

**NATIONAL ASSOCIATION OF STATE DIRECTORS
OF VETERANS AFFAIRS**



**UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS**

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Submitted by

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INTRODUCTION

Mr. Chairman and distinguished members of the committee, my name is David Brasuell, current President of the National Association of State Directors of Veterans Affairs (NASDVA) and Administrator of the Idaho Department of Veterans Services. NASDVA is comprised of the State Directors of Veterans Affairs for all fifty states, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. I am honored to submit a written statement for the record, in agenda order, addressing the legislative items for today's SVAC hearing.

AGENDA

S. 2896 (McCain/Tillis), Care Veterans Deserve Act of 2016: NASDVA supports the overall (aim) of S. 2896; to increase access for veterans. The bill's intent to eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, provide expansion of eligibility for all veterans, provide information about the availability of care to each veteran enrolled, provide access to care through walk in clinics, provide for an expanded telemedicine program, extend operating hours at the VA medical facilities for all their pharmacies and provided medical services, and provide a Peer Review for Best-Practices at each medical center are changes (to Choice) NASDVA would like to see in future legislation. However, given the need to ensure the proper balance between VA provided care and purchased care (outside VA) for all our veterans, more study is needed to determine the optimum care delivery mix.

In any future legislation, NASDVA recommends three additional items:

First, request that payer of last resort be dropped as a requirement for our veterans. All across the nation we have veterans placed into financial difficulties due to this requirement. For example: a 100% service connected veteran who is covered for all medical conditions if care is provided at a VA facility incurs no cost. If this same veteran is forced to use the Choice program due to either living location or inability to receive the service at the local VA facility could be liable for large deductibles due to a primary insurance that covers the veteran's family. On the average most veterans impacted by the payer of last resort requirement in the Choice Act incur on average \$3,000 to \$5,000 expenses per year.

Our second issue is the 40-mile limitation. In order for the Choice program to be a true choice than veterans should be able to use the plan as needed. Today our veterans within the 40-mile limit must first make an appointment with their local VA facility and if the appointment is over 30 days away they are then provided authorization to make an appointment outside the VA network under choice. Sometimes just receiving the authorization is an issue due to the local policies on the definition of within 30 days. We think that if the veterans have a true choice up

front, then veterans would be able to make the appointment in either program. This would alleviate the frustration felt by our veterans and ensure they receive timely quality care.

Third, expansion projects for Community Based Outpatient Clinics (CBOC) are either eliminated or put on hold. Since the passage of the Veterans Choice Act veterans complain of several CBOC expansion projects being put either on hold or canceled. The veterans around these facilities were told to utilize the Choice program for the lack of required services. It seems that the Choice program is driving needed CBOC expansion decisions. Please don't make strategic decisions regarding CBOC improvement/expansion on tenuous funding of the Choice program.

NASDVA requests your support for the above three (3) changes to the Choice Act, itself. We are confident the Choice Act has merit and over time it will mature into a good program of record.

S. 2888 (Burr/Tillis), Janey Ensminger Act of 2016: NASDVA supports this Act as it provides for the care for all diseases that can be medically linked to toxic chemicals at Camp Lejeune. In addition, it provides for a revision every three years of additional conditions found to be caused by the exposure. This means that veterans and families will not have to wait for medical care as researchers learn more about the exposure.

S. 2883 (Brown/Murray/Sanders), Appropriate Care for Disabled Veterans Act of 2016: NASDVA supports this Act since it will ensure that VA maintains adequate capacity to provide specialized services to catastrophically disabled veterans. With the original reporting requirement expiring in 2008, this legislation reinstates the needed requirement for VA to report on its capacity to provide specialized services, to include spinal cord injury or disease, blinded care, mental health care, and long-term care.

S. 2679 (Klobuchar/Tillis/Rounds), Helping Veterans Exposed to Burn Pits Act: NASDVA supports this Act as it will establish a Center of Excellence in the prevention, diagnosis, mitigation, treatment and rehabilitation of health conditions relating to exposure to burn pits. The Burn Pit Registry was established in 2011 and this Act will provide the means to support the exposed veterans.

S. 2520 (Klobuchar/Tillis), Newborn Care Improvement Act: NASDVA strongly supports S.2520, which increases newborn healthcare coverage from 7 to 14 days, adds a reporting requirement for the number of newborns who receive that care, and the healthcare services required/provided by VA. Post Traumatic Stress and combat injuries can cause many women veterans to face high-risk pregnancies. Women suffering from Post Traumatic Stress in the year before a pregnancy increase their chances of a premature delivery by 35 percent. This increase in VA maternity benefits will provide extra time in the hospital if their newborn needs it. The tracking/reporting component of the bill is a necessary component in order to gather data that might be needed to make future determinations of gaps in services that may or may not exist.

S. 2487 (Boxer/Blumenthal/Brown/Hirono/Tester/Tillis), Female Veteran Suicide Prevention Act: NASDVA supports this Act and recommend an addition to S.2487, as written, to include minority veterans. The rate of suicide among women veterans is increasing at a higher proportion than males. The proposal as written does include a requirement for the Secretary to “include metrics ...” (pertaining to mental healthcare and suicide prevention programs) and does add a requirement for the Secretary to “identify the most effective healthcare and suicide prevention programs...and measure satisfaction rates” of those programs among women veterans. However, we recommend that each of those requirements should be specific to both women and minority veterans. The subsection title (2) as annotated in USCS is specific to mental health care and suicide prevention requirements and this bill adds specifications pertinent to women veterans but we believe it should also be amended to be inclusive of minority veterans as well.

