Written Testimony of
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Before the
U.S. Senate Committee on Veterans Affairs

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3pm, Russell Senate Office Bldg, Room 418

Legislative Hearing to Consider:

1. **S. 449 (Stabenow) Veterans Patient Advocacy Act**
2. **S. 495 (Tester) Expanding Veterans' Options for Long Term Care Act**
3. **S. 853 (Rosen) VA Zero Suicide Demonstration Project Act of 2023**
4. **S. 928 (Tester) Not Just a Number Act**
5. **S. 1037 (Moran) Department of Veterans Affairs EHRM Standardization and Accountability Act**
6. **S. 1040 (Durbin) A bill to amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes**
7. **S. 1125 (Tester) EHR Program RESET Act of 2023**
8. **S. 1172 (Sinema) Removing Extraneous Loopholes Insuring Every Veteran Emergency (RELIEVE) Act**
9. **S. 1315 (Moran) Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023**
10. **S. 1436 (Tester) Critical Health Access Resource and Grant Extensions (CHARGE) Act of 2023**
11. **S. 1545 (Blackburn) Veterans Health Care Freedom Act**

12. **S. 1612 (King) Reimburse Veterans for Domiciliary Act**
13. **S. 1828 (Rubio) Veterans Homecare Choice Act**
14. **S. 1951 (Sanders) Department of Veterans Affairs Income Eligibility Standardization Act**
15. **S. 1954 (Sanders) Improving Whole Health for Veterans with Chronic Conditions Act**
16. **S. 2067 (Tillis) A bill to require the Secretary of Veterans Affairs to award grants to nonprofit organizations to assist such organizations in carrying out programs to provide service dogs to eligible veterans, and for other purposes.**
17. **S. ____ (Tester) Making Community Care Work for Veterans Act of 2023**
18. **S. ____ (Sullivan) Leveraging Integrated Networks in Communities for Veterans Act**
19. **S. ____ (Sullivan) Rural Vital Emergency Transportation Services (VETS) Act**

Chairman Tester, Ranking Member Moran, and Members of the Committee – thank you for the invitation to testify before you today.

For nearly a decade, since the Congress developed the CHOICE Act, community care has grown in prominence and size. Its impact in the veteran's community has been extraordinarily important and impactful, and veterans across the nation have taken millions of medical appointments in their local communities, with their local doctors, instead of waiting for care at the VA or driving long distances.

The program has changed dramatically in that time. The MISSION Act refined and reformed the program and expanded access to millions of veterans. Despite 2021 reports that the VA was overruling doctors and patients to keep veteran care in the VA, veterans voted with their feet, and chose their community providers over the VA in large and growing numbers. In fact, it is important to remember that VA Secretary McDonough himself testified last year to this Committee, that community care was so successful that the costs may require limiting its successful growth.

Congress has generously funded the community care programs and ensured adequate funding of the Veterans Health Administration in record amounts. The fact that when the VA finally has an overwhelmingly successful community care program that is working, and the VA's first instinct was to trim it back – is troubling.

This speaks to a larger issue, one that some see as a paramount challenge to the VA model itself. A small number of individuals believe if veterans are given a choice, or allowed to manage their own care, the VA will cease to function. In fact, it is to the contrary. Ensuring the VA has strong and effective community partnerships helps safeguard the VA healthcare system and keeps it strong for future generations of veterans.

Importantly, the number of veterans is projected to decrease nationwide over the next several decades. And the younger generation of veterans have shown the greatest interest in community care and managing their own care themselves. Just as demographics and our nation's health care systems are changing and evolving – so must the VA. Accordingly, this means Congress will

need to direct appropriate changes and reforms required to bring VA forward, and still offer veterans the best service available.

However, this does not mean that the VA system will disappear, nor will the VA cease to exist. Not even close. We have all seen veteran enrollees increase as the door to community care opens, another strong signal of support that veterans need and want community care, and are coming to the VA to get it.

But first, important elements of community care must be made permanent, including the access standards. Mission Roll Call (MRC) conducted a poll question on the issue, and with over 6,300 veteran responses across America, over 81% said Congress should codify the community care access standards.

