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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 over 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. 3225, BUILD for Veterans Act
and
H.R. 6324, Fiscal Year 2024 VA Major Medical Facility Authorization Act**

Over the past decade, the Department of Veterans Affairs (VA) Veterans Health Administration (VHA) has experienced significant growth and stress while implementing reforms to help ensure veterans receive timely access to quality health care. For the VA to remain the primary provider of care, the VA must tackle an aging infrastructure to improve its capacity.

The VA states that private sector health facilities have a median age of around 13 years. In contrast, VA facilities have a median age of nearly 60 years and suffer from a lack of resiliency and long-term sustainability. Facilities of this era, which were not designed to accommodate the technological and design innovations that support modern health care delivery, pose a challenge with renovation. For the VA to continue being the primary health care provider and care coordinator of choice for veterans, the VA must focus on improving its internal capacity by building and modernizing facilities. Up to date and modern facilities will ensure that the VA can effectively meet the needs of both current and future veterans, offering a broad range of primary and specialized care options.

The ***Build, Utilize, Invest, Learn, and Deliver (BUILD) for Veterans Act, H.R. 3225***, seeks to improve the management and performance of the VA's capital asset programs to better serve veterans, their families, caregivers, and survivors.

The BUILD Act would help provide the VA with a clear roadmap by identifying internal capacity needs and consistent funding for infrastructure needs, as well as strengthen the VA's capabilities to start and complete projects.

This bill would require the VA to develop plans to identify infrastructure needs and improve workforce hiring strategies. It would also examine capital asset budgeting strategies and identify potential reforms based on industry best practices. VA would also be required to forecast annual budget requirements over a 10-year period and lay out a concrete schedule to dispose of, or repurpose, unused buildings.

Furthermore, the bill mandates the VA Inspector General to assess and report on the management and performance of relevant VA capital asset projects, ensuring greater accountability. In addition, the Government Accountability Office would review and report on the VA's progress towards achieving the goals, metrics, and other plans specified in this bill.

We support H.R. 3225, in accordance with DAV Resolution No. 247, calling for modernization of the VA health care infrastructure to provide veterans with the quality care and benefits they deserve.

The ***Fiscal Year 2024 VA Major Medical Facility Authorization Act, H.R. 6324***, would grant authorization for 11 major medical facility projects for the VA in fiscal year 2024, to include construction of new and renovation of existing medical specialty health care centers, parking facilities, clinical space expansions, replacement of community living centers, seismic retrofitting, and new research facilities.

Although DAV does not have a resolution calling for funding specific VA construction projects, DAV strongly supports increasing VA infrastructure funding to accelerate the expansion and the modernization of the VA health care system.

H.R. 3584, Veterans Care Act
and
H.R. 7347, to direct the Secretary of Veterans Affairs to report on whether the Secretary will include certain psychedelic drugs in the formulary of the VA.

DAV supports research to develop new, safe, and effective treatments and therapies for veterans, particularly when seeking relief from hard-to-treat injuries and illnesses. Our nation's veterans deserve access to the most effective treatments and therapies available, including alternative options available under the law. It is important that Congress and VA support safe and effective innovations in delivering evidence-based treatments to improve veterans' health and quality of life.

The ***Veterans Care Act, H.R. 3584***, would direct the VA to conduct and support research on the efficacy and safety of medicinal cannabis and promote medical research by VA on the use of medicinal cannabis to explore alternate means of treating veterans with post traumatic stress disorder (PTSD), chronic pain, and other illnesses

and injuries. VA would be required to submit an implementation plan to Congress and report annually on its progress.

Many veterans are currently using cannabis, and it is important for medical research to continue exploring the safety and efficacy of cannabis usage for medical purposes. It is crucial for clinicians to be able to offer veterans with PTSD and chronic pain appropriate guidance on the potential impacts, harms, and benefits of cannabis use to provide comprehensive support.

Today there are 39 states and the District of Columbia that allow medical cannabis, with wide variations in how each regulates its production, distribution, and use. However, even in states where cannabis is legal, veterans may still be in violation of federal laws due to its classification as a Schedule I drug by the federal government.

While VA policy encourages veterans to discuss their marijuana use with their VA health care providers, VA clinicians are not allowed to recommend or prescribe cannabis, and veterans who possess it while on VA grounds are violating federal law.

