



STATEMENT OF

THE AMERICAN LEGION

BEFORE THE

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

ON

"PENDING LEGISLATION"

OCTOBER 13, 2021

**STATEMENT OF
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"PENDING LEGISLATION"**

LEGISLATION	POSITION
H.R. 2819 – Solid Start Act of 2021	Support
H.R. 2916 – VA Medicinal Cannabis Research Act of 2021	Support
H.R. 4575 – Veteran Peer Specialist Act of 2021	Support
H.R. 4794 – Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act	Support
H.R. 5029 – Expanding the Families of Veterans Access to Mental Health Services Act	No position
H.R. 5073 – Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act	Support
H.R. 5317 –VA Governors Challenge Expansion Act	Support
DRAFT – Veterans Census-Enabled National Treatment Equitable Resources Supplement (Vet CENTERS) for Mental Health Act of 2021	Support
DRAFT – to furnish seasonal influenza vaccines to individuals who are eligible for COVID-19 vaccines under the SAVES LIVES Act (P.L. 117-4)	No position
DRAFT – to expand eligibility for hospital care, medical services, and nursing home care from Department of Veterans Affairs to include veterans of World War II	Support
DRAFT – Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act	Support
DRAFT – to improve VA’s Veterans Justice Outreach Program	Support
DRAFT – to require VA to report to Congress within one year of enactment on the Veterans Integration to Academic Leadership program	Support

**STATEMENT OF
THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
"PENDING LEGISLATION"**

OCTOBER 13, 2021

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the Health Subcommittee, on behalf of National Commander Paul E. Dillard and our nearly two million members, we thank you for the opportunity to comment on the pending legislation being considered before this Subcommittee. The American Legion is directed by our nearly 2 million dues-paying members, who dedicate their time and resources to service for veterans, servicemembers, and their families. As a resolution-based organization, The American Legion's positions are guided by more than 100 years of advocacy that originates at the grassroots level of our organization. Every time The American Legion testifies before Congress, the veteran community is given a direct voice in the legislative process.

The men and women of the U.S. military confront health challenges of a scope and complexity that few others experience. To ensure these challenges are addressed, and for the purposes of this hearing, The American Legion will express our positions on legislation specifically related to healthcare. Particular attention will be paid to legislation enhancing peer-support services, improving suicide prevention efforts, and increasing accessibility to mammography services. Additionally, legislation seeking to expand Department of Veterans Affairs healthcare benefits to World War II veterans and growing the number of Vet Centers.

H.R. 2819 – Solid Start Act of 2021

To amend title 38, United States Code, to improve and expand the Solid Start program of the Department of Veterans Affairs, and for other purposes.

Based upon Department of Veterans Affairs (VA) publicly available data, roughly 17.6 veterans die by suicide daily.¹ On average, 60 percent of them have had no consistent contact with VA services.² A 2019 American Legion mental health survey revealed 40 percent of veterans were not sure whether they were eligible or not for VA mental health services.³ These statistics are supported by a *Journal of the American Medical Association* study conducted on almost two

¹ U.S. Department of Veteran Affairs. (2020). National Veteran Suicide Prevention Annual Report. Office of Mental Health and Suicide Prevention. Retrieved from: 2020 National Veteran Suicide Prevention Annual Report (va.gov)

² Shane III, Leo. "VA Success Story - New Veterans Answering Calls Checking In." Military Times, March 4, 2020. <https://www.militarytimes.com/news/pentagon-congress/2020/03/03/va-success-story-new-veterans-answering-calls-checking-in/>.

³ The American Legion. 2019 Mental Health Survey Executive Report (2019). Retrieved from: <https://www.legion.org/publications/248320/2019-mental-health-survey-executive-report>

million servicemembers who were separated from military service. The study found those who identified as male, younger, and with shorter lengths of service, or were separated from the Marine Corps or Army, had a significantly higher risk of suicide after separation.⁴

In 2018, the Trump Administration issued Executive Order 13822 to stem veteran suicide by improving access to mental healthcare and suicide prevention resources to recently transitioned servicemembers the year following their discharge, separation, or retirement.⁵ After the Executive Order was published, VA devised a Joint Action Plan for better screenings, identification, and warm hand-offs to peer support programs.⁶ By December 2019, the VA Solid Start Program was launched to proactively engage all newly separated servicemembers at least three times during their first year of transition from the military to establish a strong relationship and promote awareness of VA benefits and services.

Succeeding the success of this new VA pilot program, the *Solid Start Act of 2021* was introduced. The *Solid Start Act of 2021* would permanently fund the Solid Start Program, codify it into law, and require the Government Accountability Office (GAO) to assess the program's efficiency and effectiveness in meeting its goals. Specifically, it requires the GAO to review VA's ability to prioritize outreach to veterans who access mental health resources prior to separation and collect up-to-date contact information during the transition process. Additionally, the GAO would need to review whether VA was calling each veteran at least twice annually in the first year after separation and was including programmatic information in VA booklets, on their website, and through other resources.

