

**STATEMENT OF
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THE AMERICAN LEGION
BEFORE THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING LEGISLATION**

JULY 14, 2015

Chairman Benishek, Ranking Member Brownley, and distinguished members of the subcommittee, on behalf of our National Commander, Michael Helm, and the over 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on the following pending legislation.

H.R. 272: The Medal of Honor Priority Care Act

To amend title 38, United States Code, to increase the priority for enrollment of Medal of Honor recipients in the health care system of the Department of Veterans Affairs, and for other purposes.

The Medal of Honor is the America's highest military award for valor. From the Civil War to the present Global War on Terror, this decoration has recognized those servicemembers who performed acts of uncommon valor far above and beyond the call of duty. The recipients have earned this award by displaying heroism and bravery while risking their lives during service to this great nation.

In 2009, when legislation at the time was being considered to assign priority status for hospital care and medical services for Medal of Honor recipients, The American Legion stated not only should they get a priority status (they were ultimately assigned Priority status 3) but that The American Legion would support legislation to place Medal of Honor recipients in Priority Group 1 for Department of Veterans Affairs (VA) health care.¹

Medal of Honor recipients are currently assigned to VA Enrollment Priority Group 3. This bill would assign Medal of Honor recipients to Enrollment Priority Group 1, which is the highest priority group a veteran can be assigned.

The American Legion supports H.R. 272.

H.R. 353: The Veterans' Access to Hearing Health Act of 2015

¹ [Testimony of The American Legion – HVAC Health Subcommittee Legislative Hearing June 18, 2009](#)

To amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes

This bill aims to provide options for hearing impaired veterans in the hope of reducing wait times by allowing hearing aid specialists to be added to the list of the VA's approved health care providers. Recently, The American Legion reached out to the VA regarding wait times for audiology appointments. As of January 15, 2015, there were 23,813 veterans (15,230 new patients; 8,583 established patients) who were waiting longer than 30 days for an audiology appointment. Currently, under the Veterans Choice Program any veteran waiting over 30 days is given the option to seek care in the private sector. Nevertheless, the Denver Acquisition and Logistics Center (DALC) reported that there were no backlogs in processing hearing aids for veterans.

The American Legion believes VA already has the authority to address this problem.

The American Legion does not have a position on H.R. 353.

H.R. 359: The Veterans Dog Training Therapy Act

To direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy.

Since 1991, the United States has been at war and as result thousands of soldiers have returned home with mental and physical injuries. In 2009, Congress amended Title 38, United States Code (U.S.C.) § 1714 by authorizing VA to extend benefits for the upkeep of service dogs used primarily for the aid of persons with physical disabilities and psychological wounds.

This legislation would expand the use of service dog program. The American Legion has urged the VA to clearly define regulations and current eligibility requirements for a veteran to receive a referral for mental and/or physical conditions, and to pass legislation for clarification of the original intent of Congress to VA in order to ensure VA provides service and guide dogs to veterans with mental health illnesses.²

² [Resolution No. 149 – Service Dogs for Injured Service Personnel and Veterans with Mental Health Conditions](#)

This legislation is important to veterans because it allows the use of service dogs to assist in the therapy plan for injured veterans returning home from war with the signature wounds such as traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD). Service dogs can act as an effective complementary therapy treatment component, especially for those veterans who suffer on a daily basis from the physical and psychological wounds of war.

The American Legion supports H.R. 359.

H.R. 421: *The Classified Veterans Access to Care Act*

To amend title 38, United States Code, to improve the mental health treatment provided by the Secretary of Veterans Affairs to veterans who served in classified missions.

This bill requires the Secretary to establish standards and procedures to ensure that a veteran who participated in a classified mission or served in a sensitive unit while in the Armed Forces may access VA mental health care in a manner that fully accommodates the veteran's obligation to not improperly disclose classified information. This bill also disseminates guidance to employees of the VHA, including mental health professionals, on such standards and procedures and on how to best engage such veterans during the course of mental health treatment with respect to classified information. Finally, the legislation ensures that an individual may elect to identify as such a veteran on an appropriate form.

The American Legion has urged Congress to annually appropriate sufficient funds for VA to ensure there are comprehensive mental health services available to veterans.³ To be truly comprehensive, services must be available to all veterans, regardless of the classified nature of their service.

The American Legion supports H.R. 421.

