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STATEMENT FOR THE RECORD OF
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COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
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Mr. Chairman and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing of the Senate Veterans' Affairs Committee. As you know, DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Committee.

H.R. 299, Blue Water Navy Vietnam Veterans Act of 2018

H.R. 299 was passed by the House of Representatives with a vote of 382 to 0 on June 25, 2018.

Section 2 (Clarification of Presumptions of Exposure for Veterans Who Served in Vicinity of Republic of Vietnam) would provide presumption of service connection for herbicide exposure for Vietnam era veterans with service in the waters offshore. The bill defines a location as being offshore of Vietnam if the location is not more than 12 nautical miles seaward of a line commencing on the southwestern demarcation line of the waters of Vietnam and Cambodia and intersecting specific points as noted.

The Agent Orange Act of 1991 required the Department of Veterans Affairs (VA) to provide presumptive service connection to Vietnam veterans with illnesses that the National Academy of Sciences directly linked to Agent Orange exposure. Yet, in 2002, the VA decided to cover only veterans who could prove that they had "boots on the ground" during the Vietnam War. Because of this decision, thousands of Vietnam veterans were excluded from receiving benefits although these "Blue Water" Navy veterans had significant Agent Orange exposure from drinking and bathing in contaminated water just offshore. It is simply inequitable that veterans who served on ships no more distant from the spraying of herbicides than many who served on land have been arbitrarily and unjustly denied benefits because they are excluded from the presumption of service connection for herbicide-related disabilities.

DAV strongly supports Section 2 (Clarification of Presumptions of Exposure for Veterans Who Served in Vicinity of Republic of Vietnam) based on DAV Resolution No.

033, which calls for legislation to expressly provide that the phrase “served in the Republic of Vietnam” include service in the territorial waters offshore.

Enactment of this legislation would provide “Blue Water” Navy Vietnam veterans the disability and health care benefits they earned as a result of exposure to Agent Orange. Eligibility for VA benefits under this legislation would be retroactive to September 25, 1985, the date VA began providing disability compensation to veterans with medical disorders related to Agent Orange providing long overdue justice to thousands of veterans who were excluded by the VA in 2002.

Section 3 (Presumption of Herbicide Exposure for Certain Veterans who served in Korea) would recognize September 1, 1967 as the earliest date for exposure to herbicides on the Korean demilitarized zone (DMZ).

Currently, VA regulations provide that any veteran who, during active military, naval, or air service, served between April 1, 1968, and August 31, 1971, in a unit that, as determined by the Department of Defense, operated in or near the Korean DMZ in an area in which herbicides are known to have been applied during that period, shall be presumed to have been exposed during such service to an herbicide agent. Section 2 would define the exposure to herbicides as a veteran who, during active military, naval, or air service, served in or near the Korean DMZ, during the period beginning on September 1, 1967, and ending on August 31, 1971.

In accordance with DAV Resolution No. 090, we also support Section 3, to recognize September 1, 1967, as the earliest date for exposure to herbicides on the Korean DMZ. This change will provide veterans exposed to herbicides on the Korean DMZ with greater equity with respect to herbicide exposure and the presumptive diseases associated therein.

Section 4 (Benefits for Children of Certain Thailand Service Veterans born with spina bifida) would provide children of veterans exposed to herbicides in Thailand, who are suffering from spina bifida, the health care, vocational training and rehabilitation, and monetary allowance required to be paid to the children of Vietnam veterans who are suffering from spina bifida.

VA provides spina bifida-related benefits for the children of Vietnam veterans exposed to herbicides in Vietnam and on the DMZ in Korea. This bill would provide the same entitlements to the children of Vietnam era veterans exposed to herbicides while serving in Thailand. In accordance with DAV Resolution No. 090, we support Section 4, as it provides relief and equity to veterans’ children suffering from the devastating effects of spina bifida.

Section 5 (Updated Report on certain Gulf War Illness study) would require the VA to submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate an updated report on the findings, as of the date of the updated report, of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans under the epidemiology program of the VA.

The VA has recognized certain illnesses associated with Gulf War service in the Southwest Asia theater of military operations from August 2, 1990 to the present. These medically unexplained illnesses are long-term health problems with significant impairments.

DAV has significant concern regarding the multitude of ailments reported by a growing number of Persian Gulf War veterans who were exposed to both identified and unknown health hazards. In accordance with DAV Resolution No. 261, we support Section 5, the requirement for the updated report of the Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans under the epidemiology program of the VA.

