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STATEMENT OF

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VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE

WITH RESPECT TO

PENDING HEALTH-CARE RELATED LEGISLATION

WASHINGTON, D.C. JUNE 9, 2005

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

On behalf of the 2.6 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries, I would like to thank you for inviting us to today's hearing on veterans' health care legislation.

With the changes in the Appropriations committee, much of our focus to this point has been on the proper level of funding for the Department of Veterans Affairs (VA), especially the amount going towards the Veterans Health Administration (VHA).

But, it is also important to focus on the actual programs receiving that funding, how effectively they treat veterans, and whether there are any necessary corrections or additions.

And the bills under consideration today do just that.

? Draft Bill, the Veterans Health Care Act of 2005

Section 2: VFW supports this provision, which would exempt hospice care from services that require copayments.

Section 3: While we support exempting former POWs from copayments for extended care services, we must oppose the provision that would eliminate VA's statutory requirement to maintain 1998 staffing and service levels of extended care facilities.

Although VA has failed to live up to this target, eliminating this provision would get rid of a very important target. VA must live up to its obligations, not shirk from them.

With the Administration's budget proposal, there was much discussion about VA's long-term care programs. If changes, such as this, are to be made, then VFW feels that there must be a larger discussion about the role of VA in long-term care.

But, for now, our membership strongly supports maintaining the current spectrum of VA long-term care services. We cannot support this statutory reduction in service.

Section 4: We agree with this section, which would close the loopholes in the reimbursement process for veterans seeking emergency care. Too frequently, because of these complex regulations that the veteran, or non-VA hospitals, might not be aware of, veterans are unnecessarily being charged for their emergency care.

This problem is especially evident for our rural veterans, who, when emergencies occur, cannot take the time to make the trip to VA; they must go to the closest hospital.

VA must ensure that all veterans are treated fairly and that they not be unfairly punished or harmed because of their need for emergency care.

Section 5: This section would allow newborn children of mothers who have been receiving maternity care to receive 14 days of care at VA facilities. We support this provision, because it closes a loophole, and is fair to the mother and family.

Currently, no direct health care coverage is provided to the children and families must find outside health insurance to help pay for the child's treatment. The 14-day window this bill provides allows the parents of the child to secure health care coverage, whether through a private company or through Medicaid, and would ease VA's ability to find a local hospital to accommodate the family.

This would give the families an important peace of mind allowing them to focus on the joys of becoming parents. It makes a small change in the law to do what is right for veterans.

Section 6: VFW also agrees with this section, which would allow health care providers to seek reimbursement for extra expenses not covered by VA for treatment of children with spina bifida of certain Vietnam veterans.

This provision is important because of the complex nature of their health care problems, and the difficult and frequent treatment these children require. Making payment easier will encourage more facilities to provide the kinds of treatment these children need by eliminating an economic hurdle.

Improved access to health care is nothing but a good thing for these veterans and their families.

Section 7: While we support the increased grants for homeless veterans contained in this section, we feel that the funding level in Senator Obama's draft bill, which we discuss later, to be more appropriate.

Section 8: The VFW does not take a position on this section, so long as the changes in qualification do not mean impaired access to marriage and family counseling. As we are seeing, today's long and frequent deployments are creating an increased need for these kinds of services.

Section 9: The VFW has no position on this section.

Section 10: The VFW takes no position on this provision.

Section 11: We are pleased with this section, which improves and expands VA's ability to provide mental health care services. It includes \$95 million in funding to improve treatment for PTSD and substance abuse problems. It also makes access to health care more efficient by pursuing tele-health initiatives, and expanding the number of clinical treatment teams.

With the difficulties of the unique nature of combat our men and women are facing, these mental health services will take on an increasingly important role. While much of our concern has focused on those with physical wounds, just as much effort must be focused on the unseen psychological wounds, which can linger and manifest themselves in many other problems for years.

Giving veterans easier access and de-stigmatizing the treatment of these issues prevents future difficulties from arising, and helps the veteran transition smoothly back into society.

Section 12: The VFW supports this provision, which would eliminate any bureaucratic barriers towards VA-DoD health care sharing, by allowing the two departments to fully share any protected health information for their patients.

The seamless transition between these two departments has long been a VFW goal. We hope that this provision would lead us one step closer towards that goal.

Section 13: We are pleased to support this section which improves outreach to National Guard members to inform them of their benefits and rights with VA.

We have frequently heard that the information they receive upon returning is confusing. We hope that expanding this program would alleviate some of the confusion surrounding their benefits status, and would enable those who need assistance to find a VA program that meets their needs.

Section 14: The VFW would also support this provision, which improves health care by increasing the number of Readjustment Counseling Centers which can provide tele-health services with VHA facilities.

We believe that expanding veterans' access to health care facilities with this simple technology would be beneficial and help these veterans get treatment for illnesses and disabilities. Improved access means that more veterans can receive care, often with less of a burden. That is undoubtedly a good thing.

Section 15: We have no position on this section.

? S. 481

The VFW supports S. 481, Senator Akaka's bill that would give separating servicemembers, who have served in a combat zone, an additional three years of access to the VA health care system.

Public Law 105-627 provided Gulf War veterans, as well as those who serve in any future combat zones, two years of eligibility for VA health care. This was part of a larger package of improvements for Persian Gulf veterans in response to the health problems many of them faced. Given the uncertainty surrounding the health of many of them, and the difficulties of diagnosis that many of them faced, they were granted continued access to VA health care so that these problems could be monitored, or any new symptoms could be treated.

Unfortunately, because of the prohibition on new category 8 veterans, many of these veterans will have their access to health care completely curtailed. In the past, they could have continued to access the system.

