

**STATEMENT FOR THE RECORD**  
**OF**  
**PARALYZED VETERANS OF AMERICA**  
**BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS**  
**CONCERNING**  
**PROPOSED LEGISLATION**

**AUGUST 1, 2018**

Chairman Isakson, Ranking Member Tester, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views for the record on the important legislation pending before the Committee. The bills considered today can have a significant positive impact on veterans and their families who depend on the benefits and services available through the Department of Veterans Affairs (VA). Our comments will be limited to those bills in which PVA has a specific interest.

**H.R. 299, the “Blue Water Navy Vietnam Veterans Act of 2018”**

PVA supports H.R. 299, the “Blue Water Navy Vietnam Veterans Act of 2018.” This legislation would extend presumption of exposure to herbicides containing dioxin, including Agent Orange, to veterans who served in “blue water” areas. Before 1997, Vietnam Veterans were eligible for a presumption of exposure to Agent Orange and other herbicides if “during active military, naval or air service they had served in the Republic of Vietnam” unless there was evidence they had not been exposed to Agent Orange. This policy was later amended so that service on the ground in Vietnam and service in inland waterways, “brown water,” was required to receive a presumption of exposure. PVA applauds you for making the necessary amendments to include veterans who served in “blue water” areas in the presumption.

**Draft bill, the “Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018”**

PVA supports this draft legislation to improve dental care provided to veterans by VA. This legislation would establish a pilot program on expansion of dental services and treatment to all veterans enrolled in VA health care. Due to a lack of dental service providers within VA and the strict eligibility criteria for veteran patients to access such care, few veterans are able to access oral health care at VA. Veterans who do access VA dental care are generally those with service-connected dental conditions or injuries or other dental conditions that are aggravated by a

service-connected injury or illness. For all other veterans there are some limited dental insurance plans that can be purchased through VA.

The pilot program would expand dental care services and treatment to veterans who are enrolled in VA health care at 16 locations across the country. These 16 locations would include four VA medical centers with an established dental clinic, four VA medical centers with a contract for dental care, four community based outpatient clinics with available space, and four facilities from federally qualified health centers and Indian Health Service clinics. These pilot sites would assess the feasibility and ability to furnish dental services and treatment to no more than 100,000 veterans who volunteer to participate in the program.

As the research of the last several years has made clear, oral health and overall health are not independent of one another. In 2012, the American Heart Association released a statement acknowledging an association between periodontal disease and cardiovascular disease. Recent studies suggest a connection between periodontal disease and kidney disease, diabetes, and strokes. VA must explore resources to properly integrate dental care and awareness into their holistic approach to veterans' health care.

**S. 3184, to amend title 38, United States Code, to modify the requirements for applications for construction of State home facilities to increase the maximum percentage of nonveterans allowed to be treated at such facilities, and for other purposes**

PVA supports S. 3184. This bill would allow state veterans' homes to provide care to spouses of veterans under certain conditions. Although many state veterans' homes are at capacity, there are some that are not. In these instances, veterans in need of, or already in a state home, may wish to have their spouse reside in the state home with them. If there is not enough demand by veterans needing access to state homes, PVA sees no reason why families need to separate for the sake of rigid adherence to the current 25 percent occupancy rules.

**Draft bill, to amend title 10, United States Code, to improve the Transition Assistance Program for members of the Armed Forces, and for other purposes**

PVA supports the intent of the draft legislation which would improve the Transition Assistance Program (TAP) for members of the Armed Forces. This bill would make the first significant changes to the TAP since 2011. One of the notable changes this legislation would make is to tailor the transition program based on the service member's time in service, rank, age, and disability status. This will provide more specific opportunities to the service member instead of one blanket program for everyone.

This legislation also provides transition assistance starting a year from the date of separation. One of the reasons service members have such a difficult time transitioning is the fact that the TAP program is offered just a few months prior to their separation. To be fully prepared, service members should begin the transition process much sooner. Earlier preparation would help them be better prepared to transition to civilian life, which would also support their mental health and overall wellbeing.

