

Pending Legislation

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Statement of

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For the Record

United States Senate
Committee on Veterans' Affairs

With Respect To

“Pending Legislation”

WASHINGTON, D.C.

Chairman Tester, Ranking Member Moran, and members of the Senate Committee on Veterans' Affairs, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on these important pieces of legislation pending before the committee.

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S. 372, Ensuring Quality Care for Our Veterans Act

The VFW supports this legislation that would require the Department of Veterans Affairs (VA) to conduct a clinical review of care furnished by VA health care professionals who had their licenses to practice terminated for cause.

It is unacceptable to endanger the lives of our nation's veterans by hiring health care professionals with suspended licenses. There have been several egregious examples of VA doctors who commit malpractice under VA's watch, but should never have been allowed to provide care to veterans. This bill would rightfully ensure that VA health care professionals who had their licenses terminated in the past and are currently employed by VA are providing high quality care. If not, VA would be required to provide a clinical disclosure of adverse events to impacted patients. Doing so would ensure patients know their rights and options for recourse.

S. 539, A bill to direct the Secretary of Veterans Affairs to submit to Congress a report on the use of video cameras for patient safety and law enforcement at medical centers of the Department of Veterans Affairs.

The VFW supports this proposal to assess VA medical center video camera equipment and the appropriate placement of such equipment.

VA police officers protect veterans, their families, and VA employees by deterring and preventing crime, maintaining order, and investigating crimes. However, VA police officers cannot be everywhere all the time. VA medical center video cameras provide eye-in-the-sky surveillance for public safety. This legislation would provide a review of VA's policies and procedures of camera placement, surveillance, equipment maintenance, data storage, and any gaps or barriers VA faces in providing a sense of security and trust to veterans, their families, and VA staff.

S. 544, A bill to direct the Secretary of Veterans Affairs to designate one week each year as "Buddy Check Week" for the purpose of outreach and education concerning peer wellness checks for veterans, and for other purposes.

This past year taught us to check in with each other more so than we ever have before. The pandemic forced isolation and social distancing from our friends and families, which led to a higher rate of loneliness and depression. Last spring, VFW Post 12063 in Westcliffe, Colorado, devoted time and resources to buddy checks. Not only did the calls provide an opportunity to check in with other local veterans, but the VFW members also relayed information regarding food assistance and other resources.

The VFW supports this legislation that would establish a designated week annually to promote outreach and education of wellness checks. Providing scripts and training both online and in-person will provide veterans the tools and knowledge for successful buddy checks.

S. 613, PAWS for Veterans Therapy Act

With such a high ratio of veterans who have defended our nation being diagnosed with post-traumatic stress disorder (PTSD), VA must provide veterans mental health care options that work best for them. Recent studies show service dogs provide positive health care outcomes in veterans with PTSD. Such studies illustrate a reduction in symptoms from the PTSD checklist, lowered effects of anxiety and depression disorders, as well as a reduced need for psychopharmaceutical medications.

Many studies and anecdotal notes have found veterans with service dogs decrease their use of medications such as opioids for chronic pain linked to PTSD. Veterans who have service dogs also experience increased participation in social settings and overall satisfaction with life. Also, ensuring the veterans actively participate and receive training will give them accountability and a sense of purpose in their treatment.

The VFW supports this legislation to authorize VA to provide service dogs to veterans with mental illnesses who do not have mobility impairments through grants to eligible organizations. Also, the VFW strongly supports the continuance of care this legislation would require to maintain canine health insurance eligibility. Continuation of care is crucial to overcome any illness successfully, whether it is physical or mental. VA maintaining coverage of a service dog only if the veteran continues to see their physician or mental health care provider every six months helps to ensure more consistent and open communication between the medical provider and veteran.

S. 727, CHAMPVA Children's Care Protection Act of 2021

The VFW supports this legislation to cover young adult children up to age 26 and eligible for medical care under the CHAMPVA program at no additional cost. Extending medical care coverage to adult children under the age of 26 is a significant benefit of the Affordable Care Act that touches many families. Unfortunately, families with children eligible for CHAMPVA were not bound by this requirement. This proposal would eliminate that barrier to care and provide the same benefits as those families who use employer-based plans.

