



a program of United Spinal Association

Testimony

of

VetsFirst, a program of United Spinal Association

Submitted by

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**Committee on Veterans' Affairs
United States Senate**

Regarding

Pending Legislation

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Chairman Sanders, Ranking Member Burr, and other distinguished members of the committee, thank you for the opportunity to testify regarding VetsFirst's views on the bills under consideration today.

VetsFirst, a program of United Spinal Association, represents the culmination of over 60 years of service to veterans and their families. We provide representation for veterans, their dependents and survivors in their pursuit of Department of Veterans Affairs (VA) benefits and health care before VA and in the federal courts. Today, we are not only a VA-recognized national veterans service organization, but also a leader in advocacy for all people with disabilities.

Women Veterans and Other Health Care Improvements Act of 2013 (S. 131)

After more than a decade of war, many severely disabled veterans who have experienced trauma related to improvised explosive devices and other conditions of warfare may experience infertility. For many veterans, the ability to start or grow their families represents an important part of moving forward with their lives. Unfortunately, the current services available from VA in many cases do not reflect the needs of these veterans and their families.

Presently, VA provides male veterans who have spinal cord injuries with fertility services for retrieving, storing, and preparing sperm for use for assisted reproductive technology. These services are available to male veterans who are service connected and also for those who have access to VA health care but whose disabilities are not related to their military service. Although VA provides these services for male veterans who have spinal cord injuries, there is no provision to provide the assisted reproductive technologies needed for fertilization.

The Women Veterans and Other Health Care Improvements Act takes important steps toward assisting veterans, their spouses, and surrogates in holistically addressing infertility. VetsFirst supports the addition of fertility counseling and treatment, including treatment using assisted reproductive technology to the definition of medical services. We are also pleased that this legislation not only expands the definition of medical services to include these treatments, but also provides them to veterans' spouses or surrogates. We are disappointed, however, that these services are not required for veterans who are not service connected.

This legislation also provides the opportunity for veterans who are severely wounded, ill, or injured to grow their families through adoption. VA's assistance would be available for the adoption of up to three children or one cycle of in vitro fertilization, whichever is of lesser cost. VetsFirst believes that providing the option for disabled veterans to adopt is a critical recognition of the many paths to parenthood.

This legislation also requires VA to facilitate collaborative research with the Department of Defense and the National Institutes of Health which will help VA to address the long-term reproductive health needs of veterans. This research will be critical in addressing the unique infertility issues of veterans with combat-related injuries. We are also pleased that the legislation

requires that the research be disseminated within the Veterans Health Administration to guide treatment practices.

VetsFirst also supports efforts in this legislation to improve access to VA services for women veterans. Women make up an increasing percentage of the veteran population. By 2040, VA projects that women will make up nearly 18 percent of the veteran population. As of 2012, 360,000 women veterans were using VA health care. VA must continue to improve efforts to address the unique needs and concerns of women veterans.

As part of these efforts, VA recently launched the Women Veterans hotline. The purpose of the hotline is to provide a single portal for women veterans to receive information about VA benefits and services. The call center staff will work collaboratively with other VA hotlines, including VA's crisis line. The Women Veterans and Other Health Care Improvements Act would complement and build upon these efforts by ensuring that the Women Veterans hotline is able to connect women veterans with needed services not provided by VA.

One of the services that many veterans, women and men, need to be able to fully access VA health care and readjustment counseling is affordable, convenient childcare. This legislation also provides veterans who are the primary caretaker of their children the opportunity to receive childcare assistance from VA when receiving mental health care services, readjustment counseling, or other intensive health services. This assistance may include stipends for licensed childcare services and VA provision of childcare services.

VetsFirst supports the Women Veterans and Other Health Care Improvements Act. This comprehensive legislation is needed to ensure that veterans are able to begin or expand their families and receive the health care assistance they need following their military service.