### **Draft bill, the “VA Hiring Enhancement Act”**

PVA supports the “VA Hiring Enhancement Act.” The bill would end the applicability of non-VA covenants not to compete to the appointment of certain Veterans Health Administration (VHA) personnel. It would also permit VHA to make contingent appointments and require VA physicians to complete residency training.

This bill intends to fill vacancies and make VA more competitive by authorizing VHA to begin the recruitment and hiring process up to two years prior to the completion of required training. This would allow for physicians to quickly begin work at VA medical centers upon the completion of their education. This could help to stem the flow of the ever recurring stories of young clinicians who wished to serve veterans but were unable to endure the months of an uncertain onboarding process. Veterans deserve the best this country can offer. Congress should explore every means to ensure VA does not lose out on these young professionals due to inefficient hiring practices.

### **H.R. 5418, the “Veterans Affairs Medical-Surgical Purchasing Stabilization Act”**

PVA supports H.R. 5418, the “Veterans Affairs Medical-Surgical Purchasing Stabilization Act.” This legislation would direct the Secretary of VA to carry out the Medical Surgical Prime Vendor program using multiple vendors and prohibiting a prime vendor from solely designing the formulary of supplies.

In the private sector, hospitals use multiple Group Purchasing Organizations that bid down medical equipment prices. With Medical Surgical Prime Vendor, VA proposed using only one large vendor as opposed to multiple vendors. Arguably, the lack of competition has ensured higher prices for VA and thus the taxpayer than would otherwise be the case with competing vendors. While one vendor ensures consistency and a reliable timeline, it may not be an improvement on quality. What we do know is the procurement shortcut can undermine the competitive system, and result in VA overpaying for equipment.

### **S. 1596, the “Burial Rights for America’s Veterans’ Efforts Act of 2017,” or the “BRAVE Act of 2017”**

PVA supports S. 1596, the “Burial Rights for America’s Veterans’ Efforts Act of 2017,” or the “BRAVE Act of 2017.” This legislation would increase the amount payable through VA for burial and funeral expenses for non-service-connected veterans regardless of whether the death occurred in a VA facility. Under the bill, the benefit would increase from \$300 to \$749. The legislation also requires VA to increase burial benefits based on the percentage increase in the Consumer Price Index. This legislation is critical to ensuring that veterans’ survivors have additional financial resources available to them to help address funeral and burial expenses.

### **S. 1952, the “Department of Veterans Affairs Financial Accountability Act of 2017”**

PVA supports S. 1952, the “Department of Veterans Affairs Financial Accountability Act of 2017.” This legislation would require VA to engage in several efforts to ensure more accurate

budgeting for the programs and services provided by the Department. First, the legislation would require VA to engage the services of a third party to conduct a review of its financial processes and to develop a plan to address any recommendations that result from the review. Second, it would require a member of the Secretary's office to be accountable for tracking VA's progress in implementing recommendations received from the Comptroller General of the United States, the Special Counsel, and the VA's Inspector General. Third, the legislation would require VA to provide any special requests for funding to Congress within 45 days of when the funding would be needed. Such requests would need to include a justification for the extra funds. Lastly, it would require VA to give attestations regarding financial projections concurrent with the President's annual budget.

In order to properly implement the critical legislation that Congress has passed in recent months to reform the claims appeals process, implement a new community health care program, and expand access to comprehensive caregiver benefits, VA needs to ensure that it is using appropriated funds in an efficient and effective manner. Improved fiscal accountability will help to ensure that VA is able to more accurately project expenses and request adequate budgets. Congress will in turn be able to provide the funding needed to ensure that VA is able to meet its responsibilities to veterans with disabilities and their families.

#### **S. 1990, the “Dependency and Indemnity Compensation Improvement Act of 2017”**

PVA supports S. 1990, the “Dependency and Indemnity Compensation Improvement Act of 2017.” This legislation would increase the amounts payable for Dependency and Indemnity Compensation (DIC) by approximately \$300 per month. It would also provide eligibility to a portion of the DIC benefit for survivors whose veterans were rated totally disabled for at least five years prior to their death. Lastly, the bill would change the age at which a spouse could remarry and retain DIC benefits from age 57 to age 55. The critical changes provided by this important legislation will ensure that survivors are better able to meet their living expenses following their veteran's death.

