



***STATEMENT FOR THE RECORD
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BEFORE THE
UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS
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Chairman Isakson, Ranking Member Tester, and distinguished Members of the Committee, Since 1944, AMVETS (American Veterans) has been one of the largest congressionally-chartered veterans' service organizations in the United States and includes members from each branch of the military, including the National Guard, Reserves, and Merchant Marine. We provide support for the active military and all veterans in procuring their earned entitlements, and appreciate the opportunity to present our views on the pending legislation being considered today.

S. 23, Biological Implant Tracking and Veteran Safety Act of 2017

AMVETS supports this bill, which directs the Department of Veterans Affairs (VA) to either adopt the unique device identification system developed for medical devices by the Food and Drug Administration (FDA), or implement a comparable system for identifying biological implants intended for use in VA medical facilities. It permits a vendor to use any issuing agency that is accredited by the FDA and to implement inventory controls compatible with a tracking system so patients who have received a biological implant in a VA medical facility subject to an FDA recall can be appropriately notified. If the biological implant tracking system is not operational within 180 days after date of enactment, the VA is required to report monthly to Congress with an explanation as to the delay, until the system is operational.

The VA will procure implants under General Services Administration Federal Supply Schedules unless they are not available under the schedules; accommodate reasonable vendor requests to perform outreach efforts to educate VA medical professionals about the use and effectiveness of implants; and procure biological implants that are unavailable under such schedules using competitive procedures in accordance with the Federal Acquisition Regulation. Any VA employee responsible for making biological implant procurements that shows an intent to avoid or disregard the requirements of this bill will be ineligible to hold a certificate of appointment as a contracting officer, or to serve as the representative of an ordering officer, contracting officer,

or purchase card holder. Certain biological implants may be temporarily procured by the VA without relabeling under the standard identification system.

S. 112, Creating a Reliable Environment for Veterans' Dependents Act

This bill authorizes per diem payments, under the comprehensive service programs for homeless veterans, to furnish care to dependents of homeless veterans. AMVETS supports this measure, with the stipulation that resources be made available for funding the payments.

S. 324, State Veterans Home Adult Day Health Care Improvement Act of 2017

AMVETS supports this bill, which directs the Department of Veterans Affairs (VA) to enter into an agreement or a contract with each state home to pay for adult day health care for veterans who need the care either specifically for a service-connected disability, or, if not specifically for one, the veteran must have a service-connected disability rated 70% or more.

Payment under each agreement or contract between the VA and a state home must equal 65 percent of the payment that the VA would otherwise pay to the state home if the veteran were receiving nursing home care.

The adult day health care services provided include the coordination of physician services, dental services, and the administration of drugs.

S. 543, Performance Accountability and Contractor Transparency Act of 2017

AMVETS supports this bill which improves oversight of Department of Veterans Affairs (VA) contracts for services by ensuring that each contract includes:

- Measurable metrics to determine the performance of the provider of the service, relating to cost, schedule, and fulfillment of contract requirements.
- A plan of action and milestones for the provision of the service, with estimates of the dates on which significant portions of the contract will be completed and a description of the resources the service provider will assign to provide the service.
- Safeguards to ensure that the service provided meets a minimum threshold of quality determined by the Secretary, including authority for the Secretary to levy a financial penalty upon the service provider if the service provided fails to meet such threshold.
- Measurable metrics relating to the use of award or incentive fees.

In each contract for a service of more than \$100,000,000, the Secretary will ensure the contract includes specific metric-based requirements.

S. 591, Military and Veteran Caregivers Services Improvement Act of 2017

This bill expands eligibility for the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers to members of the Armed Forces or veterans that have a serious injury or illness as a result of service prior to September 11, 2001. Services to caregivers of veterans under the program are expanded to include child care services or a monthly stipend to cover child care if VA cannot provide it, and financial planning and legal services related to the needs of the covered veteran and their caregivers. Peer-oriented group activities are also included in the expansion of respite care.

The expanded support services will terminate on October 1, 2022, except that any caregiver activities carried out on September 30, 2022, may continue on or after October 1, 2022.

The bill authorizes the transfer of a maximum of 36 months of post-9/11 education assistance to a spouse or children of seriously injured veterans in need of family caregiver services, without regard to length-of-service requirements.

Additionally, the bill requires the Office of Personnel Management to allow flexible work schedules or telework to covered federal employees who are caregivers of veterans.

The Public Health Service Act is amended to designate a veteran participating in the program of comprehensive assistance for family caregivers as an adult with a special need for purposes of the lifespan respite care program. An interagency working group is established in the executive branch to review and report on policies relating to the caregivers of veterans and members of the Armed Forces. Finally, this bill requires a longitudinal study on seriously injured or ill post-9/11 veterans, including mental health injuries, and those who are their caregivers. The study parameters include quantifying the veterans' health and employment status and the potential impact that having a caregiver has in those areas; as well as the financial status and needs of the veteran and the use of VA benefits by the veteran. The initial report would be due to Congress by October 1, 2021, and then every four years after submission of the first report.

