



Statement for the Record of
Amy Webb
National Legislative Policy Advisor
AMVETS

Before the
Committee on Veterans' Affairs
United States House of Representatives

Legislative Hearing on the topic of:
H.R. 1133, H.R. 2123, H.R. 2601, H.R. 3642,
Draft Bills and VA's Legislative Proposal

**Executive Summary of
Amy Webb, National Legislative Policy Advisor
AMVETS
for the
Committee on Veterans' Affairs
United States House of Representatives
on
“Pending Legislation”**

October 24, 2017

H.R. 1133 Veteran Transplant Coverage Act of 2017	Support
H.R. 2123 Veterans E-Health & Telemedicine Support Act of 2017	Support
H.R. 2601 Veterans Increased Choice for Transplanted Organs & Recovery (VICTOR) Act of 2017	Support
H.R. 3642 Military Sexual Assault Victims Empowerment (SAVE) Act	Oppose
Draft to establish a permanent Veterans Choice Program	Support Discussion Draft No Position on Amended Draft
Draft to direct the VA Secretary to conduct a study on the Veterans Crisis Line.	Support
VA's legislative proposal, the Veteran Coordinated Access and Rewarding Experiences (CARE) Act	No Position

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Chairman Roe, Ranking Member Walz, and members of the committee; thank you for the opportunity to provide a statement for the record on behalf of AMVETS and our 250,000 members. We appreciate your efforts to address and correct some of the most challenging and longstanding veteran health care issues that our country has faced. The dedication of you and your staff members who work diligently to formulate policies that ensure we are taking care of our Nation's veterans is something that affects the lives of our members, and we are grateful for the ideas being put forth.

H.R. 1133 Veteran Transplant Coverage Act of 2017

AMVETS supports H.R. 1133

H.R. 1133 authorizes the Secretary of Veterans Affairs to provide for an operation on a live donor for purposes of conducting a transplant procedure for a veteran, even if the live donor may not be eligible for health care from the VA.

AMVETS supports this legislation which will help ensure that the veteran is getting the lifesaving health care they have earned and deserve.

H.R. 2123 Veterans E-Health and Telemedicine Support (VETS) Act of 2017

AMVETS supports H.R. 2123

The VETS Act allows a licensed VA health care professional to practice their health care profession at any location in any state, regardless of where the professional or patient is located, if the covered health care professional is using telemedicine to provide treatment. There is a reporting requirement due within the first year of enactment which will provide a variety of information including patient and health care professional satisfaction, access to telemedicine and potential budget savings due to reduction of travel reimbursements as a result of accessing care through telemedicine.

AMVETS applauds the introduction of this bill, and believes that in conjunction with VA's Proposed Rule posted on the Federal Register on October 2, 2017, *Authority of Health Care*

Providers to Practice Telehealth, that veterans will soon benefit from greater access to a variety of health care, including mental health. Removing the arbitrary state barriers that have no relevance to telemedicine is long overdue. It is worth pointing out that while AMVETS is fully supportive of the use of telehealth, that the situation of each veteran needs to carefully be considered. For instance, some veterans clearly need to be seen in-person, but for interim checkups or counseling in between face-to-face appointments this is quite a valuable tool. For those that use telehealth for monitoring a long-term or chronic health condition, this is not only a time saver, but a cost saver as well. AMVETS looks forward to passage of this measure.

H.R. 2601 Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act of 2017

AMVETS supports H.R. 2601

This bill amends the Veterans Access, Choice, and Accountability Act of 2014 to enhance access to organ transplants for veterans who live more than 100 miles from a VA operated transplant center by allowing them to get the medical care needed for the required organ transplant at a transplant center, operated by an approved entity under Choice, within 100 miles of their home.

AMVETS supports this legislation which will help ensure that the veteran is getting the lifesaving health care they have earned and deserve without the undue burden of having to travel over 100 miles for an organ transplant in addition to the myriad of pre- and post-transplant medical appointments required for a successful transplant and follow up.

H.R. 3642 Military Sexual Assault Victims Empowerment (SAVE) Act

AMVETS opposes H.R. 3642

The SAVE Act establishes a three-year pilot program for veterans who are survivors of military sexual trauma (MST) so they may access private, non-Department of Veterans Affairs, medical and hospital treatment for physical and psychological injuries resulting from the assault. At the end of the pilot, participating veterans may request to continue receiving private sector care related to MST.

Five locations will be chosen in areas where sexual assault has been determined to be a substantial problem, and veterans participating may still receive VA health care for medical issues other than MST. A veteran is deemed eligible for the pilot if they qualify under section 1720D of title 38, United States Code - Counseling and treatment for sexual trauma.