#### **S. 2485, the “Medal of Honor Surviving Spouses Recognition Act of 2018”**

PVA supports S. 2485, the “Medal of Honor Surviving Spouses Recognition Act of 2018.” This legislation provides a pension for survivors of veterans who were awarded the Medal of Honor. The pension would compensate surviving spouses \$1,329.58 monthly. To be eligible, the surviving spouse must have been married to the veteran for one year or more prior to the veteran's death; or, for any period of time if a child was born of the marriage, or was born to them before the marriage. This pension will ensure that the families of America's heroes are properly provided for by our nation.

#### **S. 2748, the “Better Access to Technical Training, Learning and Entrepreneurship for Servicemembers Act,” or the “BATTLE for Servicemembers Act”**

PVA supports S. 2748, the “Better Access to Technical Training, Learning and Entrepreneurship for Servicemembers Act,” or the “BATTLE for Servicemembers Act.” This legislation provides opportunities for service members to receive additional training under TAP. Service members

will have the ability to receive this training unless they fall into specifically exempted categories. PVA supports any efforts that will better prepare transitioning service members for returning to civilian life.

**Draft bill, to require the Secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families, and for other purposes**

PVA supports the intent of the draft bill requiring the Secretary of VA to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families. We would encourage, however, that the program also focus in equal measure on veterans 50 and older, who are committing suicide in greater numbers than the post-9/11 generation. While we recognize the window in which a service member is transitioning from active service is a critical time that can correlate with the potential for suicide ideation, there is an equal and growing need to reach out to older veterans.

Similarly, women veterans commit suicide at nearly six times the rate of other women. Of the annual suicide deaths per 100,000 people in the United States, male veterans comprised 32.1, and non-veteran men 20.9. Among women veterans they comprised 28.7 compared to just 5.2 among non-veteran women. This is a particularly concerning statistic since men, on average, are far more likely than women to commit suicide. Thus, this program must give particular heed to interrupting the unique factors that lead to such a risk for suicide among women veterans.

Lastly, 14 of the 20 veterans who complete a suicide every day have never touched the VA system. We hope an introduced bill will offer further details about how community prevention experts are to be made aware of the grant opportunities.

**Draft bill, the “Modernization of Medical Records Access for Veterans Act”**

PVA supports the intent of the draft bill, the “Modernization of Medical Records Access for Veterans Act.” We believe, however, that some points of the draft bill should be clarified prior to its introduction. For example, it is unclear how the proposed medical records card will help to efficiently address the issues of interoperability for VA electronic health records. Since the card must be brought back to VA before VA’s records can be updated, we are uncertain about how this solution would be more beneficial than cloud sharing medical records. This is particularly the case due to the inherent delays in updating a veteran’s records through such a card. We look forward to learning more about how the medical records card could address current concerns about medical records access.

**S. 514, the “No Hero Left Untreated Act”**

PVA has no official position on S. 514, the “No Hero Left Untreated Act.” This legislation would establish a pilot program with VA to use Magnetic eResonance Therapy technology, or MeRT technology. This therapy, while not yet FDA approved, is used to treat post-traumatic

stress disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST), chronic pain, and opiate addiction. The legislation would establish a one-year pilot program on MeRT technology for 50 veterans at two VA medical centers.

VA currently offers veterans access to repetitive transcranial magnetic stimulation (rTMS). This treatment is FDA approved to address treatment-resistant depression, a comorbid condition in PTSD, TBI, MST, and chronic pain and opioid addiction. While it is functionally similar to MeRT, there is no existing evidence that MeRT is superior to rTMS for treating any disorder.

Again, PVA thanks you for the opportunity to present our views on these bills. We would be happy to take any questions you have for the record.