

**STATEMENT FOR THE RECORD OF  
THE AMERICAN LEGION  
TO THE  
SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES HOUSE OF REPRESENTATIVES  
ON  
PENDING AND DRAFT LEGISLATION**

**APRIL 20, 2016**

Chairman Benishek, Ranking Member Brownley, and distinguished members of the Subcommittee on Health, on behalf of National Commander Dale Barnett and The American Legion; the country's largest patriotic wartime service organization for veterans, comprising over 2 million members and serving *every* man and woman who has worn the uniform for this country; we thank you for the opportunity to testify regarding The American Legion's position on the pending and draft legislation.

**H.R.2460**

*To amend title 38, United States Code, to improve the provision of adult day health care services for veterans.*

State Veterans Homes are facilities that provide nursing home and domiciliary care. They are owned, operated and managed by state governments. They date back to the post-Civil War era when many states created them to provide shelter to homeless and disabled veterans. Currently, there are only two Adult Day Health Care programs at State Veterans Homes in the United States. Both are located on Long Island, New York. However, these programs could easily be offered at the other 151 State Veterans Homes located throughout the country.

H.R. 2460 would provide no cost medical model Adult Day Health Care at State Veterans Homes who are 70% or more service-connected. This bill is an extension of Public Law (P.L.) 109-461, *Veterans Benefits Health Care, and Information Technology Act of 2006*, which currently provides no cost nursing home care at any State Veterans Home to veterans who are 70% or more for their service-connected disability and who require significant assistance from others to carry out daily tasks.

VA pays State Veterans Homes a per diem that covers merely one-third of the cost of providing this service. This bill will expand disabled veterans' access to services such as Adult Day Health Care; a daily program for disabled veterans who need extra assistance and special attention in their day to day lives.

Resolution Number 21 entitled *State Veteran Home Per Diem Reimbursement* supports an increase in the per-diem rates for veterans in need of such care that State Veterans Homes provide.<sup>1</sup>

---

<sup>1</sup> American legion Resolution No. 21 (Aug 2014): [State Veteran Home Per Diem Reimbursement](#)

## **The American Legion Supports H.R. 2460.**

### **H.R. 3956: VA Health Center Management Stability and Improvement Act**

*To direct the Secretary of Veterans Affairs to develop and implement a plan to hire directors of the medical centers of the Department of Veterans Affairs.*

For years, The American Legion has consistently been concerned with the Department of Veterans Affairs (VA) leadership, physicians, and medical specialist staffing shortages within the Veterans Health Administration. Since the inception of The American Legion's System Worth Saving (SWS) Program in 2003, we have tracked and reported staffing shortages at every VA medical facility across the country. The American Legion's SWS 2014 executive summary found that several VA medical centers continue to struggle to fill critical leadership positions across multiple departments resulting in communication breakdowns between medical center leadership and staff that work at the medical center.

This bill would address the growing problems of VA medical centers operating without permanent directors creating an instability that puts the care of those who have served at risk. *The VA Health Center Management Stability and Improvement Act* would require the Secretary of VA to develop and implement a plan to hire directors of the medical centers of the VA who are under temporary leadership. No later than 120 days after the date of the enactment of this Act, the Secretary of VA shall develop and implement a plan to hire highly qualified directors for each medical center of the VA that lacks a permanent director. The Secretary shall prioritize the hiring of such directors for the medical centers that have not had a permanent director for the longest periods of time.

The American Legion supports legislation addressing the recruitment and retention challenges faced by the Department of Veterans Affairs (VA) and encourage VHA to develop and implement staffing models for critical need occupations.<sup>2</sup>

## **The American Legion supports H.R. 3956.**

### **H.R. 3974: Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015**

*To require the Secretary of Veterans Affairs to carry out a pilot program to provide educational assistance to certain former members of the Armed Forces for education and training as physician assistants of the Department of Veterans Affairs, to establish pay grades and require competitive pay for physician assistants of the Department, and for other purposes.*

This bill directs the Department of Veterans Affairs (VA) to carry out the Grow Our Own Directive (G.O.O.D.) pilot program that is designed to create a pathway for veterans who want to go to school to become a physician assistant in exchange for a three-year commitment to work within the VA healthcare system. H.R. 3974 proposes to reduce wait times at VA medical centers, while

---

<sup>2</sup> American Legion Resolution No. 101 (Sept. 2015): [Department of Veterans Affairs Recruitment & Retention](#)

increasing the supply of physician's assistants within the VA healthcare system for the purpose of treating veterans.

The American Legion endorses the *Grow Our Own Directive (GOOD): Physician Assistant Employment and Education Act of 2015* for the following reasons:

- Enhances opportunities for veterans seeking employment within the healthcare field – these are **Careers**, not jobs, which equal quality pay and benefits, along with mobility;
- Addresses employment issues for underserved areas. VA has been in dire need of these type of positions for rural and other underserved areas;
- Assists veterans who have experience in the healthcare field with education costs, which reduces debt and other financial barriers for gainful employment within this high growth industry; and
- Ultimately, this pilot program gives the VA a chance to properly fill these positions in order to fully maximize the veteran's experience, while providing excellent care at the Veterans Affairs Medical Centers (VAMCs) or other VA healthcare facilities.