We support H.R. 3584, in accordance with DAV Resolution No. 203, which calls for research into the medical efficacy of cannabis for service-connected disabled veterans.

H.R. 7347 directs the VA to make a determination on whether to add psychedelic drugs to the Department's formulary no later than six months after a psychedelic drug is approved by the Food and Drug Administration (FDA) or licensed for use by the Department of Health and Human Services (HHS).

At present, no psychedelic drugs are federally approved for prescription as medicine. The FDA has granted breakthrough status to two psychedelic compounds. When used in conjunction with existing psychotherapies, both Methylenedioxymethamphetamine (MDMA), and psilocybin, the active compound in psychedelic mushrooms, have shown to be safe and effective in treating PTSD and treatment-resistant depression, respectively.

Although psychedelics are tightly regulated as controlled substances under federal law, research can still be conducted with proper regulatory approvals. These approvals must be obtained from the FDA and Drug Enforcement Administration. The promising yet preliminary research evidence points to the potential healing power of psychedelics.

In collaboration with academic institutions, the VA issued a request for applications for proposals from its network of researchers, which aims to study the use of certain psychedelic compounds in treating PTSD and depression. This is the first time since the 1960s that VA will study psychedelics.

VA's research involves studying psychedelic compounds, including MDMA and psilocybin use alongside psychotherapy for treating veterans with PTSD and depression. To properly inform veterans about the effects of psychedelics on conditions like PTSD and depression, ongoing medical research is vital to assess their safety and effectiveness.

DAV does not have a specific resolution on what drugs should be included in VA's formulary; however, we believe that once adequate clinical research has determined a new drug or therapy is both safe and effective, VA should consider whether to begin using it, particularly if there are no better alternatives.

This bill does not require VA to add psychedelics, but only requires a determination about adding them to VA's formulary after another federal agency (FDA or HHS) has approved their use. We support this legislation, in accordance with DAV Resolution No. 535, which calls for increased medical research to develop new treatments for wounded and injured veterans.

H.R. 3303: Maternal Health for Veterans Act

The Maternal Health for Veterans Act, H.R. 3303, would provide additional support for VA programs coordinating maternity health care by authorizing \$15 million per year for five years. It would also require the VA to report to Congress on its activities related to coordination of maternity health care, including data on outcomes and services provided by VA and non-VA providers, as well as make recommendations to improve the maternal health outcomes of veterans, particularly veterans from demographic groups with higher rates of maternal mortality, severe maternal morbidity, maternal health disparities, or adverse perinatal or childbirth outcomes.

This bill would strengthen VA oversight and expand VA funding for women veterans' maternity care. Currently, there are over 650,000 women veterans who receive health care services from the VA, and half of them are of childbearing age. Since 2014, there has been an almost 80% increase in the number of pregnancies among women receiving VA care.

Last month, DAV released our new report "*Women Veterans: The Journey to Mental Wellness*." Research findings note that hormonal shifts and changes women experience during pregnancy, birth, and post-pregnancy put women at higher risk for suicide. The report emphasized the need for strong support systems during and after pregnancy. Because most maternity care is provided through community partners, the VA has worked hard to create a supportive maternity experience for women veterans.

Previously set at eight months, the cutoff date for post-partum care has been extended to 12 months for women veterans. This means that they now have access to maternity care coordinators from the start of their pregnancy until a year after giving birth. These coordinators assist veterans in navigating health care inside and outside of VA, connecting veterans with care after delivery, ensuring access to follow-up

screenings, and more. This bill would help ensure that all new mothers will have the support and resources they need from VA.

We support H.R. 3303, as it aligns with DAV Resolution No. 027 calling for improved medical services and benefits for women veterans.

H.R. 3644, ACT for Veterans Act

H.R. 3644, the Addressing Care Timelines (ACT) for Veterans Act, would extend the time that veterans have to notify VA after receiving emergency care at non-VA medical facilities to ensure that the care is covered under VA's Veterans Community Care Program.

Currently, a veteran must contact the VA within 72 hours of receiving non-VA emergency care, otherwise VA may deny payment even if the veteran is eligible for treatment. The ACT for Veterans Act would provide an additional 24-hour period for veterans to inform the VA when receiving care at a non-VA facility.

