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STATEMENT FOR THE RECORD

OF

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FOR THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

U.S. SENATE

***ONE HUNDRED FOURTEENTH CONGRESS
FIRST SESSION***

CONCERNING:

LEGISLATIVE HEARING ON:

S 207, S 297, S 425, S. 471, S 684

&

VARIOUS DRAFT LEGISLATION

WEDNESDAY, 3 JUNE 2015

Distinguished members of the Senate Veterans' Affairs Committee, it is my pleasure, on behalf of AMVETS, to offer this 'Statement for the Record' concerning the following pending legislation:

- S. 207, Veterans Access to Community Care Act of 2015
- S. 297, Frontlines to Lifelines Act of 2015
- S. 425, Homeless Veterans Reintegration Programs Reauthorization Act of 2015
- S. 471, Women Veterans Access to Quality Care Act of 2015
- S. 684, Homeless Veterans Prevention Act of 2015
- S. ____, Discussion draft to include provisions from S. 114; S. 172; S. 398 & S. 603
- S. ____, Discussion draft on provider agreement language
- S. ____, Joint VA-DoD formulary for pain and psychiatric medications

I would like to begin today's statement with the following introductory remarks prior to turning to each specific piece of legislation: As the United States absorbs the aftereffects of more than a decade of continuous war and in the face of the planned draw-down of military personnel, the physical and mental health of our military and veterans will continue to be priority issues for AMVETS, the veteran's community and hopefully congress. Thanks to improvements in battlefield medicine, swift triage, aeromedical evacuations and trauma surgery, more combat-wounded than ever before are surviving horrific wounds and will be needing long-term rehabilitation, life-long specialized medical care, sophisticated prosthetics, etc. Your committee has a responsibility to ensure that the VA and our nation live up to the obligations imposed by the sacrifices of our veterans.

It is encouraging to acknowledge at this time that, despite the extraordinary sacrifices being asked of our men and women in uniform, the best and the brightest continue to step forward to answer the call of our nation in its time of need. I know that each of you is aware of, and appreciates the numerous issues of importance facing our military members, veterans and retirees; therefore this testimony will be, following these introductory remarks limited to the specific legislation listed above.

I would also like to first delineate several general issues that AMVETS would like the committee to monitor and enforce as it goes about its work, followed by specific recommendations related to the VA.

General Recommendations:

- ensure that the VA provides a continuity of health care for all individuals who were wounded or injured in the line of duty including those who were exposed to toxic chemicals;

- ensure that all eligible veterans not only have adequate access, but timely and appropriate treatment, for all of their physical and mental healthcare needs;
- continue to press the VA to work collaboratively with the DoD in creating and implementing a completely operational and fully integrated electronic medical records system;
- continue the strictest oversight to ensure the safety, physical and mental health and confidentiality of victims of military sexual trauma;
- ensure that the VA continues to provide competent, compassionate, high quality health care to all eligible veterans; and
- ensure that the VA continues to receive sufficient, timely and predictable funding for VA health care.

Specific Recommendations:

- Ensure that both advanced appropriations and discretionary funding for VA keeps pace with medical care inflation and healthcare demand as recommended in the IB so that all veterans healthcare needs can be adequately met;
- Maximize the use of non-physician medical personnel as a way to mitigate physician shortages and reduce patient wait times especially while utilization of the VA system continues to rise;
- Ensure that VA makes more realistic third-party medical care collection estimates so that Congress doesn't end up under-appropriating funds based on false expectations which in turn negatively impact veteran care. Additionally, VA needs to redouble its efforts to increase its medical care collections efforts, because taken together, the cumulative effects of overestimating and under-collecting only degrade the care available to our veterans. Furthermore, VA needs to establish both first- and third-party copayment accuracy performance measures which would help minimize wasted collection efforts and veteran dissatisfaction;
- VA needs to incorporate civilian healthcare management best practices and include a pathway to VA hospital/clinic management for civilians as part of their succession plan requirements, so that VA will be able to attract the best and the brightest healthcare managers in the industry;
- VA could immediately increase its doctor/patient (d/p) ratio to a more realistic and productive levels in order to cut wait times for veterans needing treatment and/or referrals. While the current VA (d/p) ratio is only 1:1200, the (d/p) ratio for non-VA physicians is close to 1:4200. Instituting this one change would drastically improve our veterans access to needed healthcare;

