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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Miller-Meeks, Ranking Member Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's legislative hearing of the Subcommittee on Health. DAV, a Congressionally chartered non-profit veterans service organization (VSO), is comprised of nearly one million wartime service-disabled veterans. Its single purpose is to empower veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration today by the Subcommittee.

H.R. 6291, the Have You Served Act

H.R. 6291, the Have you Served Act, would require the Department of Veterans Affairs (VA) to provide grants to eligible organizations for the purpose of conducting "Ask the Question Campaigns" encouraging human services professionals, state and local governments and community providers to ask whether someone has served in the military. By promoting the question "have you served?", the bill seeks to raise awareness about veteran status among health care providers, social service agencies, and the general public. Improved identification of veterans can lead to better access to VA benefits and services and addressing unmet needs within the veteran community.

While DAV does not have a specific resolution on this matter, the bill could potentially get veterans who are unaware of their veteran status access to earned benefits and health care services. For these reasons DAV supports H.R. 6291, in accordance with our Statement of Policy, which calls for enhanced outreach to ensure that all disabled veterans receive the benefits they have earned through their military service.

H.R. 6330, the Veterans Sentinel Act

H.R. 6330, the Veterans Sentinel Act, would address the issue of veteran suicides on VA property by implementing a pilot program within the VA.

This bill would require the VA to set up a working group within the Office of Mental Health and Suicide Prevention for the purpose of gathering and analyzing data

on veteran suicides and attempted suicides that occur on VA property. The working group would unify disparate sources of data related to on-campus suicides to improve the accuracy and comprehensiveness of the information collected. Furthermore, the VA would analyze the statistical trends of suicides and attempted suicides at VA facilities annually and be required to report on policies, staffing and resource levels and suggest preventive actions for these incidents.

DAV supports H.R. 6330, the Veterans Sentinel Act, in accordance with DAV Resolution No. 224, which supports program improvement and enhanced resources for VA mental health programs and suicide prevention efforts. We do however, suggest the bill be amended across all veteran care settings to include gathering information on suicide attempts and deaths within the Veterans Community Care Program (VCCP) as well. This expanded study should encompass on-site VCCP suicides and any suicides occurring within 24 hours of Community Care Network (CCN) contact. This timeframe aligns with the VA's current practice for root cause analyses, a standard not yet adopted by the VCCP.

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

The goal of H.R. 7504, the Rural Veterans Transportation to Care Act, is to improve veterans transportation options to VA medical facilities for veterans living in rural areas.

Veterans living in rural areas can face challenges that lead to disparities in access and quality of health care compared with their urban counterparts. This bipartisan bill would expand eligibility to the VA's Highly Rural Transportation Grant Program, which provides grant funding for veteran service organizations and state veterans service agencies to provide veterans transportation in eligible counties by increasing the maximum amount of funding granted to purchase an ADA-compliant vehicle.

The bill would also modify the existing grant program to include both rural and highly rural counties, by redefining "rural" and "highly rural" using Rural-Urban Commuting Area (RUCA) designations to better account for population density, urbanization, and commuting patterns.

Our nation's 2.4 million veterans living in rural areas often face unique difficulties accessing VA health care that those living in urban and suburban areas do not. Chief among them is transportation to VA medical facilities. The nearly 300,000 veterans living in areas considered highly rural face even greater obstacles and deserve increased attention to assistance in accessing VA's high-quality health care.

DAV is proud to support H.R. 7504, the Rural Veterans Transportation to Care Act, in accordance with DAV Resolution No. 42, which calls for ensuring sufficient access to care to meet the health needs of veterans residing in rural or remote areas. This bill would help the VA provide more rural veterans better access to health care and help ensure our nation keeps its promises to America's veterans.

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

H.R. 8562, the Parity for Native Hawaiian Veterans Act of 2024, would amend title 38, United States Code, and make modifications to the program for direct housing loans and medical care services from the Department of Veterans Affairs for Native Hawaiians.

The bill would modify the definition of Native Hawaiian veterans and aims to improve access to medical care for Native Hawaiian veterans by eliminating copays for services received through the VA, and enabling the Native Hawaiian Health Care System to seek direct reimbursement for certain costs from the VA.

DAV has no resolution on this issue and takes no position on the bill.

H.R. 9146, the Ensuring Continuity in Veterans Health Act

H.R. 9146, the Ensuring Continuity in Veterans Health Act, would ensure that continuity of health care is considered when determining the best medical interest under the Veterans Community Care Program (VCCP).