Section 6 (Loans Guaranteed Under Home Loan Programs of Department of Veterans Affairs) would make several changes to the VA Home Loan Guaranty program. First, it would remove the current limit on maximum loan guaranties to align it with other federal home loan programs that allow nonconforming, or "jumbo" loans. Second, it would increase the fees charged to veterans using the program by approximately .25 percent for nine years, thereafter reverting to the fee schedule as it currently exists. It is important to note that veterans with a service connected disability are currently exempt from paying any home loan guaranty fees. Third, it would require that veterans with less than a total disability rating be required to pay fees for loan guaranties if they require a jumbo loan guaranty above the conforming limits. These fees would apply to the entire loan guaranty, not just the portion above the limit.

DAV Resolution No. 002, adopted at our most recent National Convention this July in Reno, Nevada, "…vigorously opposes any recommendations made for the purpose of reducing, adding limitations on or eliminating benefits for service-connected disabled veterans and their families." By imposing fees for the first time on VA home loan guaranties for service disabled veterans, this Section would effectively reduce the value of benefits that have already been paid for through their service and sacrifice. DAV opposes Section 6 of the bill.

DAV does not have a resolution specific to Section 7 (Information Gathering for Department of Veterans Affairs Home Loan Appraisals) and takes no position on this section.

H.R. 5418, Veterans Affairs Medical-Surgical Purchasing Stabilization Act

This measure would require the VA to use multiple vendors in procuring medical supplies and ensure that the employees responsible for selecting the supplies have medical expertise regarding those items. VA currently uses four vendors to purchase its medical supplies and employs clinicians on its integrated product teams to select those supplies. VA would also be required to submit quarterly reports to the Congress identifying the individual employees at VA who determine which items to purchase for VA's formulary and describing their medical expertise.

We urge the committee ensure this bill requires VA support businesses controlled by service-disabled veterans in its medical surgical prime vendor program. DAV Resolution No. 306 calls for legislation requiring the federal government make mandatory set-asides of not less than 3 percent of the total value of all prime and subcontract awards to businesses controlled by service-disabled veterans each fiscal year. Additionally, it calls for effective

monitoring and accountability for federal agencies that are not meeting the set-aside goal of not less than three percent, and a mandate to list in their annual reports their prior fiscal year's actual percentage of meeting this goal, the results of which would serve as an annual report card of which agencies need the most assistance in the development and implementation of stronger contracting compliance.

In addition, DAV Resolution No. 277 calls for the provision of all supplies, prosthetic devices and medications, including over-the-counter medication, necessary for the proper treatment of service-connected disabled veterans. This recognizes VA's more recent efforts to aggressively standardize durable/disposable equipment, including prosthetics and similar items, to realize greater savings by buying fewer distinct items in greater quantity from fewer suppliers while minimizing the volume of government purchase card usage to the detriment to the veteran patient. We support the provision in this measure that would require clinically driven sourcing to ensure adequate input from frontline clinical providers with the expertise on the specific items within the formulary to ensure veterans receive the prosthetics and similar items that promote, preserve, and restore the veteran's whole health and not merely for medical necessity.

S. 514, No Hero Left Untreated Act

S. 514 would require the VA secretary to carry out a pilot program to provide veterans access to magnetic EEG/EKG-guided resonance therapy (also known as transcranial magnetic stimulation or TMS). The year-long pilot program would take place at not more than two VA facilities for not more than 50 veterans. VA would be required to submit a report about the pilot 90 days after the termination of the pilot.

In 2008, the Food and Drug Administration (FDA) approved TMS for drug resistant major depression. Other applications of TMS to such conditions as to post-traumatic stress disorder (PTSD), traumatic brain injury, chronic pain, and opiate addiction (conditions targeted by this bill) are considered "off-label" meaning that doctors may employ them, but the therapy has not been approved for these purposes.

Emerging research has shown that TMS does reduce symptoms of PTSD and helps with some other issues such as autism and Alzheimer's although many questions remain about the duration of symptom relief, how to most appropriately administer the treatment and whether TMS is more effective for all conditions than more conventional treatments.

As we understand it, VA does own a significant number of these machines. Some are being used in studies, but some are beginning to offer treatment for depression under the accepted FDA protocol.

DAV Resolution No. 277 calls for VA to provide access to complementary and integrative medicine. Likewise, we have consistently called on VA to develop innovative approaches to manage and treat mental health conditions (Resolution No. 293).