Further, MRC asked questions on the more general veteran experience accessing community care. With an average of 6,200 responses across 7 unique polls:

- 60% of veterans said their VA providers don't make them aware of this option after a delay in care;
- 37% said they had experienced a delay or postponement of any healthcare appointment at a VA facility;
- 71% of veterans said they were not referred to the community after a delay in mental health or other specialty care at a VA facility;
- 22% experienced problems scheduling the care once referred;
- 14% said their providers referred them to the community but the referral was later denied by the VA upon review;
- 21% said their providers scheduled them a telehealth to access their healthcare when they preferred in-person visits.

This clearly indicates a problem simmering under the surface on this issue, and there are good reasons why veterans are 'voting with their feet' and leaving VA in-house care at a growing rate.

At America's Warrior Partnership, we see veterans every day. Our approach to helping veterans is based on serving communities and utilizing a network of resources to assist. The VA has been a partner for many years, and AWP refers countless numbers of veterans to the VA.

However, we have also seen the growing demand for community care. And the positive outcomes it brings. The VA is not the answer to every issue. Every veteran is unique. And every veteran deserves to be treated individually and holistically.

One of the myriad of issues veterans face at the VA is being another nameless veteran at VHA. Even among those veterans who have received great care from their local VA, a common refrain is that they never see the same doctor twice. And not to mention the long waits for service that have been documented. The United States has a robust health care system. While it is not perfect, it services our communities throughout the nation, including areas without VA resources. And often, you have the same doctor or specialist for decades – and they will likely live in the same community.

The relationship and trust between a veteran and their doctor cannot be understated. It is invaluable in health care. And it is possible when community care is done smartly.

S. 1315 – The Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023 (Senator Moran)

Accordingly, America's Warrior Partnership is proud to support Senator Moran's HEALTH Act.

As I said when the bill was introduced, community care has proven to be efficient, effective, and popular among veterans, with very positive outcomes. Veterans continue to request referrals to see providers located nearby, in their communities, rather than wait for care at the VA. AWP applauds the bipartisan efforts of Ranking Member Moran and Senator Sinema to codify access standards and make common sense reforms to the program that will make it easier for veterans to access and utilize the community care.

The intent of Congress was very clear when community care reforms were recently made. Issues such as restarting the "wait time" clock when the VA cancels or reschedules an appointment, or offers a telehealth appointment instead, were clearly not part of this intent. Unfortunately, it will require a Congressional fix to ensure the VA accepts, understands, and implements this.

The HEALTH Act will codify the access standards for receiving community care, something that has long been necessary. And it applies to all types of care provided (except nursing home care) by the VA, not just access to mental health care. It also ensures that the clock starts when the veteran requests a referral and doesn't reset if the appointment is cancelled.

Far too often, we have heard from veterans who were pulled back into the VA system because they didn't meet the time/wait standards. This was because the VA would routinely schedule appointments and deny referrals, only to cancel appointments repeatedly. This is not only an unacceptable practice, but devastating for a veteran who is reaching out for help.

Perhaps just as important, the bill puts veterans back in control of their care. It requires VA to do a better job at educating veterans on their options and gives the veteran a chance to discuss their preferences. The legislation also has an important outreach push and doesn't let the VA administrators change the decision by doctors to refer to community care.

These are bipartisan, common-sense fixes to a program that is popular and working.

S. ___ - The Making Community Care Work for Veterans Act (MCCWFV) of 2023 (Senator Tester)

Over the past decade, only a few issues have been more popular and bipartisan than the VA reforms regarding community care. It is terrific to be here today and see such support for the program and our veterans.

Chairman Tester's MCCWFV legislation is similar to Ranking Moran's HEALTH Act in many ways that AWP strongly supports. For example, the MCCWFV and HEALTH Act both include access standard codification, which has long been necessary. Both bills also ensure that while telemedicine is an option for helping the veteran receive timely help, it is only helpful if the veteran agrees and accepts the telehealth appointment instead of an in-person visit. In addition, ensuring the VA cannot overrule a doctor's decision for a community care referral is also included in both bills.

In fact, AWP supports that the MCCWFV goes one step further and creates a program for veterans to begin self-referral for some services, such as vaccinations and vision/hearing services. Although it should be noticed that mental health should be added to this self-referral program, just as it does in a similar program in TRICARE. Allowing veterans to take ownership of their own care, schedule it in their own communities – at their convenience – is a terrific step.