The American Legion has advocated for mental health services for veterans recovering from the invisible wounds of war through legislation like the *Debra Sampson Act* and the *Cmdr. John Scott Hannon Veterans Mental Health Care Improvement Act*. Through Resolution No. 12: *Accountability and Enhancements of Transition Assistance Program, Outcomes and Delivery for Today's Digital Transitioning Servicemembers*, The American Legion believes Congress must require VA to conduct assessments on the efficiency of delivering "for life" support to veterans and transitioning servicemembers.⁷ Transitioning from military to civilian life can be extremely stressful for new members of the veteran community. Any period of uncertainty elevates the risk of suicide. Passing legislation such as the *Solid Start Act of 2021* will help ensure that risk is as low as possible.

The American Legion supports H.R. 2819 as currently written.

⁴ Ravindran, Chandru, Sybil W. Morley, Brady M. Stephens, Ian H. Stanley, and Mark A. Reger. "Association of suicide risk with transition to civilian life among US military service members." *Journal of the American Medical Association network open* 3, no. 9 (2020): e2016261-e2016261.

⁵ "Executive Order 13822-Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life." Executive Order 13822-Supporting Our Veterans During Their Transition From Uniformed Service to Civilian Life | The American Presidency Project, January 9, 2018.

<https://www.presidency.ucsb.edu/documents/executive-order-13822-supporting-our-veterans-during-their-transition-from-uniformed>.

⁶ "Joint Action Plan for Supporting Veterans During Their Transition from Uniformed Service to Civilian Life." va.gov, May 3, 2018. <https://www.va.gov/opa/docs/joint-action-plan-05-03-18.pdf>.

⁷ The American Legion Resolution No.12 (2018): [*Accountability and Enhancements of Transition Assistance Program, Outcomes and Delivery for Today's Digital Transitioning Servicemembers*](#)

H.R. 2916 – VA Medical Cannabis Research Act of 2021

To direct the Secretary of Veterans Affairs to carry out a series of clinical trials on the effects of cannabis on certain health outcomes of veterans with chronic pain and post-traumatic stress disorder, and for other purposes.

In 1970, the Controlled Substances Act was signed into law combining all previously existing federal drug laws into a single statute.⁸ The statute regulated the manufacturing and distribution of controlled substances including stimulants, narcotics, depressants, and hallucinogens.⁹ These substances were further categorized into five classifications based upon the potential for abuse. According to the Drug Enforcement Administration (DEA), Schedule I drugs have the highest potential for abuse and severe psychological and/or physical dependence.¹⁰ By definition, the DEA looks at these types of Schedule I substances as having no accepted medical use and a high potential for abuse. This is why other Schedule I drugs include heroin, ecstasy, and lysergic acid diethylamide.

Marijuana (cannabis) is currently listed as one of these Schedule I substances. Designating cannabis as a Schedule I substance makes it extraordinarily challenging to conduct necessary research on the use of medical marijuana as a treatment option for veterans suffering from chronic pain and mental health conditions. Legislation like the *VA Medicinal Cannabis Research Act of 2021* will help alleviate these stringent guidelines by directing the Secretary of Veterans Affairs to carry out a series of clinical trials on the effects of medical grade marijuana on certain health outcomes of veterans with chronic pain and post-traumatic stress disorder (PTSD).

Clinical trials would include an evaluation of the effects of the use of cannabis on osteopathic pain, the reduction/increase in opioid use/dosage, sleep quality, agitation, and quality of life to name a few. With respect to covered veterans diagnosed with PTSD, an evaluation would be directed on the effects of the use of cannabis on the symptoms of PTSD as established by or derived from the clinician administered PTSD scale, the PTSD checklist, and other applicable methods of evaluating PTSD symptoms. This legislation ensures there is adequate and appropriate research done on the impacts of medicinal cannabis.

Through Resolution No. 11: *Medical Marijuana Research*, The American Legion supports efforts to enhance medical cannabis research, urges Congress to remove cannabis from the Schedule I controlled substance list, and believes the DEA should license privately funded medical marijuana production operations in the U.S.¹¹ Any medical cannabis research legislation should take into consideration clinical trials that track the developing of symptoms related to Cannabis Use

⁸ Hudak, J. (2016). RICHARD NIXON FIRES THE OPENING SHOTS IN THE WAR ON DRUGS. In *Marijuana: A Short History* (pp. 49-58). Washington, D.C.: Brookings Institution Press. Retrieved from <http://www.jstor.org/stable/10.7864/j.ctt1hfr1qj.8>

⁹ Reuters, T. (2019). *The Controlled Substances Act: Overview*. Retrieved from <https://criminal.findlaw.com/criminal-charges/controlled-substances-act-csa-overview.html>

¹⁰ United States Drug Enforcement Administration. (n.d.). *Drug Scheduling*. Retrieved from <https://www.dea.gov/drug-scheduling>

¹¹ The American Legion Resolution No.11 (2016): [*Medical Marijuana Research*](#)

Disorder. Enabling safe and efficient cannabis drug development research is vital to providing innovative evidence-based, complementary, and alternative medicine to veterans in the treatment of chronic pain and mental health disorders. It is imperative that Department of Veterans Affairs continue to explore alternative treatments to ensure those suffering from PTSD and chronic pain are provided the best possible care.

The American Legion supports H.R. 2916 as currently written.

H.R. 4575 – Veteran Peer Specialist Act of 2021

To amend the VA MISSION Act of 2018, to expand the peer specialist support program of the Department of Veterans Affairs to all medical centers of the Department, and for other purposes.