S. 796, Protecting Moms Who Served Act of 2021

The VFW supports this proposal to structure VA's maternity care coordination programs to provide community maternity care providers with training and support concerning the unique needs of pregnant and postpartum veterans. This legislation would also require a report on maternal mortality and severe maternal morbidity among veterans, infant mortality rate, and additional outcomes focused on racial and ethnic disparities in maternal health.

Women veterans of childbearing age comprise the second largest age group enrolled in VA health care. VA covers 5,000-6,000 deliveries per year. A small percentage of women veterans who responded to a VFW survey stated they received prenatal care from VA, and 75% of them continued to receive VA health care after pregnancy. The VFW asks VA and the

Center for Women Veterans to continue to use targeted outreach for postpartum women veterans to ensure they continue their care at VA.

This legislation would provide an understanding of fertility and infertility of women veterans, and shed light where gaps and barriers may exist. VA can use this information to support the vital programs and policies to assist women veterans with healthy pregnancies, deliveries, and postpartum care.

S. 1198, Solid Start Act of 2021

The VFW supports this proposal to evaluate and continue to support the Solid Start program.

To help bridge the gap and ensure veterans are making a successful transition, the VA Solid Start program makes three attempts to contact the veteran over the first year of separation. According to VA, within the first year the VA Solid Start program connected with almost 70,000 recently separated veterans, which was 60 percent of those veterans separated in fiscal year 2020. During the conversation, the veteran is made aware of the benefits offered by VA and how to access mental health care and suicide prevention resources. The transparency of the Solid Start program can shed light on gaps that remain for transitioning veterans.

S. 1280, Veteran Families Health Services Act of 2021

The VFW would like to thank Senator Murray for expanding fertility and adoption benefits for severely wounded veterans who have lost their ability to reproduce due to their service-connected injuries.

This legislation would create a report and transparency of the fertility treatment and counseling provided by VA, which would provide the answers and identify gaps to meet the long-term reproductive health care needs of veterans. It is important to know who was diagnosed with clinical infertility, received fertility treatment or counseling, self-reported

fertility difficulty or successfully carried a pregnancy to term, or was exposed to chemical or biological toxins. The key components to the transparency of the program are cost factor and average wait time for fertility treatment and counseling, the number of available providers within VA and in the community, and the average time for claims payment.

Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's current in vitro fertilization treatment eligibility excludes certain veterans from using this program to achieve that dream. The VFW supports this legislation to improve, expand, and make permanent reproductive assistance for veterans and their spouses or partners.

S. 1467, VA Medicinal Cannabis Research Act of 2021

This legislation would require VA to conduct scientific studies on the efficacy of medicinal cannabis. The VFW is proud to support this important bill and thanks this committee for its consideration.

Prescribed use of opioids for chronic pain management has unfortunately led to addiction for many veterans, as well as for many other Americans. VA uses evidence-based clinical guidelines to manage pharmacological treatment of PTSD, chronic pain, and substance use disorder because medical trials have found opioids to be effective. To reduce the use of high-dose opioids, VA must expand research on the efficacy of non-traditional medical therapies, such as medicinal cannabis and other holistic approaches. Veterans who use medical cannabis and are also VA patients are doing so without the medical understanding or proper guidance from their coordinators of care at VA.

Medicinal cannabis is currently legal in 36 states and the District of Columbia. This means veterans are able to legally obtain cannabis for medical purposes in more than half the country. The Centers for Disease Control and Prevention's data show synthetic opioid deaths over the past year increased by more than 38 percent. Although, a recent study in the *British Medical Journal* found counties in the United States that increased from one to two dispensaries had a 17 percent decrease in opioid deaths.

Many states have conducted research for mental health, chronic pain, and oncology at the state level. A comprehensive study by the National Academy of Sciences and the National Academies Press also concluded that cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia, all of which are prevalent in the veteran population. While VA has testified that it has the authority to study Schedule 1 drugs, it has failed to do so and veterans are tired of waiting for VA. This bill would prevent VA from further delaying needed research.

