

# Pending Legislation

Mar 29, 2023

Statement of  
Meggan Thomas, Associate Director  
National Legislative Service  
Veterans of Foreign Wars of the United States

For the Record

United States House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health

With Respect To

## Pending Legislation

WASHINGTON, D.C.

Chairwoman Miller-Meeks, Ranking Member Brownley, 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 legislation pending before this subcommittee.

### NATIONAL HEADQUARTERS

406 W. 34th Street  
Kansas City, MO 64111  
Office 816.756.3390  
Fax 816.968.1157

### WASHINGTON OFFICE

200 Maryland Ave., N.E.  
Washington, D.C. 20002  
Office 202.543.2239  
Fax 202.543.6719

info@vfw.org  
www.vfw.org

### **H.R. 41, VA Same-Day Scheduling Act of 2023**

The VFW supports this legislation that would mandate the Secretary of Veterans Affairs (VA) to ensure veterans are able to schedule appointments for health care at VA medical facilities in a timely manner. The VFW understands that it is essential for veterans who need care to be able to schedule appointments via telephone, rather than have to wait for return calls from VA staff members. In practicality, appointments outside of referrals should be set up that same day to ensure high quality care is being delivered to veterans.

### **H.R. 366, Korean American Vietnam Allies Long Overdue for Relief (VALOR) Act**

The VFW does not currently have a resolution supporting care and benefits for allied forces, therefore, we have no position on this legislation.

### **H.R. 542, Elizabeth Dole Home Care Act of 2023**

As life expectancy continues to increase, so must life quality, and for many veterans that means having home health care as a choice. The VFW continues to advocate for long-term care options as stated in our legislative priority goals and resolution, which is why we support this proposal.

Home health care benefits the veteran, caregiver, and VA in many ways. Caregivers relieve VA of the necessity to place veterans in institutional long-term care. Even though veterans may require assistance with daily activities, being at home offers independence and familiarity, which is essential for veterans in the beginning stages of dementia. This freedom to remain in their homes needs to be supported by VA services and funding, while not financially stressing veterans and their families.

A Kaiser Family Foundation report released in February 2022 states that almost twenty-five percent of individuals who died from COVID-19 lived in long-term care settings. People living in nursing homes most often cohabitate with two beds per room separated by a curtain, and share a bathroom, increasing the likelihood of becoming ill or dying. By residing at home, a veteran's risk of exposure to infectious diseases decreases.

This bill contains many ways VA would expand home and community services for veterans and their caregivers. VA would be required to partner with a state's Program of All-Inclusive Care for the Elderly to ensure veteran care is coordinated. All medical centers would have the programs of Veteran Directed Care, Home Maker and Home Health Aide, Home-Based Primary Care, and Purchased Skilled Home Care to support and provide veterans a non-institutional care setting. Caregivers would receive a warm handoff to home and community service programs if they are denied or discharged from the Program of Comprehensive Assistance for Family Caregivers. By closing the gap, caregivers would be more aware of other VA programs that provide caregiver support. VA would pilot a program to address locations with home health aide shortages. Offering both medical and financial support would make the decision to keep veterans at home easier.

### **H.R. 562, Improving Veterans Access to Congressional Services Act of 2023**

The VFW supports this legislation that would require VA to provide space at VA facilities for congressional offices to provide constituent assistance. As a Veterans Service Organization that for more than one hundred years has been assisting veterans with filing claims to obtain their earned benefits, the VFW understands the value and need for constituent services at VA facilities. We have heard positive feedback and believe VA should continue to provide space where available, as long as it does not conflict with patient care.

### **H.R. 693, Veterans Affairs Medical Center Absence and Notification Timeline (VACANT) Act**

The VFW supports this proposal to provide transparency regarding VA officials being detailed for other positions. We understand there are times when VA calls on its best staff, which includes directors of VA Medical Centers (VAMCs) for essential detail coverage. However, in-house leadership at those facilities is crucial for staff morale, the mission of caring for America's veterans, and ensuring that the VAMC meets production deadlines. When a director is utilized for detail, it must be clearly communicated in appropriate time so a qualified replacement can fill in if needed.

### **H.R. 754, Modernizing Veterans' Health Care Eligibility Act**

The VFW cannot support this proposal at this time. While we agree VA's eligibility

standards may not be perfect and could be improved or streamlined, we do not think a complete overhaul of the system is called for at this point. We also do not think a proposed commission is the way to accomplish that goal. Commissions like the one described in this proposal are needed when subject matter experts are required for an issue and an outside commission is established. The VFW feels if changes are needed for eligibility, there is more than enough knowledge and expertise between veterans' stakeholders, Congress, and veteran health care providers that an expert commission is unnecessary.

Additionally, a major issue we have with the proposed goal is it is too vague. Typically, we would like to see a proposal have a specific directive, examples such as diminished or expanded eligibility, or to consolidate priority groups. We think the mission of the proposed commission is not narrowly defined, which could lead to creating solutions for problems that do not exist. The VFW welcomes the discussion to improve care and access to care by modifying existing eligibility requirements, especially for emergency situations, but does not think the entire system needs an overhaul.

### **H.R. 808, Veterans Patient Advocacy Act**

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 VA's patient advocate program. 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.

### **H.R. 1089, VA Medical Center Facility Transparency Act**

The VFW supports this bill to require VAMC directors to submit to VA and Congress an annual fact sheet containing specified information about their facilities. This would allow

for standardized reporting to identify specific health care needs and services provided at each location. This data would be informative when discussing the health conditions that are prevalent in the veterans' community. Improvement to VAMCs is vital for access and quality of care. Giving executive teams the opportunity to review and understand areas of progress and areas still in need of improvement would help develop better approaches, and quarterly reports would allow VA, Congress, and the VAMCs to determine what is and is not working. The VFW believes an improvement for this proposal would be to include data on efforts focused on the needs of underserved veterans, suicide prevention and other mental health initiatives, pain management and opioid abuse prevention, and combating veteran homelessness.

### **H.R. 1256, Veterans Health Administration Leadership Transformation Act**

The VFW cannot support this bill at this time. We understand that this proposal seeks to provide stability within the Veterans Health Administration by ensuring the Under Secretary of Health and Assistant Under Secretaries of Health positions will not be vacant. This could be helpful in maintaining consistency. On the other hand, we respect every administration's position to choose appointees who align with their command message. Since presidential terms are for four years at a time, appointing certain positions for five-year terms could cause some of these appointments to bridge different administrations and impact the delivery of care if VA leadership is not fully aligned. For these reasons, we cannot offer support at this time.

Chairwoman Miller-Meeks, this concludes my testimony. Again, the VFW thanks you and Ranking Member Brownley for the opportunity to provide remarks on these important issues pending before this subcommittee.

### **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 2023, 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.