Peer Specialists (PS) play a vital role at the Department of Veterans Affairs (VA) in assisting their fellow veterans who also struggle with mental illness, chronic pain, and substance abuse disorders. They give crisis support, function as a liaison between VA staff and the veteran, and share their survivor stories.¹² Studies have shown that peer support is mutually beneficial for people who are experiencing transitions, mental health crises, and readjustment issues. A PS can better sympathize with a fellow veteran with tolerance, patience, and understanding compared to a civilian counterpart. This often leads to significant benefits such as better social functioning, higher quality of life satisfaction, and less feelings of hopelessness.¹³

The work of PS's is critical now more than ever. Just this past month, September 2021, the Pentagon reported military suicides had increased by 16 percent.¹⁴ This month, VA published a fact sheet showing Colorado's veteran suicide rate was significantly higher than the general population suicide rate as well as significantly higher than the national veteran suicide rate.¹⁵ To address this issue, the *Veteran Peer Specialist Act of 2021* would amend the VA MISSION Act of 2018 to expand the peer specialist support program to all VA medical centers.

It would, during the five-year period following the implementation of the bill, establish an additional 25 medical centers per year until the program is at each VA medical center. When selecting additional locations, medical centers in rural areas, areas that are not near an military installation, and areas representing different geographic locations would be prioritized. By

¹² Sharon McCarthy, "Peer Specialist Toolkit - Implementing Peer Support Services in VHA," Peer Specialist Toolkit - Implementing Peer Support Services in VHA (Department of Veterans Affairs, March 2013), https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_Toolkit_FINAL.pdf.

¹³ Judith A. Cook et al., "Developing the Evidence Base for Peer-Led Services: Changes among Participants Following Wellness Recovery Action Planning (Wrap) Education in Two Statewide Initiatives.," *Psychiatric Rehabilitation Journal* 34, no. 2 (2010): pp. 113-120, <https://doi.org/10.2975/34.2.2010.113.120>.

¹⁴ Meghann Myers, "Military Suicides up 16 Percent in 2020, but Officials Don't Blame Pandemic," *Military Times* (Military Times, September 30, 2021), <https://www.militarytimes.com/news/pentagon-congress/2021/09/30/military-suicides-up-15-percent-in-2020-but-officials-dont-blame-pandemic/>.

¹⁵ Faith Miller, "Colorado's Veteran Suicide Rate Outpaces National Average, New 2019 Data Shows," *Colorado Newsline*, September 30, 2021, <https://coloradonewsline.com/2021/10/01/colorado-veteran-suicide-rate-outpaces-national-average/>.

increasing the number of VA medical centers that have PS, more veterans will have access to the healthcare resources they have rightfully earned and may urgently need.

The American Legion has long supported efforts to enhance veteran peer-to-peer support. We have previously endorsed the *PFC Joseph P. Dwyer Peer Support Program Act* and the *VA Peer Support Enhancement for MST Survivors Act*. Additionally, peer-to-peer support is included as one of the top legislative priorities in The American Legion’s Legislative Agenda for the 117th Congress.¹⁶ Through Resolution No. 364: *Department of Veterans Affairs to Develop Outreach and Peer to Peer Program Rehabilitation*, The American Legion supports VA’s efforts to provide peer-to-peer rehabilitation services based on the recovery model tailored to meet the specialized needs of current generation combat-affected veterans and their families.¹⁷

The American Legion supports H.R. 4575 as currently written.

H.R. 4794 – Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act

To improve mammography services furnished by the Department of Veterans Affairs, and for other purposes.

One of the most significant causes of mortality for women in the U.S. military is breast cancer. It is the number one cause of cancer deaths for women under the age of 40 in the general population.¹⁸ A 2009 comparison study emphasized that female veterans and servicemembers are 20 to 40 percent more likely to be diagnosed with breast cancer compared to the general population.¹⁹ According to a Department of Veterans Affairs (VA) study published in 2021, between 1995 and 2012 female breast cancer diagnoses have tripled.²⁰ Moreover, the American Cancer Society estimates that by the end of 2021, there will be 280,000 new cases of breast cancer with 43,600 women expected to die from it.²¹

Men are also susceptible to breast cancer, however, they often do not receive the same treatment as their female counterparts. In 2014, oncologists at the Washington D.C. VA Medical Center conducted a study which showed between 1975 and 2010 male breast cancer diagnoses had

¹⁶ The American Legion, “The American Legion Legislative Agenda for the 117th Congress,” The American Legion, accessed October 1, 2021, <https://www.legion.org/legislative/agenda>.

