

STATEMENT OF
CARLOS FUENTES, SENIOR LEGISLATIVE ASSOCIATE
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

S. 207, S. 297, S. 425, S. 471, S. 684, and DRAFT LEGISLATION

WASHINGTON, DC

JUNE 3, 2015

Chairman Isakson, Ranking Member Blumenthal and members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, thank you for the opportunity to offer the VFW's views on legislation being considered by the Committee.

S. 207, Veterans Access to Community Care Act of 2015

The VFW supports the intent of this legislation, which would require the Department of Veterans Affairs (VA) to provide veterans the option to receive non-VA health care when the health care they need is not available at a VA medical facility within 40 miles driving distance of their residence.

The purpose of establishing standards for access to non-VA health care is to ensure veterans have timely access to high-quality care in their communities when VA health care is not readily available. The VFW believes that such standards should not require veterans to travel unreasonable distances to receive VA health care and that any travel-based standard should be based on travel to VA facilities that provide the care veterans need, not facilities that are unable to serve their specific needs.

However, feedback the VFW has received regarding the Veterans Choice Program indicates that the 40-mile standard does not appropriately measure the travel burden veterans face when accessing VA health care. Before making any part of the Veterans Choice Program permanent, Congress and VA must properly evaluate the program and determine the most appropriate system-wide eligibility standards for health care furnished through non-VA health care providers. The Institute of Medicine is currently evaluating VA's wait-time standard to determine its efficacy. Yet, no one has been asked to evaluate whether the 40-mile standard is

appropriate. The VFW urges Congress to commission a study of the 40-mile standard before making it permanent.

Moreover, such a study must evaluate the impact a travel-based standard for non-VA health care eligibility would have on VA's ability to expand capacity to provide direct care to enrolled veterans. The VFW has conducted a number of surveys to gauge veterans' experiences with the Veterans Choice Program. These surveys have shown that about 50 percent of veterans who are offered the choice to receive non-VA health care choose to continue receiving their care from VA, despite facing access challenges. While ensuring veterans have access to care in their communities is important, VA must have the ability to provide a full continuum of care for veterans who choose to receive their care from VA.

S. 297, Frontlines to Lifelines Act of 2015

This legislation would revive a successful VA program for transitioning service members, improve the transition of health care providers between the Department of Defense (DOD) and VA, and expand the practice authority for certain health care providers. The VFW supports sections 2 and 3 and takes no position on section 4.

Section 2 would revive the Intermediate Care Technician Pilot Program for three years. In December 2012, VA launched this program to recruit transitioning veterans who served as medics or corpsmen in the military to work in VA emergency departments as intermediate care technicians. The goal of this program was to employ transitioning medics and corpsmen who have extensive combat medicine experience and training to provide clinical support for VA health care providers, without requiring them to undergo additional academic preparation. The pilot program ended in December 2014, and resulted in 45 veterans being hired through the pilot program at 15 VA medical facilities. Veterans who participated in the pilot program and VA medical facilities that hired them were overwhelmingly satisfied with the program and would like it to continue. Other VA medical facilities have also noted the importance of employing experienced veterans as intermediate care technicians. Nearly 40 VA medical clinics have requested more than 250 additional intermediate care technicians to fill staffing shortages throughout the country. With the end of the wars in Iraq and Afghanistan and the expected drawdown of military personnel, more medics and corpsmen will be leaving military service and transitioning into the civilian workforce. The VFW supports reviving this important program and supports making the intermediate care technician position a permanent health care specialty with the Department.

Section 3 would streamline the hiring process for health care providers who transition from practicing medicine in the Military Health System to VA. This section would also require DOD to transfer the credentialing data of such individuals to VA. However, it does not require VA to accept the credentialing data it receives from DOD. The VFW urges the Committee to amend this legislation to require VA to exempt applicants who are transitioning from the Military Health System to VA from the VA credentialing process, when appropriate. Doing so would expedite the hiring process and ensure VA is able to more quickly address staffing shortages.

Section 4 would grant independent practice authority for certain advanced practice registered nurses employed by the Department. Currently, VA advanced practice nurses are not authorized to practice at the full extent of their license in certain states. This legislation would ensure uniform and system-wide application of practice authority for VA nurses. The VFW does not take a position on scope of practice issues. The VFW defers to VA in determining what scope of practice authority enables its health care professional to provide timely access to high-quality health care to the veterans it serves.

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

The VFW supports this legislation, which would expand and reauthorize a number of programs aimed at addressing the unacceptable problem of homelessness among veterans. The VFW firmly believes that no veteran who has honorably served this Nation should have to suffer the indignity of living on the streets. We praise the great progress that has been made in reducing veterans' homelessness in recent years as a direct result of coordinated efforts across multiple government agencies to provide transitional housing, rapid rehousing, and employment programs for veterans in need. The extensions and adequate funding provided by this legislation for these and other programs are vital to achieving the Secretary's goal of eradicating homelessness among veterans by 2015.

