



**STATEMENT OF
MATTHEW J. SHUMAN, DIRECTOR
NATIONAL LEGISLATIVE DIVISION
THE AMERICAN LEGION**

BEFORE THE

**SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES**

ON

"FISCAL YEAR 2018 BUDGET FOR THE DEPARTMENT OF VETERANS AFFAIRS"

JUNE 22, 2017

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Chairman Wenstrup, Ranking Member Brownley, and Members of the Subcommittee; On behalf of Charles E. Schmidt, the National Commander of the largest Veteran Service Organization in the United States of America representing more than 2.2 million members; we welcome this opportunity to comment on the federal budget and specific funding programs of the Department of Veterans Affairs (VA).

Choice

The American Legion has reviewed the President's budget request and while we fully support the Administration's proposal to increase the discretionary budget of the Department of Veterans Affairs by \$4.3 billion, we would like to draw this committee's attention to several components of this request that The American Legion calls on Congress to address.

One of the highlights of the President's budget request is a \$2.9 billion request to continue the Veterans Choice Program. The American Legion remains steadfast in our position that a consolidated community care program replace the disparate contracting and procurement vehicles that have amassed over the years at VHA to supplement care for veterans when medically necessary care is not available organically at VA.

In August 2014, President Obama signed into law the Veterans Access, Choice, and Accountability Act (VACAA). Included in that legislation was the Veterans Choice Program or the VCP. The Veterans Choice Program expands the availability of medical services for eligible veterans with community providers and was intended to be a temporary, emergency program in response to the revelation that VA medical centers were unable to serve the veterans in catchment areas who were requesting care, and subsequently created off-the-books wait lists to try and keep track of veterans who needed care but could not get an appointment in a timely manner.

The American Legion supported this program as an emergency, temporary measure and insisted on a sunset date, as did the House Committee of Veterans Affairs and other major veteran service organizations. Through increased emphasis on eradicating all hidden wait lists and ensuring that all veterans asking VA for medical appointments were seen in 30 days or less, VA quickly exhausted their community care accounts while Choice funding remained largely untouched.

Because of the funding mechanism used to support the Choice program VA was unable to adjust funding between their traditional contracting accounts, creating an unbalanced community care program that required former VA Secretary Bob McDonald to mandate that all appointment requests be pushed into the Choice program because that was the only way VA was able to spend down the appropriated funds. This caused an artificial dependence on the Choice program while preserving resources in VA's more established community care program accounts.

The American Legion calls on the President and this Congress to rededicate the funding proposed in the 2018 Presidential budget request toward supporting VA's medical infrastructure and existing community care programs, and allow Choice to terminate as originally planned.

Mental Health

According to RAND¹ about one-third of returning servicemembers report symptoms of mental health or cognitive condition which served in either Iraq or Afghanistan and suffer from either major depression or post-traumatic stress disorder. This has increased the demand for mental health services at VA. Unfortunately, there is a national shortage of mental healthcare providers, and the shortage is projected to grow acute over the next decade. According to a recent analysis by the U.S. Health Resources & Services Administration, the nation needs to add 10,000 providers to each of seven separate mental healthcare professions by 2025 to meet the expected growth in demand.² The widening gap between demand and the supply of available behavioral healthcare providers is being driven by a greater emphasis on addressing mental health issues within primary care settings. Yet the average wait time at VA is about four days for routine appointments and urgent care remains same day³ despite staffing shortages⁴. The American Legion calls on the President and this Congress to increase funding at VA to eradicate staffing shortages and support American veterans with the superior services they have earned at their VA medical facilities.

Caregivers

The struggle to care for veterans wounded in defense of this nation takes a terrible toll on families. In recognition of this, Congress passed, and President Barack Obama signed into law, the Caregivers and Veterans Omnibus Health Services Act of 2010. The unprecedented package of caregiver benefits authorized by this landmark legislation includes training to help to ensure patient safety, cash stipends to partially compensate for caregiver time and effort, caregiver health coverage if they have none, and guaranteed periods of respite to protect against burnout.