¹⁷ The American Legion Resolution No.364 (2016): [*Department of Veterans Affairs to Develop Outreach and Peer-to-Peer Programs for Rehabilitation*](#)

¹⁸ Clinical Breast Care Project. (2021). *CBCP Purpose: Military Relevance*. Cbcpr-research.org. Retrieved from: <https://www.cbcpr-research.org/about-us/our-relevance/>

¹⁹ Zhu, K., Devesa, S.S., Wu, H., Zahm, S.H., Jatoui, I., Anderson, W.F., Peoples, G., Maxwell, L.G., Granger, E., Potter, J.F., & McGlynn, K.A. (2009) *Cancer Incidence in the U.S. Military Population: Comparison with rates from the SEER Program*. *Cancer Epidemiology, Biomarkers & Prevention*. 18(6): 1740–1745. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2780333/pdf/nihms158630.pdf>

²⁰ Park, Y.H., Keller, A., Hsu, T.C., Bidassie, B., Venne, V., Hawley, D., Hoffman- Högg, L., Heron, B., Colonna, S., Aggarwal, A. (2021). *Screening High-Risk Women Veterans for Breast Cancer*. Federal Practitioner Special Issue. Retrieved from: https://cdn.mdedge.com/files/s3fs-public/issues/articles/0521fed_avaho_breast_cancer.pdf

²¹ American Cancer Society. *Cancer Facts and Figures 2021*. Atlanta, Ga: American Cancer Society; 2021.

increased 26 percent.²² This increase occurred even though male breast cancer cases are rare and make up less than one percent of overall cases. This has been attributed to less awareness, non-existent screening, and men not palpating their own breasts monthly like their female counterparts. Across the board, these statistics indicate early prevention is critical.

Mammograms play an important role in breast cancer diagnoses by detecting tumors several years prior to it being physically felt.²³ A new type of mammography known as digital breast tomosynthesis (DBT), otherwise referred to as 3D mammography, is a digital x-ray which significantly aids doctors in detecting breast cancer in its early stages and decreases the need for additional tests.²⁴ Expanding access to these modern mammograms will aid in preventing breast cancer in the veteran and military populations.

To ensure this outcome is achieved, H.R. 4794 would require VA to submit a strategic plan to Congress for improving breast imaging services to veterans. This plan would include information related to the evolving needs of women veterans, geographic disparities of services furnished by VA, the needs of male veterans who require screening, and the use of DBT-3D imaging. Furthermore, it would require VA carry out a three-year pilot program to provide tele-mammography services for veterans who live in states where VA does not offer breast imaging services. Overall, H.R. 4794 will aid in early prevention efforts.

The American Legion has actively worked to address this issue. In 2010, The American Legion testified in support of the *Armed Forces Breast Cancer Research Act*.²⁵ This legislation would have required the Secretary of Defense and the Secretary of Veterans' Affairs to collaboratively study the incidence rate of breast cancer in servicemembers and veterans.²⁶ Earlier this year, The American Legion endorsed the *MAMMO for Veterans Act* which is the Senate counterpart.

Through Resolution No. 239: *Support Research About Breast Cancer*, The American Legion recognizes breast cancer is a serious health concern for women veterans and an increasing population of men are being diagnosed with it.²⁷ This is because military personnel are exposed to radioactive materials, chemicals, chemical protective garments, and nuclear-powered vessels as part of their job. Ensuring veterans have timely access to mammography services will facilitate early diagnosis, increase treatment options, and improve survival chances for a veteran population with a significantly higher risk of breast cancer.

The American Legion supports H.R. 4794 as currently written.

²² The Department of Veteran Affairs. (2014). Male breast cancer: A rare disease, on the rise. Office of Research & Development. Retrieved from: <https://www.research.va.gov/currents/spring2014/spring2014-45.cfm>

²³ Cancercare. (2021). *Breast Cancer: Understanding Risk Factors and Screening*. Cancercare.org. Retrieved from: <https://www.cancercare.org/publications/82-breast-cancer-understanding-risk-factors-and-screening>

²⁴ Stanford Health Care. (2021). What is tomosynthesis (3D mammography)? Stanford Health Care. Retrieved from: <https://stanfordhealthcare.org/medical-tests/m/mammogram/tomosynthesis-3d-mammography.html>

²⁵ The American Legion. (2010). *Legion Testifies on Various Health Bills*. The American Legion. Retrieved from: [Legion testifies on various health bills | The American Legion](#)

²⁶ Women's Congressional Policy Institute. (2019). *Committee Examines Veterans Health Issues, Breast Cancer Research*. Women's Congressional Policy Institute. Retrieved from: [Committee Examines Veterans Health Issues, Breast Cancer Research - Women's Congressional Policy Institute \(wcpinst.org\)](#)

²⁷ The American Legion Resolution No.239 (2004): [Support research about breast cancer](#)

H.R. 5029 – Expanding the Families of Veterans Access to Mental Health Services Act

To amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to members of the families of members or veterans of the Armed Forces who died by suicide, and other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has *no position* on this draft legislation.

H.R. 5073 – Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act

To improve the Veterans Crisis Line of the Department of Veterans Affairs, and for other purposes,

According to the Center for Disease Control and Prevention, suicide is one of the top ten causes of death in the U.S.²⁸ Between 1999 and 2018, the suicide rate has increased 35 percent in the general population.²⁹ Correspondingly, the veteran community is impacted by this public health issue with the veteran suicide rate being 1.5 times higher than their civilian counterparts. Unfortunately, this issue has persisted particularly with the onset of the COVID-19 pandemic which has increased isolation at the same time as military suicides have spiked 20 percent.³⁰

To aid veteran suicide prevention efforts, the Veterans Crisis Line (VCL) was created. Launched in 2007, the VCL has received 5.6 million calls resulting in 204,000 emergency service dispatches.³¹ In the years following, an online chat service and text-messaging service have been implemented in the VCL. Its purpose has been to serve as a free and private service for any veteran, regardless of whether they are enrolled in Department of Veterans Affairs (VA) healthcare, struggling with suicidal ideation to get the mental health assistance they need. Sadly, the VCL has not always been effective.