H.R. 423: *The Newborn Care Improvement Act*

To amend title 38, United States Code, to improve the care provided by the Secretary of Veterans Affairs to newborn children.

Currently, VA covers newborn care for the first seven days after birth in a non-department facility for eligible women veterans who are receiving VA maternity care.

Newborn care includes routine post-delivery care and all other medically necessary services according to generally accepted standards of medical practice. VA does not provide child delivery care in VA health care facilities, but rather refers women veterans outside the VA through contracted care. Under current law, VA only provides care for the first 7 days after birth, even if birth complications require continued care beyond that period.⁴ Beyond 7 days, the cost

³ [Resolution No. 155- Department of Veterans Affairs Mental Health Services](#)

⁴ [VA Women's Health Care FAQ](#)

of care is the responsibility of the veteran and not VA. If this bill is enacted into law, it would extend the time frame VA would be responsible to 14 days.

In 2011, The American Legion conducted a Women Veterans Survey with 3,012 women veterans in order to better understand their healthcare needs through VA. The survey found while there were improvements in the delivery of VA healthcare to women veterans, challenges with service quality in the following areas remained:

- tangibles,
- reliability,
- responsiveness,
- competence,
- courtesy,
- communication,
- credibility,
- security,
- access,
- understanding.

In 2012-2013, The American Legion's System Worth Saving Task Force report focused on women veterans' health care. The objectives of the report were to:

- Understand what perceptions and barriers prevent women veterans from enrolling in VA,
- Determine what quality-of-care challenges women veterans face with their VA health care, and to
- Provide recommendations and steps VA can take to improve these access barriers and quality-of-care challenges.

While maternity and newborn care is primarily purchased outside VA, the Task Force found several medical centers had challenges finding hospitals in the area that would accept fee-basis for maternity care services due to VA's required use of the Medicare reimbursement rate. At other medical centers, fee-basis expenditures on women veterans' gender-specific services were not even available.

The American Legion recommends that the Business Office managers be required to track women veterans' gender-specific fee-basis expenditures.⁵ Furthermore, these expenditures should be rolled up by VA Central Office (VACO) and disseminated to stakeholders and the public to better facilitate planning for future needs within VA.

⁵ [The American Legion System Worth Saving Report: "Women Veterans Health Care"- 2013](#)

The American Legion is committed to working with VA in order to ensure that the needs of the current and future women veterans' population are met and the VA should provide full comprehensive health services for women veterans department wide.⁶

The American Legion supports H.R. 423.

H.R. 1356: *The Women Veterans Access to Quality Care Act of 2015*

To improve the provision of health care for women veterans by the Department of Veterans Affairs, and for other purposes.

Women veterans are the fastest growing demographic currently serving in the military.⁷ They deserve a robust and comprehensive VA healthcare system to care for them when they transition from active duty to civilian life. Over the years, VA has made great strides in making health care services available for women veterans, such as ensuring more women veterans see providers who meet their gender-specific health care needs. However, there is still much work to be done to meet the overall health care needs of women veterans. Even though the military has seen a significant increase in the number of women joining the military, the number of women veterans enrolling in the VA health care system still remains relatively low when compared to their male counterparts.

Despite improvements VA has taken to broaden their health-care programs and services for women veterans, The American Legion has found there are still numerous challenges and barriers women veterans face with enrolling in the VA including⁸:

- Women veterans often do not self-identify as veterans,
- Women veterans are often not recognized by VA staff as veterans,
- Among women veterans, there can be a lack of awareness, knowledge, and understanding of their VA benefits,
- There is an incorrect but prevalent stigma that the VA healthcare system is an “all male” healthcare system, and
- The VA does not provide all of the gender specific health care needs for their enrolled women veterans.

⁶[Resolution No. 45: Women Veterans](#)

⁷[VHA Sourcebook Vol. 3: Women Veterans in the Veterans Health Administration](#)

⁸[The American Legion Women Veterans Survey Report](#)

As a result, The American Legion believes in ensuring women veterans receive the highest quality VA health care, and that the care is tailored to meet their gender specific health care needs.⁹

This legislation directs VA to establish standards ensuring all VA facilities structurally meet gender-specific health care needs, integrate those standards into VA's prioritization methodology when determining funding needs, and to issue reports on those standards, especially where facilities may be failing to meet standards. The bill would make VA's compliance with women's health care needs more transparent through public dissemination of information on VA's websites. Finally, the bill would utilize multiple measures to ensure greater representation within VA of key women's health care provider positions including obstetricians and gynecologists.