S. 471, Women Veterans Access to Quality Care Act of 2015

This legislation would improve the health care VA provides women veterans by establishing women health care standards, expanding access to gender-specific services and evaluating VA's ability to meet the health care needs of women veterans. The VFW supports this legislation and would like to offer suggestions to strengthen it.

Recent years have seen unprecedented levels of women serving in the U.S. military. Today, over 1.3 million women wear our Nation's uniform, comprising over 15 percent of the total force. Likewise, the demand for VA services by women veterans has increased dramatically. According to VA data, the number of women using VA services grew from just over 200,000 in 2003 to over 362,000 in 2012, an increase of more than 80 percent. By 2014, that number had grown to over 400,000. In addition, recent VA data shows that approximately 19 percent of women using VA health care served in either Iraq or Afghanistan, compared to only 9 percent of men. Accordingly, women veterans receiving VA care are younger than their male counterparts, with 42 percent of women under the age of 45, compared to only 13 percent of men. As a result, the number of women using VA services as a percentage of the total population will only continue to grow in the coming years, along with their need for health care.

Although VA has made a concerted effort to increase capacity and quality of women's health care, gaps in services remain for women enrolled in VA, particularly in gender-specific specialty care. Today, only 52 VA facilities provide on-site mammography. According to VA testimony given on this April 21, 2015, to this Committee, 35 VAMCs still have no onsite gynecological services. Of those that do, many of the doctors work part-time. The VFW supports requiring all VA medical centers to have a full time obstetrician or gynecologist on staff.

Regardless of what services are available, women veterans will not be afforded the opportunity to utilize them if they are unaware such services exist. This legislation seeks to improve

outreach to women veterans by requiring VA to share veterans' information with state and county veterans agencies. The VFW supports sharing data between government agencies to ensure veterans are aware of the benefits and services they have earned and deserve. This legislation would afford veterans the opportunity to opt out of the data sharing mechanism VA is required to establish. The VFW urges Congress and VA to ensure veterans are fully informed that their personal information will be shared and are given clear notification of such action and granted an easily accessible and user friendly mechanism to opt out.

In drafting testimony for women specific hearings, the VFW sought the input of women VFW members from across the country. A consistent issue identified by women VFW members was lack of child care at VA medical facilities. Without access to child care services veterans are often reluctant to take their small children to medical appointments with them. Veterans may even choose to forgo the care they need and deserve. The VFW strongly believes that veterans should not be forced to choose between their own wellbeing and that of their children. For this reason, we urge the Committee to amend this legislation to fully expand the VA child care pilot program to all facilities across the Department.

S. 684, Homeless Veterans Prevention Act of 2015

This legislation would improve benefits afforded to homeless veterans. As stated above, the VFW strongly supports efforts to end homelessness among veterans who have honorably served this Nation. The VFW supports this legislation and would like to offer a suggestion to strengthen section 4.

The VFW generally supports section 4 of the bill which would allow the Secretary to enter into partnerships with public or private entities to fund a portion of certain legal services for homeless veterans. While the VFW recognizes that legal issues are often a significant barrier to homeless reintegration and must be addressed, we are concerned that some for-profit legal entities would view this program as an opportunity to exploit the availability of government resources in exchange for poor or inadequate services. For this reason, we suggest that the language in this section be changed to allow VA to enter into partnerships with only public or non-profit private legal entities that provide services to homeless veterans.

Draft Legislation, Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act

The VFW strongly supports this legislation, which would streamline VA's ability to purchase health care from private sector health care providers when VA health care is not readily available.

VA must have the ability to quickly provide non-VA health care when it is unable to provide direct care to the veterans it serves. The VFW is glad to see this legislation includes best practices, such as requiring non-VA medical providers to return medical documentation, and quality and safety mechanisms to ensure veterans receive high quality care from non-VA providers. This legislation also required VA to exhaust all other avenues for furnishing non-VA health care before using veteran care agreements. The VFW believes it is important that VA medical facilities use other non-VA care programs such as the Patient-Centered Community Care Program (PC3), the Veterans Choice Program, or any future system wide non-VA health care

program before using veteran care agreements. Doing so will ensure local medical facilities do not preclude administrators of system wide programs from expanding their networks to better serve veterans.

Draft Legislation to Require DOD and VA to Establish a Joint Formulary with Respect to Systemic Pain and Psychiatric Drugs

This legislation would require DOD and VA to establish uniform systemic pain and psychiatric drugs and treatments for veterans transitioning from the Military Health System to the VA health care system. The VFW supports this legislation and would like to offer suggestions to strengthen it.

