



STATEMENT FOR THE RECORD

MILITARY OFFICERS ASSOCIATION OF AMERICA

on

Pending Health Care and Benefits Legislation

2nd Session, 114th Congress

SENATE COMMITTEE on VETERANS AFFAIRS

June 29, 2016

CHAIRMAN ISAKSON, RANKING MEMBER BLUMENTHAL, and Members of the Committee, the Military Officers Association of America (MOAA) is pleased to present its views on veterans' health care and benefits legislation under consideration by the Committee.

MOAA does not receive any grants or contracts from the federal government.

EXECUTIVE SUMMARY

On behalf of our more than 390,000 members, MOAA thanks the Committee for holding this important hearing and for your continued support of our nation's servicemembers, veterans and their families. MOAA is especially grateful for the Committee's leadership in introducing S. 2921, the Veterans First Act, a comprehensive bill to improve the delivery of health care and benefits in the Department of Veterans Affairs (VA).

We believe many of the bills being considered today will build upon the work of the Committee in the Veterans First Act, further enhancing VA's health and benefits systems. Our Association looks forward to working with the Members and staff to strengthen and improve the legislation for enactment this year.

MOAA's position and recommendations are provided on the following bills:

- S. 603, Rural Veterans Travel Enhancement Act of 2015
- S. 2210, Veteran Partners' Efforts to Enhance Reintegration (PEER) Act
- S. 2279, Veterans Health Care Staffing Improvement Act
- S. 3035, Maximizing Efficiency and Improving Access to Providers at the Department of Veterans Affairs Act of 2016
- S. 244, Review of the Disability Compensation Process for Traumatic Brain Injuries
- S. 2791, Atomic Veterans Healthcare Parity Act
- S. 3023, The Arla Harrell Act
- S. 3032, Veterans' Compensation Cost-of-Living Adjustment Act of 2016
- Draft Bill, Clarification of Procedural Rights Under the Uniform Services Employment and Reemployment Rights Act (USERRA)

HEALTH CARE

S. 603, Rural Veterans Travel Enhancement Act of 2015. The bill would give the Secretary of VA permanent authority to transport individuals to and from any VA facility which provides rehabilitation, counseling, examination, treatment, and care.

The measure specifically authorizes the Secretary to cover the actual expenses of travel or allowances for a veteran using a VA Veterans Readjustment and Counseling Program or 'Vet Center' facility.

Vet Centers provide important services to help guide veterans and their family members through the major life changes that often occur when a member returns from combat. Services include individual, group and family counseling in such areas as post-traumatic stress, alcohol and drug assessment, and suicide prevention.

Currently VA covers travel expenses for care at VA medical centers and community-based outpatient clinics. Vet Centers provide a critical capability within VA's health system, thus inclusion of these facilities for purposes of payments for beneficiary travel and allowances should also be a covered benefit for consistency and continuity of care throughout the system.

MOAA supports S. 603, but recommends funds be appropriated to support the bill. We would urge against trading funding from other medical programs to offset these costs as MOAA believes medical care and services, including associated travel expenses and allowances, are central components to opening up access and delivering high quality health care to our veterans.

S. 2210, Veteran Partners' Efforts to Enhance Reintegration (PEER) Act. MOAA strongly supports this measure which would establish a two-year pilot program to incorporate peer specialists in patient aligned care teams at 25 VA medical centers to promote the use and integration of mental health services in the primary care setting.

MOAA has long endorsed peer support programs as a means to enhance the delivery of health care services. Extending VA's existing mental health peer support model into the primary care setting will help to further reduce barriers in accessing mental health services while concurrently increasing system capacity.

We greatly appreciate Senator Richard Blumenthal's (D-CT) leadership on this significant issue. We are particularly grateful for the legislation's special consideration of gender specific peer support services for female veterans and focus on veterans living in rural or underserved areas.

S. 2279, Veterans Health Care Staffing Improvement Act. This bill would increase efficiency in the recruitment and hiring of health care professionals in VA. The bill contains a number of innovative and much needed solutions to addressing critical health care staffing shortfalls and veterans' access to care.