The proposed legislation would amend title 38, United States Code, to ensure that continuity of health care is a factor considered in determining the best medical interest for veterans using the VCCP. This would be achieved by adding a new subparagraph to Section 1703(d)(2) of title 38, which explicitly includes continuity of care as a consideration. The amendment does not specify the definition of continuity of care or its requirements. The focus is solely on expanding the criteria used by a provider to evaluate the best medical interests of a veteran within the existing framework of the VCCP when VA services are not readily available.

It appears the bill aims to ensure that veterans are able to maintain consistent relationships with their health care providers and/or complete an episode of care when referred to care in the community. We agree it is important that VA maintain quality and consistency of health care services provided to veterans and believe VA already has the authority to consider continuity of care as a factor under the existing statute. At the same time, it is important to point out that numerous research studies have shown that care provided by the VA direct care system is of comparable and often superior quality to that provided by private sector providers and may have other advantages from coordination and continuity of care perspectives.

H.R. 9301, New Mexico Rural Veteran Health Care Access Act

H.R. 9301, the New Mexico Rural Veteran Health Care Access Act, would add two new counties in New Mexico as part of the VA's Veterans Integrated Service Network (VISN) 17. The new areas to be included in the VISN would be Eddy and Otero counties.

Currently, Eddy and Otero counties are part of VISN 22, which covers most of the state of New Mexico. VISN 17 covers all of Texas and small portion of eastern and southeastern New Mexico. This legislation would bring together the final two counties in the southeastern portion of New Mexico and include them in VISN 17.

DAV does not have a resolution specific to VA's VISN system; however, we do not have an objection to the bill's intent to address regional disparities in access to veterans' health services.

H.R. 9324, Protecting Veteran Access to Telemedicine Services Act

This bill aims to permanently extend a pandemic-related exemption that allows VA health care professionals to deliver, distribute, and dispense medically necessary controlled substances to veterans via telemedicine, even if they have not conducted the in-person medical examination.

By removing the requirement for an in-person visit, the bill aims to make health care more accessible for veterans who reside in remote or underserved areas. Lastly, this bill would ensure that veterans can continue to receive their medications without interruption, even if they cannot physically visit a VA facility.

DAV supports H.R. 9324, in accordance with DAV Resolution No. 42, which supports the right of rural veterans to be served by the VA to the maximum extent practicable and calls for the VA to overcome barriers to care for rural veterans by continuing to improve access to telehealth care initiatives.

H.R. 9427, to direct the VA Secretary 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

H.R. 9427 would direct the Secretary of Veterans Affairs to carry out a pilot program to provide grants to non-VA outpatient mental health facilities to ensure the delivery of culturally competent, evidence-based mental health care for veterans.

This bill recognizes the importance and expertise VA provides in the delivery of specialized mental health services to veterans. In doing so, it highlights the need to ensure high-quality, evidence-based care when a veteran is referred to the community for services.

Although DAV Resolution 224 calls to support program improvement and enhanced resources for VA mental health programs and suicide prevention to address the mental health needs of veterans and ensure they receive high-quality, accessible care, we have concerns with this bill. Specifically, that it could potentially weaken the VA's integrated health care system, which conflicts with DAV Resolution 403, calling for strengthening and protecting the VA health care system.

Veterans in need of mental health care are eligible for care via the Veterans Community Care Program (VCCP) if the VA cannot provide it within 20 days or 30 minutes of drive time. This bill would create a system parallel to the existing VCCP and introduces a new structure with competing eligibility rules. For veterans receiving care through the MISSION Act, VA serves as the authorizer of community care when a veteran is eligible. For veterans receiving care through the grant, VA's role in authorizing community care would be bypassed, which eliminates VA as the default provider of care when available in a timely and convenient manner. Under this bill, even when VA services are readily available, a veteran would be entitled to obtain outside care.

This approach sets a precedent that could extend beyond mental health care, potentially leading to a system that is the exact opposite of what MISSION intended, i.e., to rely on community resources to supplement and not supplant VA care.

The recent VA Red Team Report strongly advised for VA to expand direct-delivered care and reduce community-delivered health care to prevent the VA system's collapse. This bill would potentially move in the opposite direction.

If the goal is to reduce wait times for mental health care access in VA and VCCP settings, the most effective solution would be to increase the number of VA mental health clinicians rather than create a parallel system with little oversight and potentially lower standards of care. Medical facilities that are not currently participating in the VCCP who wish to furnish mental health care to veterans should be actively invited to join the VCCP.