The VFW has heard from veterans who were unable to continue their DOD prescribed pain treatment or mental health care therapies once transitioning to the VA health care system because their VA medical facilities refused to recognize their DOD prescriptions, or the drugs they needed were not on VA's formulary. This legislation would ensure veterans are not denied access to treatments that have worked for them due to the inconsistent formularies between DOD and VA. It does not, however, require VA to continue prescribing veterans medications that have proven to successfully address their pain or mental health conditions.

Mental health medications require providers to work with patients to adjust medication treatments and dosages to obtain the optimal outcome. When transitioning from the Military Health System to the VA health care system, veterans must be allowed to continue the medication regiment that works best for them while they work with their VA providers to identify if continuing the same medication regiment is recommended or if they should begin a new regiment. The VFW suggests adding such a requirement to this legislation to ensure the treatments veterans receive from DOD are not disrupted when they transition to the VA health care system.

Draft Legislation, Veterans Health Act of 2015

The VFW support this legislation, which would improve VA health care by expanding access to immunizations and chiropractic care, extending VA's ability to provide transportation assistance, and making VA research available to the public.

Section 2 would ensure that veterans receive the full complement of immunizations on the recommended adult immunization schedule established by the Centers for Disease Control (CDC) and Prevention Advisory Committee on Immunization Practices (ACIP). It would also mandate that VA develop and implement quality measures and metrics to ensure that veterans receiving VA medical services receive each immunization at the proper time according to the ACIP.

The evidence is clear that vaccination is one of the safest, most cost effective ways to prevent disease and death from infectious diseases. Efforts to quantify and track vaccine utilizations in the past have clearly shown that prioritizing increased utilization and effectiveness of vaccination inoculations, in tandem with rigorous performance measures, generate monumental savings

while improving patient health. When VA adopted performance measures for influenza and pneumococcal, significant improvement in vaccine utilization rates resulted – from 27 percent to 77 percent and 26 percent to 80 percent, respectively. Expanding performance measures to the entire list of VA and CDC recommended adult vaccinations would undoubtedly promote timely and appropriate vaccinations, while placing a greater emphasis on preventable care for veterans.

Section 3 would require VA to provide chiropractic care in at least 50 percent of VA medical centers within three years of enactment. This section would also include chiropractic services in the general health care package VA is required to provide enrolled veterans. It is well known that service members who deploy to combat and participate in military training are subject to extraordinary physical demands, often resulting in the premature onset of painful spine and joint conditions. In its latest analysis of health care utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans, VA listed musculoskeletal ailments as the number one condition for which Iraq and Afghanistan veterans sought VA care. Chiropractic care can often be a successful alternative to drugs or invasive procedures for treating musculoskeletal disorders, while also offering suggestions for lifestyle modifications which promote overall wellness. The VFW believes that chiropractic care is a valuable option and should be made available to veterans at all VA medical centers.

Section 4 would extend VA's authority to administer the Veterans Transportation Service (VTS). This program was commissioned by the Veterans Health Administration's Office of Rural Health in 2010, and greatly improved access to care for rural and seriously disabled veterans by allowing VA facilities to establish and coordinate networks of local transportation providers, including community and commercial transportation providers, and government transportation services. VTS augments veterans service organizations' volunteer-based transportation services, which are limited to transporting ambulatory veterans; the existing beneficiary travel programs of mileage reimbursement, which does not provide assistance with the coordination of transportation for those who need it; and special mode travel, for which few veterans medically qualify.

VTS suffered a major setback in 2012 when it was temporarily suspended following a determination by the VA Office of General Counsel that VA lacked the statutory authority to hire paid drivers to transport veterans. Congress has passed one-year authorizations of the VTS program since January 2013, but a long term fix is still needed. The VFW believes that unnecessary hardships associated with accessing VA health care should be eliminated. The VFW urges the Committee to amend this section to make VTS permanent and expand it system wide to minimize the challenges veterans face in traveling to their VA appointments.

Section 5 would make VA-funded medical research available to the public. The VFW believes that research furnished by VA benefits veterans who seek VA care and the health care community as a whole. VA health research has led to many medical breakthroughs and continues to lead the health care industry in many respects. Veterans service organizations and Congress depend on VA research to develop policy recommendations and advance legislative goals. Although VA's research is available to the public through peer reviewed journals, veteran advocates are at times precluded from obtaining VA research due to lack of access to such peer

reviewed journals. The VFW supports making the benefits of VA research available to the public.

Chairman Isakson, Ranking Member Blumenthal and members of the Committee, this concludes my testimony.