

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

WITH RESPECT TO

**Pending Legislation**

Washington, D.C.

October 13, 2021

Chairwoman Brownley, Ranking Member Bergman, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on these important pieces of legislation pending before this subcommittee.

**H.R. 2819, Solid Start Act of 2021**

The VFW supports this proposal to evaluate and continue to support the Department of Veterans Affairs (VA) Solid Start program.

To help bridge the gap and ensure veterans are making a successful transition, the Solid Start program makes three attempts to contact the veteran over the first year of separation. According to VA, within the first year the program connected with almost 70,000 recently separated veterans, which was 60 percent of veterans separated in fiscal year 2020. During the conversation, the veteran is made aware of the benefits offered by VA and how to access mental health care and suicide prevention resources. The transparency of the Solid Start program can shed light on gaps that remain for transitioning veterans.

**H.R. 2916, VA Medicinal Cannabis Research Act of 2021**

The VFW is proud to support this important bill and thanks this subcommittee for its consideration. VFW members tell us that medicinal cannabis has helped them cope with chronic pain and other service-connected health conditions. They cannot receive this service at VA because of VA's bureaucratic hurdles. This legislation would require VA to conduct scientific studies on the efficacy of medicinal cannabis and would move VA toward understanding the therapeutic potential of cannabis for veterans.

Prescribed use of opioids for chronic pain management has unfortunately led to addiction for many veterans, as well as for many other Americans. VA uses evidence-based clinical guidelines to manage pharmacological treatment of PTSD, chronic pain, and substance use disorder because medical trials have found opioids to be effective. To reduce the use of high-dose opioids, VA must expand research on the efficacy of non-traditional medical therapies, such as medicinal cannabis and other holistic approaches. Veterans who use medicinal cannabis and are also VA patients are doing so without the medical understanding or proper guidance from their coordinators of care at VA.

Medicinal cannabis is currently legal in 36 states and the District of Columbia. This means veterans are able to legally obtain cannabis for medical purposes in more than half the country. The Centers for Disease Control and Prevention's data show synthetic opioid deaths over the past year increased by more than 38 percent. Although, a recent study in the *British Medical Journal* found counties in the United States that increased from one to two dispensaries had a 17 percent decrease in opioid deaths.

Many states have conducted research for mental health, chronic pain, and oncology at the state level. A comprehensive study by the National Academy of Sciences and the National Academies Press also concluded that cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia, all of which are prevalent in the veteran population. While VA has testified that it has the authority to study Schedule 1 drugs, it has failed to do so, and veterans are tired of waiting. This bill would prevent VA from further delaying needed research.

Veterans Health Administration (VHA) Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, provides protections for veterans who use medicinal cannabis. This directive is for those veterans fortunate to live in states with approved marijuana programs, but not for all veterans who use VHA. Veterans who discuss their use of medicinal cannabis with their doctors perceive they will be ostracized and have their medications changed or discontinued. The fear of reprisal for medicinal cannabis prevents veterans from disclosing information to their VA health care providers, which can lead to problems caused by drug interactions. The VFW recommends that VA creates clear and concise policies and procedures for medicinal marijuana use and to make that information widely available.

### **H.R. 4575, Veteran Peer Specialist Act of 2021**

The VFW has long advocated for the expansion of VA's peer support programs. The VA *MISSION Act of 2018* paved the way for peer support to be integrated into the patient aligned care team of 30 VA medical centers. The care team is the foundation of veteran-centered health care. It provides an added touch point within the care team to which the veteran can relate, and gain encouragement and empowerment to live their best life.

Research published by *Implementation Science* in June 2021, reviewed the practice of peer support in the care team to provide insight into the hiring and integration in accordance with the

*VA MISSION Act of 2018*. The study compared peer support workload and veterans' involvement in their care. Veterans stated their experiences were very positive and gave them a better impression of VA. For example, some reported success with management of diabetes and weight loss goals.

The VFW supports *H.R. 4575, Veteran Peer Specialist Act of 2021*, but asks Congress to include peer support in care team duties and responsibilities to better define, standardize, and determine performance outcomes for this program. The VFW urges VA to evaluate the implementation of this program with the first 30 medical centers in order to capture lessons learned and measureable outcomes.

