agreements. The VFW urges this Subcommittee to quickly consider and pass this important legislation to ensure severely disabled veterans are not harmed by VA's inability to enter into provider agreements.

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 not received any federal grants in Fiscal Year 2015, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.