

STATEMENT OF
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BEFORE THE

COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

VARIOUS HEALTH CARE RELATED ISSUES AND DRAFT LEGISLATION

WASHINGTON, D.C.

JUNE 18, 2009

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.2 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries, I would like to thank you for the opportunity to testify at today's legislative hearing. Before us is a wide range of health-care related bills, all of which would make improvements to the system that benefits America's veterans.

H.R. 1197

This legislation would change the VA health care enrollment status of veterans who were awarded the Medal of Honor. It would put them in Category 3, putting them on par with veterans who are former POWs and those who were awarded the Purple Heart.

There is no doubt about the sacrifice and bravery of the recipients of the Medal of Honor. They clearly have given everything they could for this country and for their fellow service men and women. Changing their enrollment status – which would also exempt them from having to pay hospital care copayments – is an acknowledgement of the deep debt we as a nation owe them, and it is a small price to pay for these true heroes.

H.R. 1293

The Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act would increase the amounts payable under VA's Home Improvement and Structural Alteration (HISA) program. The VFW strongly supports this legislation.

HISA was created to provide funding for home adaptations to allow veterans to receive care at home. These grants help make houses more accessible through small, but necessary improvements. With the number of severely disabled service members returning from Iraq and Afghanistan, it is a program that will continue to grow in importance and relevance.

Despite this, Congress has not raised the amount of the grants -- \$4,100 for service-connected veterans and \$1,200 for those without service connections -- since 1992. It is time to change that. The increases in this bill -- to \$6,800 and \$2,000 -- reflect an annual 3% increase since the last adjustment and are a step in the right direction for what we need to do for these severely injured men and women. This small improvement would make a meaningful impact in the lives of hundreds of veterans.

H.R. 1302

This legislation would create a full-time Director of Physician Assistant Services to report to the Under Secretary of Health with respect to the training, role of, and optimal participation of Physician Assistants (PA). We are pleased to support it.

Congress created a PA advisor role when it passed the *Veterans Benefits and Healthcare Improvement Act of 2000* (P.L. 106-419). The law required the appointment of a PA Advisor to work with and advise the Under Secretary of Health "on all matters relating to the utilization and employment of physician assistants in the Administration." Since that time, however, the Veterans Health Administration (VHA) has not appointed a full-time advisor, instead appointing a part-time advisor who serves in the role in addition to his or her regularly scheduled duties while working in the field, far from where VA makes its decisions.

The current PA advisor role is likely not what Congress envisioned when it created the role, and the PA advisor has had little voice in the VA planning process; VA has not appointed the PA advisor to any of the major health care strategic planning committees.

With the role that PAs play in the VA health care process, it only makes sense to invite their participation and perspective. VA is the largest employer of PAs in the country, with approximately 1,600. They provide health care to around a quarter of all primary care patients, treating a wide variety of illnesses and disabilities under the supervision of a VA physician. Since they play such a critical role in the effective delivery of health care to this nation's veterans, they should have a voice in the larger process. We urge passage of this legislation and the creation of a full-time PA Director position within the VA Central Office.

H.R. 1335

The VFW strongly supports this legislation, which would exempt catastrophically disabled veterans from paying certain copayments. The VFW has had a long-standing resolution in support of this concept.

Veterans who are deemed catastrophically disabled -- typically those with severe spinal cord injuries -- are placed in VA enrollment Category 4. Despite this enhanced enrollment status, they still must pay a copayment for hospital and nursing home care. These men and women require complex, specialized health care. The nature of their injuries requires frequent, intensive uses of VA services throughout their

lifetime as VA is typically better positioned to provide care to them than other health care facilities and insurance programs.

Enacting this legislation would reduce the heavy financial burden these men and women face. Since we already acknowledge their special circumstances by providing them an enhanced health care enrollment status, we should exempt them from hospital and nursing home copayments as well.

H.R. 1546

The VFW supports this bill, which would create a Committee on Care of Veterans with Traumatic Brain Injury within VA. This committee would be a part of the Veterans Health Administration and would be comprised of VA employees with expertise in TBI. It would evaluate the care, services, gaps in care, and treatment options for veterans suffering from TBI, making recommendations to VHA leadership.