Veterans Health Administration (VHA) Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, provides protections for veterans who use medicinal cannabis. This directive is for those veterans fortunate to live in states with approved marijuana programs, but not for all veterans who use VHA. Veterans who discuss their use of medicinal cannabis with their doctors are ostracized and have their medications changed or discontinued. The fear of reprisal for medicinal cannabis prevents veterans from disclosing information to their VA health care providers, which can lead to problems caused by drug interactions.

The VFW supports the *VA Medicinal Cannabis Research Act of 2021*. This legislation would move VA toward understanding the therapeutic potential of cannabis for veterans. VFW members tell us that medicinal cannabis has helped them cope with chronic pain and other service-connected health conditions. They cannot receive these services at VA because of VA's bureaucratic hurdles.

S. 1863, Guaranteeing Healthcare Access to Personnel Who Served Act

The VFW supports the intent of this bill to improve access to health care for veterans. However, we caution against setting into law access standards based on data collected from the past two years. Half that time period was during a global pandemic when all health care systems were pivoting to provide care in a safe and timely manner. This legislation would ask the Secretary to not take VA telehealth appointments into consideration when referring care to the community.

A veteran has the choice of in-person or telehealth appointments, with the understanding that not all specialties work best through telehealth. Although, the veteran should be made aware of VA telehealth appointment options before being referred to the community care network.

The remaining sections of the legislation provide multiple opportunities for veterans to advocate and be active participants in their health. The ease of e-booking either a VA or a community care network appointment alleviates the anxiety of waiting on hold and the time constraint of calling into the scheduling call center. An e-booking platform would provide the veteran with a visual of the available appointments instead of listening to a scheduling call center staff member state what dates and times are available. In addition, a centralized location for an online health care education portal can assist the health care providers to empower and educate veterans on their health and well-being.

VA telehealth video appointments increased by 1000 percent in the first few months of 2020 due in part to the COVID-19 pandemic. The VFW is proud to be part of the solution. Through Accessing Telehealth through Local Area Stations (ATLAS) pod sites, the VFW has worked with VA and Philips to leverage VA's anywhere-to-anywhere authority to expand telehealth options for veterans who live in rural areas or who may lack access to the internet, necessary equipment, and knowledge to facilitate VA Video Connect (VVC) appointments. In addition to secure and private VVC connectivity, the ATLAS locations contain a full suite of telehealth devices, such as blood pressure cuffs, scales, oximeters, thermometers, and glucose monitors. So far, there are five VFW post ATLAS locations nationwide. Therefore, a report analyzing the effectiveness of health care services through telehealth, veteran satisfaction, identifying VA's challenges to deliver telehealth care, strategies to overcome connectivity issues, and ways to strengthen telehealth services would be beneficial for future outreach and initiatives.

Veterans with a service-connected disability living abroad and who receive medical care for their disability can file a claim with the Foreign Medical Program (FMP). They are a niche veteran population that is too often forgotten. The VFW has members who live abroad and utilize the FMP. Their great concern is access to the COVID-19 vaccine, especially if they cannot quarantine and travel round trip to the Philippines. This legislation outlines a report to understand the veterans, caregivers, and FMP, and to identify the challenges, gaps, and barriers to care.

S. 2102, A bill to direct the Under Secretary for Health of the Department of Veterans Affairs to provide mammography screening for veterans who served in locations associated with toxic exposure.

The VFW supports the *Supporting Expanded Review for Veterans in Combat Environments (SERVICE) Act of 2021*, which would direct VA to provide mammograms for women veterans who served in locations identified with burn pits and other toxic exposures. Currently, VA conducts mammograms based on age, symptoms, or family history, but this legislation aims to include toxic exposed women veterans. The bill would also require VA to track and report rates of breast cancer among their veteran population.

The VFW recommends one adjustment to this legislation, which is to expand the eligibility language to include individuals who are eligible for inclusion in the Airborne Hazards and Open Burn Pit Registry, and those who served in locations of possible exposure as identified by the Secretary of Defense.