²⁸ “FASTSTATS - Leading Causes of Death,” National Center for Health Statistics (Centers for Disease Control and Prevention, March 1, 2021), <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>.

²⁹ Lola Oguntomilade, “Continuing the Work to Prevent Veteran Suicide,” CDC Foundation, January 8, 2021, <https://www.cdcfoundation.org/blog/continuing-work-prevent-veteran-suicide>.

³⁰ Burns, R. and Baldor, L., 2021. *Military suicides up as much as 20% in COVID era*. [online] AP NEWS. Available at: <https://apnews.com/article/virus-outbreak-air-force-stress-archive-army-2be5e2d741c1798fad3f79ca2f2c14dd> [Accessed 5 October 2021].

³¹ “What Is VCL? – Veterans Crisis Line,” Veterans Crisis Line: 1-800-273-8255, Press 1, accessed October 5, 2021, <https://www.veteranscrisisline.net/about/what-is-vcl>.

In November 2020, VA’s Office of Inspector General (OIG) published a report which showed a VCL call responder had misinterpreted suicide risk which contributed to the death of a veteran caller.³² Shortly thereafter, in April 2021, another VA OIG report was published.³³ The report evaluated allegations relating to delayed VCL responses to two veterans struggling with homicidal and suicidal ideation. These developments have shown that despite the good work of the VCL, reforms must occur to ensure veterans are receiving necessary care when they call in to the VCL.

The *REACH Act* would institute these reforms by requiring an outside evaluation of the VCL’s training curriculum for call responders consisting of VA’s training on subjects including risk assessment, lethal mean assessment, substance use, and overdose risk. It would mandate VA issue re-training guidance for VCL call responders. As well, it would have VA develop guidelines on quality management for when a VCL call responder has an adverse event or quality review check by supervisors. Overall, this legislation would strengthen the transition to a national suicide prevention hotline and improve how VCL call responders are trained to ensure veterans are speaking with the best trained professionals when calling in.

In 2019, The American Legion supported the *National Suicide Hotline Designation Act* during a Senate Committee on Commerce, Science, and Transportation hearing, which required the Federal Communications Commission to designate 988 as the universal telephone number for a mental health crisis line. Currently, The American Legion publishes the VCL information on our publicly accessible website for veterans to use when needed.³⁴ Recently, we endorsed the Senate companion to this bill.

Through Resolution No. 27: *Veterans Crisis Line*, the American Legion believes the VCL plays a critical role in connecting distraught veterans with the help they need.³⁵ As such, it is crucial when veterans call in, they are connected with educated, able, and supportive staff. While great improvements to the VCL have been made throughout the years more must be done to fill the life-threatening gaps that currently exist. No veteran should reach out for life-saving assistance services, like the VCL, and be re-routed or mis-managed.

The American Legion supports H.R. 5073 as currently written.

H.R. 5317 – VA Governors Challenge Expansion Act

³² “Deficiencies in the Veterans Crisis Line Response to a Veteran Caller Who Died,” Office of Healthcare Inspections (Department of Veterans Affairs Office of Inspector General, November 17, 2020), <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-21-00272-283.pdf>.

³³ “Insufficient Veterans Crisis Line Management of Two Callers with Homicidal Ideation, and an Inadequate Primary Care Assessment at the Montana VA Health Care System in Fort Harrison,” Office of Healthcare Inspections (Department of Veterans Affairs Office of Inspector General, April, 2021), <https://www.va.gov/oig/pubs/VAOIG-20-00545-115.pdf>.

³⁴ The American Legion, “*Veterans Crisis Line Available around the Clock*,” The American Legion, March 24, 2020, <https://www.legion.org/suicideprevention/248628/veterans-crisis-line-available-around-clock>.

³⁵ The American Legion Resolution No.27 (2015): [*Veterans Crisis Line*](#).

To direct the Secretary of Veterans Affairs to carry out a program to provide technical assistance to states and American Indian and Alaska Native tribes for the development of veteran suicide prevention activities, and for other purposes.

In 2019, the Substance Abuse and Mental Health Services Administration (SAMHSA) began a successful partnership with the Department of Veterans Affairs (VA) to bring the *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families* (SVMF) to states across the nation.³⁶ Since the program's launch, over 35 states have joined to implement state-wide suicide prevention best practices for SVMF that have advanced VA's *National Strategy for Preventing Veteran Suicide*.³⁷ They have also advanced strategies from the Center for Disease Control and Prevention's *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* publication.³⁸

Currently, VA supports this initiative by funding technical assistance for participating organizations. While the collaboration with SAMSHA has resulted in positive advances, VA must take a more hands-on approach to match these efforts with dedicated grant funds. To ensure these improvements occur, the *VA Governors Challenge Expansion Act* would charge VA with expanding the Governors Challenge program. This legislation would require the Governors Challenge program provides technical assistance to states and American Indian and Alaska Native tribes to develop veteran suicide prevention activities.

