



STATEMENT FOR THE RECORD

MILITARY OFFICERS ASSOCIATION OF AMERICA

on

Pending Health Care and Benefits Legislation

1st Session, 114th Congress

SENATE COMMITTEE on VETERANS AFFAIRS

June 3, 2015

CHAIRMAN ISAKSON, RANKING MEMBER BLUMENTHAL, the Military Officers Association of America (MOAA) is pleased to present its views on veterans' benefits legislation under consideration by the Committee today, June 3, 2015.

MOAA does not receive any grants or contracts from the federal government.

On behalf of our more than 390,000 members, MOAA thanks the Committee for its steadfast commitment to the health and well-being of our servicemembers, veterans and their families and for considering the very important health care provisions before you today.

The following provides MOAA's position and recommendations on the following provisions:

- 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
- HEY 15530 Draft Legislation on the Veterans Health Act of 2015
- HEY 15526 Draft Legislation on the Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act
- HEY 15532 Draft Legislation on Joint VA-DoD Formulary for Pain and Psychiatric Medications

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

This provision expands the current law, the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) ("Choice Act"), signed by the President on August 7, 2014, and implemented by the Secretary of the Department of Veterans Affairs (VA) last November. The law was a result of last year's shocking report of lengthy wait times for veterans at the VA medical facility in Phoenix, AZ. In April 2015, the Secretary published a change to the 40-mile eligibility criteria for determining distance between a veterans residence to the closest VA medical facility from a 'straight-line' distance to that of calculating 'driving' distance as the new formula because of the mounting pressure for the change.

MOAA is grateful to Senator Jerry Moran (R-KS) for sponsoring S. 207. We support further refinement to the Choice Act, and this bill allows VA to furnish hospital and medical services at non-VA facilities to veterans who reside more than 40 miles driving distance from the closest VA medical facility near the veteran's residence that provides the required care or medical services, including a community-based outpatient clinic.

Such a technical change is important as it takes into consideration the care needed for the veteran and the capabilities of VA medical facilities. MOAA believes requiring a veteran residing within the 40 mile drive time to use a VA medical facility that does not provide the necessary medical care or services is impractical and not in the best interest of the veteran. This provision allows veterans to access care at a medical facility that is able to provide the needed care.

MOAA supports S. 207.

S. 297, Frontlines to Lifelines Act of 2015

MOAA recognizes the challenges faced by the VA in hiring qualified medical professionals to effectively address quality and access to care issues, as well as the particular employment and State credentialing challenges experienced by enlisted medical technicians, combat medics or corpsman before leaving active duty service.

Senator Mark Kirk's (R-IL) bill addresses both of these challenges. The bill seeks to revive and expand the Intermediate Care Technician Pilot Program of the VA. The program would cover a three-year period and include not less than 250 intermediate care technicians. The VA Secretary would be required to assign these technicians to priority medical facilities where veterans have the longest wait times for hospital care or medical service appointments.

Additionally, the provision authorizes the VA to allow covered nurses in certain specialties to practice independently, without supervision or direction of others, under a set of privileges approved by the Secretary, regardless of the State in which the covered nurse is employed by the VA. While MOAA generally supports this section of the provision, we are concerned that the Act excludes Certified Registered Nurse Anesthetists (CRNAs) from the list of covered nurse specialties given full practice authority. Including this specialization further enhances VA's capabilities and goes a long way in addressing the critical advances needed to improve veterans' access to care.

According to the American Association of Nurse Anesthetists, veterans, nurse organizations and the AARP all support full practice authority for CRNAs. Further, such change would also be consistent with current Department of Defense (DoD) practices.

MOAA supports S. 297 with one addition. We recommend that the "Certified Registered Nurse Anesthetist" be added to the list of covered specializations on SEC. 4 (b).