While AMVETS has concerns about the transferability of the post-9/11 education benefits, we support this measure. Since VA is currently fine tuning the Program of Comprehensive Assistance for Family Caregivers, we are encouraged that the result will enable the program to be expanded with greater ease.

S. 609, Chiropractic Care Available to All Veterans Act of 2017

AMVETS supports this bill, which amends the Department of Veterans Affairs (VA) Health Care Programs Enhancement Act of 2001 to require chiropractic care and services to veterans at all VA medical centers and clinics. This must be implemented in at least 75 VA medical centers by December 31, 2018; with full implementation required by December 31, 2020. Chiropractic services will also be included under VA medical, rehabilitative, and preventive health care services.

S. 681, Deborah Sampson Act

This bill aims to improve the benefits and services provided by the Department of Veterans Affairs (VA) to women veterans. Title I, Sections 101, 102 and 103 require a pilot program on peer-to-peer assistance for women veterans; expand the capabilities of the VA Women Veterans Calls Center to include texting; and provide reintegration and readjustment services to veterans and family members in a group retreat settings. AMVETS supports Title I.

Title II, Sections 201 and 201 requires VA to partner with at least one nongovernmental organization to provide legal services to women veterans focusing on their top ten unmet needs outlined in the most recent Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) for veterans' survey; and funds are appropriated through the end of fiscal year 2018 for the supportive services for veteran families grant program to support organizations that focus on aiding women veterans and their families. AMVETS supports Title II.

Title III, Sections 301 and 302 extend the eligibility of newborn care from seven to 14 days; and clarifies that medically necessary travel in connection with health care provided to newborns will come from VA Medical Services appropriations. AMVETS supports Title III.

Title IV is related to eliminating barriers that women veterans face when accessing VA health care. Section 401 retrofits and modifies VA medical facilities to support the actual provision of care to women; Section 402 requires that all VA medical facilities are staffed with at least one women's health primary care provider, who would be asked to train other health care providers on the needs of women veterans, "to the extent possible." This position would not be required to be full time. Section 403 would require that each VA medical center be staffed with not only a Women Veteran Program Manager but also a Women Veteran Program Ombudsman. Section 404 provides \$1,000,000 annually for the VA Women Veterans Health Care Mini-Residency Program to provide participation for primary and emergency care clinicians. AMVETS supports Title IV.

Title V requires enhanced data collection and reporting on veterans. Section 501 provides for collection and analyzation of data for each VA program that offers a service or benefit to veterans, to be extrapolated by sex and minority status, and for the data to be published, unless the Secretary determines that would undermine the anonymity of a veteran. Section 502 requires a report on the availability of prosthetics for women veterans. Section 503 requires that VA survey its current websites and information resources on the day prior to enactment, and then publish a website to serve as a centralized source for women veterans to obtain information about VA services available to them. Section 504 is a Sense of Congress on changing the VA motto, "*To care for him who shall have borne the battle,*" to be more inclusive. AMVETS supports Sections 501, 502, and 503. AMVETS does not support the Sense of Congress on changing the motto of the Department of Veterans Affairs. VA has expanded its mission to: "*To fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's Veterans.*" While we wholeheartedly support inclusion and respecting given pronouns, in this situation the historical relevance and non-sexist intention takes precedence.

S. 764, Veterans Education Priority Enrollment Act of 2017

AMVETS supports this bill which requires that educational institutions that offer a priority enrollment system allowing certain students to enroll in courses earlier than other students, must include veterans, members of the Armed Forces serving on active duty or a member of a reserve component (including the National Guard); dependents who have had educational benefits transferred; or any other individual using such assistance if they are part of an educational assistance program provided in title 38 under chapters 30, 31, 32, 33, or 35; or chapters 1606 or 1607 of title 10.

S. 784, Veterans' Compensation Cost-of-Living Adjustment Act of 2017

The COLA Act would provide for an increase in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans effective December 1, 2017.

The dollar amounts to be increased would be wartime disability compensation, additional compensation for dependents, clothing allowance, dependency and indemnity compensation to surviving spouse, and to children.

Each dollar amount would be increased by the same percentage as the Social Security Act, effective December 1, 2017.

The Secretary of Veterans Affairs would publish the amounts specified as increased in the Federal Register no later than the date on which those pertaining to the Social Security Act are required to be published.

AMVETS supports this COLA Act, and encourages its swift passage.

S. 804, Women Veterans Access to Quality Care Act

AMVETS supports this bill which directs the Department of Veterans Affairs (VA) to establish standards to ensure that all VA medical facilities have the structural characteristics necessary to adequately meet the gender-specific health care needs of veterans, including privacy, safety, and dignity. The established standards must be integrated into its prioritization methodology with respect to requests for funding major medical facility projects and major medical facility leases, and there will be a report on implementation of these standards and which facilities meet or fail to meet them.

The VA will also be required to establish policies for environment of care inspections at VA medical centers (VAMC), to include alignment of inspection requirements with the Veterans Health Administration women's health handbook, and certify that policies have been finalized and distributed to all VAMCs.