The comprehensive package, however, is not available to most family members who are primary caregivers to severely ill and injured veterans. Congress opened the program only to caregivers of veterans severely "injured," either physically or mentally, in the line of duty on or after Sept. 11, 2001. It is not open to families of severely disabled veterans injured before 9/11, nor is it open to post-9/11 veterans who have severe service-connected illnesses, rather than injuries, which is why

¹ http://www.rand.org/pubs/research_briefs/RB9336.html

² <http://www.modernhealthcare.com/article/20161231/TRANSFORMATION03/161229942>

³ https://www.va.gov/HEALTH/docs/DR71_062017_Pending_and_EWL_Biweekly_Desired_Date_Division.pdf

⁴ <https://www.legion.org/legislative/236723/legion-testifies-dangers-va-staff-shortages>

we call on Congress to immediately pass the Military and Veteran Caregiver Services Improvement Act of 2017.

The American Legion has long advocated for expanding eligibility and ending the obvious inequity that Caregivers and Veterans Omnibus Health Services Act of 2010 created. Simply put, a veteran is a veteran! All veterans should receive the same level of benefits for equal service. As affirmed in American Legion Resolution No. 259: Extend Caregiver Benefits to Include Veterans Before September 11, 2001, The American Legion supports legislation to remove the date September 11, 2001, from Public Law 111-163 and revise the law to include all veterans who otherwise meet the eligibility requirements.⁵

The American Legion is optimistic that providing expanded support services and stipends to caregivers of veterans to all eras is not only possible but also budgetary feasible and the right thing to do. We urge this committee and the U.S. Congress to allocate the required funding to expand the caregiver program to all eras of conflict and veterans who should be in this program.

Though The American Legion is urging this Congress to expand the program, we are concerned that the FY18 budget reduces VA's caregiver program budget by over 200 million dollars. According to VA the "caregivers program cost estimate decreased by \$235.9 million [which was] driven largely by a revision, based on actuals, in the projected number of Caregivers receiving stipend payments⁶." Based on the Secretary's recent reversal on program reviews being conducted in several regions across the United States, The American Legion is concerned that this diminished request is premature and fails to properly budget for all eligible program participants. The American Legion is working with several caregiver families who have been notified that they are in jeopardy of losing, or have already lost their caregiver stipends, and will continue working with individuals at VA, and in the caregiver program, to ensure that no one who is eligible to enter into or remain in the program are unjustly denied.

Proposed Funding Offsets

The President's budget proposes funding expanded VA needs by reducing existing VA funding needs in other areas. In general, The American Legion opposes cannibalizing existing benefits earned by some veterans to support benefits for other veterans. Further, the proposal to eliminate the individual unemployability benefit has got to be one of the worst proposals The American Legion has heard in years and adamantly opposes this request⁷.

The administration's proposal would also round down to the nearest dollar the annual Cost-of-Living Adjustment (COLA) for service-connected disability compensation, dependency and indemnity compensation, along with certain education programs. The American Legion opposes any reduction what so ever in the annual cost of living increases entitled to veterans⁸.

⁵ American Legion Resolution No. 259 (2016): [Extend Caregiver Benefits to Include Veterans Before September 11, 2001](#)

⁶ <https://www.va.gov/budget/docs/summary/fy2018VAsBudgetFastFacts.pdf>

⁷ <https://www.legion.org/commander/237583/legion-slams-white-house-va-budget>

⁸ <https://archive.legion.org/bitstream/handle/123456789/5504/2016N164.pdf?sequence=1&isAllowed=y>

The American Legion thanks this committee for the opportunity to elucidate the position of the over 2.2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Matthew Shuman, Director of The American Legion Legislative Division at (202) 861-2700 or mshuman@legion.org.