



**Testimony of
Clark Pennington
Chief Operating Officer, The Independence Fund
for the
House Veterans Affairs Committee
Subcommittee on Health Legislative Hearing
September 11, 2024**

DRAFT, To amend title 38, United States Code (U.S.C.), to include a representative of the National Association of State Veterans Homes on the Geriatrics and Gerontology Advisory Committee of the Department of Veterans Affairs (VA); DRAFT, Veterans' Mental Health Access Act; DRAFT, To amend title 38, U.S.C., to require that non-citizen appointees to positions in the Veterans Health Administration are subjected to background investigations prior to employment; DRAFT, Enhancing Faith-Based Support for Veterans Act of 2024; DRAFT, No Wrong Door for Veterans Act; H.R. 9324, Protecting Veteran Access to Telemedicine Services Act; DRAFT, Safeguarding VA's Healthcare Workforce Act; DRAFT, The Veterans Supporting Prosthetics Opportunities and Recreational Therapy Act; DRAFT, Service Dogs Assisting Veterans Act; H.R. 9146, Ensuring Continuity in Veterans Health Act; H.R. 7504, Rural Veterans Transportation to Care Act; H.R. 6330, Veterans Sentinel Act; H.R. 8562, Parity for Native Hawaiian Veterans Act; H.R. 6291, Have You Served Act; H.R. 9301, To direct the Secretary of VA to include two counties in New Mexico in a certain Veterans Integrated Service Network; DRAFT, Conflict of Interest Waiver for VA Researchers.

The Independence Fund was established in 2007 to empower our nation's catastrophically wounded, injured, or ill Veterans, by helping them cope with and overcome the physical, mental, and emotional wounds sustained in service. The Fund is dedicated to improving the lives of Veterans and their families through a range of programs including Mobility, Caregiver Support, Advocacy, Casework, Operation RESILIENCE, Independence@Home, and other Family oriented initiatives. The Independence Fund strives to bridge the gaps in care across all these areas and offers comprehensive support to Veterans and their families in need by working with the Department of Veterans Affairs, Department of Defense Health Agency, state level agencies, non-profit entities, and private mental health professionals.

The Independence Fund is honored to present its views on the legislation that impacts catastrophically disabled veterans and their caregivers.

Draft Legislation to amend title 38, United States Code, to include a representative of the National Association of State Veterans Homes to the Geriatrics and Gerontology Advisory Committee of the Department of Veterans Affairs.

This bill amends section 7315(a) of title 38, USC, requiring the Under Secretary of Health to consult with the President of the National Association of State Veterans Homes (NASVA) when selecting members for appointment to the Geriatrics and Gerontology Advisory Committee. This legislation will also require that the Committee include one representative who holds a professional license in nursing home administration and is a member of the National Association of State Veterans Homes.

The Independence Fund supports this legislation. No other association is more qualified at understanding the needs of aging veterans than members of NASVH, and as such, their participation will be an invaluable in advising the Under Secretary of Health and assessing the capabilities and needs of VA's obligation to care for our aging veteran population.

Draft Legislation to direct the Secretary of Veterans Affairs to carry out a pilot program to provide grants to outpatient mental health facilities for the provision of culturally competent, evidence-based mental health care for veterans, and for other purposes.

The Independence Fund holds no position on this legislation.

Draft Legislation to amend title 38, United States Code, to require that non-citizen appointees to positions in the Veterans Health Administration are subjected to background investigations prior to employment.

The Independence Fund holds no position on this legislation.

Draft legislation to amend title 38, United States Code, to permit the voluntary transmission of patient contact information to certain religious or faith-based organizations by chaplains employed by the Department of Veterans Affairs, and other purposes.

The Independence Fund holds no position on this legislation.

H.R. 9438, a bill to amend and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs.

This legislation includes four main provisions. First, the bill limits the amount of the grant that can be used on food and non-alcoholic drinks. This is a commonsense amendment that ensures grant recipients are using the bulk of the funding to provide services. Second, the bill requires quarterly updates to VA personnel on grant recipients that are within 100 miles of the VAMC to better educate and coordinate available services the grant recipients provide. Third, this bill requires VA to refer a veteran who needs emergent suicide care to the community if VA cannot provide that care within 72 hours. Lastly, this legislation will extend the program until September 30, 2027. Veterans who are in crisis cannot wait for care. The Independence Fund fully supports this legislation.

H.R. 9324, a bill that amends title 38, United States Code, to authorize certain health care professionals employed by the Department of Veterans Affairs to deliver, distribute, or dispense to veterans certain controlled medications via telemedicine under certain conditions, and of other purposes.

The Independence Fund supports this legislation. VA is a leader in the use of telemedicine, working to improve access to care regardless of where veterans live or their preferred mode of receiving care should continue to be a priority. A gap in current law, that has been temporarily lifted in response to COVID-19 and is set to expire on December 31, 2024, prevents VA providers from prescribing controlled substances without an in-person medical examination. This legislation will make this authority permanent to VA providers, allowing for increased access and functionality to VA's robust telehealth capabilities.