The VA will use health outcomes for women veterans receiving VA health care in evaluating the performance of VA medical center directors; publicly publish this information on its website and ensure that every VA medical center has a full-time obstetrician-gynecologist. VA will also implement a pilot program in at least three Veterans Integrated Service Networks in order to increase the number of residency program positions and graduate medical education positions for obstetrician gynecologists at VA medical facilities.

The VA must develop procedures to share electronic information that includes military service and separation data, personal email addresses and telephone numbers, and mailing addresses of veterans with state veterans agencies in order to enhance assistance and benefits to women veterans. A veteran may elect to opt-out of this.

The bill requires the VA to carry out an examination of whether VA medical centers can meet the health care needs of women veterans by studying:

- The wait times for women veterans for appointments for the receipt of hospital care, medical services, or other health care.
- Whether the medical center has a clinic that specializes in the treatment of women.
- The number of full-time obstetrician-gynecologists.
- The number of health professionals trained in women's health.
- The extent to which the medical center conducts regular training on issues specific to women's health; and sensitivity training.
- The differences in health outcomes between men and women.
- The security and privacy measures used in registration, clinical, and diagnostic areas.
- The availability of gender-specific equipment or procedures.
- The extent to which the Center for Women Veterans of the Department advises and engages with the medical center with respect to providing health care to women veterans.
- The extent to which the medical center implements directives from the Center for Women Veterans.
- The outreach conducted by the Department to women veterans in the community served by the medical center.
- The collaboration between the medical center and non-Department entities, including veterans service organizations, to meet the health care needs of women veterans.
- The effectiveness of Patient Aligned Care Teams in meeting the health care needs of women veterans.

S. 899, Department of Veterans Affairs Veteran Transition Improvement Act

AMVETS supports this measure which ensures that veterans with a disability rating of 30 percent or higher who are hired by the VA in critical medical positions can access additional paid sick leave during their first year on the job for the purposes of receiving medical care related to their service-connected condition.

S. 1024, Veterans Appeals Improvement and Modernization Act of 2017

If passed, this measure will improve the lives of hundreds of thousands of veterans stalled and stuck in the broken appeals process. AMVETS is pleased that this bill addresses the input of a variety of stakeholders; that it protects the effective date of a benefits award; and that it further refines and improves the process to accomplish in an average of 125 days what is currently taking up to 1,825 days (5 years). AMVETS fully supports this important piece of legislation.

Draft Bill, Serving our Rural Veterans Act (Sullivan, Tester)

This measure notes the Sense of Congress that the Department of Veterans Affairs (VA) relies on agreements with the Indian Health Services and tribal health organizations to serve native and non-native veteran populations, especially in rural areas of the United States due to limited VA infrastructure or personnel.

This bill authorizes payments by VA for costs associated with training and supervision of medical residents and interns at non-VA facilities that are operated by an Indian tribe, tribal organization, or the Indian Health Service. It also includes federally-qualified health centers.

It requires the Secretary of VA to carry out a pilot program to establish or affiliate with residency programs at facilities operated by Indian tribes, tribal organizations, and the Indian Health Service. AMVETS has a National Resolution related to rural veterans' health care, and supports passage of this bill.

Draft Bill, Veteran Partners' Efforts to Enhance Reintegration Act (Blumenthal)

The PEER Act would establish a peer specialist program in patient aligned care teams (PACTs) at medical centers of the Department of Veterans Affairs (VA) to promote the use and integration of mental health services in a primary care setting. This would occur in at least ten VA medical centers within 180 days after date of enactment. Within two years of enactment peer specialists in PACTs would be present in at least twenty-five VA medical centers.

The selection of medical centers would represent a balance of geographic locations; at least five medical centers that specialize in polytrauma and at least ten that do not; those in rural and underserved areas; and those not near an active duty military installation.

Each location selected would ensure that the needs of women veterans were specifically considered and addressed, and female peer specialists would be included in the program.

Within 180 days of enactment, and at least once every following 180 days until the program was fully implemented, the Secretary would submit a report to Congress detailing findings, conclusions, and an assessment of the benefits to veterans and their family members. Within 180 days of the last location being selected, the Secretary would submit an additional report to Congress containing recommendations on the feasibility and advisability of expanding the program to additional locations.

Peer specialists are noted for being engaged in their own recovery, and who provide peer support services to others engaged in mental health treatment. AMVETS supports the integration of mental health services into primary care, and the patient-centric approach of the PACT model of care. Peer Specialist delivered interventions have been shown to improve patient activation in multiple studies. It is also important that women veterans receive access to care that specifically addresses their needs.

AMVETS has a National Resolution on Mental Health Care Services and supports the PEER Act, but notes that in August 2014, the White House issued an Executive Action mandating that twenty-five VA medical centers place Peer Specialists on Primary Care Teams. An update from VA's Office of Research and Development, in collaboration with the National Center for Health Promotion and Disease Prevention, shows that the, "Evaluation of Peer Specialists on VA PACTs (Peers on PACT)" officially began in January 2016, final data is projected to be collected in January 2018, and in September 2019 the study and findings are expected to be complete.