S. 2049 (Brown), USDVA establish a continuing medical education program for non-Department medical professionals: NASDVA supports this bill as it will provide for the continuing education, military culture awareness and recognition of medical conditions common to veterans and their families. It will also provide familiarization with federal benefits. Expanding the knowledge of non-VA medical health care providers will allow better treatment for our nation’s veterans and their families.

S. ____ (Blumenthal), a bill to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs: NASDVA strongly supports reform and modernization of the appeals process and Senator Blumenthal’s bill is a significant and positive step in affecting changes that are desperately needed. NASDVA continues to work with VA and major Veterans Service Organizations to develop language and strategies to improve the appeals process for our Nation’s Veterans. To that end, we request, in addition to Senator Blumenthal’s current bill language, the following items be added/changed in any final version:

§ 5103B - Add a subsection to § 5103B, to make clear that the Board Of Veterans Appeals (Board) remand for correction of a duty to assist error that occurred prior to the Agency of Original Jurisdiction (AOJ) decision on appeal may include directing the AOJ to obtain an advisory medical opinion under § 5109.

§ 5104B - Revise to make clear that higher-level review by the AOJ will be “de novo.” Remove the term “de novo” from § 5104B to avoid any confusion as to whether or not de novo review must be requested. Add new subsection to § 5104 to clearly state that higher-level review shall be de novo.

§ 5109 - Add a subsection that states that the Board may remand a claim to direct the AOJ to obtain an advisory medical opinion to correct a duty to assist error that occurred prior to the AOJ decision on appeal. The Board’s remand instructions should include the questions to be posed to the independent medical expert providing the advisory medical opinion.

We all must agree the current appeals process is failing our Veterans. With an inventory of over 450,000 appeals and at current rates, with no change in process, it is projected the inventory could grow to over two (2) million appeals over the next decade. Congress' recognition of this problem and the proactive approach being taken to find innovative ways to correct it are greatly appreciated and will, if implemented, serve our Veterans and our Nation's taxpayers well into the future. In addition to transforming to a streamlined appeal process, which is more efficient and less costly for taxpayers, VA will also require (and NASDVA supports) a short-term funding increase to be able to resolve the inventory of appeals that are pending in the current system.

S. 2919 (Toomey), State Outreach for Local Veterans Employment (SOLVE) Act of 2016: NASDVA strongly supports this legislation and appreciates the work by Senator Toomey, Senator Cornyn and the entire committee and staff. This bill provides greater flexibility to States in carrying out the DVOP/LVERs (Disabled Veterans' Outreach Program and employing local veterans' employment representatives). The SOLVE ACT is a common sense approach designed to increase the effectiveness and cooperation between the Department of Labor, Veterans Employment & Training (DOL-VETS) and each state.

With our economy still struggling and many veterans still without jobs, time is of the essence to provide the necessary support our veterans deserve. This bill will provide each state greater flexibility in the administration of the Jobs for Veterans State Grant (JVSG), encourage states and DOL-VETS to work together to identify the Significant Barriers to Employment (SBE) unique to each state, and improves cooperation at the American Job Centers. The SOLVE ACT simply encourages and empowers those on the front lines to reevaluate and maximize their efforts to support veterans in their state.

Veterans have unique needs depending on their individual circumstances, which can vary from state to state, county to county. JVSG should be designed to assist as many deserving veterans as possible, while ensuring those most in need receive the priority they have earned. The SOLVE ACT requires no additional resources, maintains the existing DOL-VETS oversight of the program, and ensures that DOL-VETS and the states work together to address these needs. NASDVA recognizes and shares the committee's unwavering commitment to our veterans and looks forward to working with all parties toward enactment of this legislation.

S. ____ (Moran), Improvements in the provision of Automobiles and Adaptive Equipment: NASDVA supports this Act. An eligible disabled veteran provided an automobile, or other conveyance, would be given the opportunity to make personal selections. Each person with a mobility issue is unique and has individual requirements and specific features that will allow them to have confidence and be comfortable while they drive - a good example of a veteran centric initiative. To ensure the safety of the driver and the public, this Act will also require vendors to be certified to make vehicle modifications.

S. ____ (**Moran**), Expand eligibility for hospital care and medical services under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 to include veterans in receipt of health services under the pilot program of the USDVA for rural veterans: NASDVA strongly supports increased opportunities to advance access to care for rural Veterans. To that end, the lessons learned and best practices from the Project ARCH (Access Received Closer to Home) pilot, should be subsumed within the consolidation of purchased care programs already proposed by VA to Congress under the (proposed) improved Choice Program.

Discussion draft, Construction Reform Act of 2016: NASDVA supports this Act with the provision for more non-conflicted audits and quarterly reports when excessive overruns are experienced. This could be of assistance to Congress as these events occur instead of learning about them from the media. Some of the terminology in the language of the legislation could be substantially clarified e.g. “industry standards.”

Discussion draft, Modify requirements under which the Department is required to provide Compensation and Pension examinations: NASDVA supports that the Secretary shall treat an examination or opinion as being necessary to make a decision on a claim. Compensation and Pension examinations can reiterate the condition’s nexus to military service, wherein “an injury or disease was incurred or aggravated in service; a disease became manifest during an applicable presumptive period; or the claimant experienced an event in service capable of causing injury or disease.”

Mr. Chairman and distinguished members of the SVAC “thank you” for this opportunity to submit a written statement for the record in this important hearing. We respect your continuing efforts to improve support for veterans who answered the call to serve our great country. Likewise, NASDVA remains dedicated to doing our part.