

Chairman Sanders

Welcome to today's hearing to examine health legislation before this Committee. Today's agenda reflects important work by Senators on both sides of the aisle. I am glad that a number of committee members have introduced legislation on behalf of our nation's veterans and their families. There are many important bills on today's agenda. Briefly, I will highlight three health-related bills that I have introduced this Congress.

In the 111th Congress, I was pleased to support the "Caregivers and Veterans Omnibus Health Services Act of 2010," which expanded services and benefits for caregivers of post-9/11 veterans. The Caregiver Program allows these seriously wounded veterans to receive care at home, provided by a family caregiver. As of the end of February, more than 8,600 veterans and their caregivers have benefited from this important program.

For as long as injured veterans have returned from the battlefield, family members have worked tirelessly to provide a safe environment for these brave men and women to live comfortably at home. Historically, these caregivers have done this without any support from the federal government. This changed with the 2010 law when, for the first time, veterans' caregivers became eligible for supportive services and benefits. These benefits included: a tax-free monthly stipend, reimbursement for travel expenses, health insurance, mental health services and counseling, training, and respite care.

These benefits and services gave caregivers the support they needed to provide the best possible care for their loved one. However, when the law was passed, these services were only made available to post-9/11 veterans and family members.

The legislation I have introduced – S. 851 – expands the Caregiver Program and extends these services and benefits to the caregivers of veterans of all eras. Through this expansion, family members who have been providing care to eligible veterans from all other eras will be able to access the same supportive services as the caregivers of our most recent generation of veterans. I hope my colleagues will join my effort to expand this important program to all of our veterans and the family members who work with unwavering commitment to care for them.

The Veterans Health Promotion Act of 2013 is comprehensive legislation geared toward improving the overall health of – and health care options for – veterans. It does so through increased access to complementary and alternative medicine and wellness programs, the creation of pilot programs to increase access to fitness centers, the expansion of VA's Centers of Innovation, and improved partnerships between VA and state and local agencies and community non-profits.

We all know of the importance of diet and exercise in maintaining a healthy weight and healthy lifestyle. For example, a recent article in the Journal of the American Medical Association demonstrated the value of diet and exercise for weight loss and diabetes control. To this end, my legislation, S. 852, will increase access to fitness centers for veterans in two ways. First, the bill creates a two-year pilot at 10 VA facilities to provide support for fitness center memberships to overweight and obese veterans. Second, the bill creates a pilot to establish fitness centers at 10

VA facilities – five at medical centers and five at outpatient clinics – to be available for use by enrolled veterans.

Additionally, my legislation will enhance veterans' access to complementary and alternative medicine, known as CAM. Although VA has testified that CAM therapies are available at many VA facilities, these therapies can be difficult to access and many veterans are not aware that these alternatives are available. Therefore, my bill establishes a pilot to increase the availability of CAM therapies at 15 sites and ensure that these therapies are available to veterans receiving care for the first time as well as those veterans with serious injuries in treatment at VA's Polytrauma Centers.

Unfortunately, VA's policies for hiring providers are another barrier to veterans' access to CAM therapies. Under existing policy, CAM therapies can only be delivered by clinicians hired for other purposes, such as psychiatrists. To address this barrier, my legislation establishes a pilot under which VA will hire individuals solely for the purpose of delivering CAM therapies. This will not only reduce the cost of CAM at VA because psychiatrists and other providers currently delivering CAM therapies to veterans are typically paid at a significantly higher rate than CAM providers in the private sector, but will also allow other clinicians to practice at the maximum extent of their license.

Finally, this bill enhances veterans' access to wellness programs and CAM therapies through the designation of a center of innovation for complementary and alternative medicine, operated by VA's Office of Patient Centered Care and Cultural Transformation. Additionally, the legislation encourages collaboration with, and authorizes grants to, state, city, and community-based organizations providing wellness programs.

Two weeks ago, I introduced the Homeless Veterans Prevention Act of 2013 with Ranking Member Burr. I am pleased VA has adopted an aggressive goal of eliminating veterans' homelessness by 2015. Progress has been made, as evidenced by the over 17 percent decline since 2009, but there were still more than 62,000 homeless veterans in January 2012. It is clear that work remains to ensure that no veteran has to sleep on the streets or in a car.

Our bill, S. 825, contains common sense program changes that will help VA sustain this progress and meet the diverse needs of more homeless veterans. It contains provisions that will: provide VA and community partners with the tools and requirements needed to better meet the needs of homeless women veterans and homeless veterans with children, assist more veterans in moving from transitional housing into stable, independent housing, expand eligibility for the homeless veterans dental program, and increase the availability of services to help homeless and at-risk veterans deal with some of the legal issues that contribute to or result from homelessness.

This is a critical time to address the needs of the VA health care system. Today, more of our service members from Iraq and Afghanistan are separating from military service and entering VA care – and I am pleased that these veterans are enrolling in VA at a faster rate than any other generation.

At the same time, our veterans from previous conflicts are aging, a group that traditionally has higher health care needs. For these reasons, we must find common ground to ensure all of our veterans have the resources essential to staying healthy and accessing health care services when and where they need it.

I realize there are a number of bills on today's agenda, some of which have significant associated costs. While the constraints of the current fiscal climates make funding new priorities difficult, Congress has shown that – when the stakes are high – we can find a way forward. We must ensure veterans receive the care and benefits they have earned.

I look forward to addressing the legislation pending before the committee today. I appreciate our witnesses' work to review these bills in advance of our hearing this morning. The record of today's hearing will remain open for two weeks for witnesses to provide additional comment. Your input is appreciated as we prepare for our markup.