S. 425, Homeless Veterans Reintegration Programs Reauthorization Act of 2015 and S. 684, Homeless Veterans Prevention Act of 2015

Senators John Boozman's (R-AR) and Jon Tester's (D-MT) bill, S. 425, would reauthorize Department of Veterans Affairs (VA) homeless veterans reintegration programs through FY 2020. The legislation is directed at expediting the reintegration of veterans into the labor force, clarifying that veterans who receive housing assistance under the Department of Housing and Urban Development's Veterans Affairs Supportive Housing (HUD-VASH) Program and Native American veterans participating in the Native American Housing Assistance program, are eligible to receive job training under the Homeless Veteran Reintegration Program (HVRP).

Currently, if a veteran qualifies for housing under one of these programs, the VA no longer considers the veteran “homeless,” and does not allow their participation in HVRP. From 2010 to 2013, the number of homeless veterans fell more than one-third to about 50,000 veterans, and VA officials expect that number to shrink further when the 2014 estimates are released later this year. VA funding for homeless assistance and prevention programs has increased dramatically from \$2.4 billion in FY 2008 to nearly \$7 billion for FY 2016. Despite commendable progress, the VA effort to end veterans’ homelessness by the end of 2015 is expected to fall short. S. 425 is needed to sustain Federal and community efforts to eliminate veteran homelessness as quickly as possible.

S. 684, the Homeless Veterans Prevention Act (Senators Richard Burr (R-NC) and Joe Manchin (D-WV)) would keep veteran families together by allowing VA to house the children of homeless veterans in transitional housing programs; allow VA to partner with public and private entities to increase the availability of legal services for homeless veterans; extend and increase the amount of money available for supportive services to very low-income veteran families in permanent housing; and, for other purposes.

MOAA supports S. 425 and S. 684.

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

MOAA is especially grateful to Senators Dean Heller (R-NV) and Patty Murray (D-WA) for introducing S. 471, and endorsed this measure, which will significantly improve the health care of those accessing services through the Department of Veterans Affairs (VA) medical system.

Specifically, S. 471 will:

- establish structural medical facility standards, using health outcomes to evaluate the performance of medical staff;
- require full-time obstetricians and/or gynecologists in every medical center;
- improve data sharing between VA and state veteran agencies, and;
- direct GAO to evaluate VA’s ability to meet the needs of female veterans.

The Women Veterans Access to Quality Care Act of 2015 is an extremely important piece of legislation to the nearly 2.3 million women veterans of military service. Women are the fastest growing cohort accessing VA medical care—a segment that is expected to grow by nearly 18 percent by 2040. The legislation will help VA to not only address current needs and workload requirements but prepare for the significant demand for services and care this population will need in the coming years.

MOAA supports S. 471.

HEY 15530 Draft Legislation on the Veterans Health Act of 2015

The Veterans Health Act of 2015 combines important provisions included in Senator Heller's S. 114, "Veterans Affairs Research Transparency Act of 2015," Senator Tester's, S. 172 and 603, "Access to Appropriate Immunizations for Veterans Act of 2015 and Rural Veterans Travel Enhancement Act of 2015," Senator Moran's, S. 398, "Chiropractic Care Available to All Veterans Act of 2015," bills. MOAA provides the following comments and recommendations on selected sections of the proposal for consideration:

Immunizations for Veterans

MOAA supports SEC 2 and endorsed Senator Tester's provision in a February 25, 2015 letter. This legislation will ensure veteran access to appropriate vaccinations for immunization against infectious diseases, supporting the recommended adult immunization schedule established by the Secretary of Health and Human Services. Establishing quality measures and metrics to ensure veterans receive immunizations at appropriate times is an important issue. This measure offers not only peace of mind to veterans by eliminating one additional medical procedure a veteran or family member must track, but also goes a long way in improving the quality of care within the VA health system and the quality of life of our veterans and their families.

MOAA supports SEC 2 of the draft bill.

Chiropractic Care

SEC 3 of the draft bill would expand the provision of chiropractic care and services to veterans. DoD provides for such services in its health system and establishing the requirement in law in VA's health system will allow for consistency and continuity of care between the two systems, particularly for servicemembers requiring such services upon separation from the military.