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

The VFW strongly supports this legislation which would require VA to develop a breast imagining strategic plan, upgrade to 3D digital mammography, and streamline veterans' electronic medical records.

Timely screening, diagnosis, notification, and treatment of breast cancer are essential to early detection and optimal patient outcomes. According to VA Women's Health Services, 94 percent of women veterans under the care of a Designated Women's Health Provider received mammograms compared to 86 percent seen by other VA providers. VA screens more women veterans for breast cancer than their civilian counterparts. On average, 700 women veterans are diagnosed with breast cancer annually. Although rare, male veterans make up one percent of breast cancer cases.

In 2018, VA had 50 locations with on-site mammography suites and a few mammography mobile units. With limited access at VA facilities, most enrolled veterans receive their mammograms through community care. In a VFW survey, when asked about care women veterans receive through the Veterans Community Care Program (VCCP), 38 percent stated gender-specific care including mammography, and 0.6 percent received breast biopsy and breast cancer treatment. The VFW supports VA research on evidence-based telehealth programs such as telemammography services. Expanding on the latest teleradiology technology, a centrally located radiologist in an adequately equipped telemammography reading room can read, digitally enter the diagnosis, and store films in a veteran's electronic health record from several VA and non-VA mammography suites. Not only would this reduce the need to employ a radiologist for every VA mammography suite location, but it would also be the centralized location for veterans' films for future reference if needed.

Women veterans who were exposed to toxins found in burn pits and other toxic sources have an increased rate of breast cancer. The VFW supports the collaboration between VA and the Department of Defense (DOD) on research and treatment. Legislation is needed to direct VA and DOD to provide mammograms for women veterans who served in locations where burn pits and other toxins were used. Early identification of breast cancer can save a woman's life.

## **H.R. 5029, Expanding the Families of Veterans Access to Mental Health Services Act**

Suicide leaves behind scars for those who were close to the deceased, especially family members. Loss survivors may feel a wide range of emotions including rejection, desertion, embarrassment, blame, isolation, and self-destruction. The grief they experience is often compounded with helplessness and unanswered questions.

The VFW supports expanding Vet Center eligibility to family members of a service member or veteran who died by suicide. Providing postvention access for readjustment counseling and related mental health services can reduce suicide risk and promote healing. However, the VFW urges Congress and VA to be mindful that the resources and staff of Vet Centers are not pushed to their limits with the new eligibility expansion.

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

In 2007, VA established the Veterans Crisis Line (VCL). This hotline provides 24/7 confidential call, text, or chat crisis intervention and suicide prevention for veterans, service members, National Guard and Reserve members, and their families. In April 2021, the VA Office of Inspector General (OIG) released a report regarding insufficient management of the VCL following communication with a caller with homicidal ideation, and another caller with suicidal and homicidal ideation. One of these phone calls resulted in the death of a family member. This report also noted two prior OIG reports — *Evaluation of the Veterans Health Administration Veterans Crisis Line* (2017) and *Deficiencies in the Veterans Crisis Line Response to a Veteran Caller Who Died* (2020) — in which similar shortcomings of oversight, procedural issues, and supervisor follow-up were identified.

The VFW supports this legislation which would provide oversight of VCL staffing, training, and processes, an extended safety planning pilot program, and research funding for improvements. The VFW urges Congress and VA to develop and implement staffing models that correlate with the current needs of veterans and the crisis line employees to prevent burnout and turnover. Additionally, the VFW looks forward to working with Congress and VA in the rollout of the upcoming national 3-digit suicide and mental health crisis hotline—988.

## **H.R. 5317, VA Governors Challenge Expansion Act of 2021**

Eliminating suicide among our nation's veterans is a priority of the VFW, which is why the VFW supports this legislation. The bill would create the Governors Challenge Implementation Grant Program. This funding can be used by states or American Indian or Alaska Native tribes to develop a veteran suicide prevention plan.

As of June 2021, 35 states have joined the challenge to develop and implement suicide prevention best practices state-wide for Service Members, Veterans, and their Families Technical Assistance (SMVF) centers. The focus of SMVF centers is to improve behavioral health services for the individuals they cover.

