

STATEMENT OF
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VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

H.R. 4089, H.R. 4463, H.R. 5888, H.R. 6122, H.R. 6114, and H.R. 6122

WASHINGTON, D.C.

JUNE 5, 2008

MR. CHAIRMAN AND MEMBERS OF THIS SUBCOMMITTEE:

First under discussion today is **H.R. 4089**, addressing VA employee's collective bargaining rights. Specifically, it repeals specified exceptions to rights of certain Department of Veterans Affairs (VA) employees to engage in collective bargaining. It further requires a final decision of the VA with respect to the review of an adverse personnel action against a VA employee to be issued not later than 60 days after such action has been appealed. Subjects such decision to judicial review in the appropriate U.S. District Court or, if the decision is made by a labor arbitrator, in the U.S. Court of Appeals for the Federal Circuit. The VFW has no position on this legislation.

Next under review is **H.R.4463**, entitled the "Veterans Health Care Quality Improvement Act." This bill directs the Secretary of Veterans Affairs to prescribe standards for appointment and practice as a physician within the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA). This bill requires: (1) applicants to provide certain information, including each lawsuit, civil action, or other claim against the individual for medical malpractice or negligence, and their results; (2) each appointee to disclose any judgments against the individual for medical malpractice or negligence and any payments made; and (3) physicians already employed within the VHA to disclose such information. It also prohibits a new appointment without: (1) approval of the regional director of the Veterans Integrated Services Network (Network) in which the individual will serve; (2) board certification in the specialties in which the individual will practice; and (3) a license to practice medicine in that state.

It requires: (1) the VHA's Under Secretary of Health to designate a National Quality Assurance Officer for the VHA quality assurance program; (2) each Network regional director to appoint a quality assurance officer; and (3) the director of each VHA medical facility to appoint a quality assurance officer.

The bill directs the Secretary to review VA policies for maintaining health care quality and patient safety at VA medical facilities.

Additionally the Secretary, in order to recruit and retain VHA physicians in hard-to-fill positions, must: (1) repay certain educational loans for individuals who agree to serve for at least three years as a VHA physician; (2) reimburse tuition for medical students who agree to serve as a VHA physician after such education; and (3) enroll in the Federal Employees Health Benefits Program an individual who agrees to serve as a VHA physician for at least five days per month. Encourages the Secretary to undertake additional incentives to encourage individuals to serve or practice as VHA physicians.

The VFW supports this legislation to both ensure higher quality VA health care and the enforcement of stringent, uniform professional standards though out the system. This bill also addresses the recruitment and retention of health care professionals in hard to fill specialty areas, something we view as being vital. We would, however, voice our concern regarding section (2) (g) requiring VA doctor's to be licensed within each state where they practice. VA, similar to the DOD health care, is a federal system where such an approach would be neither appropriate nor practical. We are very concerned that this approach would result in severely limiting mobility within the system to the detriment of veteran patients. For example a particular cardiologist working at the Buffalo, NY VAMC whose services were at once urgently needed at the Cleveland, OH VAMC could be prevented from acting under this section. We believe that the other safe-guards and the much enhanced vetting process established by this bill will well meet the need for the enforcement of stricter professional standards.

We would voice our strong support for **H.R. 5888**, to expand veteran eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility. This bill would correct a unjust anomaly under law where by a veteran with health insurance that covers a portion of an emergency medical procedure at a non-VA facility will be saddled with the remaining cost whereby a veteran with no health insurance is left debt free under the same circumstances. Not only is this a gross inequity penalizing, for example, veterans who must carry insurance to provide for their families, it is also a perverse disincentive for veterans in general to carry any medical insurance at all. We urge this bills swift enactment.

The VFW also lends its support to **H.R. 6114**, the Simplifying and Updating National Standards to Encourage Testing of the Human Immunodeficiency Virus of 2008' or "SUNSET Act of 2008." It is our view that the instant statute is outdated in requiring VA to provide a veteran with pre-test counseling and to obtain the veteran's written informed consent prior to testing the veteran for HIV infection. This impedes VA's ability to identify positive cases that should be addressed with medical intervention as early as possible. As a result, many infected patients unknowingly suffer very serious

medical complications that could have been prevented as well as spreading the virus to their partners. HIV no longer carries the stigma that was attached to it when this statute was enacted and testing for HIV infection in routine clinical settings no longer merits extra measures VA is now required of by law. Again, we support this bill.

The VFW supports **H.R. 6122**, the “Veterans Pain Care Act of 2008.” This bill directs the Secretary of Veterans Affairs to develop and implement a comprehensive policy on the management of pain experienced by veterans enrolled for health care services provided by the Department of Veterans Affairs. Pain management is an essential component of modern medical care as well as being absolutely key in assuring the best possible quality of life. Given the pain associated with the terrible traumatic injuries suffered by our men and women in uniform fighting in places like Iraq and Afghanistan, this issue is particularly compelling. We also appreciate and value the inclusion of the VSO’s in the consultative process with the Secretary in periodically reviewing and revising VA’s pain management policy.

Mr. Chairman, this concludes my statement. I would be happy to answer any questions that you or any member of your Subcommittee may have.