MOAA supports SEC 3 of the draft provision.

Veterans Affairs Research

MOAA has long supported improved data sharing between the VA and DoD. SEC. 5 of draft bill requires VA to establish a website to allow public access to VA research and improved data sharing between the Departments. This provision is in line with MOAA's 2015 major legislative priorities for veterans health care as well as, what we believe is the intent of the Military Compensation and Retirement Modernization Commission (MCRMC) under the Recommendation 8 section of the report—to improve collaboration between the VA and DoD (Page 127). Synchronizing and making public research conducted in the VA is essential to the long-term sustainability of the veterans and military health systems. MOAA believes a change to SEC 5 (c) (2), (4) and (5) should be made in the list of research topics—by changing the term "Armed Forces" to "Uniformed Services" to enable the U.S. Public Health Service and NOAA Corps to be included in research outcomes.

MOAA supports SEC 5 of HEY 15530 with the following change. Delete the term Armed Forces and substitute "Uniformed Services" in subsections(c), (2), (4) and (5).

HEY 15526 Draft Legislation on the Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act

MOAA generally supports this draft provision and recognizes this is a top legislative priority for the VA this year. The bill authorizes the VA to purchase care under specific circumstances through agreements that are not subject to certain provisions of law governing federal contracts so that providers are treated similarly to providers in the Medicare program.

According to VA, such authority will be used to expedite purchased care in the community through veteran care agreements when the necessary care cannot be purchased through existing contracts or sharing agreement mechanisms.

VA has outsourced care for years but the process remains cumbersome for veterans, providers and the VA. Implementing the Choice Act Program and the earlier Patient Centered Community Care (PC-3) contracts further challenge Department's ability to seamlessly integrate purchased care into an overall plan for delivering care to all veterans.

Regardless of the increased authority in purchasing non-VA care through this provision, or through the Choice Act or PC-3 programs, MOAA believes this is a critical time and excellent opportunity for the agency to develop strategic and tactical plans for fee-based care system-wide. This draft provision provides the impetus for establishing, implementing, and integrating this strategy.

MOAA generally supports HEY 15526.

HEY15532 Draft Legislation on Joint VA-DoD Formulary for Pain and Psychiatric Medications

Senator Richard Blumenthal's (D-CT) draft bill, HEY15532 would require DoD and the VA to establish a joint formulary for "systemic pain and psychiatric" conditions.

The bill addresses the insufficient coordination between the departments of the VA and Defense as the drug formularies for transitioning servicemembers differ in significant ways.

Currently, there are several key drugs which appear on DoD's formulary that do not appear on the VA's. For example, the VA formulary does not contain two pain medications (celecoxib and acetaminophen with codeine) and two psychiatric medications (escitalopram oxalate and duloxetine HCL) that are among DoD's top-10 prescribed drugs in these classes. The GAO also conducted a study of all psychiatric and pain medications on the two agencies' formularies and found that 43% of the medications on DoD's formulary were not on VA's formulary. They also found inconsistencies in VA's non-formulary request process.

The unavailability of these drugs for transitioning servicemembers causes unnecessary hardship because finding the ideal medication and dose takes time, and abrupt changes for these medications are not medically advisable. Because of the potential adverse health effects that could arise if medication is not taken as intended, medication management is crucial to effective continuity of care for members transitioning out of the military. There have been numerous GAO reports documenting the adverse effects of this un-coordination between the two departments.

This bill mandates inter-departmental coordination and collaboration on the establishment of a joint transitional formulary which will be reviewed and updated frequently with periodic reports to Congress. It puts into policy what should already be happening at the Military Treat Facility-VA hospital level.

MOAA supports HEY15532.

MOAA thanks the Committee and the members who sponsored or co-sponsored the measures before us today. We look forward to the opportunity to work with the members to make these important provisions a matter of law.