

Chairman Daniel K. Akaka

OPENING STATEMENT

Senator Daniel K. Akaka

Chairman

Committee on Veterans' Affairs

United States Senate

Hearing on Pending Health Care Legislation

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Aloha and good morning. I welcome everyone to the Committee's hearing on pending health legislation. The Committee has quite a docket of legislation to review, so I will make my opening remarks quite brief so that we can get started.

As I said at our last legislative hearing, I am thankful for Members' interest in the needs of veterans and their families and the range of attempts to tackle some of the most pronounced issues. That said, I know that our witnesses had quite a load to carry in order to give us views on the various bills.

The Committee has done much oversight work and held various hearings, and the legislation before us is a culmination of those activities. Ranking Member Craig and I heard the testimony of witnesses at our March 27th hearing on seamless transition and care for veterans with traumatic brain injuries. We used that testimony to develop bi-partisan legislation on TBI, which takes a comprehensive approach to providing the best possible care for veterans with this devastating injury.

I want to speak very briefly about some of the items on the agenda.

First, I introduced legislation again this Congress to extend the period of eligibility for VA health care for combat service from two to five years. It is my view that doing so will help ensure that returning servicemembers receive the care they need from VA in the five years immediately following separation or deactivation, without having to meet strict eligibility rules. The changes S. 383 would make will contribute to the "seamless" transition of military personnel from active duty to veteran status.

While the Administration has opposed this legislation in the past, I am delighted that the obvious growth in the diagnoses for mental health conditions has prompted a reconsideration of the previous position. Two years is often insufficient time for symptoms related to PTSD and other mental illnesses to manifest. In many cases, it takes years for such symptoms to present themselves, and many servicemembers do not immediately seek care. Five years would provide a bigger window to address these risks. We face a growing group of recently discharged veterans, and this legislation will help smooth their transition to civilian life.

Second, S. 117, The Lane Evans Veterans Health and Benefits Improvement Act of 2007, introduced by Senator Obama, is a fitting tribute to the former Ranking Member of the House

Committee on Veterans' Affairs. The legislation, among other things, would make combat-theater veterans eligible for a VA mental health evaluation within 30 days of the veteran's request. Such a request could be made up to five years after the date of the veteran's discharge or release from active military service.

S. 479, The Joshua Omvig Veterans Suicide Prevention Act, would require the Secretary to develop and implement comprehensive programs to reduce suicide among veterans. The bill is named after Joshua Omvig, a young veteran who committed suicide after returning from Iraq. On April 25, 2007, the Committee heard testimony from Joshua Omvig's parents about his struggle. It became clear that VA must place greater emphasis on reaching out to returning servicemembers, so as to prevent these types of tragedies from occurring in the future.

S. 1147, the Honor our Commitment to Veterans Act, would repeal the ban on enrollment of middle-income veterans, known as Priority 8 veterans, in the VA health care system. In the Majority's Views and Estimates letter to the Budget Committee, we recommended including funding in VA's fiscal year 2008 budget to enable VA to fully open its doors to all veterans who desire VA health care. In doing so, I do not believe that we need to undo what was done in eligibility reform, that is, to allow the VA Secretary to manage a priority system for care within the confines of a limited budget. I do believe that this year, the Congress will appropriate sufficient resources to allow for open access to VA health care while not severely altering the construct of eligibility reform or overburdening the system.

As I mentioned a moment ago, I am quite proud of S. 1233, the Veterans Traumatic Brain Injury Act of 2007. Senator Craig and I worked to develop a bill to address VA shortcomings in rehabilitation treatment, research and clinical care programs for veterans. The Brain Injury Association of America, the American Academy of Neurology, and the American Academy of Physical Medicine and Rehabilitation all support the legislation.

Finally, I also introduced S. 1384, which would make a number of changes to the funding for homeless programs; expand programs to aid in the transition to civilian life for both incarcerated veterans and servicemembers being discharged from the military; and improve domiciliary care for women veterans. All of these changes are yet another step in combating the prevalence of homelessness among those who have served our Nation.

I thank the witnesses from VA and other organizations for coming today to share their views. Because the number of measures before us this morning is unusually large and a number of them have been added to the agenda only recently, witnesses may not have had an opportunity to review them and formulate positions. Therefore, the Committee will hold the record of this hearing open for two weeks so that witnesses can submit supplemental views on any legislative item. It is important that we have your input well in advance of our markup which is scheduled for late next month.

I look forward to working with all of you in the days ahead to move the Committee's agenda forward. Thank you.