While the empirical evidence for TMS applications continue to emerge, DAV believes that veterans deserve access to the promising results of treatment claimed by veterans who have used TMS and hopes that additional studies using this technology will yield more

information in support of the treatment for other conditions. For these reasons, DAV supports S. 514.

S. 1596, the Burial Rights for American Veterans' Efforts (BRAVE) Act of 2017

S. 1596 would increase the burial allowance payable to the veteran's beneficiary regardless of whether the death occurs in a VA facility and provides for automatic annual adjustments to keep up with future inflation.

The passage of Public Law 111-275, the Veterans Benefits Act of 2010, resulted in an increase in both plot and burial allowance from $300 to $700 for nonservice-connected deaths in VA facilities. It is indexed to the Consumer Price Index for annual adjustments and currently pays $762. However, it did not address nonservice-connected deaths that did not occur in VA facilities nor did it address service-connected death burial payments currently at $2000.

The current $300 burial allowance for nonservice-connected deaths not in VA facilities was last increased in April 1988 and the current $2000 burial allowance for service-connected death was last increased in December 2001.

In 1973, the burial allowance for veterans with no next of kin and non-service-connected death was 22 percent of funeral and burial costs. The current $300 burial allowance for nonservice-connected deaths not in VA facilities in comparison to the average cost of a funeral is about $9,000, decreasing the value of this allowance significantly to approximately 3 percent.

Service-connected death burial allowance in December 2001 was $2,000 and the average funeral cost at that time was $6,000. The payment value was 33 percent of the cost. Today, the average funeral cost has increased to $9,000, decreasing the value down to 22 percent of the burial allowance benefit, a decrease of 11 percent.

We note that the median cost of funerals and burials is rising higher than the Consumer Price Index for all urban consumers (CPI-U). S. 1596 would tie the benefit to the CPI-U, providing some needed adjustment; however, in the long-term, the benefit will erode if this discrepancy continues.

Notwithstanding, DAV strongly supports S. 1596, in accordance with DAV Resolution No. 054, adopted at our most recent national convention. Our resolution calls on Congress to support legislation to increase the burial allowance payable in the case of death due to service-connected disability regardless of whether the death occurs in a VA facility and provide for automatic annual adjustments indexed to the cost-of-living increases.

S. 1952, VA Financial Accountability Act of 2017

This bill would require VA to contract with a third-party to review and audit its financial processes and models for estimating veterans' demand for services that inform its budget request. It would further require the contractor to make recommendations about improving such models within 180 days of being awarded the contract. VA would then be required to submit a plan for implementing these recommendations within 60 days of

completion of the review. VA would appoint an individual to ensure that the third party recommendations are implemented along with those pertinent recommendations of the Government Accountability Office, the Special Counsel and VA's Inspector General. The Secretary would have to justify, within 45 days, any requests for supplemental appropriations. The bill would also require VA's Chief Financial Officer (CFO) to certify that the budget request is sufficient to provide benefits and services for veterans required by law, and that the CFO has made consultations with budget officers throughout the Department to estimate budgets.

DAV has a long history of supporting predictability and transparency in VA's budget process under DAV Resolution No. 112. We strongly advocated for the passage of P.L. 111-81 which required advanced appropriations for VA's Medical Care account and has subsequently protected veterans from delayed or denied care due to government shutdowns. This same law required that GAO submit an analysis of VA's actuarial models versus its actual obligations in fiscal years 2011, 2012, and 2013. We note that in recent years VHA has been compelled to deal with a series of major transitions in health care delivery such as the Veterans Choice Program, and now the VA MISSION Act of 2018 that have drastically changed how the Department estimates demand for services. These changes likely account for much of the lack of precision in recent budget requests and the subsequent need for supplemental funding. Yet it is important to ensure transparency in these efforts, which is why DAV opposed the proposal to consolidate Medical Services and Medical Community Care accounts.

We believe as VA continues to evolve its practices such as recording community care obligations at the date of payment rather than at the date of authorization and gains experience with its new contracting authorities, its estimations will likely become more accurate. Nonetheless, DAV understands the importance of accurate budget models and processes and therefore are pleased to support S. 1952.

S. 1990, Dependency and Indemnity Compensation Improvement Act of 2017

S. 1990 would increase dependency and indemnity compensation (DIC) for surviving dependents and would lower the threshold of eligibility to allow certain survivors to receive this benefit who currently do not meet the requirements.