All of these measures would go a long way towards addressing recognized concerns of women veterans and would improve the comprehensive nature of the health care available for women through VA.

The American Legion supports H.R 1356.

H.R. 1688: To designate 20 graduate medical education residency positions specifically for the study of optometry

To amend the Veterans Access, Choice, and Accountability Act of 2014 to designate 20 graduate medical education residency positions specifically for the study of optometry.

Currently, Section 301(b)(2)(A) of the Veterans Access, Choice, and Accountability Act of 2014 states that the Secretary shall, "allocate the residency positions under such paragraph among occupations included in the most current determination published in the Federal Register." This bill would amend the VACAA by ensuring that 20 of these positions are designated specifically for residencies in optometry.

Barring more specific information about the needs in optometry, as well as other medical specialties vying for residency positions, information is inconclusive about the impact of this legislation on VA's optometry needs, as well as the needs in other medical fields.

The American Legion does not have a position on H.R. 1688.

H.R. 1862: The Veterans' Credit Protection Act

To direct the Secretary of Veterans Affairs to conduct outreach to veterans regarding the effect of delayed payments of claims for emergency medical care furnished by non-Department of

⁹ [Resolution No. 45: Women Veterans](#)

Veterans Affairs medical providers by the Chief Business Office and to direct the Secretary to submit to Congress an annual report regarding such delayed payments.

When a veteran seeks emergency care outside of the VA, he or she has 90 days from the date of care to submit a claim to the VA if it is for a non-service connected condition, and two years for a service connected condition.¹⁰ Nevertheless, several veterans have reported to The American Legion that delayed payments for emergency care by the VA to the non-VA provider have resulted in numerous credit issues for veterans. This legislation requires VA to conduct outreach to veterans to better educate them on resolving the credit issues caused by these delayed payments. The bill further establishes a toll-free telephone number that would allow veterans to report these issues to the Chief Business Office (CBO).

The American Legion has long urged VA to adopt a more definitive policy on Emergency Care that is consistently applied at every VA Medical Center. VA's policy cannot continue to result in unfair billing for veterans who require emergency care outside VA.¹¹

The American Legion support H.R. 1862.

H.R. 2464: *The Demanding Accountability for Veterans Act of 2015*

To amend title 38, United States Code, to improve the accountability of the Secretary of Veterans Affairs to the Inspector General of the Department of Veterans Affairs.

This bill would require the Secretary to identify by name the employee responsible for fixing an issue that comes to light following any VA Office of the Inspector General (VAOIG) report. The designee would then provide a mitigation plan to help resolve the issue cited in the report. No responsible designee would then be permitted to receive a year-end bonus until such time as the issue cited in the report is resolved. If, during performance reviews, it is determined that the individual has repeatedly failed to solve the problem, the VA would then be equipped to relieve the individual from duty.

Because of the increased need for accountability, The American Legion urges Congress to enact legislation that provides the Secretary of Veterans Affairs the authority to remove any individual from service if the Secretary determines the performance of the individual warrants such removal.¹²

The American Legion supports H.R. 2464.

H.R. 2914: *The Build a Better VA Act*

¹⁰ 38 USC § 1728 and § 1725

¹¹ [American Legion Resolution No. 2-Uniform Payment Policy for Emergency Care at Non-Department of Veterans Affairs \(VA\) Medical Facilities](#)

¹² [Resolution No. 30-Department of Veterans Affairs Accountability](#)

To amend title 38, United States Code, to require congressional approval before the appropriation of funds for Department of Veterans Affairs major medical facility leases.

This bill would modify the current process for approving Department of Veterans Affairs medical facility leases to include amending Title 38 of the United States Code, which requires congressional approval before the appropriation of funds for VA major medical facility leases.

In 2012, the Congressional Budget Office (CBO) unexpectedly changed its scoring methodology for capital leases after decades of precedence. CBO's new scoring method reflects the cost for the duration of the lease rather than scoring it on an annual basis. This bill also attempts to solve the issues caused by the CBO and allow major medical facility leases to be authorized by the Veterans' Affairs Committee.

Since the change in lease scoring became apparent, The American Legion has worked closely with both VA and Congress to try to provide an annual or permanent exemption for the VA leases from the new CBO scoring process. This is essential for the providing VA with the flexibility it needs to meet the health care needs of veterans.¹³

The American Legion supports H.R. 2914.

