



**Testimony of
Sarah Verardo
Chief Executive Officer, The Independence Fund
for the
House Veterans Affairs Committee
Subcommittee on Health Legislative Hearing
June 21, 2023**

H.R. 3520, Veterans Care Improvement Act of 2023 (Miller-Meeks)

H.R. 1182, Veterans Serving Veterans Act of 2023 (Gonzalez-Colon)

H.R. 2768, PFC Joseph P. Dwyer Peer Support Program Act (LaLota)

H.R. 2818, Autonomy for Disabled Veterans Act (Bacon)

H.R. 3581, Caregiver Outreach and Program Enhancement (COPE) Act (Kiggans)

H.R. 1278, DRIVE Act (Brownley)

H.R. 1639, VA Zero Suicide Demonstration Project Act of 2023 (Susie Lee)

H.R. 1815, Expanding Veterans' Options for Long Term Care Act (Slotkin)

Chairwoman Miller-Meeks, Ranking Member Brownley and distinguished Members of the Subcommittee:

Thank you for your kind invitation to The Independence Fund and me to testify before today's legislative hearing.

The Independence Fund (TIF) serves catastrophically wounded Veterans and their Caregivers so much of the legislation before the Subcommittee holds particular relevance for our community.

As we outlined in our testimony at the April 18, 2023 Subcommittee on Health hearing, "Combatting a Crisis: Providing Veterans Access to Life-saving Substance Abuse Disorder Treatment," too many Veterans are being denied the critical, often life-saving treatment they require because of an unclear, poorly implemented policy for Mental Health Residential Rehabilitation Treatment Programs (MH RRTP). Our Caseworkers have uncovered a seemingly widespread access to care and care coordination problem within the Veterans Health Administration (VHA) and it is particularly acute with Substance Use Disorder (SUD) treatment. TIF supports efforts to codify and expand access standards to include all extended care services including MH RRTP. We also support ensuring that the calculation of wait times is consistent and clearly communicated to VHA clinical and administrative staff, as well as Veterans, and allowing the Secretary of the Department of Veterans Affairs (VA) the flexibility to reduce wait and drive times. Veterans who need residential support should not be forced to wait beyond 30 days or more and not be offered or denied Care in the Community (CITC). These Veterans who require immediate care for SUD or risk suicidality do not have 30 days to wait. For substance abusers, time is the enemy. The longer a Veteran waits, the less likely he/she will follow through with treatment. Studies show there is a 48-hour window which substance users must receive treatment before they return to using.

Further, industry standards for SUD detoxification and treatment include residential, inpatient care immediately following (bed-to-bed transfer) detoxification, however VA practices often do not align with those standards. Many VA facilities refer SUD Veteran patients to a community provider for "detox" then send them home without critical follow-up residential care or put Veterans in an intensive outpatient program (IOP) which is against the standards set by industry professionals. This gap in residential services sets Veterans up for failure as they are forced to return to unhealthy or enabling environments leading them back to substance use and causing Veterans to repeat the cycle of "detox" with no rehabilitation. Veterans are being discharged from "detox" with no indication of when treatment will start or referred to an outpatient program which has little chance of success. This pattern of providing a lower level of care following "detox" is harming our Veterans and is contrary to best practices for providing appropriate clinical care. Legislation is needed to ensure Veterans' access to residential care is based on a defined set of standards to be applied at all Veteran Affairs Medical Centers (VAMCs).

We have seen too often the stalemate that occurs when a provider and Veteran believe it is in the best medical interest of the Veteran to be referred to CITC, however the CITC team denies the referral without taking the wishes and best interests of the Veteran into consideration as a determining factor. TIF believes the preference and interest of the Veteran must be a priority when making such decisions and supports expanding the decision to include the Veteran's preference.

Ensuring timely information about CITC approval and denial, and how to appeal a denial, is critically important for Veterans. Establishing a standard for notification will provide clear direction and eliminate ambiguity in whether a Veteran can access a CITC provider. However, we question the ability for the VA to reasonably implement a two-day, written response given staff shortages and other limitations. We also question when the clock starts on the two-days.

Telehealth has been a game-changer for many Veterans. It is useful for Veterans in rural areas without close access to a VAMC for many appointments such as primary care. But telehealth is no substitute for intensive, in-patient treatment for SUD or other mental conditions. We support excluding the availability of telehealth as acceptably meeting the access standards and allowing Veterans to choose CITC and support the availability of telehealth to Veterans to choose for their care.

As previously stated, once a Veteran presents themselves for SUD assessment, the window of time is short to identify and provide the care they seek. A 72-hour timeframe to assess alcohol or drug dependence from the time the VA receives the request is appropriate in our opinion, however we would expand the 72-hour rule to include other, urgent mental health conditions.

We support strengthening accountability for CITC and would advocate for additional measures as outlined in Title II, Sections 205 and 206 of S. 1315, the Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023.

TIF supports the codification and expansion of access standards, inclusion of a Veteran's preference in CITC, timely disclosure of CITC information and 72-hour turnaround for SUD and other mental condition assessment. While not addressed in this hearing, we also recommend ensuring the transition from "detox" to residential treatment is a seamless one, without harmful gaps or delays.

TIF supports the intent behind H.R. 3520, however we are disappointed there is not yet bipartisan support for the measure, and we encourage both sides of the Committee to work together to ensure that our veterans receive the high quality and timely care they need.

H.R. 1182, the Veterans Serving Veterans Act of 2023

In recent years, the VA has experienced significant labor shortages. H.R. 1182, Veterans Serving Veterans Act of 2023 would create a pipeline between the Department of Defense (DoD) and VA to create a database of prospective workers to fill empty VA positions and expedite hiring for qualified members of the Armed Forces. The legislation would also implement a program to train and certify covered veterans to work as intermediate care technicians in VAMCs. TIF supports this bill.

