

**STATEMENT OF
LaRANDA D. HOLT ASSISTANT DIRECTOR FOR WOMEN AND MINORITY
VETERANS OUTREACH
NATIONAL VETERANS AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING LEGISLATION**

NOVEMBER 17, 2015

Chairman Benishek, Ranking Member Brownley, and distinguished members of the subcommittee, on behalf of our National Commander, Dale Barnett, and the over 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on the following pending legislation.

H.R. 1319: Ask Veterans Act

To direct the Secretary of Veterans Affairs to conduct annual surveys of veterans on experiences obtaining hospital care and medical services from medical facilities of the Department of Veterans Affairs, and for other purposes.

This bill would require the VA Secretary to enter into a contract with a non-government entity to conduct an annual survey to determine the nature of the experiences of such veterans in obtaining hospital care and medical services furnished at each medical facility. The survey would look at the veteran's ability to obtain care in a timely manner, the period of time between the requested appointment and the scheduled appointment, the frequency in which scheduled appointments are cancelled by the facility, and the quality of care the veteran received at the facility.

The Veterans Health Administration (VHA) currently has a process of conducting surveys to measure veterans health care experiences through the Survey of Health Experiences of Patients (SHEP) process. This process serves both quality improvement and performance measurement functions. When a given standard falls substantially below national benchmarks in a particular medical unit or clinic, process action teams can examine the question scores to identify specific barriers that addresses the overall patient experience.

Through The American Legion's System Worth Saving (SWS) Program, which assesses the quality and timeliness of how VA delivers benefits to our nation's veterans, The American Legion has helped educate our federal government and our veterans as to the strengths and weaknesses of the Department of Veterans Affairs (VA) health care system and all of the

services that VA is responsible for delivering to veterans.¹ In 2012, The American Legion SWS Task Force Report specifically focused on Veterans Health Administration's (VHA) Quality of Care and Patient Satisfaction. In our report, we made the following recommendations:²

- The SHEP scores data need to be sent to VA medical facilities in a timely manner, rather than a three to six-month wait, in order to adequately evaluate and measure “real-time” quality of care and patient satisfaction.
- VHA needs to adopt a single and consistent patient-satisfaction survey tool such as Truth Point or Press Ganey to utilize as the main tracking tool in order to make it more efficient and effective to gather results.
- Representatives from the veterans’ community should be involved and serve as a member of the facility’s Customer Service Board and Patient Satisfaction Committee meetings. The Veterans Administration Voluntary Service (VAVS) National Advisory Committee (NAC) has brought forward this recommendation to senior VA officials. Following this recommendation, VHA has stood up a new Veterans Experience Office and this office will be working with community leaders nationwide to gain feedback on veterans’ experiences at their local VA medical centers.

The American Legion has no position on H.R. 1319 due to the fact that VHA currently has a process of conducting surveys to measure veterans health care experiences through the SHEP process.

H.R. 1603: Military Sexual Assault Victims Empowerment Act/Military SAVE Act

To amend the Veterans Access, Choice, and Accountability Act of 2014 to improve the private treatment of veterans who are victims of military sexual assault.

This bill would amend the Veterans Access, Choice, and Accountability Act (VACAA) of 2014 to improve the private treatment of veterans who are victims of military sexual assault. H.R. 1603 would make a victim of a military sexual trauma potentially eligible for non-VA care under the Veterans Choice Program.

Ultimately, this is about trying to find the right treatment for every patient, and in the case of Military Sexual Trauma (MST), unique challenges can shape treatment needs, and VA should be flexible to ensure these veterans receive the care they need. The American Legion is deeply concerned with the plight of survivors of MST and has urged Congress to ensure the VA properly resources all VA medical centers, vet centers, and community-based outpatient clinics so that they employ a MST counselor to oversee the screening and treatment referral process, and continue universal screening of all veterans for a history of MST.³ A January 2011 landmark

¹ [American Legion No. 105: Reiteration of the System Worth Saving Program: SEPT. 2015](#)

² [American Legion System Worth Saving Report: Quality of Care and Patient Satisfaction: 2012](#)