The American Legion supports legislative and administrative measures that seek to encourage and recognize organizations that hire veterans, particular the Department of Veterans Affairs.<sup>3</sup>

**The American Legion supports H.R. 3974.**

### **H.R. 3989: Support Our Military Caregivers Act**

*To amend title 38, United States Code, to improve the process for determining the eligibility of caregivers of veterans to certain benefits administered by the Secretary of Veterans Affairs.*

A caregiver is an unpaid or paid person who helps another individual with an impairment with his or her activities of daily living. Any person with a health impairment might use caregiving services to address their difficulties. A military caregiver is a family member, friend, or acquaintance who provides a broad range of care and assistance for, or manages the care of, a current or former military servicemember with a disabling physical or mental injury or illness.

Typical duties of a caregiver might include taking care of someone who has a chronic illness or disease; managing medications or talking to doctors and nurses on someone's behalf; helping to bathe or dress someone who is frail or disabled; or taking care of household chores, meals, or bills for someone who cannot do these things alone.

The *Support Our Military Caregivers Act*, would reform the current VA's Caregiver Program to help better assist family members who are caring for seriously wounded veterans. The VA's Caregiver Program is currently experiencing delays in the approval process for family members to

---

<sup>3</sup> American Legion Resolution No. 95 (Sept. 2015): [Support Employment of Veterans in the Public and Private Workforce](#)

receive this benefit. This bill would establish an external clinical review process that would allow for the review of the veterans applications or when the application for caregiver benefits is denied, allowing for an independent contractor to review the case.

**The American Legion does not have an official position on H.R. 3989, and are unable to comment at this time.**

### **Discussion Draft**

*To direct the Secretary of Veterans Affairs to ensure that each medical facility of the Department of Veterans Affairs complies with requirements relating to scheduling veterans for health care appointments, to improve the uniform application of directives of the Department, and for other purposes.*

This draft legislation as written, requires that the director of each VA health care facility annually certifies to the Secretary that their medical facility is in full compliance with all provisions of the law and regulations relating to scheduling appointments for veterans to receive hospital care and medical services that are listed under Veterans Health Administration Directive 2010–027, entitled *VHA Outpatient Scheduling Processes and Procedures*, or any successor directive.

The Secretary of VA on a yearly basis will report to both the House Veterans Affairs' Committee (HVAC) and the Senate Veterans' Affairs Committee (SVAC) with a list of medical centers that have certified compliance and a list of facilities that are not in compliance and to provide an explanation of why those facilities did not meet the requirements set forth within the *VHA Outpatient Scheduling Processes and Procedures* directive.

Requiring VA to adhere to the law, regulations and VA policies governing scheduling is common sense. However, this bill fails to spell out any consequences if VA medical center directors fail to comply with the proposed legislation.

**The American Legion would only support this draft legislation if it includes an accountability statement holding medical center and Veterans Integrated Service Network (VISN) directors accountable when they have failed to comply with the intent of the discussion draft.**

### **Discussion Draft**

*To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish a list of drugs that require an increased level of informed consent.*

Informed consent is a process for getting permission before conducting a healthcare intervention on a person. A health care provider may ask a patient to consent to receive therapy before providing it, or a clinical researcher may ask a research participant before enrolling that person into a clinical trial.

This discussion draft, as written, directs the Secretary of VA to establish a list of drugs that require an increased level of informed consent. This bill would require the Secretary of VA to establish within the Office of Specialty Care Service of the Veterans Health Administration a panel to

establish and maintain a list of drugs, including psychotropic drugs that may only be furnished under this title to a patient with increased informed consent of the patient or, in appropriate cases, a representative thereof.

Informed Consent has either become non-existent or hurried by health care providers. It is standard medical procedure to ensure that our veterans are fully informed of the side effects and other liabilities of drugs they are administered prior to their administration. As part of the Informed Consent process, doctors should be required to provide a list of alternative treatments and therapies to the veterans they serve. When providers utilize informed consent, veterans and their families can make informed decisions of what is in their best interest. Finally, this process needs to be a deliberative process, where the understanding of the veteran is consulted and is assured.

The American Legion calls for Congress to exercise oversight over DOD/VA to ensure servicemembers and veterans are only prescribed evidence-based treatments for TBI/PTSD and not prescribed off-label and non-Federal Drug Administration approved medications or treatments for TBI/PTSD.<sup>4</sup>

**The American Legion supports the discussion draft.**

### **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. Questions concerning this testimony can be directed to Warren J. Goldstein in The American Legion's Legislative Division at (202) 861-2700 or [wgoldstein@legion.org](mailto:wgoldstein@legion.org).

---

<sup>4</sup> The American Legion Resolution 292 (Aug. 2014): [Traumatic Brain and Post Traumatic Stress Disorder Programs](#)