In FY2022, VA would award 20 grants to eligible entities. In FY2023 and FY2024, VA would award 24 grants each year. Grants will not exceed \$500,000 for any fiscal year. Attaining technical assistance funding is only part of the answer. Ensuring states and tribes have the funding to tangibly implement their veteran suicide prevention proposals is key to ensuring they can meet the needs of their specific communities. Overall, this legislation will allow the Governors Challenge program to have a deeper and more immediate impact.

Through Resolution No. 238: *Suicide Prevention for American Veterans Act*, The American Legion believes Congress must improve the care provided to veterans and servicemembers who have mental health issues and are at risk for suicide.³⁹ A true public health approach is needed to address veteran suicide. We need to look beyond the individual to involve peers, family members, and the community to effectively reach those suffering.

The American Legion supports H.R. 5317 as currently written.

³⁶ Substance Abuse and Mental Health Services Administration. *Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families*. (2019). [online] Available at: <https://www.samhsa.gov/smvf-ta-center/mayors-governors-challenges#:~:text=SAMHSA%20has%20partnered%20with%20the.and%20communities%20across%20the%20Nation>.

³⁷ U.S. Department of Veterans Affairs. *National Strategy for Preventing Veteran Suicide 2018–2028* (2018) Available at: https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

³⁸ Center for Disease Control. *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*. (2017) Available at: <https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf>

³⁹ Resolution No. 238 (2016): [*Suicide Prevention for American Veterans Act*](#)

Discussion Draft – Veterans Census-Enabled National Treatment Equitable Resources Supplement (Vet CENTERS) for Mental Health Act

To direct the Secretary of Veterans Affairs to increase the number of Vet Centers in certain States based on population metrics, and for other purposes.

Established in 1979, the Vet Center Program was created as a Department of Veterans Affairs (VA) community-based counseling service to address the readjustment issues a significant number of Vietnam veterans were facing.⁴⁰ Services include social and mental health services, bereavement counseling, employment assistance, and professional readjustment counseling to servicemembers, veterans, and their families. These services provide tools to help the transition from military to civilian life, or assistance after a traumatic event experienced in the military.⁴¹

Throughout the years, Congress has expanded eligibility to ensure more servicemembers, veterans, and family members can access Vet Center services. After the Persian Gulf War in 1991, Congress made certain post-Vietnam War combat veterans eligible and a few years later they made World War II and Korean War combat veterans eligible.⁴² Similarly, in the past 20 years, amidst the Global War on Terror, VA has made veterans of the Iraq War and the War in Afghanistan eligible as well. Once again, it is time for the federal government to expand Vet Center eligibility and services to veterans to ensure as many veterans as possible have access to Vet Center services.

The *Vet CENTERS for Mental Health Act* increases the number of Vet Centers in certain states based on population metrics. Some of these population metrics include the total veteran population in the state exceeding 250,000 veterans and the average population density of the state surpassing 200 individuals per square mile. Another population metric is if the total population of the state is more than six million. Expanding the number of Vet Centers in certain high-population states that have high veteran to Vet Center ratios will help to reduce gaps in VA healthcare coverage and provide veterans the support they desperately need.

In April 2012, The American Legion testified before Congress in support of Vet Centers arguing they play a critical role in assisting combat veterans in managing their post-traumatic stress disorder.⁴³ This Congress, The American Legion has actively worked to support Vet Centers and lobby in support of legislation which enhances the quality of care they provide. For example, we endorsed the *Vet Center Improvement Act* and its Senate counterpart.

Through Resolution No. 130: *Vet Centers Expansion to Rural Communities*, The American Legion supports the expansion of Vet Centers to be expanded in geographic locations that maximize

⁴⁰ The U.S Department of Veterans Affairs. *History of the Vet Center Program*. (2008). [online] Available at: https://www.madison.va.gov/documents/Vet_Center_Brochure.doc

⁴¹ The American Legion. *Vet Centers will soon offer counseling to more service members*. (2021). [online] Available at: <https://www.legion.org/benefits/252011/vet-centers-will-soon-offer-counseling-more-servicemembers>

⁴² “Vet Centers (Readjustment Counseling),” Who We Are (U.S. Department of Veterans Affairs, May 9, 2006), https://www.vetcenter.va.gov/About_US.asp.

⁴³ “Examining the Role of Vet Centers,” Legislative Center (The American Legion, April 5, 2012), <https://www.legion.org/legislative/testimony/166799/examining-role-vet-centers>.

opportunities to reach veterans.⁴⁴ Additionally, The American Legion believes new Vet Centers should be established which take into account factors not measurable, but rather reflective of the unique characteristics of each state, its resources, and limitations to reach its rural veterans. We look forward to seeing the *Vet CENTERS for Mental Health Act* be swiftly signed into law to ensure as many veterans have access to Vet Centers as possible.

The American Legion supports this discussion draft *as currently written*.

Discussion Draft – Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act

To amend title 38, United States Code, to increase the rate of pay for certain nurses and other medical positions of the Department of Veterans Affairs, and for other purposes.

Throughout Department of Veterans Affairs (VA) medical facilities, there is a serious issue with understaffing and underfunding. This has been exacerbated by the ongoing COVID-19 pandemic which has stressed healthcare resources. As such, VA has an increased need for healthcare professionals. By extension, this makes recruiting, hiring, and retaining an ‘infantry’ of nurses, doctors, and other healthcare professionals critical.⁴⁵ To address this ongoing issue, VA must adapt and employ creative solutions to solve these systemic staffing issues that hurt veterans’ quality of care.

