H.R. 93, H.R. 501, H.R. 1063, H.R. 1066, H.R. 1943, H.R. 1972, H.R. 2147, H.R. 2225, H.R. 2327 and Draft Legislation

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WASHINGTON, D.C.

Chairman Wenstrup, Ranking Member Brownley and members of the Subcommittee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this subcommittee.

H.R. 93, to provide for increased access to Department of Veterans Affairs medical care for women veterans.

The VFW supports this legislation which would ensure gender-specific health care services maintain continuous availability within Department of Veterans Affairs (VA). It would also authorize VA to provide women veterans community care options when VA is unable to provide gender-specific care at its medical facilities.

Estimated to grow to the size of the entire active duty military by the year 2030, women veterans are the fastest growing cohort of the veterans' community. It is absolutely imperative that VA provides necessary access and employ personnel trained to provide gender-specific health care.

H.R. 501, VA Transparency Enhancement Act of 2017

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The VFW agrees with the intent of this legislation, but has concerns with some of its requirements. The VFW firmly believes VA must maintain agency transparency and be held accountable when necessary. Yet Congress must not put undue burdens on VA. The VFW does not believe it necessary to overstretch the already scarce resources it is given, which are intended for delivering health care and service to veterans, on superfluous reporting requirements.

Health care associated infections are currently tracked by the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). More than 17,000 medical facilities within the United States currently submit surgical site infections data for public reporting to CDC NHSN for patients who are 18 years old or older. Most of this data is transferred by the medical facilities electronic health record systems directly to CDC.

With this in mind, the VFW has concerns with this legislation that would require a quarterly report of surgical site infections, as well as cancelled or transferred surgeries. First, a quarterly report is unnecessarily frequent and unusual when compared to other health care systems. Aside from the logistics of preparing a quarterly report –– disseminating and analyzing it –– any report made publicly available should be posted alongside similar reports of other non-VA facilities. This would help keep the information organized and easily comparable to the rest of America's health care sector. Also, a report strictly showcasing the number of surgical site infections without a comparison to the number of total surgeries per surgical site would be unusable, except for promoting unintended concern and distrust of VA.

H.R. 1063, Veteran Prescription Continuity Act

The VFW supports this legislation which would ensure veterans transitioning from the Department of Defense (DOD) to VA have access to the same medical care and treatment, specifically pharmaceuticals, as they did before transitioning out of DOD. Making sure pharmaceuticals that are medically necessary and have a crucial effect on the quality of veterans' lives are available is an absolute must. Both DOD and VA must ensure their formularies match for medications of high prevalence and necessity for service members and veterans. This is particularly true for pharmaceuticals specific to both chronic pain and mental health.

H.R. 1066, VA Management Alignment Act of 2017

The VFW agrees with the intent of this legislation, but does not support it. This bill would require the Secretary of VA to submit a report outlining the current organizational structure within VA, and how it should strive to work together between different offices and departments.

VA has developed the Functional Organization Manual, which was updated this year. This manual covers VA's organizational structure, missions, functions, activities and authorities. This legislation would require the Secretary to use VA resources for an independent assessment striving for the same results, while also specifying how each office should work with other offices within VA. This legislation is also unclear as to whether it would require VA to evaluate all 300,000 positions within VA or specifically VA's Central Office. While it is of utmost importance that VA continues striving to improve structural organization and working relationships within the department, it is increasingly redundant to continue demanding reports on already conducted studies.

H.R. 1943, Restoring Maximum Mobility to Our Nation's Veterans Act of 2017

The VFW supports the intent of this legislation, but has concerns as currently written.

Members of the VFW have vocalized concerns and barriers faced in trying to receive the prosthetics necessary to live functional, high quality lives. Whether they need an additional prosthetic limb for recreational activities or cultural purposes, veterans have earned them. While it may not be rampant, some members who have been fortunate enough not to lose a limb still need the assistance of a wheelchair.

We believe all service-connected veterans in need of wheelchairs deserve one from VA. Mobility and functionality are crucial for the mental well-being of our nation's veterans. With this said, VA must work to ensure all veterans in need of a wheelchair have one which meets the requirements of both the International Organization for Standardization criteria, as well as the U.S. Food and Drug Administration. These regulations standardize requirements to ensure veterans are using wheelchairs that have been tested for safety, and mechanical and software perimeters.

While technology keeps improving, it must also continue to meet industry standards for the safety of our veterans who are bound to wheelchairs. Many new models of wheelchairs do not meet these standards and can cost more than a car. Congress must ensure VA resources

are spent smartly on safe medical equipment.

H.R. 1972, VA Billing Accountability Act

The VFW supports this legislation to provide the Secretary of VA with the authority to waive certain veterans from copayment requirements for hospital care and medical services in the case of an error by VA.

At this time, VA has the authority to waive copayment requirements for hospital and medical services both inside and outside VA. This legislation would codify that authority. While authorizing VA to waive debts if VA employees fail to provide timely notice to veterans is a step toward the right direction, the VFW would urge the subcommittee to require VA to waive debts for veterans when VA is unable to provide timely notice. Veterans must hot be held liable because VA sent them untimely bills that do not contain information for waivers or payment plans.