Under title 38, United States Code, § 1318(b)(1), a survivor, is eligible for DIC if the veteran was 100 percent permanently and totally disabled for ten years prior to death. S. 1990 would ease the 10-year rule for eligibility and replace it with a graduated scale of benefits that begins after five years. If a veteran is rated as totally disabled for five years and dies as a result of a non-service-connected cause, a survivor would be entitled to 50 percent of total DIC benefits. This concept of the percentage of benefits payable based the number of years is applicable for payments at 60, 70, 80, 90, and then 100 percent of the DIC amount.

This bill would increase the DIC base rate as equal to 55 percent of the rate of compensation paid to a totally disabled veteran, making it more equitable with rates provided to federal civilian employee survivors, and it would reduce the age allowed for a

surviving spouse to remarry and maintain their benefits from 57 to 55, consistent with other Federal survivor benefit programs.

DAV's Resolution No. 036, which was approved by our members during our most recent National Convention, supports legislation to reduce the 10-year rule for DIC qualification.

DAV strongly supports S. 1990. Not only would this bill reduce the threshold of eligibility for certain survivors, it would also create equitable relief in increasing the compensation rates paid, and reduce the age allowed for the surviving spouse to remarry and retain their benefits.

S. 2485, Medal of Honor Surviving Spouses Recognition Act of 2018

S. 2485 would increase the monthly special pension for Medal of Honor recipients and extend eligibility to surviving spouses.

The bill would codify the increase in the monthly special payment from $1,000 to $1,329.58 under title 38, United States Code, § 1562. The bill would allow the special pension to be paid to a surviving spouse upon the veteran's death.

DAV does not have a resolution calling for an increase of the monthly special pension for Medal of Honor recipients or expanding eligibility to the pension benefit to the surviving spouse upon the death of the veteran. While we have no formal position on S. 2485, we have no objection to its favorable consideration by the Committee.

S. 2748, BATTLE for Servicemembers Act

S. 2748 would encourage greater participation in the additional two day training program that occurs after the three day required portion of the Transition Assistance Program (TAP). Specifically, a service member could choose a two day training session on either higher education, technical training, or entrepreneurship. Instead of continuing with an opt-in option, the bill would make the training opt-out so that more transitioning service members would utilize this important training. According to a 2017 GAO report (GAO-18-23), only 14 percent of separating service members completed at least one additional two-day training program after completing the three day required portion of TAP.

Mr. Chairman, DAV has no resolution on this particular issue, but believes the intent of this legislation is in keeping with the goal of ensuring that all servicemembers have the tools and information needed to successfully transition into civilian life. We therefore have no objection to this legislation's favorable consideration.

S. 2881, Mare Island Naval Cemetery Transfer Act

S. 2881 would direct the Secretary of Veterans Affairs to seek to enter into an agreement with the city of Vallejo, California, to hand over ownership and care of the Mare Island Naval Cemetery to the National Cemetery Administration (NCA). Mare Island Naval Shipyard (MINS) was the first United States Navy base established on the Pacific Ocean in 1853. During its time of service, it served as the main shipyard for naval operations in the

Pacific and housed the United States Marine Corps' Recruit Depot from 1911 to 1923. The shipyard was identified for closure during the Base Realignment and Closure (BRAC) process of 1993 and was decommissioned in 1996. Since that time the city of Vallejo has owned the property.

The Mare Island Naval Cemetery was established in 1854 and continued internments until 1921. Notable internments are the daughter of Star Spangled Banner composer Francis Scott Key and three Medal of Honor recipients. It currently is the final resting place for more than 800 individuals, most of them veterans. It was included in the National Register of Historic Places in 1975.

After the closure in 1996, the cemetery fell into disrepair. Multiple structural issues have been noted—tombstones are crumbling, and most of the maintenance is done through volunteer efforts. The estimated cost for repairing the cemetery and future upkeep is currently at $15 million.

DAV does not have a resolution that addresses this issue and takes no position on this bill; however, we understand that there are local options that could be pursued to resolve this issue that would not divert resources and funding from National Cemeteries that are still accepting new internments.

S. 3184, to modify the requirements for applications for construction of state home facilities to increase the maximum percentage of non-veterans allowed to be treated at such facilities

State Veterans Homes are long term care facilities operated by states in partnership with the federal government. States receive matching grants from VA to construct, expand, rehabilitate and repair State Veterans Homes, with VA providing up to 65 percent and states providing at least 35 percent of the cost of the project. State Veterans Homes are constructed and operated principally to care for veterans, and current law requires that no more than 25 percent of occupied beds can be filled by non-veterans, such as spouses or parents as determined by individual states. State Veterans Homes offer three levels of care: Nursing Home Care; Domiciliary Care; and Adult Day Health Care (ADHC), with VA providing per diem payments to states for the care of eligible veterans for each level of care. For nursing home care, the State Veterans Home receives a basic per diem payment for each eligible veteran, equal to approximately 30 percent of the total daily cost of care, with states required to cover the balance through other sources, including payments from veterans. Some veterans qualify for a higher per diem rate due to their service connected disabilities, which is intended to cover the full cost of their care, and constitutes payment in full to the State Veterans Home.