The *VA Nurse and Physician Assistant RAISE Act* would achieve this by increasing the rate of pay for certain nurses and other medical professionals at VA. By increasing the rate of pay for VA healthcare professionals, VA will be able to better compete against the private sector in retaining staff by decreasing the pay disparity. Furthermore, the addition of licensed, trained, and high-quality healthcare professionals to VA facilities will assure timely delivery of healthcare services to veterans.⁴⁶

Through Resolution No. 115: *Department of Veterans Affairs Recruitment and Retention*, The American Legion supports legislation that addresses VA recruitment and retention challenges, and reviews pay disparities among medical specialists.⁴⁷ Working with community partners is essential when filling the critical shortages within VA’s ranks.

The American Legion supports this discussion draft *as currently written*.

⁴⁴ The American Legion Resolution No.130 (2012): [Vet Centers Expansion to Rural Communities](#)

⁴⁵ The American Legion, “*The American Legion Legislative Agenda for the 117th Congress*”, accessed October 1, 2021, <https://www.legion.org/legislative/agenda>.

⁴⁶ *U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2021* Hearing before the House Committee on Veterans Affairs (Testimony of Melissa Bryant, National Legislative Division, The American Legion), accessed October 1, 2021,

<https://archive.legion.org/bitstream/handle/20.500.12203/14630/aa009841.pdf?sequence=1&isAllowed=y>

⁴⁷ The American Legion Resolution No. 115: [Department of Veterans Affairs Recruitment and Retention](#) (2016)

Discussion Draft

To direct the Secretary of Veterans Affairs to make certain improvements to the Veterans Justice Outreach Program, and for other purposes.

Although most veterans successfully return to a productive civilian life, others struggle with mental health problems, substance use disorders, homelessness, and run ins with the law. According to an Oxford University study, many of these justice-involved veterans have likely experienced at least one traumatic event and may have post-traumatic stress disorder. Statistically, at least half of justice-involved veterans have an alcohol or substance use disorder.⁴⁸ To better assist these justice-involved veterans, the Department of Veterans Affairs (VA) Veterans Justice Outreach Program (VJO), affiliated with VA's Homeless Program Office, assigns Veterans Justice Outreach Specialists (VJOS's) to serve in veteran treatment courts to assess treatment needs.⁴⁹

The VJO Program is a hybrid drug and mental health court that has evolved from the growing need for a treatment court model explicitly designed for justice-involved veterans to maximize efficiency and economize resources. When service-connected mental health issues are compounded with alcohol and substance use issues, treatment is needed more than incarceration. Grouping these veterans into a separate court docket can better facilitate access to veteran-specific resources, including benefits and treatment earned through military service. These justice-involved veterans are often able to better bond with their veteran peers who also deeply value their military experience.

Veteran Treatment Courts (VTC) builds upon this camaraderie by allowing participants to go through the treatment court process with people in similar situations with shared experiences.⁵⁰ VA significantly expanded support for this population through the *Veterans Treatment Court Improvement Act of 2018*. Through this legislation, 51 new VJOS's were recruited. However, a recent Government Accountability Office report found that VA can better execute the program and improve access through increased planning and training. Specifically, the report found that justice-involved veterans face barriers of limited awareness of the program, workforce capacity restraints, and apprehension that they are ineligible due to other than honorable discharge status.⁵¹

This draft legislation would fix this issue by setting benchmarks to guide veterans' justice outreach and establish performance goals. Additionally, it would address ongoing concerns over technical training by mandating all VJOS's receive annual training on best practices for identifying and

⁴⁸ Blodgett JC, Avoundjian T, Finlay AK, Rosenthal J, Asch SM, Maisel NC, Midboe AM. Prevalence of mental health disorders among justice-involved veterans. *Epidemiol Rev.* 2015;37:163-76. doi: 10.1093/epirev/mxu003. Epub 2015 Jan 19. PMID: 25600416.

⁴⁹ U.S. Department of Veterans Affairs. (January 2021). Fact Sheet: Veterans Treatment Courts and other Veteran-focused courts served by VA Veterans Justice Outreach Specialists.
<https://www.va.gov/HOMELESS/docs/VJO/Veterans-Treatment-Court-Inventory-Update-Fact-Sheet-Jan-2021.pdf>

⁵⁰ The American Legion: Resolution No. 145 Veteran Treatment Courts.
<https://archive.legion.org/bitstream/handle/20.500.12203/5486/2016N145.pdf?sequence=4&isAllowed=y>

⁵¹ Government Accountability Office (2021). "*Veterans Justice Outreach Program: Further Actions to Identify and Address Barriers to Participation Would Promote Access to Services.*" GAO Publication No. 21-564

conducting outreach to justice-involved veterans and relevant stakeholders. Finally, it would require a report to be submitted to Congress on the efficacy of VTC's and best practices.

Through Resolution No. 145: *Veterans Treatment Court*, The American Legion supports the expansion of VTC's. Increasing the programmatic budget and the number of staff in the VJO Program is key to getting justice-involved veterans' appropriate treatment. Recovery is only possible when treatment takes into consideration the unique needs of the individual. We look forward to seeing this draft legislation expeditiously signed into law to ensure this outcome.