Every VA health care facility has an MST Coordinator and medical professionals who are knowledgeable about treating MST, in fact, all VA mental health and primary care providers must complete a mandatory training on MST. There are a variety of existing treatments available to the veteran including specialized outpatient mental health services

focusing on sexual trauma. Vet Centers also have specially trained sexual trauma counselors. Nationwide, VA has over twenty residential or inpatient programs that offer specialized MST treatment. The services can include cutting-edge treatment methodologies for a range of mental health problems associated with being an MST survivor. In addition, VA will often treat veterans for MST-related services even if the veteran is not eligible for VA health care

AMVETS is concerned with the open-ended access to private sector MST care in the five pilot areas and believes that veterans can be best served by receiving the renowned care that VA has long-worked to fine tune and provide to both genders who have experienced MST. AMVETS has a National Resolution on MST which states, in part, that AMVETS calls upon Congress to continue its oversight and hearings related to military sexual trauma care and benefits with the goal of improving VA and DoD collaboration and improving policies and practices for military sexual trauma care and disability compensation. We feel that the strengthening needs to occur within DoD and VA, and that having groups of veterans being treated in the private sector will lead to fragmented care for the veteran at a higher cost.

Draft to establish a permanent Veterans Choice Program, and for other purposes

AMVETS supports the discussion draft, and the consolidation of existing community programs into an established network of community VA providers.

Our concern with the draft is based on the premise of sending veterans into the community for care because of a shortage of health care providers, while not fixing long-term recruitment, hiring, and retainment for necessary staff, which would in essence solve many access to care issues.

AMVETS does not support using the Choice Program as a practicable option to address the capacity and patient care issues. Diverting funds into the community, instead of investing them within the VA system of care will quickly erode and eventually dismantle the VA health care system.

Currently over thirty percent of veterans receive community care. There is nothing that we have seen that shows that veterans who receive their care outside of VA have better health outcomes, or that it is a cost saving measure.

As of the due date for this statement for the record, AMVETS has not seen the amended draft bill, and therefore cannot provide a statement on the actual bill. We look forward to receiving the amended version in the near future.

Draft to direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line

This draft initiates a study on VA's Veterans Crisis Line (VCL) to examine its effectiveness during the five-year period that began January 1, 2014. The study will analyze information on the number of veterans who began or did not begin VA mental health treatment after

contacting the VCL, and of those who started treatment how many continued it. In addition to other analyzation, it will also determine whether receiving sustained mental health care affects suicidality, and whether veterans who were receiving VA mental health care utilized the VCL in a time of crisis. It will also study how many non-veterans call the VCL in the hopes of finding care for a veteran, and how many of those individuals received support in having the veteran initiate VA mental health care. Additionally, it will track how many veterans who contact the VCL tragically attempt or die by suicide.

AMVETS is pleased to support this draft measure, and we believe that five years of data, to include the times where the VCL was not operating optimally but where we hope they were still tracking data, can hold vital pieces of information in the visibility or knowledge of the Crisis Line, how veterans or those who care about them are triaged and end up in care (or not), and how many lives have potentially been saved based on facts. If we knew how to prevent a person's suicide, then we would not need to look into such data; but perhaps learning more can save more lives or offer a redirect into a new way of reaching those in their darkest days.

VA's legislative proposal, the Veteran Coordinated Access and Rewarding Experiences (CARE) Act

At this time AMVETS offers no position on this proposal. There are number of Sections that we support, coupled with a number of Sections that cause us concern.

AMVETS supports the consolidation of existing community programs into one hopefully more manageable and streamlined program. We also wholeheartedly support the measures addressing improving personnel practices, and the fact that this reinvests into VA's system of care.

AMVETS does not support having service-connected disabled veterans who are currently qualified to receive medical care with no copay, to pay a copay for access to walk-in care. We also do not support the round down of certain cost of living adjustments. We cannot fund VA health care by instituting copays from veterans who by nature of their wounds do not pay for VA health care; or by rounding down their benefits. It is not their job to fund VA, and veterans should not have to sacrifice further.

In general, we are not comfortable with some language in the proposal that can be open to interpretation such as "not feasibly available," "impracticable or inadvisable," or a medical facility "not providing care that meets such quality and access standards as the Secretary shall develop." The latter is particularly distressing since a particular medical facility may be experiencing access issues due to not being properly staffed. Not fixing that inherent issue and sending a veteran out for community care creates a vicious circle, and in the end sets up that particular facility to fail.

We are concerned with not only the vagueness of some language, but that the discretion in implementing major portions are left up to the Secretary. In the end, massive changes to

allowing more veterans to seek care in the private sector require specific language and concrete boundaries for many reasons. The primary reason would be budget allocations, the secondary yet equally important reason would be that loosely allowing veterans access into the private sector without clear delineations would systematically, over time, dismantle the VA health care system.

We hear that no one wants to privatize the VA health care system – yet we are left wondering if we are looking at two different definitions. If you want to look at the definition literally, it explains that privatizing means to transfer from public or government control or ownership to private enterprise.

What we are concerned with is “the death by a thousand cuts” whereby it can easily be stated that allowing large numbers of veterans into the private sector while not fixing long-term recruitment, hiring, and retainment for necessary staff, which would in essence solve many access to care issues, is a very slow and painful way to bleed the VA health care system dry of funds, while lining the pockets of the private sector. Who benefits here? Not the veteran patient.