- VA needs to improve its patient management system so that veterans have more appointment setting options available to them, which could reduce staffing errors and requirements. VA should also consider utilizing a hybrid system whereby half the day might consist of scheduled appointment and the other half would be for walk in or same-day appointment. The elimination of the need for non-specialty appointments would allow veterans quicker access to their primary care providers;
- The current VA healthcare system appears to be top-heavy with administrative staff and short-handed when it comes to patient-focused clinical staff. This imbalance can only lead to noticeable veteran wait times;
- The VA needs to thoroughly review its entire organizational structure in order to take advantage of system efficiencies and to maximize both human and financial resources, while also minimizing waste and redundancies;
- VA needs to collaborate with HHS (Health & Human Services) so that it can utilize/share the benefits of the UDS (Uniform Data System). The UDS is a core set of information appropriate for reviewing and evaluating the operation and performance of individual health centers. The ability to track, through the UDS system, a wide variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues would be invaluable in improving the overall VA healthcare system;
- Rather than have veterans go unseen or untreated due to limited appointment or physician availability, veterans should be allowed to utilize the currently existing system of FQHCs (Federally Qualified Health Centers). FQHCs include all organizations receiving grants under section 330 of the Public Health Service Act, certain tribal organizations, and they qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs are required to: serve an underserved area or population; offer a sliding fee scale; provide comprehensive services; have an ongoing quality assurance program; and to have a governing board of directors. Allowing veterans to seek care, even on a temporary basis, until the VA appointment backlog is eliminated, would provide our veterans with immediate care and would relieve some of the pressure on the VA system;
- VA must immediately improve its recruitment, hiring and retention policies to ensure the timely delivery of high quality healthcare to our veterans. VA currently utilizes a cumbersome and overly-lengthy hiring process which reduces its ability to deliver critical services. VA need to consider adopting a more expedient hiring/approval process which could include some form of provisional employment;

- VA needs to have, and utilize, the option to terminate non-performing employees at all levels of the organization so that only dedicated, accurate, motivated employees will remain in service to our veterans; and
- Finally, VA needs to reform their incentive programs so that only high-performing employees receive appropriate bonuses for their excellence in serving our veterans.

Pending Legislation

S. 207, Veterans Access to Community Care Act of 2015 - AMVETS supports this legislation which directs the VA Secretary to use existing authority to provide health care to veterans at non-VA facilities to veterans living more than 40 miles driving distance from the closest VA facility that furnishes the care needed by the veteran.

There is an additional problem that should be considered when making improvements to the Choice legislation which I have not heard any discussion about that I would like to bring to your attention - this problem involves the inability of veterans to cross VISN lines for medical treatment when they live closer to a facility in another VISN than one in their own VISN.

The issue of 'Timely Access to High-Quality Health Care', which is directly related to underlying foundation of S. 207, is the number one 'Critical Issue' outlined in the *Independent Budget* and is among the highest priorities of AMVETS. Hopefully this legislation gets veterans one step closer to 'real' choice and easier health care access.

S. 297, Frontlines to Lifelines Act of 2015 - AMVETS supports this legislation which seeks to address the physician shortage within the VA by:

- reintroducing, for a three-year period, VA's Intermediate Care Technician Pilot Program;
- streamlining the transfer of medical credential data regarding DoD health care providers that move from DoD to VA;
- allows advanced practice nurses to practice independently under a set of VA-approved privileges, regardless of the state in which VA employs the covered nurse.

S. 297 goes a long way towards meeting our recommendation to maximize the use of non-physician medical personnel as a way to mitigate physician shortages and reduce patient wait times.

S. 425, Homeless Veterans Reintegration Programs Reauthorization Act of 2015

– AMVETS supports this legislation which seeks to reauthorize, for five-years, the Homeless Veterans/Homeless Women Veterans/Homeless Veterans with Children Reintegration Programs and to provide clarification regarding eligibility for said services.

AMVETS believes that S. 425 will help continue the trend of reducing the number of homeless veterans.

S. 471, Women Veterans Access to Quality Care Act of 2015 – AMVETS fully supports this legislation, which is one of the *Independent Budget's* 'Critical Issues' for the 114th Congress. Women are a rapidly growing component of the Armed Forces, comprising approximately: 20% of new recruits; 14.5% of active duty members; and 18% of the reserve component. Additionally, while the number of male veterans is expected to decline by 2020, the opposite is true for the number of women veterans.