With TBI being described as the signature wound of the war, this is the right thing to do. Emphasizing the treatment and study of TBI – especially in its milder forms – should be a high priority, especially because there is much we still do not know about its effects, and these men and women are likely to be in the VA system for many years. Getting on top of the problem will better allow VA to manage their care and improve outcomes.

H.R. 2734

This legislation would provide medical care to family members who serve as caregivers to disabled veterans. The VFW supports this measure.

This bill would give the same level of access to care to these family caregivers as is provided to surviving spouses and children of disabled servicemembers who die from service-connected conditions. It would apply only to those who lack private health insurance. Since most private health insurance is provided through a person's employer, and being a family caregiver is the family member's full-time job, it ensures that they have access to the basic care and services they need to lead healthy lives.

Numerous studies of other caregiver programs have shown that caregivers often have more severe health problems than others in their peer group. Providing this level of care is a stressful experience that affects their mental and physical health, as documented by the 1996 National Caregiver Survey.

Giving them access to care and services helps them deal with these difficulties, which, in turns, improves the level of care they are providing to the disabled veteran.

H.R. 2738

The VFW is pleased to support this bill, which would provide a lodging and subsistence allowance to family caregivers who accompany disabled veterans to medical facilities.

The disabled veterans eligible for the family caregiver program are likely to require life-long care, and many trips to VA. They are unlikely to be able to travel alone, and will need their caregiver to accompany

them. This is a compassionate change in policy that recognizes the unique circumstances faced by these veterans and their caregivers, and we urge its passage.

H.R. 2770

The VFW endorses the *Veterans Nonprofit Research and Education Corporations Enhancement Act*. This legislation would make several changes, which would strengthen and improve the nonprofit research corporations affiliated with VA. These NPCs help VA to conduct research and education and assist in the raising of funds for VA's essential projects from sources VA otherwise might not have access to, including private and public funding sources.

Included in the legislation is a section that would reaffirm that these NPCs are 501(c)(3) organizations that are not owned or controlled by the federal government. This is important to ensure that they are able to receive funding from all intended sources and to clarify their purpose in accordance with various state laws or private foundation regulations.

It would also allow for the creation of multi-medical center NPCs to streamline and make the administration of these important organizations more efficient. Ultimately, this should make more funds available for critical research purposes. Additionally, it would improve the accountability and oversight of these corporations, requiring more information in their annual reports and periodic audits of their activities. As these corporations continue to expand, we urge continued oversight of their actions to ensure that they continue to serve the best interest of America's veterans.

The legislation would address some of the concerns laid out in the recent VAOIG report, "Audit of Veterans Health Administration's Oversight Nonprofit Research and Education Corporations."

Draft Bill, Family Caregivers Support

The VFW is pleased to support the draft bill on family caregivers.

Section 1 of the bill would expand support services for family caregivers by providing Internet-based training on caregiver techniques, strategies and skills. It would also require the Secretary to give access to information from public, private and non-profit agencies that offer support for caregivers, as well as requiring VA to perform more outreach so that families are aware of the range of services available to them.

These resources would be of great use to the loved ones of disabled service members, and they would provide them with information, resources, and personal connections with others dealing with the challenges of being a caregivers.

Section 2 would expand the counseling and mental health services VA already provides to immediate family members to any family member who provides caregiver services, to include step- and extended-family members. This is clearly the right thing to do.

Section 3 would require VA to provide respite care to assist family caregivers. This would help to alleviate the burden on family caregivers, giving them a much-deserved break when they need it. It also would

serve as another incentive for a loved one to provide these necessary services to their disabled veteran family member, since they know they could receive the occasional break.

Draft Bill, Family Caregivers Survey

VFW supports the draft bill that would require the VA Secretary to conduct an annual survey of family caregivers. The information from the survey could be useful to help shape the critical program, allowing VA and Congress to make adjustments to better meet the demands of critically wounded servicemembers and their families.

Draft Bill, Health Care for Gulf War and Herbicide Exposures

The VFW supports the draft bill that would indefinitely offer hospital care, medical services and nursing home care to certain Vietnam-era veterans exposed to herbicides and veterans of the Persian Gulf War. Both groups have unique health needs that often manifest over a lifetime. And there is still much we do not know about the condition of these men and women. By eliminating the sunset dates for their eligibility for care, we can ensure that these former servicemembers will continue to have access to the health care and services they need because of the exposures and illnesses they may have encountered during their service to this country.

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