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***STATEMENT OF
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
APRIL 20, 2016***

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the Subcommittee on Health. As you know, DAV is a non-profit veterans service organization comprised of 1.3 million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to be here to present our views on the bills under consideration by the Subcommittee, and we appreciate your invitation.

H.R. 2460

H.R. 2460, if enacted, would authorize the Secretary to enter into agreements with state veterans homes to provide adult day health care for veterans who are eligible for, but do not receive, skilled nursing home care under section 1745(a) of title 38, United States Code. Eligible veterans are those who require such care due to a service-connected disability, or who have a VA disability rating of 70 percent or greater and are in need of such care. The payment to a state home under this program would be at the rate of 65 percent of the amount payable to the state home if the veteran were an inpatient for skilled nursing care and payment by VA would be considered payment in full to the state home.

Adult day health care is an alternative to traditional skilled nursing care that can allow some veterans requiring long-term service and supports to remain in their homes near family and friends, rather than be institutionalized in nursing homes. This program is designed to promote socialization, stimulation, and maximize independence while enhancing quality of life as well as providing comprehensive medical, nursing, and personal care services for veterans.

DAV is pleased to support H.R. 2460, which is in line with DAV Resolution No. 101, adopted at our most recent National Convention, calling for support for the state veteran home program, recognizing state home care as the most cost-effective care available for sick and disabled veterans with long-term care needs outside the VA health care system.

H.R. 3956, the VA Health Center Management Stability and Improvement Act

If enacted, this bill would require VA to develop and implement a plan to hire a director for each VA medical center without a permanent director at the time of enactment. It would place the priority for hiring at facilities that have gone without a director for the greatest length of time. In the Secretary's plan, a deadline for hiring would be set at the Secretary's discretion.

This bill would also direct the Secretary to identify impediments to the hiring of directors, and identify candidates from within VA who could be promoted to fill these key positions. At the 120th day after enactment of this bill, it would require the Secretary to submit a report to Congress. Every 180 days after, the Secretary would be required to submit a report to Congress on facilities still lacking permanent directors.

Currently, 23 medical centers are without permanent directors. Prior to VA's adopting this more assertive approach, 35 vacancies were reported. We understand that VA is taking steps to hire medical center directors by posting national vacancy announcements in multiple locations across the system, and by leveraging social media outlets and other venues to increase public awareness of these leadership opportunities.

DAV has not received a resolution specific to the hiring of VA medical center directors, but DAV Resolution No. 126 calls for the support of modernization of VA's human resources management system to enable VA to compete for, recruit and retain the types and quality of VA employees needed to provide comprehensive health care services to sick and disabled veterans. Directors of VA medical centers are key officials in this respect; therefore, DAV would not object to the enactment of this bill.

H.R. 3974, the Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015

If enacted, this bill would direct VA to carry out a pilot program to provide educational assistance to certain veterans with the goal of employment as VA physician assistants.

Under this bill, the pilot program would target veterans with experience gained in medical or military health care while serving, and who had received a certificate, associate degree, baccalaureate degree, master's degree, or post-baccalaureate training in a science related to health care, and had participated in the delivery of health care services or related medical services.

The bill would require VA to provide educational assistance, including scholarships, to no fewer than 250 participants, 35 of whom would be employed each year of the pilot program. VA would be required to reimburse their costs of obtaining master's degrees in physician assistant studies or similar master's degrees, consistent with VA's existing health professions scholarship program authorized in Chapter 76 of title 38, United States Code. The bill would require VA to make available mentors for participants at each VA facility and would require VA to establish partnerships with other government programs and with a specific number of

educational institutions that offer degrees in physician assistant studies. It would also require selectees to agree to an obligated work period in VA facilities in specified geographic areas, including areas of medically underserved populations, but also in states with per capita veteran populations of more than nine percent.

The bill also would require VA to establish standards to improve the education and hiring of VA physician assistants, and implement a national plan for the retention and recruitment of VA physician assistants.

The bill would establish a series of new, mandatory positions in VA's national Office of Physician Assistant Services in VA Central Office, including a Deputy Director for Education and Career Development, a Deputy Director for Recruitment and Retention, a designated recruiter of physician assistants, and an administrative assistant to support these functions. The bill would outline their major duties.

The bill would re-designate not less than \$8 million in funds appropriated prior to the passage of this bill to carry out its purposes. The bill is silent on sources of additional funding that might be needed to meet its mandates.

Finally, the bill would align VA physician assistant pay grades equivalent to the pay grades of VA registered nurses.

DAV has not received a resolution from our membership dealing with VA recruitment, training or employment of physician assistants as a single employment category, but we recognize the value of this bill in improving health manpower in the VA, and especially in addressing shortages being observed today in VA's primary care provider workforce. On this basis DAV would not object to enactment of this bill.