³ [Resolution No. 67: Military Sexual Trauma AUG 2014](#)

survey of women veterans conducted by The American Legion found challenges for women veterans receiving gender specific care sensitive to their needs, *particularly* with regard to MST, and The American Legion has since fought for better awareness training in VA for MST sensitivity, significant increases in outreach, and more comprehensive care options for MST survivors including better availability of female therapists, female group therapy and other options to make MST care more accessible.⁴

VA is working to improve in these areas, as is evidenced by VA publications that note:

- VA knows that MST survivors may have special treatment needs and concerns. For example, a Veteran can ask to meet with a clinician of a particular gender if it would make him or her feel more comfortable. Similarly, to accommodate Veterans who do not feel comfortable in mixed-gender treatment settings, many facilities throughout VA have separate programs for men and women. All residential and inpatient programs have separate sleeping areas for men and women.
- VA has specialized treatment programming available for MST survivors. VA facilities have providers knowledgeable about evidence-based mental health care for the aftereffects of MST. Many have specialized outpatient mental health services focusing on sexual trauma. Vet Centers also have specially trained sexual trauma counselors. For Veterans who need more intensive treatment and support, there are programs nationwide that offer specialized sexual trauma treatment in residential and inpatient settings.
- In VA, treatment for all mental and physical health conditions related to MST is free and unlimited in duration. Veterans do not need to have a disability rating (that is, be “service-connected”), to have reported the incident(s) at the time, or to have other documentation that MST occurred in order to receive free MST-related care. There are no time limits on eligibility for this care, meaning that Veterans can seek out treatment even many years after discharge.
- Veterans may be eligible for free MST-related care even if they are not eligible for other VA services. There are special eligibility rules associated with MST-related care and many of the standard requirements related to length of service or financial means do not apply.⁵

However, implementation of change within VA can take time, and even the best of programs can have irregular results from facility to facility. Veterans should not have to suffer because the care they need is not well implemented at their local VA facility.

The American Legion recognized that the Choice program was an emergency measure to get care to veterans where VA was struggling to deliver care. At the time of its passage in 2014, The American Legion hoped lessons could be learned about how VA implements non-VA care and how better systems could be devised to ensure veterans can use that care seamlessly when

⁴ [Resolution No. 18: Women Veterans OCT 2015](#)

⁵ [Top Ten Things All Healthcare & Service Professionals Should Know About VA Services for Survivors of Military Sexual Trauma](#)

needed, but still benefit from the healthcare system specifically designed to meet their needs, the VA.

In recognition of the needs of an integrated system to deliver non-VA care when need, The American Legion believes VA need to develop “develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient-centered care strategy *which takes veterans’ unique medical injuries and illnesses* [emphasis added] as well as their travel and distance into account.”⁶

One of the unique problems that survivors of MST face is that the treatment environment at VA is not always conducive to their comfort level, and comfort is critical in particular when dealing with issues such as psychiatric care for Posttraumatic Stress Disorder (PTSD) which is frequently a major side effect of MST. In the case of these survivors, getting them to a treatment program within their comfort level can mean the difference between a survivor continuing treatment, or abandoning treatment and feeling further isolation and possibly escalation of their symptoms.

For veterans who are suffering right now, they need to get the treatment they need, but we should also be mindful this is not a panacea for the problems faced by MST survivors, and ensuring integration with the VA system is also beneficial to their overall health picture. As with any care outside VA, The American Legion stresses the importance of ensuring non-VA care has quality of care standards equal to or better than they receive within VA, that the care is coordinated effectively to ensure veterans are not stuck with billing problems with outside providers that can adversely affect their credit, and perhaps most importantly, that the providers have access to VA healthcare records for the patient and vice versa.⁷ One of the best assets of VA healthcare for veterans is the ability for providers within the system to have a total picture of the veteran’s health. By seeing all interconnected conditions, and being aware of the unique health challenges of veterans, providers can spot patterns leading to early screening for conditions such as PTSD, health conditions related to environmental exposures like Gulf War Illness and Agent Orange, and other things an average civilian provider would miss. While sometimes it’s necessary for veterans to get the care they need outside the system, it’s important to make sure when that’s done, they do not lose out on the real and tangible benefits to care they get as part of the integrated care network that is VA.

