



# Pending Legislation

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Statement of  
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Before the

United States Senate  
Committee on Veterans' Affairs

With Respect To

**Pending Legislation**

WASHINGTON, D.C.

Chairman Tester, Ranking Member Moran, and members of the committee, 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 this proposed legislation.

## **S. 449, Veterans Patient Advocacy Act**

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For the past nine years, the VFW has partnered with Student Veterans of America (SVA) to select student veterans from across the country to research and advocate for improving an issue that is important to veterans. VFW-SVA Fellow and Grand Valley State University graduate Cameron Zbikowski focused his semester-long research proposal on enhancing the patient advocate program of the Department of Veterans Affairs (VA). Cameron called for the improvement of the program by making sure there is an adequate amount of patient advocates at each facility. The VFW supports this bill that would ensure there is no less than one patient advocate for every thirteen thousand five hundred veterans enrolled in the local VA system. It would also provide highly rural veterans with better access to the services of patient advocates.

### **S. 495, Expanding Veterans' Options for Long-Term Care Act**

The VFW supports this legislation that would require VA to carry out a three-year pilot program to assess the effectiveness of providing assisted living services to eligible veterans. Assisted living facilities are needed when a veteran does not require nursing home care but cannot live alone. This program would allow veterans to receive needed services without being financially responsible for the cost, thereby reducing or eliminating the burden on family members who may not be able to provide round-the-clock care. This option for long-term care has great potential for veterans to still have some independence while being cared for at facilities that are authorized and inspected by VA.

### **S. 853, VA Zero Suicide Demonstration Project Act of 2023**

The VFW supports this legislation that would establish the Zero Suicide Initiative pilot program of VA. Reducing the number of service members and veterans who die by suicide has been a priority for the VFW and will remain so until it is no longer needed. This multi-layered approach consists of continuous suicide screening at all health care touchpoints, creating a crisis plan, and maintaining consistent communication with veterans. Removing the stigma of discussing suicide and fostering healthy conversation will help in reaching the goal of zero suicides. The Veterans Health Administration has the opportunity to support all

VA providers with the tools and knowledge to screen their patients for suicide at every appointment.

### **S. 928, Not Just a Number Act**

The VFW has advocated for many years that VA must immediately incorporate Veterans Benefits Administration (VBA) usage into its suicide prevention efforts. This should include full information on disability compensation; use of education, employment, and home loan benefits; foreclosure assistance; and participation in housing and food insecurity programs. VA has only recently begun reporting on the convergence of VA benefits and veteran suicide, but not in any substantive manner. We must identify, study, and utilize information regarding economic opportunity benefits, and leverage that information to successfully prevent suicide among veterans.

A 2017 study in the *American Journal of Preventive Medicine* found individuals with a college degree were half as likely to die by suicide compared to those with a high school education. Moreover, a study of recently transitioned service members found those with fewer years of education had a higher hazard of suicide, with lack of education being a likely factor in difficulty finding post-military employment, potentially leading to financial instability.

Unemployment can be detrimental to mental health. It is even associated with an increased risk of suicide. However, the relationship between unemployment and suicide is a complex one. Providing benefits while veterans are unemployed and making sure they are swiftly reemployed can moderate mental health issues and potentially mitigate suicidal ideations.

Data from veterans who self-reported housing instability between 2012 and 2016 indicated over half of these veterans accessed homeless services and associated this use of services with a significant reduction in suicide risk. This demonstrates the ability of these programs to perform upstream intervention.

Veterans can feel hopeless, unheard, and retriggered by their trauma during the benefit claims process. They may also be facing financial hardship to pay medical expenses until they receive care from VA. A 2021 study showed that veterans with a service-connected disability designation who utilized services were less likely to attempt suicide.

All of these veteran economic programs are administered by VBA, but the VA Office of Suicide Prevention is operated out of the Veterans Health Administration (VHA). We strongly support this proposal to begin actively incorporating VBA data and benefit usage into the overall suicide prevention efforts within VA. We also believe there should be a study on the feasibility and advisability of creating a suicide prevention office at the level of the Office of the Secretary that would elevate suicide prevention as a top priority across the entire Department, not only within VBA.

### **S. 1037 Department of Veterans Affairs EHRM Standardization and Accountability Act & S. 1125, EHR Program RESET Act of 2023**

The VFW supports S. 1037 to prohibit the Secretary of VA from carrying out certain activities under the Electronic Health Record (EHR) Modernization program until certification of system stability improvements. The VFW also supports S. 1125 which we believe should work in conjunction with S. 1037 in order to deliver a modern, safe, and trusted EHR system for the patients and providers. S. 1125 would establish certain metrics for success, and S. 1037 would ensure no further deployments of the EHR would proceed until those metrics are satisfied.

### **S. 1040, A bill to amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes**

The VFW does not support this proposal at this time. We encourage our individual VFW Posts to provide smoke-free environments, but we do not mandate it. We believe increasing the awareness of smoking cessation programs and encouraging healthy behavior at VA is the appropriate path. Providing designated smoking areas that are far enough away from entrances or areas where individuals congregate is enough of a middle-ground solution to

allow people who smoke to do so without affecting patient safety and health.