H.R. 2768, the PFC Joseph P. Dwyer Peer Support Program Act

Roughly nine percent of TIF's casework in 2023 has been mental health related. This is the highest concentration behind benefits, housing, and income. Our Casework Team remains largely effective in serving over 900 constituents with complex and challenging issues due to the rapport built on peer support. Named to honor the memory of an Iraq war hero, the Joseph P. Dwyer Veteran Peer Support Project is a peer-to-peer program for Veterans facing the challenges of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). H.R. 2768, PFC Joseph P. Dwyer Peer Support Program Act would expand a successful, local pilot partnership by establishing a grant program to create peer-to-peer mental health programs for veterans. TIF would like to note the important role that many non-Congressionally chartered Veteran Service Organizations (VSOs) play in executing programs such as these. We support the intent of this legislation but recommend H.R. 2768 be amended to allow non-Congressionally Chartered VSOs to participate in this grant program.

H.R. 2818, the Autonomy for Disabled Veterans Act

TIF's original mission was to support catastrophically wounded post-9/11 Veterans gain the mobility and freedom to have a meaningful quality of life. We have donated over 2,500 all-terrain track chairs to Veterans of all eras and know these devices are life changing. H.R. 2818, the Autonomy for Disabled Veterans Act,

provides a much-needed raise in the Home Improvements and Structural Alterations (HISA) grant by increasing the maximum amount authorized from \$6,800 to \$10,000 for veterans with a service-connected disability and \$2,000 to \$5,000 for those with disabilities that are not service-connected. These grants allow Veterans the opportunity to improve or enhance their homes to make the necessary accommodations for daily living. We support our disabled Veterans and support H.R. 2818.

H.R. 3581, the Caregiver Outreach and Program Enhancement Act or COPE Act

As a VSO with Caregivers as the CEO and on staff, we understand the toll caregiving can have on the mental health of the Caregiver. We have helped over 2,000 Caregivers through our Caregiver Retreats and continue to support them and their children today. Caregivers sacrifice so much to care for their Veterans and often ignore or dismiss their own mental health needs. H.R. 3581, the Caregiver Outreach and Program Enhancement Act” or “COPE Act” would provide grant funding to organizations to provide much-needed mental health services to Caregivers without the fear they are taking away VA benefits from their Veterans. We fully support our nation’s Caregivers and support H.R. 3581.

H.R. 1278, the Driver Reimbursement Increase for Veteran Equity Act or DRIVE Act

Transportation costs are up. From gas to insurance, our Veterans are paying more to travel to their VAMC appointments. Additionally, the Beneficiary Travel mileage reimbursement rate, which pays eligible Veterans and caregivers back for mileage and other travel expenses to and from approved health care appointments, has not been adjusted in over a decade. H.R. 1278 will update the Beneficiary Travel mileage reimbursement rate as well as ensure VA’s mileage reimbursement rates keep up with current prices. It is long overdue to make these changes to ease the financial burden of Veterans and Caregivers traveling to and from their VAMC appointments. TIF supports this bill.

H.R. 1639, VA Zero Suicide Demonstration Project Act of 2023

Veteran suicide is an epidemic facing our country. For Post-9/11 Veterans, this epidemic is even more acute and devastating. Some reports say about 17 Veterans die by suicide a day, however others indicate the number is even higher. Several factors are known to increase suicidality in Veterans including feelings of loneliness, isolation, and stress. The Zero Suicide Initiative was developed by Henry Ford Behavioral Health who was the first to pioneer and conceptualize “zero suicides” as a goal and develop a care pathway to assess and modify suicide risk for patients with depression. This approach proved groundbreaking in terms of suicide-prevention. The Zero Suicide pilot program would build on the VA’s suicide prevention efforts by implementing more comprehensive, systems focused Zero Suicide efforts in five VAMCs, including one that serves Veterans in rural or remote areas. As a VSO which engages in suicide-prevention initiatives with Post-9/11 combat Veterans, TIF supports H.R. 1639 and will closely monitor the progress of the chosen VAMCs to observe the success and learn from other suicide-prevention modalities.

H.R. 1815, Expanding Veterans’ Options for Long Term Care Act

Long-term care projections outlined in a September 2021 report from the VA to Congress indicated veterans over age 85 were the fastest growing veteran population in VA’s health care system. Over the next 20 years, the number of veterans in that age group eligible for nursing home care will increase from 61,000 to 387,000, nearly a 535 percent jump. While this statistic is alarming, not all senior Veterans require or desire the comprehensive care provided by nursing homes. Assisted living may be an appropriate alternative which would allow Veterans to live independently. However, the VA is prohibited from covering costs associated with assisted living facilities. H.R. 1815, the Expanding Veterans’ Options for Long Term Care Act creates a three-year pilot program for eligible veterans to receive assisted living care paid for by the VA which would help senior Veterans to live more self-sufficiently while reducing costs for the VA. Nursing home

fees average nearly \$121,000 per year, while assisted living facilities cost only a little more than \$51,000 per year. For example, from TIFs case files, Vietnam Combat Veteran “T.K” from Knoxville, TN currently desires assisted living services and is unable to use a Veterans home due to not needing a “skilled-care” level. If eligible for this program, Veterans like him who need a moderate level of support could receive services. TIF Supports this legislation which will help thousands of senior Veterans.

On behalf of The Independence Fund, we thank you again for the opportunity to provide testimony in response to the above legislation. Each bill moves us closer to fully meeting the obligation our nation carries to support and care for our heroes when they return home. Our Veterans deserve what they were promised when they put on the uniform to serve our country, and our Caregivers deserve the support necessary to care for their Veterans. Please contact our team if you have any questions about this testimony or other that we can work together to assist our community.