H.R. 9438, No Wrong Door for Veterans Act

H.R. 9438, the No Wrong Door for Veterans Act, would amend and reauthorize the VA Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG PGFSP), which supports nonprofit community organizations and government agencies working to serve veterans at risk of suicide. This grant program utilizes a public health approach and combines clinical and community-based interventions with a goal of preventing suicide for veterans inside and outside of the VA health care system.

The Fox Grant Program allowed VA to implement a comprehensive mental health screening for grantees to measure the effectiveness of services. In order to combat veteran suicide and assess program outcomes, it is vital to examine data on specific interventions.

The March 2024 Congressionally mandated report, *An Interim Report on the Provision of Grants through the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP)*, noted under "Measurement Outcomes" that grantees spent much of the first year, since January 2023, building and staffing their programs before starting to provide services and screening potential eligible individuals.

Although limited, the data collected from SSG Fox SFGP grantees was considered to be beneficial for reporting, program management, and evaluation. VA indicated it is using the initial year's program data to assess the suitability of benchmarks for future performance standards. Over time, VA predicts an increase in available data and the potential for more program graduates. The final report will better assess the effectiveness, capacity, and the feasibility of expanding grant provisions.

The No Wrong Door for Veterans Act would appear to limit VA in its ability to measure Fox Grant recipients who currently evaluate participants using both pre and post measurements across relevant metrics. Data collection and assessment will help VA make better decisions regarding program effectiveness and the needs for future resource allocation and we believe it is critical to maintain a robust set of metrics and evaluation tools, particularly during the early phase of this program.

The No Wrong Door bill would also implement new access standards that enforce a 72-hour deadline for the VA to deliver services after a veteran is referred for follow-up care for non-suicidal, non-emergency mental or behavioral health. This provision dramatically shortens the timeliness standard for VA mental health care for Fox Grantee veterans from the current 20-day standard to a mere 72 hours. If the VA fails to meet this timeline, the veteran would automatically become eligible for non-VA care, even outside of the Veterans Community Care Program, in line with the COMPACT Act standard, which ensures that mental health care is available anywhere for veterans who are in mental health crisis and at imminent risk for suicide. We are concerned that this unrealistic and unworkable new standard could undermine VA's efforts to provide coordinated mental health care to veterans.

This provision has the potential to negatively affect the VA health care system and the veterans it serves.

Draft bill to include a representative of the National Association of State Veterans Homes on the VA Geriatrics and Gerontology Advisory Committee

This draft legislation would require the VA to include a representative from the National Association of State Veterans Homes, who holds a professional license in nursing home administration, on its Geriatrics and Gerontology Advisory Committee (GGAC).

The VA's GGAC was created in 1980 to address challenges VA faced related to caring for a large influx of aging World War II veterans. One of the committee's main duties is to assess the capabilities of VA's health care facilities to respond with effective and appropriate care and services to address the medical, psychological, and social needs of older/aging veterans.

DAV has no specific resolution that addresses who should be appointed as a member of the VA's GGAC; however, the experience and expertise of a representative from the National Association of State Veterans Homes could be beneficial to the Committee's work and we have no objection to this draft bill moving forward.

Draft bill to require that non-citizen appointees to positions in the Veterans Health Administration are subjected to background investigations prior to employment

This draft legislation would require that non-citizen appointees undergo a background investigation prior to their employment with the VA. Currently, a non-citizen appointee may be hired by VA on a temporary basis under title 38, United State Code.

While DAV has no resolution that addresses VA hiring practices for non-citizen appointees, according to VA, these appointees are subject to background investigations. Furthermore, as part of VA's Personnel Security and Suitability Program, all employees, including non-citizens, are required to meet the necessary security and suitability standards before being hired by VA.

Draft bill, the Enhancing Faith-Based Support for Veterans Act

This draft legislation would allow a VA chaplain to send a veteran's contact information to a non-VA religious or faith-based organization. Once the VA chaplain has completed a spiritual assessment, the veteran must approve/elect to have their contact information shared with a non-VA religious or faith-based organization. The spiritual assessment includes the medical treatment plan of the veteran as well as their personal spiritual information.

While DAV has no resolution that addresses this matter, we have no objection to ensure that veterans have access to a wide range of supportive services, including those offered by faith-based organizations.