This bill would amend current law to allow spouses or parents of veterans to occupy up to 40 percent of the total occupied beds in a State Veteran Home if its occupancy rate is less than 90 percent. This legislation is intended to allow additional spouses or parents to occupy open beds, often joining their veteran spouse or child, when there are no eligible veterans seeking admission to the State Veterans Home.

DAV is a strong supporter of State Veterans Homes. This bill intends to assist State Homes utilize available capacity, thereby increasing cost-effectiveness and financial

viability, while also improving the quality of life for certain veterans and spouse by keeping couples together. DAV has no resolution on this specific issue and takes no formal position on the bill. Because we do not know how this proposed policy will affect State Veterans Homes across the country, we want to ensure service-connected veterans are not disadvantaged or otherwise delayed or denied placement. Accordingly, we recommend the Committee consider other reasonable options, such as adding reporting requirements to the bill to assess how it affects service-connected veterans' admission to State Veterans Homes, using a waiver authority to the current occupancy rule, or a starting a pilot program in select locations.

Draft Bill, VA Hiring Enhancement Act

This draft bill would render "non-compete" agreements between an applicant for VA employment and a previous employer non- applicable with regard to VA employment. Employees appointed with this understanding would be required to serve out the length of their non-compete agreement within their VA position or serve in that position for at least one year (whichever is longer). The bill intends to allow VA, on a contingent basis, to begin recruiting and hiring physicians up to two years before they complete their residency, as well as physicians who have completed their residencies leading to board certification. These contingent appointed physicians must satisfy VA's requirements to receive a permanent appointment.

We appreciate the goal of this legislation aimed at creating as large an applicant pool for qualified medical professionals to treat our service disabled veterans as possible in VA. DAV Resolution No. 129 calls for effective recruitment, retention and development of the VA health care workforce. Because this measure attempts to reduce barriers for employment at VA for physicians; we are pleased to support the bill's passage.

Draft Bill, Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018

The "Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018" would require VA to offer restorative dental services to those who lose functioning as a result of dental services or treatment rendered by VA. It would also require the Secretary to develop a pilot program to assess the feasibility and advisability of offering dental care to all enrolled veterans.

The pilot program would begin 540 days after enactment and take place in at least 16 medical centers including: four centers with established dental clinics; four centers with a contract for dental services; four community-based outpatient clinics with space available to furnish care; and, four federally qualified health centers of which at least one must be a facility the Indian Health Service with established dental clinics. Not more than 100,000 veterans would participate in the program on a voluntary basis. Services would include those available to veterans with service-related disabilities rated by VA at 100 percent. Veterans must contribute to the cost of their dental care in a manner consistent with the copayments required of them for VA medical care and services.

Site selection for the selected participating medical centers would consider rural facilities; facilities distant from military installations and would represent the various geographic locations (or census tracts) identified by the Bureau of the Census. VA would

determine the appropriate performance standards and metrics for each contract entered under the pilot, as well as specifying how compliance is to be measured.

VA would be required to report 540 days after enactment and 3 years after the date the program commences about the implementation and operation of the pilot program in addition to the number of veterans receiving services, an analysis of the costs and benefits associated with the program as well as findings and conclusions.

The bill would also require the Secretary to construct or lease dental clinics in states in which the Department does not have onsite dental services and would appropriate $10 million in emergency funding to support construction or lease of such facilities.

The legislation further specifies an educational program VA would be required to operate. The program would promote dental health and include information about common dental conditions, treatment options and options for obtaining access to dental care including defining eligibility for VA services, options available through State or local governments or nonprofit agencies; purchasing private dental insurance or obtaining free or low cost care through federally qualified health centers or dental schools. It would also require VA to develop written material with this information, including for blind or visually impaired veterans.

The bill would further require VA to develop a mechanism for private sector providers working with veterans under the dental insurance pilot program (established under §17.169 of title 38, Code of Federal Regulations) to share information in VA electronic medical records. The bill would give the Secretary the discretion to continue the pilot for an additional two years after the termination date in order to assess the mechanism for sharing this information. Individual veterans would be given the option of participating in this part of the pilot.