AWP strongly hopes that the Committee can combine the best of both Chairman Tester's bill, the MCCWFV, and Ranking Member Moran's HEALTH Act, for a strong, bipartisan bill that would reform and improve the community care program. In addition to the similarities and self-referral program previously mentioned, AWP recommends including at least the three points below:

1. Value-based care – Some of the best specialists in America are in private practices. Our veterans deserve the best, and the VA should do everything it can to bring these providers into community care. By focusing on rewarding providers with incentives for quality, rather than quantity, top end providers can see veterans and provide top level services with fewer appointments and better outcomes.
2. Training for community care providers – Ensuring the community care provider network is continuing their professional education and maintaining the highest standards is something everyone agrees on. But the approach must be nuanced. Rather than discouraging care providers for their specific non-VA training modules, they should be incentivized. Many providers have made it clear that their own standards and issue-based training are much higher quality than that VA provided modules. Further, providers in rural areas are generally not as large and have less capacity to comply with the VA module training and would be punished disproportionally.
3. Rather than codifying access standards for certain care at the VA, it should be open to all types of care except nursing home care. This includes extended-care veterans. These veterans are generally high-risk, and community care providers have regularly stated that there are openings available. Rather than putting them on a waitlist for assistance at the VA, they should also be open to community care referrals.

AWP hopes this Committee will be able to find a compromise and pass this promising legislation as soon as possible to enable the President to sign it into law.

S. ____ The Leveraging Integrated Networks in Communities for Veterans Act (Senator Sullivan)

The intent of this legislation is terrific. Across the nation, our communities are always the first to be affected when major issues are happening. Whether it's flooding, layoffs, crime, drugs, suicides, etc. So, solving issues at the community level makes sense. However, not every community has the resources to handle these issues by themselves.

The community integration model is unique. While traditional agencies and organizations, like the VA and thousands of VSOs, utilize a collective impact model, community integration is about building relationships and focusing on individuals. Collective Impact focuses on how to organize departments or organizations together, in sync, to offer their services. Community integration focuses on the needs of the individual through outreach and relationship building and provides a unique solution that brings resources to the individual. Additionally, while collective impact is traditionally transactional, the relationships in community integration provide a better long-term outcome, as assistance can continue beyond the one issue that initiated interaction.

AWP is focused on communities. It's our model. And while we help veterans nationwide through our partners and networks, our casework success rate is over 90%. The community integration model works. And when done right, it can thrive and help communities.

In fact, one of AWP's branch programs is the Alaska Warrior Partnership (AKWP). It is a statewide program that connects veterans to resources at all levels. AKWP has a terrific relationship with the state government, especially Verdi Bowen, and has worked closely with the Tribal community. The partnership has grown, and all three groups work closely together and with the VA. In fact, great credit goes to Verdi for helping build the connection that enables veterans in Alaska to utilize the thriving Alaska Tribal Health System, which has provided much shorter travel times and terrific outcomes across the state. We look forward to continuing to work with Senator Sullivan, his staff, our friend and partners in Alaska, and the veterans across the state.

But our communities across the nation need help. Veterans are everywhere, and the issues reflect the American people. Services need to be coordinated, especially related to veterans.
The LINC Act proposes to bring these networks and resources together through technology, and develop a VA-run pilot project to assist in the effort.

This is a great idea, except that much of this work is already being done – separate of the VA. Every day, AWP is working with veterans in the community, and tying together local resources to help. And for those issues that can't be solved locally, AWP works with national partners to assist, rather than re-inventing the wheel and trying to solve every issue internally. The VA and VSO's often have programs and specializations that fit many needs of veterans. Let them be the specialists. However, any VA involvement directly in the administration of our community integration makes it a top-down approach. Whereas community integration – by its very nature- is a bottom-up approach. That is why rather than having this be an internal VA pilot program, it may be better suited as a grant program to integrate veteran resources in communities.

Further, AWP and many other organizations already use specialized casework software that puts caseworkers and resources together. Our proprietary WarriorServe platform is in use across the nation, including Alaska, and based on SalesForce to make it easy to understand and operate. And while this type of technology already exists, it is not the focus or intent of AWP. While this helps with our mission, everything is based on relationships and getting to know the veteran and their needs. Creating a list of resources, or an app, by itself is not helpful. Nor is linking together resources without the individuals behind them that make things happen. Thankfully, the LINC Act understands this and properly utilizes technology as a tool, not a solution.

As someone who has helped veterans and tried to integrate technology to make our efforts more successful, I am left to offer these lessons that were given to me by several friends and colleagues over the years: "If you think technology will solve all your problems, you don't know what your problems are, and you don't know technology." Community integration needs a human approach, not technology. Technology is not a program, it's a tool for a program.

