Pending Legislation

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Statement of

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Subcommittee on Health

With Respect To

Pending Legislation

Washington, D.C.

Chairwoman Brownley, Ranking Member Bergman, and members of the subcommittee, 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 this subcommittee.

H.R. 913, Build a Better VA Act

The VFW strongly supports this legislation, which would bring flexibility to the lease funding for the Department of Veterans Affairs (VA). By changing funding appropriations, VA would have more leasing options which would make the leasing process easier. VA capital infrastructure was changeless for years and this would be a small step in the right direction to alleviate some of its infrastructure issues.

H.R. 2587, SERVE Act

Army, Navy, Air Force, and Coast Guard all have medical military occupational specialists who served in various positions from combat medics to pharmacy technicians. The Air Force even provides medical support to the Space Force. To lose these individuals and the hours of military training or to have them spend valuable education funds to re-educate in a field they served is disgraceful and wasteful.

This past year has shown us how critically vital health care professionals are to our communities, enduring stress and staff shortages to take care of their patients. Some communities had a lack of quality individuals to administer the COVID-19 vaccine, which placed a strain on this critical public health effort. In the future, connecting qualified veterans who are willing to respond to a national emergency with the proper authorities will save lives and relieve the burden of an already overtaxed health care system.

The VFW supports this legislation which would allow veterans to identify their medical training and utilize their skills during national emergencies or assist VA to cover staff shortages as intermediate care technicians. It is important to emphasize this program during the transition phase of active duty service members to ease their passage into civilian life and eliminate employment record gaps. This bill is a win-win for the medical active duty members, veterans, VA, and the communities they serve.

H.R. 2775, VA Quality Health Care Accountability and Transparency Act

The VFW strongly believes veterans have earned and deserve timely access to high-quality, comprehensive, and veteran-centric health care. A more veteran centered and transparent Veterans Health Administration (VHA) places the information and control in the hands of the veterans and empowers them to be more knowledgeable and proactive with their health. Therefore, VA's Access to Care website needs to be as informative, useful, practical, functional, and up-to-date as possible.

The VFW supports this legislation which would improve the transparency of information wait times, staffing shortages, patient safety and quality care outcomes on VA's Access to Care website. In addition, the website would be accessible from VA's main home page and each medical center, and be evaluated on ease of usage and accuracy of data.

H.R. 2797, National Green Alert Act of 2021

In 2018, members of the VFW Department of Wisconsin were in Governor Scott Walker's office as he signed into law SB 473, *Corey Adams Searchlight Act*.Now known as Act 175, this law created the statewide "Green Alert" system for missing at-risk veterans who have service-related mental and/or physical health conditions.

The inspiration for Act 175 was the disappearance and death of U.S. Air Force Reserve Sergeant Corey Adams, who suffered from PTSD. Similar to the Amber and Silver Alerts, the Green Alert notifies the public if an at-risk veteran, active duty member, or National Guard or Reserve member has been reported missing. Currently, Wisconsin, New Hampshire, and Iowa all use the Green Alert system. Since its implementation in Wisconsin, two dozen alerts have been issued. All but two individuals have been found and returned home safely, which is a 92 percent success rate in that state.

The VFW supports the *National Green Alert Act of 2021*, which would establish a committee to create a toolbox for best practices, procedures, and other details so states may implement their own version of the Green Alert system.

H.R. 3027, Veterans Improved Access to Care Act of 2021

The VFW supports the *Veterans Improved Access to Care Act of 2021*. This legislation would expand the information required by Section 505 of the *VA MISSION Act of 2018* and create a pilot program and strategy to expedite the hiring and onboarding process for medical providers.

Before 2020, VA had approximately 45,000 unfilled vacancies, including approximately 2,500 primary care physicians and more than 700 psychologists. In the past year, VHA relaxed some of its hiring policies and hired thousands of new employees, including 3,300 physicians. VHA's current hiring and onboarding process takes 90 days, but the COVID-19 pandemic forced VA to expedite the hiring process. Now, VHA needs to do the same with the onboarding process.

H.R. 3452, Veterans Preventative Health Coverage Fairness Act

The VFW supports the *Veterans Preventative Health Coverage Fairness Act*, which would expand VA's preventive health services. Preventive services and medications are essential to one's quality of life, and early detection can lead to better outcomes and cost savings.

There are currently 11 categories of preventive medicines found to be effective, such as aspirin, to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for preventive medication to prevent such birth defects. Vitamin D is another preventive medicine that is often prescribed to prevent bone fractures, which is beneficial to traumatic brain injury patients with hindbrain injuries. Breast cancer prevention medication is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible diseases and to be health care cost-savers.