### **S. 1172, Removing Extraneous Loopholes Insuring Every Veteran Emergency (RELIEVE) Act**

The VFW supports legislation that would make certain improvements relating to the eligibility of veterans to receive reimbursement for emergency treatment furnished to veterans in non-VA facilities. This bill would allow veterans to receive emergency care from a non-VA facility and not be billed in the event they did not have an initial visit at a VA medical facility but have enrolled for VA care. This prevents a veteran from being financially penalized if immediate treatment is rendered by a non-VA facility for needed care.

### **S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023**

The VFW supports this legislation that would improve the provision of care and services under the Veterans Community Care Program of VA. We understand this program is essential as it provides services for veterans who live too far from a VA facility or in the event a requested appointment is not available in an acceptable timeframe. VA's focus should remain on how veterans can receive the care they need, whether it is inside or outside of its facilities.

Adopting a value-based health care model allows for a patient-centered system that aligns with VA's whole health care approach. Value-based care programs focus on prevention efforts to reduce illnesses and suicide, which is a top priority of VA. The VFW also supports the continuation of the EHR Modernization program as it is needed to work in conjunction with the value-based program.

The VFW agrees the ability to access the scheduling system would help improve the timeliness of appointments and/or allow veterans to obtain care at non-VA facilities. Medical record documentation needs a timely return to allow VA providers to access

treatments received and determine if additional follow-up would be appropriate. The VFW understands the need for VA to explore a value-based reimbursement plan to determine and implement a more holistic system.

There is one section of this proposal we believe should be clarified. Section 103 may provide contradictory guidance to patients or clinicians regarding a veteran's preference for care.

Currently, if a veteran and the veteran's referring clinician agree that receiving care and services through a non-VA entity or provider would be in the best medical interests of the veteran, then the veteran is referred to community care. We are concerned this proposed section has the potential to allow for conflicts with the veteran's preference and the best medical interest of the veteran. We would like to see this clarified.

### **S. 1436, Critical Health Access Resource and Grant Extensions (CHARGE) Act of 2023**

The VFW supports this proposal to permanently authorize the use of certain funds to improve flexibility in the provision of assistance to homeless veterans. Combating veteran homelessness is more than just simply providing a roof over a person's head, and oftentimes is accompanied by other financial struggles. This proposal would allow for more flexibility in assisting veterans struggling to acquire food, clothing, hygiene materials, and other items needed for daily life. This holistic effort would hopefully provide additional help for veterans struggling with housing security.

The VFW also believes financial literacy training is important to assist veterans seeking supportive services for housing through VA. Too many veterans face housing instability because they are not as financially literate as they could be. We recommend that VA establishes a basic financial literacy tool and ensures every veteran who utilizes supportive services also completes a financial literacy course and undergoes credit counseling. This simple, educational tool can mitigate future dilemmas and the recurrent need for supportive programs.

### **S. 1545, Veterans Health Care Freedom Act**

The VFW does not support this proposal at this time. We believe the Community Care Network (CCN) is an integral part and necessary supplement, but not a replacement for VA care. The *Journal of General Internal Medicine* and the *Journal of the American College of Surgeons* recently published articles based on a systematic review of studies about VA health care that concluded VA health care is consistently as good as, or better than, non-VA health care. We believe a veteran's preference should be a factor when determining where to receive care, but we cannot advocate for fully directing care outside of a measurably better system based solely on a veteran's preference.

### **S. 1612, Reimburse Veterans for Domiciliary Care Act**

The VFW supports this proposal to require the Secretary of VA to publish a rule to implement the requirement that the Secretary be permitted to waive the limitation in law on reimbursement of veterans receiving domiciliary care in State homes.

### **S. 1828, Veterans Homecare Choice Act of 2023**

The VFW supports this proposal to recognize nurse registries for purposes of the Veterans Community Care Program.

### **S. 1951 Department of Veterans Affairs Income Eligibility Standardization Act**

The VFW supports this proposal to standardize eligibility for VA care.

### **S. 1954, Improving Whole Health for Veterans with Chronic Conditions Act**

Preventive dental care can significantly impact veterans' health and quality of life, including job security. However, only veterans who are one hundred percent service-connected disabled, certain homeless veterans, and those who have a service-connected dental condition are eligible for VA dental care. The majority of veterans enrolled in VA health care are unable to access VA dental care. Instead, they are offered the ability to purchase dental insurance through the VA Dental Insurance Program, which is a discounted, plan-based coverage program.

Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Diabetes is also highly prevalent among veterans and is even a presumptive condition for exposure to Agent Orange. Proper oral health care can help mitigate these conditions or prevent them from developing. We believe this is a good first step to providing necessary health care for veterans with certain chronic health conditions.