AWP recommits to our continued work with the Senator and his staff on this legislation and others, and our mutual commitment to the veterans of Alaska.

S. 928 - The Not Just a Number Act (Senator Tester)

For many years, this Committee has closely tracked the annual VA suicide report. And the results were grim. Every member on this Committee has pledged to work to address the scourge of veteran suicide and put programs and resources behind the effort. AWP is grateful for focus and attention on our organization's top priority issue, and the focus of countless veterans across the nation. Yet more can and needs to be done, and it starts with fully understanding the scope of veteran suicide issue.

Nearly a decade ago, AWP started Operation Deep Dive. This program was solely focused on diving into the veteran suicide data and finding ways to get upstream of the issue to prevent these individuals from taking their life. As we worked with states, the Department of Defense, the CDC, the University of Alabama, and now Duke University, a lot of troubling information came to light. The first interim study was published in the fall of 2022, and some of the interim findings were contrary to the direction the VA annual suicide study was reporting.

Much of the interim report focused on the issues with data reporting. Operation Deep Dive (OpDD) found significant differences in the number of former servicemember deaths reported by states and coroners. In addition, the cause of death varied widely, and the number of preventable non-natural deaths were significantly higher than being reported, especially when it comes to drug overdoses.

While the Committee is very familiar with the interim study, and has written a multitude of letters to the VA regarding data sharing and annual suicide study methodology, very little useful information has been sent back from the VA to answer these queries.

This is why AWP is supportive of the intent of the legislation, but unsure how this will fix the issue or provide further clarification on the veracity and development of guides to track the issue more closely. When an issue such as veteran suicide gains enough attention that media and groups closely track a statistic, and use that statistic as a metric – it becomes political. There becomes an incentive to show progress and hide failure or things that don't work or make the VA look bad. It's exactly what happened in Phoenix in 2014.

The VA cannot continue to do this annual suicide study alone without outside participation, corroboration, or oversight. The VA is not being held accountable. It is my opinion that if this Committee would like to fulfill the intent of this legislation, including finding how to reduce the veteran suicide rate and track efficacy of programs to this outcome, then this Committee should request outside perspectives. Request transparency; not additional data.

As many here understand well, VA data has long been the missing piece at Operation Deep Dive. Though it has been requested on numerous occasions at different levels of the VA with different requestors, the VA has never shared data with Operation Deep Dive - including much of the data being requested and referenced in this pending legislation. And OpDD can point to each individual record for the statistics referenced. OpDD is merging service history, justice involvement, financial data – correlated to the details of natural and non-natural death. The only missing piece is the former servicemembers VA details. Instead of mandating the VA report on these issues, Congress should mandate the VA provide this data to organizations and academic institutions researching the issue. In fact – Congress already has! And stated it clearly to the VA on many occasions.

Chairman Tester, Senator Boozman, and Members of this Committee – with that being said, AWP is very grateful for the inclusion of some of the interim study recommendations in this legislation. Providing a tool for coroners and state medical officials will help verify veterans' status quickly and accurately. And elevating the Office of Suicide Prevention to the Secretary level at VA is long overdue, and something many of us at AWP have been requesting for many years. In sum, these are a touching and validating recognition of our work at AWP and our work together with Members and staff here today. Thank you.

S. 2067 - The Service Dogs Assisting Veterans (SAVES) Act of 2023 (Senator Tillis)

AWP is proud to be a supporter of the SAVES Act, and we would like to thank Senator Tillis for introducing this legislation. Many across the nation only see the end results: successful veterans with adorable service dogs. However, much effort goes into getting things to that point, and most of that effort is done privately through nonprofit groups. Organizations like K9's for Warriors and Southeast Guide Dogs have been great partners and helped thousands of veterans.

For many veterans, service dogs are an invaluable part of their lives. The role these dogs play in each veteran's life may vary, but the impact is the same. While the PAWS Act was focused on service dogs assisting veterans with PTSD, the SAVES Act is much broader in assisting those with recognized VA disabilities, including mobility and blindness. Anything the VA can do to help continue supporting the work these organizations are doing with service dogs is welcome and encouraged.

Again, thank you to everyone on the Committee for your invaluable work. We look forward to working with you all and stand by to assist. Thank you, and I look forward to your questions.