H.R. 2147, Veterans Treatment Court Improvement Act of 2017

The VFW strongly supports this legislation which would require VA to hire more Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans.

According to the most recent data from the Bureau of Justice statistics, over 130,000 veterans are incarcerated in state and federal prisons, representing approximately eight percent of the total prison population. While the VFW realizes veterans who are convicted of crimes must suffer the consequences, we also recognize that having veteran advocates or individuals to represent them before sentencing and act in their best interests is invaluable.

Increasing the amount of Veterans Justice Outreach Specialists will help our justice-involved veterans navigate the legal system, and hopefully attain outcomes that are best suited for each individual veteran. Also, by providing veterans struggling with legal issues, it allows VA and the justice system to more directly assist veterans struggling with substance abuse issues related to mental health conditions from their service.

H.R. 2225, Veterans Dog Training Therapy Act

The VFW supports this legislation which would carry out a pilot program for dog training therapy at several VA facilities.

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 prescriptions. Veterans who have service dogs also experience an increased participation in social settings, as well as overall satisfaction with life. The VFW supports continued efforts to evaluate the efficacy of using service dogs to treat PTSD and other mental health conditions. Currently, VA in Oregon has already developed the program on which this legislation is modeled. Basing legislation on a currently functioning program ensures an easy transition and proper implementation of the pilot program in more VA facilities.

For more than a decade, research into the benefits of providing service dogs to veterans struggling with their mental health has garnered attention. Given promising research in both the private sector as well as VA, VFW members have consistently reported on the benefits they experienced from having a service dog.

This legislation would ensure more veterans are provided the opportunity to receive a service dog for combat-related mental health conditions. This opportunity would be provided at a VA medical center, administered by VA's Center for Compassionate Innovation, with experienced and qualified staff training the dogs and veterans. Veterans would not need to travel for this benefit, and they would have access to VA's veterinary insurance. It would also have the potential to advance and positively affect ongoing studies of service dogs by collecting essential data. 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. This collection of data would be invaluable in knowing the likelihood of medication decreases, emotional well-being and improvements of service dog owners as well as sleep patterns.

H.R. 2327, Puppies Assisting Wounded Servicemembers Act of 2017

The VFW supports the intent of this legislation. This legislation would provide grants to eligible private sector organizations to provide service dogs to veterans with severe PTSD. Studying the benefits of providing service dogs to veterans struggling with mental health disorders after the military is absolutely crucial. With that said, the VFW knows that not all combat veterans return home with PTSD. There is a wide range of behavioral health issues veterans may struggle with, from mental illness to psychosocial disorders. This pilot program would limit access to service dogs only for veterans with severe PTSD. These veterans would have to travel for their service dog training, which would be reimbursed by VA. While this is not always a barrier, travel outside VA may be a barrier to some veterans. Legislating that the pilot must be performed by private organizations outside VA adds a possible barrier to veterans in need. This legislation would also only require one report within nine months of the pilot program ending. This would limit the ability of VA and Congress to oversee the progress and benefits of the outcomes for participating veterans. Also, with more than 40,000 employment vacancies within VA, the VFW is concerned this legislation's offset could have unintended consequences for VA's Human Resources trying to fill those much needed positions.

The VFW strongly supports the continuance of care this legislation would require to maintain eligibility of canine health insurance. Continuance of care is crucial to successfully overcoming any illness, whether it is physical or mental. With VA only maintaining coverage of the service dogs if the veteran continues to see their physician or mental health care provider at least once a quarter –– unlike other service dog bills –– this legislation would ensure more consistent and open communication between the medical provider and veteran.
Draft Bill, to make certain improvements in VA's Health Professionals Educational Assistance Program.

The VFW Supports the draft legislation and has recommendations to improve it, which we hope the subcommittee considers before advancing it.

This legislation would make improvements to scholarship and educational assistance programs provided by VA in an attempt to address provider shortages within the department. These position vacancies in VA must be properly addressed, and the VFW supports the idea of providing education incentives to attract more high quality VA employees. Section 2 of this draft bill is specific in designating scholarships specifically for physicians and dentists. There is zero doubt VA needs physicians and dentists, but this section must include scholarship opportunities for psychologists and students working toward their Master of Social Work. The entire country has a shortage of mental health care providers, and psychiatrists are not the ones providing talk therapy and the majority of

mental health testing/screening for patients. By not including psychologists and therapists in section 2, this legislation would be proving a disservice to VA in the form of not addressing veterans' mental health needs and access to care.

The second alarming issue the VFW has concerns with is in Section 4. This section would provide a full-ride scholarship to certain veterans who qualify and choose to attend a Teague-Cranston medical school. This scholarship is not tied to any other education benefit eligibility for title 38 or title 10 of the United States Code. Yet this legislation specifically shuns certain veterans with bad paper discharges. Eligible veterans would only include those discharged not more than 10 years before they apply, and only those with an honorable or a general discharge. The VFW firmly believes this criteria must be more open and inclusive.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2017, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.