## **Discussion draft, Veterans Census-Enabled National Treatment Equitable Resources Supplement (Vet CENTERS) for Mental Health Act of 2021**

The VFW supports this legislation requiring VA to increase the number of Vet Centers, which are vital community-based lifelines to mental health care and readjustment services for veterans, service members, and families. Over 300 centers, 83 mobile units, and several outstations and community access points serve eligible veterans and their families. However, some communities lack access to a Vet Center while others experience demand that exceeds their Vet Center's capacity.

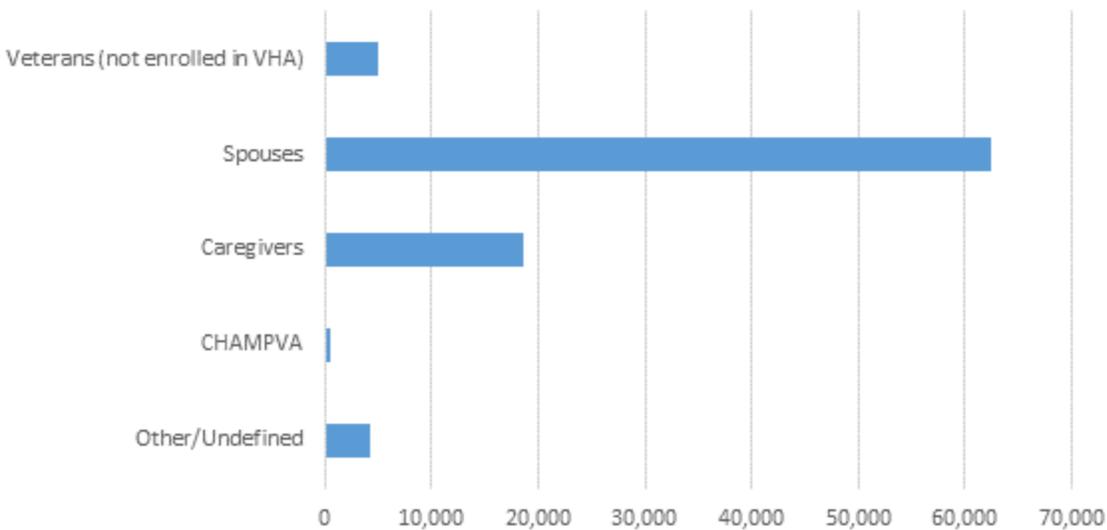
Recently, a VFW member who is a Post-9/11 veteran shared their Vet Center experience and how they continue to benefit from the services they received. Only a few days after they transitioned from active duty to civilian, the veteran began pursuing their education and soon came to realize they required mental health help immediately. The closest VA facility was over two hours away. Thankfully, a Vet Center was located just off-campus. The Vet Center staff coordinated individual and group counseling, arranged for the veteran to attend a retreat specific to their trauma, and assisted the veteran in filing for compensation benefits. The veteran is forever grateful that a Vet Center was located within close proximity to campus. It allowed them to manage school, transition, and receive the mental health services they desperately needed without driving four hours roundtrip to a VA facility.

## **Discussion draft authorizing VA to furnish seasonal influenza vaccines to individuals who are eligible for COVID-19 vaccines under the SAVE LIVES Act, P.L. 117-4**

The VFW supports this bill to provide the seasonal influenza vaccine to those who are eligible under the *SAVE LIVES Act*. A virus transmitted person-to-person by respiratory droplets, like COVID-19 or seasonal influenza is highly contagious and very likely to infect every member of a household who has not been vaccinated. Therefore, the more people in a household who are fully vaccinated against COVID-19 or seasonal influenza, the lower the risk of contracting or spreading the virus.

Congress passed and VA implemented the *SAVE LIVES Act*, which authorized VA to furnish COVID-19 vaccines to veterans not eligible to enroll in VHA, foreign medical program (FMP) veterans, veteran caregivers, CHAMPVA recipients, and veteran spouses. According to VA, over 90,000 individuals received at least one COVID-19 vaccine under the *SAVE LIVES Act*. Over two-thirds of these individuals were spouses of veterans who share a household with the veteran. The second largest group were caregivers. Therefore, by expanding public health emergency vaccinations to eligible veterans and those who are around and care for them continues VA's prevention care mission.

### SAVE LIVES Act (SLA) COVID-19 Vaccinations (at least one dose)



The VFW urges Congress to provide additional resources to carry out these vaccinations. Additionally, we ask Congress to create a vaccination program for FMP veterans that allows them to receive these vaccines without traveling great distances to VA facilities.