The draft legislation contains a demonstration program to train and employ alternative dental health care providers in rural and underserved areas to increase veterans' access to dental care.

Finally, the bill would authorize an additional $500 million in fiscal year 2020, to be available for five years, for the provisions of this act excluding the construction or major lease funding.

DAV recognizes that oral health is integral to the general health and well-being of a patient and is part of comprehensive health care. According to a 2000 report by the Surgeon General of the United States, Oral Health in America, individuals who are medically compromised or who have disabilities are at greater risk for oral diseases, and, in turn, oral diseases further jeopardize their health. Likewise, such diseases are progressive, cumulative and become more complex over time, and can affect economic productivity and compromise the ability of someone to work, and often significantly diminish their quality of life.

Irrespective of service-connected disability, section 1701(9), title 38, United States Code, defines "preventive health services" as a broad collection of VA health services that improve, protect and sustain the general health and well-being of veterans enrolled in VA

health care, to include "such other health care services as the Secretary may determine to be necessary to provide effective and economical preventive health care"

For these reasons, DAV supports a dental benefit for all enrolled service-connected veterans in accordance with DAV Resolution No. 018.

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

This draft bill would authorize grants to individuals for the purpose of providing and coordinating suicide prevention services for eligible veterans or a family member of a veteran who is within 3 years of being discharged from military service and may be at risk of suicide.

The grant applicant would be required to identify how they would deliver suicide prevention services and any previous experience with providing or coordinating such services with veterans and their family members including outreach to at risk veterans, screening, education about veterans at risk for families and communities, case management, peer support, and assistance with obtaining benefits, temporary assistance with transportation, personal financial planning, legal services, and other services, such as family support and child care.

The Secretary would be required to give priority to applicants serving areas of the country that have experienced a high burden of veteran suicide, areas where no health care is furnished by the Department or rural and tribal areas of the country.

DAV is extremely sensitive to the post-deployment mental health and readjustment needs of veterans and the challenges they often face during transition from military to civilian life. The intent of this draft legislation and its apparent goal of utilizing individuals to help prevent veteran suicides in locations where services are limited or non-existent is notable.

While we appreciate the intent of the bill, DAV is concerned about the quality of care that may be delivered by applicants and the difficulty in providing oversight for such an award program and individual grant recipients. DAV believes that the range and intensity of mental health programs VA and VA's Readjustment Counseling Service offers and delivers—from peer-to-peer support, outpatient, in-patient and a compliment of specialized services for PTSD, substance use disorder and homelessness provide the depth, breath and quality of care necessary to meet the mental health care needs of veterans during their initial transition period.

In addition, as VA grapples with establishing the new contract program combining existing contracting policies and programs into one under the VA MISSION Act of 2018, DAV has concerns about embracing a new grant program that would require VA to fund and monitor the provision of additional care in the private sector to individual persons. We also believe that, under the auspices of the VA MISSION Act, many of the goals of promoting

access and availability to remote vulnerable veterans can be achieved with knowledgeable vetted providers. We, therefore, do not support this discussion draft bill.

Draft Bill, Modernization of Medical Records Access for Veterans Act

VA is in the process of a sea change in managing its medical information. Last June, VA announced it would contract with Cerner to create a new platform for managing electronic health records. The goal of this contract is for VA to have information that is more interoperable with the Department of Defense, academic affiliates, and other community providers. This is a critical tool enabling providers to transfer information within the VA and with its partners—done correctly, it could assist in coordinating care, timely scheduling of appointments, eliminating duplicative services, ensuring patient safety, assessing organizational performance and easing administrative burdens, including quality assurance and billing. It is a massive undertaking that will likely take billions of dollars and staff and contractor hours to implement.

This draft bill would require VA to develop a pilot program to assess the use of a portable medical records storage system to store patient information in order to share timely information between VA and community providers. The pilot program would run in one VISN for at least one year using a competitively awarded contract to develop a portable device no bigger than a credit card to allow veterans to carry at least 4 gigabytes of medical information between VA and non-VA providers. While some of the goals of this pilot may be similar to those being considered by Cerner, it is difficult to understand whether this undertaking would add or detract from the larger effort underway. Because the bill appears to approach personal storage of medical information using external hard drives and limits the use of cloud storage, we urge the Committee consider including provisions that require tracking and mitigation when the security of the portable device is compromised. DAV does not have a resolution on VA medical records management and therefore takes no position on this draft bill.