**S. 2067, A bill to require the Secretary of Veterans Affairs to award grants to nonprofit organizations to assist such organizations in carrying out programs to provide service dogs to eligible veterans, and for other purposes**

The VFW supports this legislation. Service dogs can assist veterans with a variety of physical, auditory, and trauma-related disabilities. They can empower veterans to regain physical independence, pride, and hope. These dogs are free of charge to the veteran, but there is a cost for training and medical care for these service animals. This bill would allow veterans to receive support companions and not be placed on long waitlists.

**S. \_\_\_\_\_ Making Community Care Work for Veterans Act of 2023**

The VFW supports this legislation that would improve community care provided by VA. There are certain sections of this proposal we would like to highlight as critical improvements to the community care program, and other sections we believe could benefit from additional improvements.

In Section 103, the VFW believes that telehealth is a critical tool for VA to deliver care.



Veterans should not have telehealth appointments scheduled for them if that is not their request or preference. However, we do believe they should be an option if appropriate to patients' wants and needs. We look forward to working with the committee to ensure the best outcomes are available for veterans.

In Section 107, the VFW understands the need for self-referrals for services that are going to remain constant for the veteran. We would like to see additional services added to that list such as podiatry, prosthetics, laboratory services, dermatology, and the diabetes clinic. Often utilized care services that are part of a veteran's treatment plan for chronic conditions should not have to be reauthorized.

In Section 110, we believe it would be a positive step to begin identifying which community care providers are taking additional measures to ensure the best care for veterans. CCN providers are not mandated to be trained for cultural competency or proper billing procedures. However, identifying the CCN providers who actively choose to participate in these programs would reward those who take additional steps. We believe something like a bronze, silver, or gold level identifier would hopefully entice more providers to voluntarily agree to additional training and compliance efforts.

In section 112, the VFW applauds the efforts for the Philippines of a feasibility study to consider the CCN as a possible option for care. However, the Philippines currently has the Foreign Medical Program (FMP) that provides reimbursements for care of service-connected conditions. The VFW would like the FMP to be reviewed from the perspective of updating and monitoring. We are concerned that FMP has no formal means through which either veterans or providers can receive consistent reimbursement. The VFW recommends providing structure to FMP like VBA's Compensation and Pension overseas examination contracts and TRICARE Overseas, to include electronic reimbursement for care. Moreover, the VFW is concerned that FMP offers a lower standard of care for overseas veterans, many of whom support American military interests as civil servants, non-appropriated fund employees, or defense contractors.

The VFW is pleased to see language that would improve the policies and processes that govern veterans' access to VA's Mental Health Residential Rehabilitation Treatment Program (MHR RTP) as outlined in Section 303. Veterans in crisis must receive timely, quality, and consistent care that aligns with their needs while also accounting for their

individual preferences where feasible. We feel the proposed seventy-two-hour deadline for residential treatment screening and admissions decisions has the potential to save lives and mitigate instances of veterans losing trust in VA's ability to provide or facilitate care when they need it most. As we collectively look to improve help-seeking behaviors among veterans, Congress and VA must ensure resources like the MHR RTP are equipped to meet veterans where they are without bureaucratic hurdles or inefficiencies undermining such efforts.

To that end, we would like this committee to consider including a provision that removes barriers to accessing the breadth of community-based residential treatment programs available for, and commonly tailored to, veterans. One VFW member recently sought but ultimately gave up on receiving residential mental health care through VA because the program the provider determined would best meet the care needs was in the wrong network. Other available programs that met treatment needs and preferences like gender-specific programming were similarly out of network.

With rare exceptions, veterans referred to residential treatment via CCN are only able to access programs that are physically located within their respective jurisdictions, each of which is managed by either Optum Serve or TriWest. While this structure works relatively well for common needs like orthopedics and diabetes care, the same cannot be said for mental health and substance use disorder (SUD) programs that are limited in number, highly specialized, and variable in terms of medical expertise and treatment methods. Arbitrarily restricting program access based on administrator network boundaries limits VA's ability to coordinate timely and appropriate residential mental health and SUD care for veterans.

## **S. \_\_\_\_\_ Leveraging Integrated Networks in Communities for Veterans Act**

The VFW supports this legislation that would require the Secretary of VA to carry out a pilot program to establish community integration network infrastructure for veteran services, and to require the collection of information from veterans related to social determinants of health. We believe a study of this data is vital to help treat veterans holistically. This proposal would establish a community network of information that looks at the whole veteran, not just the physical or mental health outcomes. This bill in combination with S. 928 would shift the way in which veteran care is approached. It is time we stop viewing

veterans' care as simply the services provided by doctors and nurses, and begin viewing it as all the services affecting the veteran as a whole.

**S. \_\_\_\_\_ Rural Vital Emergency Transportation Services (VETS) Act**

The VFW supports this proposal to cover or reimburse the cost of ambulance services for highly rural veterans. Many veterans live in highly rural areas and the high costs of medical transportation could be a deterrent to seeking prompt care. This proposal could help eliminate that potential barrier for veterans in certain areas around the country.

Chairman Tester, Ranking Member Moran, this concludes my testimony. I am prepared to answer any questions you or the committee members may have. Thank you.