#### **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**

Only 325,574 World War II veterans were still alive as of May 2021 and their numbers are dwindling as the days go by. In the past, VHA exempted the means test to certain veterans of specific eras to access health care. It is now time for veterans of the Greatest Generation.

The VFW supports this bill to add World War II veterans to the list of eligible groups for VHA to furnish hospital, medical services, and nursing home care. They earned the right to live out their final days free of worry and stress about their health care needs.

#### **Discussion draft to improve VA's Veterans Justice Outreach Program**

The VFW strongly supports this legislation, which would make improvements to VA's Veteran Justice Outreach (VJO) program and require a report detailing the program's performance goals, measures, training, and timelines.

For the past seven years, the VFW has partnered with Student Veterans of America (SVA) to select student veterans from across the country to research and advocate for the improvement of an issue that is important to veterans. VFW-SVA fellow and the Ohio State University student Eric M. Sowers focused his semester-long research project on the VJO program. The first veteran treatment court (VTC) was established in Alaska over twenty years ago, and as of November 2020, there are 601 VTCs. Sowers' research indicates that some justice-involved

veterans have no access to VA. However, the VTC treatment plans require them to be enrolled in a local VA medical facility to connect with physical and mental health care they may need. As the demand for VTCs increases, the program's success faces barriers and challenges due to lack of financial support, open-minded prosecutors, and reliance on judges to volunteer for the position.

While the VFW realizes veterans who are convicted of crimes must suffer the consequences, we also recognize that having veteran advocates or individuals to represent them before sentencing and act in their best interests is invaluable. However, there have been only a small number of studies done over the past few years, effectively making the research on their efficacy scarce.

### **Discussion draft, Department of Veterans Affairs Nurse and Physician Assistant Retention and Income Security Enhancement (VA Nurse and Physician Assistant RAISE) Act**

The VFW supports this proposal to increase the pay caps for health professionals within VHA.

As the largest integrated health care system in the nation, VHA employed almost 400,000 personnel in fiscal year 2020, but during that time over 24,000 employees left VHA. Over the last few years, legislation established several recruitment and retention incentives. However, VA needs to do more to keep up with the health care professional market. Removing the pay caps for these health professionals is long overdue.

### **Discussion draft to require VA to report to Congress within one year of enactment on the Veterans Integration to Academic Leadership (VITAL) program, which supports student veteran mental health**

The VFW supports this bill to direct VA to report to Congress on the Veterans Integration to Academic Leadership (VITAL) program. The VITAL program supports student veterans as they navigate through their education path, and assists them with meeting their life goals while providing a connection to Veterans Benefits Administration (VBA) and VHA benefits. The program also connects student veterans with peer mentoring resources in their communities and on campus to help them succeed and thrive while they pursue their education goals.

The VFW requests the definition of student veteran in this legislation to be expanded to all individuals who fall under title 38, section 101, United States Code. Not all student veterans on campus are using Chapter 30, 31, 32, or 33 benefits. Some may have exhausted these benefits and are paying on their own or through their employer, but still experience the same stress factors and could benefit from the VITAL program.

The American Psychological Association released a study stating nearly half of student veterans have had suicidal ideations, and 20 percent had a plan to follow through with those ideations. Student veterans face unique challenges beyond their schoolwork. According to the latest National Veteran Education Success Tracker report, the majority of veterans who completed their degrees were non-traditional students over the age of 24 years old. Almost half of student veterans are parents, and half of them are married. In addition to pursuing their degrees, the responsibility of securing child care and providing for their families leaves little time for the veterans themselves.

The VFW also urges Congress to direct VA to include relevant VBA data in the National Veteran Suicide Prevention Annual report on all VA programs and their impact on veteran suicide. We believe VBA has access to information that can inform decision-making on VA programs like disability compensation, GI Bill, or home loan guaranty, which are facets of critical social determinants of health. This data should be easily cross-referenced with data already in VHA and now the National Cemetery Administration to produce the annual suicide prevention report. The VITAL program spotlights the connection to a veteran's success in life with benefits and services from both VBA and VHA.

**Information Required by Rule XI2(g)(4) of the House of Representatives**

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2021, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.