To increase the maximum age for children eligible for medical under the CHAMPVA program (S. 325)

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a robust health care program for the spouses and dependent children of veterans who are permanently and totally disabled, died while on active duty, or died due to a service-connected disability. For the families of these veterans, CHAMPVA provides critical physical and mental health care benefits. Children who are CHAMPVA beneficiaries typically lose coverage at age 18 unless they are full-time students, in which case they maintain benefits until age 23.

The Affordable Care Act (ACA) allows children to remain on a parent's health insurance until age 26. However, TRICARE and CHAMPVA child beneficiaries were not covered by this provision. The National Defense Authorization Act (NDAA) for FY 2011 brought TRICARE into alignment with the ACA provision by extending coverage to age 26 for TRICARE beneficiaries. CHAMPVA child beneficiaries, however, were not included in the NDAA.

Consequently, CHAMPVA child beneficiaries are prohibited from receiving benefits provided to other adult children in our nation. S. 325 will correct this injustice by allowing child beneficiaries to continue to receive health care benefits under the CHAMPVA program until age 26. This legislation will ensure parity for the children of permanently and totally disabled veterans and those who died in service to our nation.

VetsFirst supports S. 325 because it will ensure that the children of men and women who have sacrificed greatly for our nation are able to finish educational opportunities and begin careers without having to forgo access to critical health care benefits. We urge swift passage of this critical legislation.

To authorize VA to transport individuals to and from VA facilities in connection with rehabilitation, counseling, examination, treatment, and care (S. 455)

Lack of transportation options can present significant barriers to disabled veterans in their efforts to actively participate in their communities. VetsFirst has been an active supporter of efforts to make public transportation, taxis, and other modes of transportation more accessible to wheelchair users and other people with disabilities. We also support and promote travel training to help people who have acquired disabilities learn how to navigate their community's transportation options.

Despite these efforts, transportation remains a barrier for some veterans who need to travel to VA medical services for health care. For many veterans, riding with family members and friends, using public transportation, or driving themselves allows them to travel to VA facilities when needed. For veterans who do not have a network of family and friends who can drive them to appointments, or who live in areas without public transportation or widespread assistance from volunteer organizations, they must seek other options.

To address unmet needs, VA launched the Veterans Transportation Service (VTS) initiative in 2010. The VTS initiative provides funding for mobility managers, transportation coordinators, and vehicles at local VA facilities. Although volunteer drivers are an integral part of transporting many disabled veterans to and from VA facilities, the need for drivers is greater than the number of volunteers. In addition, some veterans who need transportation have significant medical needs or are unable to ambulate, and volunteer drivers may be hesitant to transport these veterans.

In January 2013, the President signed the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112-260). Section 202 of this legislation authorized VA to transport individuals to and from VA facilities for vocational rehabilitation, counseling, and for the purpose of examination, treatment, or care. This authority will expire in 2014.

S. 455 will extend VA's authority to ensure that no veteran is left without the ability to access critical VA services. VetsFirst supports this legislation and urges swift passage.

To provide coverage under VA's beneficiary travel program for the travel of certain disabled veterans for certain special disabilities rehabilitation (S. 633)

Veterans who have spinal cord injuries or disorders, vision impairments, or double or multiple amputations require access to rehabilitation services that allow them to live as independently as possible with their disabilities. For those veterans who need these services but who are not eligible for travel benefits, the ability to pay for travel to these rehabilitation programs can be very burdensome. In addition, few of these services are available locally, particularly to veterans who live in rural areas.

All disabled veterans who need to travel to receive in-patient care at special disabilities rehabilitation programs should be eligible to receive travel benefits from VA. Every effort must be made to reduce barriers that limit access to these services. The long-term savings of ensuring that these veterans are able to maintain their health and function significantly outweighs the short-term costs associated with this legislation.

VetsFirst supports S. 633 because it will improve access to rehabilitation services for all veterans who have spinal cord injuries or disorders, vision impairments, or double or multiple amputations.