Transition Assistance Reform (Discussion Draft)

The discussion draft bill on Transition Assistance Reform would provide changes to the Transition Assistance Program (TAP) and specific requirements on the Departments of Defense (DoD) and Homeland Security (DHS), to include training requirements, reports to Congress, creation of a five year longitudinal study, inclusion of veteran service organizations in TAP, and establishment of a governing board to support suicide prevention and substance abuse prevention efforts.

Section 2 (Recodification, Consolidation, And Improvement of Certain Transition-Related Counseling and Assistance Authorities) would eliminate the existing title 10, United States Code, §§ 1142 and 1144 and provide a new statue defining the Transition Assistance Program. The proposed new statute would incorporate all of the current language from both statutes and continue to address information on civilian employment including labor market information, instruction on resume preparation, job interview techniques and certification and licensure requirements in civilian occupations that correspond to military occupational specialties.

DAV Resolution No. 298 urges Congress to establish a clear process for military training to meet civilian certification and licensure requirements. It is vital to break down employment barriers for transitioning service members to successfully adapt to civilian life by obtaining the required certification and licensure based on their military occupational specialties.

The proposed statue would add very specific training requirements for conducting TAP. Those requirements would include at least a full day course on general professional development and employment assistance and a full day on the benefits and services available under the laws administered by the VA. TAP would also be required to include at least two consecutive days of training on post-service pathways. The service member would be able to choose from topics such as, employment, higher education, entrepreneurship, and career and technical training.

Another major addition in the proposed new statute is a requirement of reports and notices from the Secretaries of Defense and Homeland Security to the Secretaries of Labor and Veterans Affairs, and the heads of any other departments and agencies of the federal government involved in the furnishing of counseling and other assistance under the program. The Secretaries of Defense and Homeland Security would be required to provide an annual report to Congress. The reporting would require information regarding the timeliness of receipt of covered counseling, information, and services, and rates of participation on an in-person basis and an online or other electronic basis.

DoD has publicly reported 92 to 97 percent compliance rates with mandated TAP elements. However, a 2017 GAO report (GAO-18-23) found that actual TAP participation rates based on DoD internal monitoring reports for eligible service members are lower, particularly for Reserve Component members (approximately 47 percent compliance). In the 2017 report, top reasons affecting TAP participation included instances where members were separated on short notice, and mission- or duty-related requirements that interfered with ability to attend the course.

DAV Resolution No. 304 calls for expansion of the required training of TAP, standardization of all provided training, tracking of member participation, and monitoring and oversight of TAP. As noted in the above GAO report, there are inaccuracies in the current reporting mechanisms of the DoD, therefore, we support the additional requirements of training for TAP and the inclusion of reporting by the Secretary of Defense and Secretary of Homeland Security to the Secretary of Labor, the Secretary of Veterans Affairs, and the annual report to Congress. Reporting and oversight will lead to closer evaluations and determinations of the effectiveness of TAP for transitioning service members. DAV strongly supports the provisions in Section 2 (Recodification, Consolidation, and Improvement of Certain Transition-Related Counseling and Assistance Authorities) based on DAV Resolutions No. 298 and 304.

Section 3 (Personnel Matters in Connection with Transition Assistance Program) provides the minimum number of DoD personnel dedicated to TAP, the designation of transition coordinators and an annual report to Congress.

This provision notes the Secretary of Defense shall take appropriate actions to ensure that the minimum number of full-time personnel of the DoD dedicated to counseling

and other activities under TAP at each military installation is not less than one for every 250 members of the Armed Forces currently eligible for participation in the TAP at such military installation. It further provides that the requirement for full-time personnel cannot be satisfied through the use of contractor personnel.

Section 3 would further require the Secretary to designate at least one member of the Armed Forces in each field grade unit of the Armed Forces as a transition coordinator to support the transition of members in each such field grade unit to civilian life and to support completion of the requirements of the Transition Assistance Program. Included is a requirement to report annually to Congress on the action to implement Section 3.

DAV Resolution No. 304 notes that it is essential for service members to gain full understanding of entitlements and free assistance available to them. Mandatory TAP personnel requirements, at all grades, provide assurance of dedicated resources and manpower for TAP success. Reporting and oversight will lead to closer evaluations and determinations of the effectiveness of TAP for transitioning service members. In accord with DAV Resolution No. 304, we support Section 3 (Personnel Matters in Connection with Transition Assistance Program).