The last thing veterans suffering medical emergencies should have to worry about is whether VA will deny coverage or refuse payment because of administrative barriers.

We support H.R. 3644, in accordance with DAV Resolution No. 205, which calls for the improvement of urgent and emergency care benefits for service-connected veterans.

H.R. 3649, Veterans National Traumatic Brain Injury Treatment Act

The Veterans National Traumatic Brain Injury Treatment Act, H.R. 3649, would establish a pilot program to offer Hyperbaric Oxygen Therapy (HBOT) to veterans who have Traumatic Brain Injury (TBI) or PTSD.

In clinical practice, HBOT has been employed and approved to treat different physical injuries, including non-healing wounds. When administered by a trained professional medical team, HBOT is deemed safe and any potential side effects are generally resolved without requiring additional treatment. In pre-clinical and clinical trials, it has been shown that HBOT can also enhance the clinical outcomes of veterans with treatment-resistant PTSD.

Military clinical trials, which focused on evaluating HBOT effects on post-concussion syndrome, a condition commonly accompanied by PTSD, demonstrated improvements in post-traumatic symptoms, potentially indicating a role in alleviating post-concussion symptoms.

Congress and VA have a responsibility to explore safe and effective alternative options for veterans who are not helped by VA's existing treatments and therapies for PTSD or TBI, which should include HBOT.

We support H.R. 3649, in line with DAV Resolution No. 013, which calls for well-designed studies to assess the effectiveness of hyperbaric oxygen therapy on treatment resistant TBI and PTSD. We would also recommend that the legislation include a provision requiring a report on the pilot program, which should include an assessment of the health outcomes from HBOT, as well as a recommendation on whether to extend the pilot program to all enrolled veterans.

H.R. 4424, Vietnam Veterans Liver Fluke Cancer Study Act

The Vietnam Veterans Liver Fluke Cancer Study Act, H.R. 4424, directs the VA to examine and document the occurrence of bile duct cancer in Vietnam veterans.

An aggressive disease, bile duct cancer (Cholangiocarcinoma) attacks the gallbladder, bile ducts, and liver, and it has been connected to infection by parasitic worms known as liver flukes. Vietnam veterans who consumed raw or undercooked fish during their service in Southeast Asia may have been at risk of infection due to common parasites in the region's fresh waters.

In a research study conducted by the VA at Northport, N.Y., it was discovered that one in four of the 50 Vietnam veterans tested had positive results for exposure to the liver fluke parasite.

According to the Cholangiocarcinoma Foundation, this type of cancer can develop over the course of 30 to 40 years while remaining asymptomatic. While there is no scientific consensus that consuming certain raw or undercooked fish causes liver cancer, the VA has granted some direct service connection claims for bile duct cancer, but it is not currently recognized as a presumptive illness for Vietnam veterans.

Given that many Vietnam veterans could have unknowingly been exposed to environmental conditions that resulted in bile duct cancer from their service in Southeast Asia, it is imperative that we make every effort to guarantee they receive the necessary care and benefits for their service-related injuries and illnesses.

We support H.R. 4424, in accordance with DAV Resolution No. 214, which calls for providing service connection for disabling conditions resulting from toxic and environmental exposure.

H.R. 5247, Expedited Hiring for VA Trained Psychiatrists Act of 2023

H.R. 5247, the Expedited Hiring for VA Trained Psychiatrists Act of 2023, aims to reduce wait times for veterans seeking mental health care by allowing the VA to establish a fast-track process for hiring psychiatrists.

This bill would allow the VA to directly hire psychiatrists who have completed residency at a VA facility, bypassing civil service or classification laws that can cause delays. Psychiatrists would still need to fulfill all educational requirements and obtain all necessary credentials to be hired.

The VA continues to struggle with recruiting and hiring mental health specialists, which hinders its ability to support the growing number of veterans seeking help. A 2023 VA Inspector General report (23-00659-186) revealed that 91 out of 139 VA facilities faced a severe shortage of psychologists, while 73 facilities had a severe shortage of psychiatrists.