H.R. 3989, the Support Our Military Caregivers Act

This bill would establish an external review process in cases in which VA denied caregiver benefits for veterans, approved a level of benefits that was considered inadequate to a veteran's needs, or revoked these benefits. A decision on this review, once requested by a caregiver, would be required by the bill to be completed within 120 days.

Our concerns regarding the VA Comprehensive Caregiver Support Program continue to include the apparent lack of due process and transparency in the decision and appeal process for veteran and caregiver program applicants. DAV identified early on the need for an independent mechanism through which (1) a caregiver can appeal a clinical team's decision; (2) that decision can be carefully reviewed "de novo;" and (3) an unwarranted decision can be reversed, altered, or sent back to the clinical team with instructions to reassess or consider additional factors. Accordingly, DAV is pleased to support H.R. 3989 because it is in line with DAV Resolution No. 106, which calls for legislation to provide comprehensive support and services to caregivers of all veterans severely injured, wounded or ill from military service.

We note the intent of this bill would be to offer program applicants a review of VHA decisions; however, it is not clear if the external clinical review would be binding on VA, and whether the recommendations of the contractor would be cause for VHA to issue a new decision based on the findings of the review. We also bring to the Subcommittee's attention there is still no publicly accessible program handbook or directive outlining mandatory program policies, procedures and operational requirements, which would serve to inform and educate those enrolled or those seeking enrollment in the program.

Moreover, we believe VA's Caregiver Support Program office should have ready access to the types of data that would allow it to monitor and manage the program's workload due to the limited capabilities of VA's data system, which was designed to manage a much smaller workload. Veterans Integrated Service Network (VISN) officials and VA medical centers officials have reported that there are too few Care Support Coordinators (CSC) to handle the program's workload effectively. Specifically, at some medical centers, CSCs have been unable to perform all of the routine administrative tasks associated with their approved caregivers. Irrespective of inadequate staffing for the caregiver support program from VA Central Office, or not possessing the right tools or sufficient resources or support to properly manage, evaluate and improve the program, caregivers of, and injured veterans themselves, are being adversely affected and are not receiving the full benefits intended by Congress. In addition to passage of this bill, we urge VA and Congress to address these problems.

Discussion Draft, requirement of increased informed consent for certain drugs

If enacted, this bill would require VA to establish a panel of specialists that would reside within the Office of Specialty Care Services of VHA to establish and maintain a list of drugs to include psychotropic drugs that would require an increased level of informed consent. Under the bill, such drugs would only be prescribed to an enrolled veteran with written, informed consent of the veteran or appropriate representative of the veteran.

We understand that VA maintains an *oral* informed consent process covering the types of drugs contemplated by this bill. According to VA, at the point that a VA physician prescribes psychotropic medications to patients, an automatic process commences to gain a patient's informed consent. In addition, some medical centers have assigned pharmacists to Patient Aligned Care Teams (PACT), where the use of certain drugs is explained and patients gain the opportunity to speak directly with pharmacy staff about possible side effects and contraindications. Finally, prescribed medications are received with accompanying information sheets, and some medications are issued with both drug information sheets as well as FDA medication guidelines. However, we understand VA has not implemented a nationwide directive requiring the presence of pharmacy counselors within PACTs. To ensure VA physicians can continue to provide timely care it may be beneficial to require VA to include pharmacy personnel on all PACT teams systems to ensure patients have adequate time to gain a meaningful understanding of the medications prescribed and alternative treatments available.

DAV is pleased to support this draft measure which is consistent with DAV Resolution No. 126, and urges VA to promote and ensure health care quality and value, and to protect veterans' safety in the VA health care system.

Draft Bill, to ensure VHA medical facilities are uniformly in compliance with VHA appointment scheduling directives and policies

This bill would require that each VHA medical center certify that it is in compliance with current VHA directives and policies applicable to scheduling veterans' appointments for health care. In the event the facility was not in compliance, the facility director would be required to provide an explanation of why the facility was not in compliance, and what steps were being taken to achieve compliance. The Secretary would be required to submit an annual report to Congress regarding the status of medical centers in meeting this requirement. In addition, the Secretary would be required to ensure all facilities are uniformly in compliance with VHA directives and policies on scheduling. In the event of a medical center's having been waived from uniform compliance, the Secretary would be required to notify Congress of such waiver, and provide explanation.

DAV has received no specific resolution from our membership addressing the issue of VA certification of appointment scheduling, but we would not oppose passage of this bill.

Mr. Chairman, DAV appreciates the opportunity to provide testimony. I would be pleased to address any questions you, or members of the Subcommittee may have on the topics covered in this statement.