Caregiver Expansion Promotion Act of 2013 (S. 851)

Many families of disabled veterans play a crucial role in providing needed services and supports that allow veterans to return to, and remain in, their homes. The sacrifice of family caregivers not only supports veterans, but also VA's mission. Spouses and family members often must leave the workforce to assist their husbands, wives, and adult children in their efforts to rehabilitate and reintegrate into their communities. The sacrifice of these caregivers, however, may result in lost income and other benefits, including health insurance.

Although the commitment of the caregivers of our nation's veterans has been evident for many decades, a study released in November 2010 by the National Alliance for Caregiving provides statistical evidence supporting the depth of the commitment that these caregivers have made to our veterans. For instance, the study report titled, "Caregivers of Veterans—Serving on the Homefront," noted that 70 percent of caregivers for our nation's veterans are spouses. For all populations, only 6 percent of caregivers are spouses. Clearly, immediate family members have an important role in caregiving for our nation's veterans.

An even higher number of caregivers, 80 percent, live with the veteran for whom they are providing care. Nationwide, only 23 percent of caregivers of all adults live with the care receiver. Consequently, 68 percent of caregivers of veterans report a high level of emotional stress due to caregiving which is more than double the level of stress endured by caregivers of all adults.

The lifelong commitment made by caregivers of our nation's veterans is clearly represented by the 26 percent of parents who are providing care for their sons and daughters who are veterans of

the wars in Iraq and Afghanistan. The long-term caregiving relationship of our nation's veterans with disabilities and their caregivers exceeds that of other caregiving relationships. According to the National Alliance for Caregiving, 30 percent of caregivers of veterans from all eras give care for 10 years or longer, as opposed to only 15 percent of caregivers nationwide.

In May 2010, the President signed the VetsFirst supported Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163), to provide critical supports for caregivers of veterans with disabilities. Caregivers for all eligible veterans who are enrolled in the VA's health care system are to have access to education sessions, support services, counseling, mental health services, and respite care. The law also provides certain caregivers of veterans who have a serious injury, such as a traumatic brain injury, that was incurred or aggravated in the line of duty on or after September 11, 2001, with a monthly stipend and access to medical care.

The expansive services provided through Title I of Public Law 111-163 provided hope for many caregivers who as the National Alliance for Caregiving study demonstrates provide care for a longer period of time and have a higher stress level than other types of caregivers. In order to receive assistance under the program of comprehensive assistance for family caregivers, a caregiver must be providing care to an "eligible veteran." According to 38 U.S.C. § 1720G(a)(2),

[A]n eligible veteran is any individual who (A) is a veteran or member of the Armed Forces undergoing medical discharge from the Armed Forces; (B) has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and (C) is in need of personal care services because of (i) an inability to perform one or more activities of daily living; (ii) a need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury; or (iii) such other matters as the Secretary considers appropriate.

Under the comprehensive program, family caregivers are eligible to receive training, technical support, counseling, and lodging and subsistence. For the family caregiver who is chosen as the primary provider of personal care services additional benefits are available. These benefits include mental health services, respite care of not less than 30 days annually, medical care, and a monthly personal caregiver stipend. As identified by the National Alliance for Caregiving, these benefits are desperately needed by the caregivers of disabled veterans.

Public Law 111-163 requires VA to submit a report to Congress regarding the feasibility of expanding comprehensive caregiver benefits for veterans who have a serious service-connected injury that was incurred or aggravated before September 11, 2001. To date, VA has not released this report.

The Caregiver Expansion and Improvement Act of 2013 (S. 851) would build on Public Law 111-163 by extending these enhanced caregiver benefits to the caregivers of veterans of all eras who have serious service-connected disabilities. Many of these caregivers have sacrificed for decades to serve their seriously injured disabled veterans. We must recognize the significant contributions made by these caregivers by ensuring that they have full access to all VA caregiver benefits. The determination for which caregivers receive comprehensive caregiver benefits should be based on a veteran's level of need, particularly as those with serious injuries, including spinal cord injuries, age.