The VA has stated that almost a third of veterans within its health care system suffer from PTSD. In 2021, there was an increase of 114 suicides from 2020, resulting in 6,392 veterans dying by suicide. These numbers, reflecting veterans' lives prematurely ended, are more than statistics, as they are still mourned by family members, loved ones, and the nation. This bill could create a more efficient hiring process for psychiatrists trained by the VA, who are already culturally competent, to provide immediate clinical lifesaving services, including VA suicide prevention and lethal means safety counseling to veterans in need.

We support H.R. 5247, in accordance with DAV Resolution No. 250, which calls for effective recruitment, retention, and development of the VA health care system workforce.

H.R. 5530, VA Emergency Transportation Access Act

The VA Emergency Transportation Access Act, H.R. 5530, limits the VA's ability to change payment rates for transporting veterans and eligible individuals on specialized transportation modes.

The VA finalized a proposed rule change to cut its reimbursement rate for emergency air medical services earlier this year. By reducing the VA's reimbursement rate to the Medicare rate, which currently reimburses providers at less than 50% of transport costs puts the estimated 4.7 million veterans living in rural and underserved communities, who need reliable access to quality care, at even greater risk during emergencies, despite the existing barriers to health care they already face.

The VA's proposed reimbursement rate cut would also put additional strain on air medical bases, particularly in rural areas where there are high concentrations of veterans and a significant need for transportation to health care facilities.

For far too long, government reimbursement rates have been significantly lower than the true costs of providing service. If this trend continues and the VA lowers its reimbursement rate, air medical bases will be challenged, limiting emergency care access for rural veterans. Additionally, compounding this issue is the potential closure of

approximately 600 rural hospitals, which would leave communities without local lifesaving care and long distances from the closest medical center.

We support H.R. 5530, in accordance with DAV Resolution No. 323, which calls for ensuring easy and equitable access to VA transportation benefits and services.

H.R. 6373, Veterans STAND Act

The Veterans Spinal Trauma Access to New Devices (STAND) Act, H.R. 6373, seeks to enhance health care for veterans with spinal cord injuries by mandating that VA offer them annual yearly preventative health evaluations and improve accessibility to assistive technologies that could help maximize the independence and mobility of the veteran.

The STAND Act is focused on improving access to and coverage of new and emerging technologies. For example, exoskeletons are wearable assistive technology devices that can empower certain individuals with spinal cord injury (SCI) to stand, walk, turn, and navigate stairs, which can enhance socialization, independence, and participation in community activities. According to the VA, there are around 42,000 veterans with SCIs, and the VA Spinal Cord Injuries/Disorders network provides care to over 27,000 individuals annually.

By offering yearly preventative health evaluation, assessments and making new assistive technologies accessible, VA can further improve the quality of life for veterans who meet the clinical eligibility criteria. Extensive clinical training and expertise are necessary to evaluate and assess veterans with SCI for the use of powered exoskeletons safely and effectively.

We support H.R. 6373, in accordance with DAV Resolution No. 286, which calls for improvement in the provision of comprehensive VA health care services to enrolled veterans. It is critical to ensure that SCI veterans have access to and coverage of these life-changing technologies.

H.R. 5794, VA Peer Review Neutrality Act

The VA Peer Review Neutrality Act, H.R. 5794, aims to eliminate conflicts of interest in the conduct of quality management and administrative investigations by the VHA.

For VA to ensure the quality of health care provided, it conducts a comprehensive monitoring and evaluation program. This program includes assessing significant deviations in mortality and morbidity for surgical procedures and evaluating deficiencies in overall health care quality. VHA employees may submit confidential reports on matters relating to quality of care in VHA facilities to the quality management officers for peer review.

Currently, the initial review involves one peer reviewer, followed by a broader peer review committee within the same facility that evaluates and discusses their assessment of the care provided by the facility.

The VA Peer Review Neutrality Act would require that local peer reviewers withdraw from cases involving conflicts of interest and would require that neutral assessments of initial peer reviews be conducted by a peer review committee from a different VHA facility.

To eliminate conflicts of interest, it is critical for the VHA to continue to review and update guidance, procedures and responsibilities at its medical centers while conducting quality management and administrative investigations.

We support H.R. 5794, in accordance with DAV Resolution No. 512, which calls for meaningful accountability measures, while ensuring due process for employees of the VA.

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