But first, for veteran survivors of Military Sexual Trauma, we have to make sure they get the care they need in the environment that’s going to maximize the effects of treatment.

The American Legion supports H.R. 1603.

H.R. 1904: The Wounded Warrior Workforce Enhancement Act

⁶ [Resolution No. 46: Department of Veterans Affairs \(VA\) Non-VA Care Programs OCT 2014](#)

⁷ [Resolution No. 46: Department of Veterans Affairs \(VA\) Non-VA Care Programs OCT 2014](#)

To require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree or doctoral degree programs in orthotics and prosthetics, and for other purposes.

This bill would require the Secretary of the Department of Veterans Affairs to award grants to establish, or expand upon, master's degree programs in orthotics and prosthetics, and for other purposes. The American Legion believes due to the shortage of physicians in certain specialized areas, such as orthotics and prosthetics, Congress must ensure resources and funding are available to support continuing education and training of such physicians.⁸ Through this continuing education program, VA would benefit from providers of these professions being available to treat VA patients through their continuing education program, and upon completion of the program becoming gainfully employed by the VA.

The American Legion supports H.R. 1904.

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

To amend title 38, United States Code, to provide for additional qualification requirements for individuals appointed to marriage and family therapist positions in the Veterans Health Administration of the Department of Veterans Affairs.

Marriage and Family Therapists (MFTs) are mental health professionals that are trained in psychotherapy and family systems. These professionals are licensed and trained to treat mental and emotional disorders within the environment of marriage, couples, and family systems. H.R. 2639, would revise the eligibility criteria for a marriage and family therapists to be employed by the Department of Veterans Affairs by requiring those individuals to have a graduate level degree in marriage and family therapy and/or mental health. The additional requirements set forth in the bill will ensure Marriage and Family Therapists that are employed by the VA are certified to be the best in their field.

The American Legion has no position on H.R. 2639.

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

To amend title 38, United States Code, to establish within the Department of Veterans Affairs an Office of Failing Medical Center Recovery, and for other purposes

This bill would add a new subsection § 323 to 38 United States Code (U.S.C.) Chapter 3-Department of Veterans Affairs⁹ entitled "Office of Failing Medical Center Recovery". This section would establish the new Office of Failing Medical Center Recovery headed by a new Under Secretary for Failing Medical Center Recovery within VHA. The purpose of this office would be to carry out the managerial and day-to-day operational control of each medical center of the Department that the Secretary certifies as a failing medical center.

⁸ *American Legion Resolution No. 311: The American Legion Policy on VA Physicians and Medical Specialists Staffing Guidelines: SEPT. 1998*

⁹ <https://www.law.cornell.edu/uscode/text/38/part-I/chapter-3>

The American Legion currently has no position on the creation of such an entity and is researching the potential impact – both positive and negative – of such a change on the ability to deliver health care so that the membership of The American Legion will have a chance to consider a resolution on the issue and solidify a formal position.

The American Legion has no position on H.R. 3234 at this time.

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

To amend title 38, United States Code, to make certain improvements in the provision of automobiles and adaptive equipment by the Department of Veterans Affairs.

This bill requires a vendor of automotive adaptive equipment to be certified by a qualified organization or the manufacturer of the adaptive equipment. Through the VA Automotive Adaptive Equipment (AAE) program, VA provides physically challenged persons the necessary equipment to safely operate their vehicle on the country's roadways. Through the Department of Rehabilitation and Prosthetic Services VA provides the necessary equipment such as: platform wheelchair lifts, under vehicle lifts, power door openers, lowered floors/raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems. Based on our research, The American Legion has not found any issues with veterans obtaining automobile adaptive equipment or automobile grants and does not feel that there is a need at this time for additional policy. The American Legion is continuing to research this issue and should information change would consider working to develop a resolution with our membership to provide specific policy guidance.

The American Legion does have a position on H.R. 3471 at this time.

H.R. 3549: VA Billing Accountability Act

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to waive the requirement of certain veterans to make copayments for hospital care and medical services in the case of an error by the Department of Veterans Affairs, and for other purposes.