The American Legion supports this discussion draft as currently written.

Discussion Draft

To amend title 38, United States Code, to expand eligibility for hospital care, medical services, and nursing home care from the Department of Veterans Affairs to include veterans of World War II.

Approximately 325,000 of the 16 million Americans who served in World War II (WWII) are still alive and as many as 296 pass away every day.⁵² Under Department of Veterans Affairs (VA) regulations, there are guidelines in place that determine a veteran's eligibility for healthcare benefits based on factors related to income level, disability rating, and military service history. Because of this, not all veterans are eligible for VA healthcare services. By way of the Veterans Health Care Eligibility Act of 1996, all veterans of the Spanish-American War and World War I are exempt from the means test required to enter the VA healthcare system.

Yet, WWII veterans are not and as a result some veterans previously enrolled in Veterans Health Administration (VHA) healthcare prior to 1996 VA eligibility reforms were dropped or are now subjected to a means test. It is unacceptable some veterans of the Greatest Generation do not have access to benefits they earned due to loopholes in federal law. This draft legislation would fix this problem by expanding automatic eligibility to all WWII veterans so veterans who currently do not qualify for VHA healthcare will have access to VA hospital care, medical services, and nursing home care.

Previously, The American Legion has submitted letters directly to the Secretary of Veterans Affairs concerning the lifting of current means test standards for the aging WWII veteran cohort to get all remaining WWII veterans' full access to VA healthcare. Through Resolution No. 3: *WWII Veterans Hospital and Medical Eligibility*, The American Legion supports extending the exemption from a means test to WWII veterans and urges VA to place all WWII veterans in Priority Group Category 5.⁵³ Members of the Greatest Generation deserve equitable access to care and rescinding this loophole will honor their bravery and courage.

The American Legion supports this discussion draft as currently written.

⁵² McCarthy, Niall, and Felix Richter. "Infographic: When Will the U.S. Lose Its Last WWII Veterans?" Statista Infographics, May 25, 2020. <https://www.statista.com/chart/13989/when-the-us-will-lose-its-wwii-veterans/>.

⁵³ The American Legion Resolution No.3 (2017): [*WWII Veterans Hospital and Medical Eligibility*](#)

Discussion Draft

To authorize the Secretary of Veterans Affairs to furnish seasonal influenza vaccines to certain individuals, and for other purposes.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large grassroots organization, The American Legion takes positions on legislation based on resolutions passed by the membership or in meetings of the National Executive Committee. With no resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has *no position* on this draft legislation.

Discussion Draft

To direct the Secretary of Veterans Affairs to submit to Congress a report on the Veterans Integration to Academic Leadership program of the Department of Veterans Affairs, and for other purposes.

Since the 2008 passage of the Post-9/11 GI Bill, there have been an unprecedented number of veterans enrolled in higher education programs. In 2011, the Department of Veterans Affairs (VA) started the Veterans Integration to Academic Leadership (VITAL) initiative to provide additional support to student veterans.⁵⁴ The VITAL initiative is intended to enhance academic retention and success for student veterans through clinical support, educate the campus community on the strengths and challenges of student veterans, and collaborate with local VA medical centers and community resources.⁵⁵

To ensure the soundness of the VITAL initiative, this draft legislation would mandate VA submit to Congress a report on the VITAL initiative. The report would include the number of VA medical centers, institutions of higher-learning, and student veterans supported by the initiative. It would also include an assessment of the outcomes and effectiveness of the initiatives ability to support student veterans, connect them to needed VA services, address their mental health needs, and lower their risk for suicide. A report, such as this, would provide comprehensive information and facilitate proper oversight regarding the efficacy of the initiative as it has passed its 10-year anniversary.

⁵⁴ “FACILITATING VETERANS' ACADEMIC SUCCESS: Veterans Integration to Academic Leadership (VITAL) Initiative.” EBSCO Information Services. Career Planning & Adult Development Journal. Fall2014, Vol. 30 Issue 3, p191-209. Accessed October 6, 2021. <https://bit.ly/3oEclgs>.

⁵⁵ The Department of Veteran Affairs. (July 16, 2020). VITAL Program. Accessed October 6, 2021. <https://www.mentalhealth.va.gov/student-veteran/vital-program.asp>

Through Resolution No. 318: *Ensuring the Quality of Servicemember and Veteran Student's Education at Institutions of Higher Education*, The American Legion supports legislative and administrative proposals that improve education benefits to servicemembers, veterans, and their families.⁵⁶ Educated veterans continue to make positive impacts on American society and they deserve to have the on-campus support they need. Adequate oversight of federal programs, like the VITAL initiative, will ensure this continues to occur.

The American Legion supports this discussion draft *as currently written*.

CONCLUSION

Chairwoman Brownley, Ranking Member Bergman and distinguished members of the Health Subcommittee, The American Legion thanks you for your long-standing work to fulfill the needs of the veteran population and for allowing us the opportunity to explain the position of our nearly two million members on these timely legislative matters. For additional information regarding this testimony, please contact Ms. Olivia Babine at The American Legion's Legislative Division at (202) 263-5746 or OBabine@legion.org.

⁵⁶ American Legion Resolution No. 318: [*Ensuring the Quality of Servicemember and Veteran Student's Education at Institutions of Higher Education*](#)