Draft bill, Safeguarding VA's Healthcare Workforce Act

This draft bill would establish a three-year pilot program that allows the VA to fill vacant shifts at its medical facilities with non-Department health care providers once the number of vacant shifts reaches a minimum threshold, predetermined by the Secretary.

This initiative could help address staffing shortages and ensure that veterans receive timely and quality care. By leveraging non-Department health care providers, this program could improve veterans' access to care, especially in underserved areas.

That said, it is important that VA continue to work diligently to ensure appropriate hiring and retention practices are exercised and that internal VA staffing levels continue to be strengthened.

DAV supports this draft bill in accordance with DAV Resolution No. 403, which calls for VA to provide timely and convenient access to care for enrolled veterans, and for VA to remain the primary provider and the coordinator of care, while continuing to optimize the use of community care networks to fill in gaps, particularly in rural and remote areas.

Draft bill, 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

This draft bill would 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. A terminal prosthetic device is one that works by means of cables to create voluntary opening and closing for managing a grip.

Amending current medical-services law would be a significant step in enhancing the quality of life for many veterans. The proposed amendment would ensure that veterans have access to adaptive prostheses specifically designed for sports and recreational activities. This can include specialized limbs for running, swimming, cycling, and other activities. By providing these adaptive devices, the amendment aims to promote physical activity and overall well-being among ill and injured veterans, helping them to engage in sports and recreational activities that they enjoy and need to maintain their fitness and independence.

The amendment would establish guidelines for veterans to be eligible for these devices, guaranteeing access through the VA for those in need. VA would not only provide such devices, but also offer training and support to help veterans effectively use their new prostheses. Furthermore, the amendment could stimulate the exploration and creation of new adaptive technologies, guaranteeing veterans have access to state-of-the-art prosthetic and adaptive devices.

DAV supports this draft bill in accordance with DAV Resolution No. 429, which supports sufficient funding for VA prosthetics and sensory aids service and timely delivery of prosthetic items, promoting physical activity and overall well-being among veterans, helping them to engage in sports and recreational activities that they enjoy.

Draft bill, Service Dogs Assisting Veterans Act (SAVES Act)

The SAVES Act would establish a five-year pilot program to require the Secretary of Veterans Affairs to award grants to nonprofit organizations, accredited by Assistance Dogs International or the International Guide Dog Federation, to assist in providing service dogs to eligible veterans. The bill would also provide for the training of the dogs to assist veterans with various mental health and physical conditions. This bill would also provide each veteran who receives a dog through the grant program a commercially available veterinary insurance policy for the service dog.

DAV supports this draft bill in accordance with DAV Resolution No. 590, which supports a consistent benefit for service dogs, to include that any veteran for whom a service dog is prescribed receives the dog at no cost; there is reimbursement for any follow-up training deemed appropriate; and a veterinary benefit provided for the life of that service dog.

**Draft bill to make improvements relating to conflicts of interest for certain
Department of Veterans Affairs employees**

This draft bill seeks to make improvements relating to conflicts of interest for certain VA employees.

Currently, title 18, United States Code, § 208 addresses conflicts of interest for federal employees, including those at the VA. This law prohibits federal employees from participating personally and substantially in any government matter that could affect their own financial interests or those of their family members, business partners, or organizations they are affiliated with. This law ensures that federal employees, including VA researchers, maintain the highest standards of integrity and avoid any actions that could compromise their objectivity.

In the past, researchers could freely discuss the science with both VA and their academic affiliate without conflict, except for the funding and research agreement. Recognizing their erroneous historical interpretation and the potential legal risks, the VA Office of General Counsel (OGC) concluded that science, funding, and research agreements are all crucial aspects of the matter. Due to this OGC decision, employees working on the matter or research topic must secure a waiver prior to proceeding.

Initially planned for March, the policy's enforcement was deferred by VA until at least September 30, 2024. The absence of a policy for pursuing waivers at VA significantly impacts thousands of researchers by substantially delaying approval of research projects, as they require approval from both OGC and local VAMCs.

Although DAV does not have a resolution specifically addressing conflict of interest matters for federal/VA employees, research is a critical part of VA's mission of serving our nation's ill and injured veterans. For these reasons, we suggest that measures taken to address this issue should focus on maintaining quality researchers and employees. VA must ensure that their work can continue without undue administrative burdens.

This concludes my testimony on behalf of DAV. I am pleased to answer questions you or members of the Subcommittee may have.