In addition, the bill would expand preventive care and screenings for women veterans as per the Health Resources and Services Administration Preventive Services Guidelines in effect as of January 1, 2017, to include contraceptive methods. Many women use contraceptive methods for reasons other than pregnancy prevention, such as to ease premenstrual syndrome (PMS) or premenstrual dysphoric disorder symptoms, to relieve endometriosis pain, to control hormones that are imbalanced due to polycystic ovary syndrome, to regulate menstrual cycles, or to lower their risk of ovarian cancer by 30 to 50 percent. Depending on

the veteran's priority group, a women veteran may be required to pay a copay for contraceptive methods. Although, non-veteran women can receive the same contraceptive methods at no cost through their employers per the Affordable Care Act or through other federally funded programs.

The VA formulary currently includes all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is exempt from requirements to provide preventive care and services without cost shares. This is counter to industry standards for private health insurance plans, which do not require out-of-pocket costs for preventive care prescriptions. Cost is a significant barrier for veterans who use VA health care and who have been found to have a lower income on average than veterans who do not use VA health care. The VFW urges VA to eliminate this barrier to preventive care and services at no cost to the veteran.

H.R. 3674, Vet Center Support Act

Vet Centers are VA's unheralded program that has been around for 42 years. Over 300 centers, 83 mobile units, and several outstations and community access points serve eligible veterans and their families. Vet Centers offer an array of services from individual to family counseling, Veterans Benefits Administration benefits explanation, substance abuse assessment and referral, and many others. This past January, two mobile Vet Centers deployed to Capitol Hill to be a vital resource for guardsmen, Capital police and congressional staff. Most recently, a mobile VA center was sent to the location of the deadly Florida building collapse to provide support services to veterans and non-veterans.

The VFW supports the *Vet Center Support Act*, which requires VA to assess the mental health care services provided by Vet Centers. Understanding who uses Vet Centers and why helps to coordinate adequate staffing, resources, and funding.

H.R. 3693, VA CPE Modernization Act

The majority of health care professions require a certain amount of continuing professional education (CPE) credits to maintain certification and licenses. An individual can acquire these credits by attending conferences held by particular associations or reading articles and completing examinations, but that comes with a cost. For example, a nationally certified pharmacy technician completes 25 CPE credits every two years. They could either belong to an organization for a fee or pay per credit to take examinations, both averaging a few hundred dollars for the two years. An orthopedic surgeon averages 50 hours of CPE credits per year with at least 25 in the field of orthopedic surgery, which can cost a few thousand dollars.

The VFW supports the *VA CPE Modernization Act*. This legislation would assist VA health care professionals with the cost of CPE credits to maintain their certification and licenses.

Draft, VIPER Act

The VFW supports the draft language for the *VIPER Act*. VA's research creates and supports many of its forward-thinking programs and treatments. Therefore, removing some of the barriers like the Paperwork Reduction Act can assist in expediting proposals similar to the processes for the National Institutes of Health. Hiring the proper professionals like statisticians and informaticists enhances and validates the research and data completed by the Department. This bill would also review policies and practices regarding time dedicated to research, thereby highlighting this unique opportunity to recruit and retain clinicians, scientists, researchers, and other health care professionals.

Draft bill to amend title 38, United States Code, to clarify and improve the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, and for other purposes.

The VFW cannot support this bill as written. We caution against setting into law a pathway that would sacrifice due process by removing a veteran or caregiver's redress of grievances. The caregiver appeals process must not end at the clinical decision. There must be another

appellate option available.

However, we do support opening the Phase II application process sooner. The Phase I rollout faced delays that VA believes should postpone the opening of Phase II. The VFW disagrees. Congress must hold VA accountable to open Phase II of the application process sooner and not later than the two years from the Secretary's certification date. Phase II veterans and their caregivers have been patiently waiting their turn for far too long.

Draft bill to amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, and for other purposes.

The VFW supports this legislation with suggestions for improvement. In addition to understanding the purchase, distribution and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services, the assessment should also gather the strategy and systems used by VA to process recalls of these items. A week after a national recall of continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BPAP) devices by the manufacturer, VA announced via their VHA National Center for Patient Safety website that it had distributed over 300,000 of these devices. The compelling question is, were the veterans contacted directly? Many of these devices are equipped with technology that sends a signal to the clinic that shows the veteran's usage. Therefore, VA knows who has these devices and if they are in use.

Draft bill to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to veterans and members of the Armed Forces using certain educational assistance benefits.

Student veterans face unique challenges beyond their schoolwork. According to the latest National Veteran Education Success Tracker report, the majority of veterans who completed their degrees were non-traditional students over the age of 24 years old. Almost half of student veterans are parents, and half of them are married. In addition to pursuing their degrees, the responsibility of securing child care and providing for their families leaves little time for the veterans themselves.

The American Psychological Association released a study stating nearly half of student veterans have had suicidal ideations, and 20 percent had a plan to follow through with those ideations. Expanding eligibility to VA Vet Centers to include certain veterans who are using educational assistance benefits gives added mental health support during exciting but often stressful times.

The VFW supports this bill and urges Congress and VA to be mindful that the resources and staff of the Vet Centers are not pushed to the limits with the new eligibility expansion.

Chairwoman Brownley, Ranking Member Bergman, this concludes my testimony. I am prepared to answer any questions you or the subcommittee members may have.

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 2021, 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.