The Department of Defense (DoD) would be required, at least annually, to submit a list of transitioning military members serving in health care fields to the VA for recruitment and hiring consideration.

Additionally, the measure would create uniform credentialing standards for certain health care professionals working in the agency so employees are allowed to practice in any location in the VA Health Administration (VHA) system.

MOAA is also pleased to see a provision granting full practice authority to Advanced Practice Nurses and Physician Assistants, bringing VHA in line with other practicing professionals in the DoD, Indian Health Service, and the Public Health Service systems.

Our Veterans need all the skills Advanced Practice Nurses can provide them. The implementation of the Veterans Health Care Staffing Improvement Act would help fill a critical system need today.

VA's current health system, where 10 Advanced Practice Nurses in a single medical facility have 10 different state licensures, and 10 different scopes of practice, imposes unnecessary supervision requirements, further limiting system capability and capacity. This aspect of the system needs to be corrected.

By aligning VA nurse workforce with other Federal healthcare services, we better serve and honor our veterans.

MOAA fully supports S. 2279 and urges immediate passage of the bill.

S. 3035, Maximizing Efficiency and Improving Access to Providers at the Department of Veterans Affairs Act of 2016. MOAA also supports this measure which would require the Department to carry out an 18-month pilot program using medical scribes to support physicians in at least five VHA facilities.

The purpose of the pilot is to collect data to determine the effectiveness of the program in increasing efficiency of physicians, reduce average wait times for appointments, improve access of patients to electronic medical records, and mitigate physician shortages through increased productivity.

Medical scribes are a health care innovation broadly used outside of VHA to assist physicians by alleviating paperwork and electronic health record burdens, allowing physicians to spend more time treating patients while at the same time being able to see more patients.

MOAA urges the Committee to support funding of this important program and swift passage of the bill. VA needs innovative solutions like S. 3035 to address its current physician shortages and growing demand for health care in the coming years.

BENEFITS

S. 244, Review of the Disability Compensation Process for Traumatic Brain Injuries. MOAA supports this bill, which would fund research into traumatic brain injuries. Traumatic brain injuries are tremendously complex, and a recent study found brain injuries incurred due to war-related events such as blasts differ from those incurred during sports-related activities. War-related brain injury requires further study, and VA should be provided the resources to build upon current expertise in this arena and provide veterans with the most up-to-date options in treatment.

S. 2791, Atomic Veterans Healthcare Parity Act. MOAA supports the inclusion of veterans who participated in the cleanup of Enewetak Atoll as radiation-exposed veterans. The nuclear testing performed at Enewetak Atoll should entitle these veterans to the same presumptions for radiation-related illnesses when applying for VA disability compensation as in other incidents of service-related toxic exposure. There is no discernable reason why these veterans should be denied equal treatment under the law.

S. 3023, The Arla Harrell Act. MOAA supports the passage of this bill, which would require VA to reconsider claims that have previously been denied for veterans exposed to mustard gas or lewisite testing by the DoD. It is a matter of fairness to these veterans that our government should be obligated to compensate these human test subjects for the resulting effects of those studies. The bill would close this loophole for this group of veterans seeking relief.

S. 3032, Veterans' Compensation Cost-of-Living Adjustment Act of 2016. MOAA supports the passage of this bill to provide veterans with the same type of cost-of-living increases in their disability compensation and survivor annuities that Social Security recipients receive in theirs.

Draft Bill, Clarification of Procedural Rights Under the Uniform Services Employment and Reemployment Rights Act (USERRA). MOAA supports passage of this bill to close the loophole that currently exists in USERRA. Presently, servicemembers returning to their civilian jobs who find their employer has violated USERRA may not be fully protected if he or she has signed an employment contract that requires disputes be mediated by an arbitrator vice litigated in court.

Arbitration provides no opportunity for a servicemember to appeal an unfavorable decision and places the employer in a much more advantageous position than the servicemember. Closing this loophole is important to ensure our servicemembers are fully protected, as Congress intended in enacting USERRA.

MOAA thanks the Committee for considering this important legislation and for your continued support of our veterans and their families.