Draft legislation that directs the Secretary of Veterans Affairs to carry out a pilot program under which the Secretary may fill vacant shifts at medical facilities of the Department of Veterans Affairs with non-Department health care providers.

The VA currently is under a 5-year, indefinite delivery/indefinite quantity contract with the medical staffing company, Aptive, to provide staffing services for all levels of clinical care and administrative support. If this contract is insufficient to fulfil VA's needs, The Independence Fund recommends modifying the current contract.

H.R. 9478, a bill to amend title 38, United States Code, to include adaptive prostheses and terminal devices for sports and other recreational activities in the medical services furnished to eligible veterans by the Secretary of Veterans Affairs.

The Independence Fund fully supports this much needed amendment to law. VA currently applies a 2017 regulation “Prosthetic and Rehabilitative Items and Services, 38 CFR Part 17 that specifies when “adaptive recreation equipment” within prosthetics may be approved, allowing for “an item that is designed to compensate for, or that, by design compensates for, loss of physical, sensory, or cognitive function and is necessary for a veteran to actively and regularly participate in a sport, recreation, or leisure activity to achieve the veteran’s rehabilitative goals.” This language limits approval of these adaptive and recreational prosthetics when they are specifically part of a medical goal, and not for long term life and health goals that are described as “for personal enjoyment.” This regulation ignores VA’s philosophy of “whole health.” Veterans who have lost a limb and what to begin, return to, or maintain an activity that keeps them active improve social engagement and psychological and physical health and should not have to be subject to specific medical goals.

Draft legislation to require the Secretary of Veterans Affairs to award grants to nonprofit organizations to assist such organizations in carrying out programs to provide service dogs to eligible veterans, and for other purposes.

Research studies have found that veterans who have PTSD see a 66% reduction in symptoms within three months of being paired with a service dog. This research found that the presence of the service dog lowers anxiety and depression, improves social functioning and relationship health, and interrupts panic attacks. Unfortunately, the capability of organizations to train and provide service dogs does not meet the demand. This legislation will provide grants to nonprofit organizations to increase the number of dogs that can be trained to be service animals. This is a small investment to increase access to a clinically proven method of improving veterans’ mental health. The Independence Fund is proud to support this legislation.

H.R. 9146, a bill to amend title 38, United States Code, to require the consideration of continuity of health care in determining best medical interest under the Veterans Community Care Program, and for other purposes.

This legislation amends Section 1703(d)(2) of title 38 to include continuity of care as a consideration for referral to community care. 1703 (a)(2)(B) requires the Secretary of Veterans Affairs to “ensure continuity of care and services” when coordinating non-VA hospital care. However, under subparagraph (d) “Conditions Under Which Care Is Required To Be Furnished Through Non-Department Providers” there is no mention of continuity of care as a factor for consideration in determining the best medical interest for when and where a veteran receives care. This legislation includes continuity of care in the list of considerations a provider can use to ensure veterans get non-disrupted care. The Independence Fund suggests that the bill be

amended to include guidelines that will prevent CCN providers from requesting additional authorization of care without that care being approved by the PCP or the VA provider who initially authorized the care.

Draft legislation to amend title 38, United States Code, to make improvements relating to conflicts of interest for certain Department of Veterans Affairs employees, and for other purposes.

The Independence Fund does not hold a position on this legislation.

H.R. 9301, a bill to direct the Secretary of Veterans Affairs to include two counties in New Mexico in a certain Veteran Integrated Service Network.

The Independence Fund does not hold a position on this legislation.

H.R. 6291, the “Have You Seved Act”

Many state and local governments and community organizations provide benefits and services to military veterans and their families, but all too often veterans are unaware of the benefits. This grant program provides funds to human resource offices in these agencies and organizations to train frontline employees on how to ask about military service as well as build campaigns to proactively inform the veteran community of the programs and services that are unique to that community. The Independence Fund fully supports this legislation.

H.R. 6330, the “Veterans’ Sentinel Act”

Every effort must be taken to understand and mitigate the circumstances that lead to suicide. It is particularly disturbing when a veteran dies by suicide on a VA campus. This should signal to VA and advocates alike that the system designed to provide mental health care is inadequate. The Veterans’ Sentinel Act call on the Secretary to establish a pilot that would form a working group to collect and analyze data regarding on-campus attempted and completed death by suicide. Importantly, this legislation requires the working group, through the Secretary, to send a report to the House and Senate Committees on Veterans Affairs that outlines any recommendations that can lead to the reduction of suicide attempts on VA campuses. The Independence Fund fully supports this legislation.

H.R. 7504, the “Rural Veterans Transportation to Care Act”

H.R. 7504, the “Rural Veterans Transportation to Care Act” amends current law, allowing transportation grants to include rural regions, which account for 2.7 million enrolled veterans. By

expanding access to this population, veterans will have easier access to VA’s direct care services. Additionally, this bill will increase the grant amount to modify vehicles to comply with ADA requirements. Both of these provisions are necessary to care for veterans who are catastrophically disabled.

H.R. 8562, the “Parity for Native Hawaiian Veterans Act of 2024”

The Independence Fund holds no position on this legislation.