No veteran should have to wait 30, 60, 90 or 120 days or more to receive a copay bill immediately following VA hospital care or medical services. The American Legion's National Commander Dale Barnett has spoken to many veterans recently about the troubles caused with their finances and credit due to discrepancies and problems with third party billing. VA is required to provide timely health care to our nation's veterans and should be held to similar standards for third party billing. The American Legion thanks Congress for taking the leadership steps necessary to require VA to establish regulations for first party billing which conform with the time standard outlined in the bill and to provide the Secretary the authority to waive the veterans first party copayments.

The American Legion supports H.R. 3549.

Discussion Draft: Promise Act

To improve the use by the Department of Veterans Affairs of opioids in treating Veterans, to improve patient advocacy by the Department, and to expand availability of complementary and integrative health, and for other purposes.

In the wake of serious concerns about over prescription of medications at the Tomah Veterans Affairs Medical Center, the nation has become more focused on ensuring veterans and service members are treated properly with opioid medications and do not unduly suffer due to mixed drug toxicity. The American Legion has been concerned about increasing reports of overmedication with pain management even before the stories began to circulate out of Tomah.

This legislation would work to improve pain management policies between the Departments of Defense (DOD) and Veterans Affairs (VA) through establishing better clinical guidelines, countering overdoses, encouraging more collaboration between VA and DOD, and establishing pain management boards across VA to ensure better compliance. The legislation would also strengthen communication between VA and the veterans' community, enhance patient advocacy, and improve research and education on complementary and alternative care.

The American Legion firmly believes in increasing federal funding throughout the Department of Defense, Department of Veterans Affairs and the National Institutes of Health for pain management research, treatment and therapies. Furthermore, The American Legion urges these institutions to increase investment in pain management clinical research by accelerating clinical trials at military and VA treatment facilities, as well as at affiliated university medical centers and research programs¹⁰. The increased use of complementary and alternative medicine is directly in line with policies of The American Legion regarding treatment for veterans with mental health and brain injuries, and represents a welcome expansion of care in these areas.¹¹

The American Legion supports this discussion draft.

Discussion Draft: Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act

To amend title 38, United States Code, to establish certain agreements for purchasing medical care for veterans when care within facilities of the Department of Veterans Affairs or through contracts or sharing agreements is not feasibly available

Under title 38 U.S.C. § 1703, entitled "Contracts for hospital care and medical services in non-Department facilities", when Department facilities are not capable of furnishing economical hospital care or medical services because of geographical inaccessibility or are not capable of VA furnishing the care or services required, the Secretary, as authorized in section 1710 of this title, may contract with non-Department facilities. Contracts between VA and non-VA facilities are currently negotiated under Federal contract statutes and regulations (including the Federal Acquisition Regulation (FAR), which is set forth at 48 Code Federal Regulations (CFR) Chapter 1; and the Department of Veterans Affairs Acquisition Regulations, which are set forth at 48

¹⁰ [Resolution No. 190: Support for Pain Management Research, Treatments and Therapies at DOD, VA and NIH – AUG 2015](#)

¹¹ [Resolution No. 292: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs – AUG 2014](#)

Code Federal Regulations (CFR) Chapter 8.

Federal contract laws and regulations are not always the best method for procuring individual services, which is why for many years VA issued individual authorizations to providers, without following contracting laws and regulations. VA General Counsel has informed VA that they must comply with contracting laws and regulations, which will make it more difficult for VA to procure individual services from non-VA providers. Provider agreements would allow the Veterans Health Administration (VHA) to procure non-VA health care services on an individual basis in accordance with the terms and agreements set forth in the law. The American Legion supports legislation that would allow the Department of Veterans Affairs (VA) to enter into provider agreements with eligible non-VA providers to obtain needed health care services for the care and treatment of eligible veterans.¹²

The American Legion supports this discussion draft.

Conclusion

As always, The American Legion thanks this subcommittee for the opportunity to explain the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861-2700 or wgoldstein@legion.org.

¹²

[American Legion Resolution No. 32: Department of Veterans Affairs Provider Agreements with Non-VA Providers: SEPT. 2015](#)