VetsFirst strongly supports the expansion of comprehensive caregiver assistance to family caregivers of all veterans with a serious service-connected disability. We urge swift pass of S. 851.

To provide for certain requirements relating to the immunization of veterans (DRAFT)

For veterans who have spinal cord injuries and disorders or other significant disabilities, contracting influenza or pneumonia can lead to severe, debilitating health problems, or even death. Since focusing on the need for veterans with spinal cord injuries and disorders to receive influenza vaccinations due to their high-risk of influenza related complications, VA has seen an increase in the vaccination rate for these veterans from 28 percent in 2000 to 79 percent in 2010. Similarly, VA saw an increase in vaccination rates for pneumococcal pneumonia from 40 percent in 2000 to 94 percent in 2010.

Receiving every recommended immunization as suggested is critical for all veterans. This draft legislation would ensure that veterans have access to immunizations against infectious diseases in accordance with the recommended adult immunization schedule. The legislation requires VA to include information about immunizations in VA's annual report to Congress on preventive health. Importantly, this legislation also requires VA to develop and implement quality measures and metrics, including targets for compliance, to ensure that recommended immunizations are delivered in accordance with the schedule.

VetsFirst fully supports legislation to establish requirements for immunizations and metrics for their delivery. Veterans, particularly those who are at high-risk for contracting diseases that vaccines can prevent, must receive those immunizations. As efforts to address influenza and pneumonia have proven, concerted efforts to increase immunizations can increase the number of veterans who are offered and accept those vaccines.

Thank you for the opportunity to testify concerning VetsFirst's views on these important pieces of legislation. We remain committed to working in partnership to ensure that all veterans are able to reintegrate in to their communities and remain valued, contributing members of society.

Disclosure of Information

Written testimony submitted by Heather L. Ansley, Vice President of Veterans Policy; VetsFirst, a program of United Spinal Association; 1660 L Street, NW, Suite 504; Washington, D.C. 20036. (202) 556-2076, ext. 7702.

This testimony is being submitted on behalf of VetsFirst, a program of United Spinal Association.

In fiscal year 2012, United Spinal Association served as a subcontractor to Easter Seals for an amount not to exceed \$5000 through funding Easter Seals received from the U.S. Department of Transportation. This is the only federal contract or grant, other than the routine use of office space and associated resources in VA Regional Offices for Veterans Service Officers that United Spinal Association has received in the current or previous two fiscal years.

Heather L. Ansley, Esq., MSW

Heather L. Ansley is the Vice President of Veterans Policy for VetsFirst, which is a program of United Spinal Association. Ms. Ansley began her tenure with the organization in December 2009. She is responsible for developing and advocating for the public policy priorities of VetsFirst and promoting collaboration between disability organizations and veterans service organizations. She also serves as a co-chair of the Consortium for Citizens with Disabilities Veterans Task Force.

Prior to her arrival at VetsFirst, she served as the Director of Policy and Advocacy for the Lutheran Services in America Disability Network.

Before arriving in Washington, D.C., she served as a Research Attorney for The Honorable Steve Leben with the Kansas Court of Appeals. Prior to attending law school, she worked in the office of former U.S. Representative Kenny Hulshof (R-MO) where she assisted constituents with problems involving federal agencies. She also served as the congressional and intergovernmental affairs specialist at the Federal Emergency Management Agency's Region VII office in Kansas City, Missouri.

Ms. Ansley is a Phi Beta Kappa graduate of the University of Missouri-Columbia with a Bachelor of Arts in Political Science. Ms. Ansley also holds a Master of Social Work from the University of Missouri-Columbia and a Juris Doctorate from the Washburn University School of Law in Kansas.

She is licensed to practice law in the State of Kansas and before the United States District Court of Kansas.

Ms. Ansley lives in Falls Church, Virginia, with her husband, Jonathan.