Extending these veterans' eligibility is especially important when you factor in the difficulty VA has with disability claims processing, and the role that VA disability now has in health care eligibility. With disability claims taking many months to process, veterans who may ultimately prove to be disabled will slip through the cracks and denied their earned health care because of an overly-bureaucratic process. That is clearly not right, and it does not do what is right for America's veterans.

Extending this limit to five years gives these men and women an important safety net, and can also give them peace of mind as they return from the stresses of combat, safe in the knowledge that their health care safety net will be there, should they need it, or should they fall ill as a result of that service.

? S. 614, the Veterans Prescription Drug Assistance Act

This legislation would permit Medicare-eligible veterans to receive an out-patient medication benefit from the VA provided that they forgo medical care and services from VA during the year they choose such benefit.

By way of background, the Veterans' Health Care Eligibility Reform Act of 1996 provides all veterans enrolled in Categories 1-8 full access to all of the health services described in VA's Medical Benefits Package, which includes prescription drugs.

The Final Report of the President's Task Force To Improve Health Care Delivery For Our Nation's Veterans, released in May, 2003, noted that "According to a November 2002 [Government Accountability Office (GAO)] report, of the \$3 billion VA spent on outpatient pharmacy drugs in fiscal year 2001, 13 percent of the total cost, or \$418 million, was for former Priority Group 7 veterans. Other surveys have also suggested that former Priority Group 7 veterans are significantly affecting VA's pharmacy workload, and anecdotal evidence suggests that many of these veterans are coming to VA only for prescription drugs. The GAO study

reported that in fiscal year 1999, 400,000 of the former Priority Group 7 veterans had 11 million prescriptions filled. In fiscal year 2001, the number of veterans in this group seeking prescription drugs increased to 800,000 and the number of prescriptions filled grew to 26 million.?

These numbers are alarming when one considers that many of these veterans come to VA with prescriptions from their private physicians already written and in-hand only to find out that they cannot get their prescription filled until they see a VA physician. The VA Inspector General noted frequent comments in patient medical records reflecting the frustration of veterans in having to go through VA's extended process of scheduling exams and tests and then spending sometimes the entire day at the medical center solely, from their perspective, to have their prescriptions filled or refilled.?

In addition, the VA Inspector General also found once veterans received appointments with VA physicians, these VA physicians routinely review and approve the orders of the private physicians?[and] exams frequently duplicate tests and exams that have already been performed by the patient's private physician and are conducted to allow the VA physician to support filing a prescription that the patient brought from his/her private physician.?

Given the current situation and the opportunity to potentially mitigate the impact of long waiting times and produce cost savings by streamlining an inefficient and overly bureaucratic process, the VFW supports the creation of an out-patient prescription benefit that would free up VA health care appointments and potentially reduce the backlog. In addition, we support providing an outpatient medication benefit to Medicare-eligible Category 8 veterans who are currently precluded from enrolling in VA health care.

VFW, however, does not support the language that requires veterans to forgo their earned VA health care in favor of Medicare. Veterans are unique in that they have an entitlement to Medicare by way of financial contribution and have also earned the right to VA health care through virtue of their service to this nation. They must not be forced to give up their rights to either. VFW will continue to fight for adequate appropriations to allow all veterans access to VA's full Medical Benefits Package.

? S. 716, the Vet Center Enhancement Act of 2005

VFW applauds the introduction of S. 716, The Vet Center Enhancement Act of 2005, legislation that would amend title 38, U.S.C. to enhance services provided by vet centers, to clarify and improve the provision of bereavement counseling by the Department of Veterans Affairs, and for other purposes.

In February 2004, the Department of Veterans Affairs (VA) authorized the Vet Center program to hire 50 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans to provide outreach to their returning comrades. As time passes and more and more veterans of OIF and OEF as well as those serving all over the globe in the War on Terror return home with both physical and mental battle scars, the need for enhanced services provided by VA is critical. Community based Vet Centers provide a safe haven and offer a wide-variety of readjustment services designed to assist transitioning veterans. Currently 60% are staffed by veterans who

have served in combat. This legislation will allow VA to hire 50 more OIF and OEF veterans to help reach out to those newly transitioning veterans adjusting back to civilian life. Who better to explain services and help ease their transition than someone who served along side them, can relate to their experiences, and has already navigated VA's many benefit programs?

This legislation will also go one step further to help surviving family members who have suffered the loss of a loved one by clarifying who can use and benefit from vet center bereavement counseling services. The VFW feels that we have an obligation to help make the transitioning period for returning servicemembers and the readjustment period for survivors of those killed in battle as smooth and as problem-free as possible.

? Draft Bill, SAVE Reauthorization Act.

The VFW offers our support for Senator Obama's draft bill which would expand and improve upon VA's homelessness programs.

VA estimates that there are approximately 250,000 homeless veterans. That is a national tragedy. These men and women have served this country, and now find themselves in an unfortunate situation. We must not leave these men and women behind. This bill greatly helps our homeless veterans, and is a positive step towards ending this national problem.

The legislation includes provisions that would provide \$200 million in funding for the homeless providers grant and per diem programs annually through fiscal year 2011, and \$50 million per year for the Homeless Veterans Reintegration Program.

The programs it would extend are of great benefit to homeless veterans, helping them to make the sometimes-difficult transition back into society. We applaud this legislation and thank the Committee for considering it.

We received two draft bills from Senator Akaka's office, which, we were not able to review in time. We would be happy to offer our comments for the record, after we've had sufficient time to review them.

This concludes my statement, Mr. Chairman. I would be happy to answer any questions that you, or the members of this Committee, may have.