S. 684, Homeless Veterans Prevention Act of 2015 – AMVETS supports this legislation which seeks to address the issue of homeless veterans by expanding a number of important services, including:

- increasing per diem payments for transitional housing assistance to veterans placed in housing that will become permanent;
- allows qualified veterans to receive diem payments for dependents;
- encourages public/private partnerships to provide legal services to homeless veterans and/or veterans at risk of homelessness;
- providing dental care to homeless veterans;
- repeals the sunset authority of the VA and DOL to carry out a referral and counseling program for veterans at risk of homelessness and/or those transitioning from certain institutions; and
- expands supportive services to very low-income veteran families in permanent housing.

There has been marked progress over the last few years in reducing the number of homeless veterans and these services need to continue until there are no longer any veterans in need.

Discussion Draft, Veterans Health Act of 2015, to Include Provisions from S. 114; S. 172; S. 398; and S. 603 – this legislation, which AMVETS supports, combines a variety of provisions aimed at improving veteran health, access to care and transparency, including:

- improved access to adult immunizations;
- expansion of chiropractic care including – rehabilitative & preventative services;
- extension of sunset date regarding transportation of individuals to/from VA facilities and the requirement of a report;
- access to VA research data and data sharing between VA and DoD

Discussion Draft, Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act – this somewhat technical legislation, which AMVETS supports, expands veteran access to non-VA health care and sets conditions for: eligibility to participate in the program; establishment of a certification process for eligible non-VA providers; establishment of specific requirements under Terms of Agreement; the termination of Veterans Care Agreements; the periodic review of Veterans Care Agreements; the exclusion of certain federal contracting provisions; the establishment of a monitoring system to measure the quality of care and services received by veterans; the establishment of equitable dispute resolution procedures; and modifies the authority to enter into agreements to provide nursing home care.

Discussion Draft, Joint VA-DoD Formulary for Pain and Psychiatric Medications – This legislation, which AMVETS fully supports, calls for the establishment of a joint uniform formulary with respect to certain medications. Not only should this benefit service members transitioning out of the DoD health care system into the VA system, it should also be more economical for both the DoD and VA, in that greater quantities generally equate to price reductions.

This completes my statement at this time and I thank you again for the opportunity to offer our comments on pending legislation. I will be happy to answer any questions the committee may have.



Diane M. Zumatto

AMVETS National Legislative Director



Diane M. Zumatto of Spotsylvania, VA joined AMVETS as their National Legislative Director in August 2011. Zumatto a native New Yorker and the daughter of immigrant parents decided to follow in her family's footsteps by joining the military. Ms. Zumatto is a former Women's Army Corps/U.S. Army member who was stationed in Germany and Ft. Bragg, NC, was married to a CW4 aviator in the Washington Army National Guard, and is the mother of four adult children, two of whom joined the military.

Ms. Zumatto has been an author of the *Independent Budget* (IB) since 2011. The IB, which is published annually, is a comprehensive budget & policy document created by veterans for veterans. Because the IB covers all the issues important to veterans, including: veteran/survivor benefits; judicial review; medical care; construction programs; education, employment and training; and National Cemetery Administration, it is widely anticipated and utilized by the White House, VA, Congress, as well as, other Military/Veteran Service Organizations.

Ms. Zumatto regularly provides both oral and written testimony for various congressional committees and subcommittees, including the House/Senate Veterans Affairs Committees. Ms. Zumatto is also responsible for establishing and pursuing the annual legislative priorities for AMVETS, developing legislative briefing/policy papers, and is a quarterly contributor to '*American Veteran*' magazine. Since coming on board with AMVETS, Ms. Zumatto has focused on toxic wounds/Gulf War Illness, veteran employment and transition, military sexual trauma, veteran discrimination and memorial affairs issues.

Zumatto, the only female Legislative Director in the veteran's community, has more than 20 years of experience working with a variety of non-profits in increasingly more challenging positions, including: the American Museum of Natural History; the National Federation of Independent Business; the Tacoma-Pierce County Board of Realtors; The Washington State Association of Fire Chiefs; Saint Martin's College; the James Monroe Museum; the Friends of the Wilderness Battlefield and The Enlisted Association of the National Guard of the United States. Diane's non-profit experience is extremely well-rounded as she has variously served in both staff and volunteer positions including as a board member and consultant. Ms. Zumatto received a B.A. in Historic Preservation from the University of Mary Washington, in 2005.

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