H.R. 2915: Female Veteran Suicide Prevention Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary.

This bill would improve female veteran suicide prevention programs within VA by amending Title 38 of the United States Code to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans. This bill also strives to improve suicide prevention programs for female veterans enrolled in the VA healthcare system.

According to figures in a 2015 study, suicide rates among women veterans rose 40 percent during the decade from 2000-2010, compared to a more modest increase of 13 percent among the equivalent civilian cohort of women.¹⁴ Women veterans are nearly 6 times more likely than civilian women to commit suicide. This legislation seeks to address this imbalance.

The American Legion continues to urge the President and Congress to expand and improve the care provided to veterans and servicemembers who have mental health issues or are at risk of

¹³ [Resolution No. 282- Congressional Budget Office Scoring on Department of Veterans Affairs Leasing](#)

¹⁴ [Changes in Suicide Mortality for Veterans and Non-Veterans by Gender and History of VHA Service Use, 2000-2010, Psychiatric Services May 1, 2015](#)

suicide.¹⁵ This legislation to help women veterans who struggle with suicide is critical, as is all legislation designed to help veterans struggling with mental health issues and suicide, be they male or female.

The American Legion supports H.R 2915.

Draft Bill: VA Provider Equity Act

To amend title 38, United States Code, to clarify the role of podiatrists in the Department of Veterans Affairs

This legislation would address the recruitment and retention challenges VA faces regarding pay disparities among some physicians providing direct health care to our nation's veterans. This bill would specifically place podiatrists within the Veterans Health Administration (VHA) on the same pay schedule as VA physicians and provide them the same promotional and leadership opportunities they often hold in private sector healthcare systems. One of the areas VA consistently struggles with is recruiting and retention of certain health care providers. This includes podiatrists. This change would put podiatrists in the same classification as all other physicians and would assist VA with recruiting and retention. As a result VA will be able to attract and retain more experienced podiatrists to treat veterans suffering with lower extremity issues, which is a particular concern to large numbers of veterans suffering from Type II Diabetes associated with exposure to the herbicide Agent Orange.

The American Legion supports this draft bill.

Draft Bill: Construction Reform Act of 2015

To authorize Department major medical facility construction projects for fiscal year 2015, to amend title 38, United States Code, to make certain improvements in the administration of Department medical facility construction projects, and for other purposes.

Section 1: Title

Section 2: VA Construction Reforms

This portion of the legislation proposes a new subsection to 38 USC § 8103 by requiring the Secretary to enter into an agreement with an appropriate non-Department entity for the purpose of providing full project management services for any super construction project. Super construction projects are defined as “a project for the construction, alteration, or acquisition of a

¹⁵ [Resolution No. 196 – Suicide Prevention for American Veterans](#)

medical facility involving a total expenditure of more than \$100 million.” Under the provisions of this section, the Secretary may not obligate or expend funds for advance planning or design for any super construction project, until the date that is 60 days after the date on which the Secretary submits to the Committees on Veterans’ Affairs and the Committees on Appropriations of the Senate and House of Representatives notice of such obligation or expenditure.

Section 3: Modification of Authorization of FY 2008 Major Medical Facility Project at Department Medical Center in Tampa, Florida

This section deals with the construction of a new bed tower at the VA Medical Center (VAMC) in Tampa, Florida.

Section 4: Authorization of Fiscal Year 2015 Major Medical Facility Projects

This section authorizes construction and corrections to VA facilities in Canandaigua, NY; Long Beach, CA; West Los Angeles, CA; and San Diego, CA.

The American Legion is a strong supporter of legislation and oversight to improve future VA construction programs. The American Legion also urges VA to consider all available options, both within the agency and externally, including options such as the Army Corps of Engineers, to ensure major construction programs are completed on time and within budget.¹⁶ This legislation, in particular Section 2, speaks directly to providing those outside options to better manage large construction projects where VA has recently struggled including hospitals in Colorado, Nevada, Florida and Louisiana.

The American Legion supports this draft bill.

Conclusion

As always, The American Legion thanks this subcommittee for the opportunity to explain the position of the over 2 million veteran members of this organization.

For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion’s Legislative Division at (202) 861-2700 or wgoldstein@legion.org.

¹⁶ [Resolution No. 24-May 2015](#)