Section 4 (Tracking of Participation in Transition Assistance Program and Related Programs) would require the Secretary of Defense to establish and maintain and electronic database and tracking system. Section 5 (Information on Members of the Armed Forces Participating in Pre-separation Counseling and Surveys on Member Experiences with Transition Assistance Program Counseling and Services and in Transition to Civilian Life) would provide for tracking of members TAP experiences and TAP surveys.

The database would track information on individual member participation in TAP, track member surveys and experiences, and notes form counselors in connection with TAP. This information would be available to the Secretaries of Labor, Veterans Affairs, and the heads of any other departments and agencies of the federal government involved in the furnishing of counseling and other assistance under the program. Members of the armed forces and commanders will have access to the information as well.

DAV Resolution No. 304 urges Congress to monitor and review TAP, its classes, training methodology, delivery of services, and collection and analysis of surveys and comments. As noted in the 2017 GAO study (GAO-18-23), it was determined that many service members were not able to attend TAP or had experiences they felt were not effectively preparatory for a successful transition to civilian life.

Our mission includes the principle that this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled. This principle envisions assisting disabled veterans to prepare for and obtain gainful employment and enhanced opportunities for employment and job placement. This includes providing service members with the right resources and oversight to ensure successful transitions into civilian life. Based on DAV Resolution No. 304, we support Section 4 and Section 5.

DAV does not have a position on Sections 6 through 12 of the discussion draft.

Section 13 directs the Secretary of Veterans Affairs, in consultation with the Secretaries of Defense and Labor, and the Administrator of the Small Business Administration, to conduct a five-year longitudinal study regarding TAP that includes those service members who have attended the program before the enactment of this bill, those who have attended after the implementation of the proposed changes, and those who have not attended the program. This study would note the percentage of those studied that received unemployment benefits, the number of months each member was employed, annual starting and ending salaries, suicide rates (to include attempts and substance abuse issues), and other pertinent info that occurred during the time studied. After the five year period, and every year thereafter, the Secretaries of Veterans Affairs, Defense and Labor, and the Administrator of the Small Business Administration shall report the findings to the House and Senate Veterans' Affairs Committees.

DAV supports the provisions of this section to monitor and report on the effectiveness of TAP. This coincides with the intent of DAV Resolution No. 304, which supports monitoring the success rates of TAP to ensure the program is meeting its objective and to follow up with participants to determine if they found gainful employment following training. According to a March 2016 RAND Corporation article, "merely placing veterans in jobs is not enough: veteran employment efforts should also enable veterans to build successful careers over the long term. To reach this goal, research must provide evidence to inform these efforts and ensure their effectiveness."

Section 14 directs the Secretary of Veterans Affairs to establish a governing board within the Veterans Benefits Administration (VBA) that would partner with community and Federal entities whose mission would be to support the prevention of suicides, substance abuse, and homelessness amongst veterans. This board would consist of representatives from the Departments of Labor, Homeland Security, Defense, and various representatives from within the VA. The duties of this board would be to track suicide rates for each business line, dissemination of educational products to veterans participating in programs of the VBA, supporting communication between the Veterans Health Administration and the VBA to support suicide and substance abuse prevention efforts, and management of the VA's Gun Safety Lock program in support of suicide prevention efforts.

DAV Resolution No. 293 supports program improvements, data collection and reporting on suicide rates among service members and veterans, improving outreach through general media for stigma reduction and suicide prevention, and enhanced resources for VA mental health programs. DAV appreciates the goal of this section of the bill, which would enhance the support between the various federal entities to lower the rate of veteran suicides. This section of the draft measure coincides with the intent of our resolution.

Section 17 states, in part, that the Departments of Defense, Labor, and Veterans Affairs should work together with veteran service organizations, such as the DAV, to establish points of contacts for relocating members of the armed forces and provide them employment, education, and other appropriate information about the State or locale to assist in relocation.

The transition from military service to civilian life is very difficult for many veterans who must overcome obstacles to successful employments, such as relocation. TAP was

created to help our separating service members successfully transition to the civilian workforce, start a business, or pursue training or higher education. DAV Resolution No. 304 states, in part, that participation by DAV and other veterans service organizations in TAP is essential to service members to gain a full understanding of the entitlements and free assistance available upon discharge from military service and the inclusion of DAV and other veterans service organizations in the process. We are pleased to support this section of the draft bill aimed at addressing this need.

This concludes my testimony, Mr. Chairman. DAV would be pleased to respond for the record to any questions from you or the Committee Members concerning our views on these bills.