

**STATEMENT OF JACOB GADD, DEPUTY DIRECTOR
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THE AMERICAN LEGION
TO THE
SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
ON
PENDING LEGISLATION**

April 16, 2012

Chairwoman Buerkle and distinguished Members of the Subcommittee:

Thank you for this opportunity to submit The American Legion's views on the legislation being considered today by the House Veterans' Affairs Subcommittee on Health. We thank the subcommittee for their work to improve the delivery of the Department of Veterans Affairs' (VA) health care to our nation's veterans.

**H.R. 1460 –Automatic enrollment of veterans returning from combat zones into the VA
medical system**

H.R. 1460 provides for automatic enrollment of veterans returning from combat zones into the VA medical system, and for other purposes.

Of the 2.3 million service members that have deployed to Iraq and Afghanistan, 1.2 million have returned home but only half are enrolled in VA health care. While veterans ultimately have a choice in whether they want to utilize VA for their treatment, improvements can be made to ensure a smoother transition from the Department of Defense (DOD) to VA.

Currently, upon service members' separation from service, a copy of the service member's DD-214 is sent by DOD to Austin, Texas and is inputted into the VA's Beneficiary Identification Records Locator Subsystem (BIRLs), which is administered by the Veterans Benefits Administration (VBA). The BIRLs database contains the records of all VA beneficiaries, including veterans discharged from military service since March 1973, Medal of Honor recipients, veterans that have received education benefits from VA and veterans whose survivors applied for burial benefits. The Veteran Health Administration (VHA) Health Eligibility Center (HEC) in Atlanta, GA has access to this BIRLs system as well as receives the Secretary of Veterans Affairs Operation Enduring Freedom and Operation Iraqi Freedom roster from DOD. VA enrollment letters are automatically sent from the HECs enrollment system to the Austin Automation Center who prints and mails letters. The Health Resource Center (HRC) also operates a Combat Veteran Call Center Initiative and utilizes this listing to initiate letters and phone calls by the HEC and Health Resource Center's Veterans Combat Call Center Initiative to encourage veterans to apply for enrollment in VA.

When a veteran is discharged or separated from active military service, naval, or air service he or she must be enrolled into the VA system. This process should happen no later than 45 days after separation. This process involves the cooperation between the Secretary of Veterans Affairs and Secretary of Defense.

While all of these programs and initiatives have been helpful, there is further need to automate enrollment at service members' point of transition from DoD into VA. H.R. 1460 directs VA to enroll veterans upon separation from service into the patient enrollment system maintained under the Secretary of Veterans Affairs. The veteran will obtain a veterans identification card, which states that the veteran is enrolled within the system. The card allows veterans access to hospital care and medical services at The Department of Veterans Affairs.

In addition, this bill will also help provide veterans with a list of VA medical facilities located within 100 miles of their home. If no facilities are located within 100 miles, the veteran must travel to the next nearest facility. The veteran may be available for federal veteran's benefits and job training, educational benefits, job training, and placement programs.

During the discharge process of a military service member, the Secretary of Veterans Affairs and Secretary of Defense would provide an option to decline the enrollment. If a service member provides a notice to decline enrollment, the Secretary may not enroll the service member. A veteran already enrolled within the system may disenroll from the system. However the veteran must disenroll within the first 6 months of enrollment. The veteran must provide notice to the Secretary of Veterans Affairs. The Secretary of Veterans Affairs must disenroll a veteran within 60 days after receiving the disenrollment notice from the veteran.

The seamless transition from active duty to veteran status is a pressing concern for The American Legion. Service members have enough to worry about on the battlefield; they should not have to face the same challenges and obstacles as they transition into civilian life. Many of the returning service members from Iraq and Afghanistan not only face visible injuries such as amputations, burns and musculoskeletal injuries, but also have invisible wounds such as Traumatic Brain Injury and Post Traumatic Stress Disorder, whose symptoms may go undetected. The American Legion believes that the VA Health Care system offers "The Best Care Anywhere" to our nation's veterans and this bill will ensure no veteran transitioning from military service will fall through the cracks and not receive the care they have earned.

The American Legion supports H.R. 1460.

H.R. 3016 – Federal Recovery Coordination Program

This bill directs the Secretary's of the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly operate the Federal Recovery Coordination (FRC) program, and other purpose.

To ensure that the Federal Recovery Coordination Program is operating correctly, there are several procedures in place. First, the program should be operated jointly by the Secretary of

Defense and Secretary of Veterans Affairs. Secondly, the administration of the program shall not be delegated to an individual outside either Secretary's office.

The program assists Armed Forces service members with severe injuries that may cause a medical separation from active duty. The program also assists service members and veterans who have difficulties in transitioning to civilian life.

Veterans and service members are referred to this program by the Secretary of Veterans Affairs and each military department Secretary. This referral is conducted 180 days before the last day of the month in which a member is expected to retire or separate.

Each department and agency of the Federal Government provides a Federal Recovery Coordinator. This coordinator assists service members and veterans participating with the program. The coordinator ensures efficient recovery and transition of service members and veterans. They also act as a liaison between service members and veterans with teams of care providers. The coordinators work with case and care management to assist patients.

A Memorandum was developed which states, the Secretary of Defense and Secretary of Veterans Affairs should create a plan within 180 days of the enactment of this act. The Secretaries should develop a plan, once developed; action of the plan should be conducted 90 days after the date developed. Finally, the plan and memorandum should be provided to the appropriate congressional committee.

In 2007, The American Legion approved Resolution 29, "Improvements to Implement a Seamless Transition" which fully supported legislation to designate a Single Recovery Coordinator to ensure an efficient rehabilitation and transition from military to civilian life and to eliminate delays and gaps in treatment and services. However, since the Federal Recovery Care Coordinator Program began in 2008, the program has hired 25 full time VA staff and assisted less than 2,000 veterans. The American Legion has testified previously and recommended that the Federal Recovery Care Coordination program's eligibility be expanded, increased program staffing is needed by adding an individual coordinator within each state, and improved communication is needed between DOD and VA on the national, state and local levels.

The success of this program is dependent on both the Secretary of Defense and Secretary of Veterans Affairs commitment and leadership to ensure staffing for this program is expanded and both departments work together.

The American Legion supports this bill.

H.R. 3245- "The Efficient Service for Veterans Act"

This bill directs the Secretaries of the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to jointly ensure that Vet Centers of the Department of Veterans Affairs (VA) have access to the Department of Defense Personnel Record Imaging Retrieval System and the Veterans Affairs/Department of Defense Identity Repository System

In 1981, VHA initiated a new organizational element, the Readjustment Counseling Service (RCS), to administer the Vet Centers and the provision of readjustment counseling. In April 1991, in response to the Persian Gulf War, Congress extended the eligibility to veterans who served during other periods of armed hostilities after the Vietnam era. On April 1, 2003, the Secretary of Veterans Affairs extended eligibility for Vet Center services to veterans of Operation Enduring Freedom (OEF) and on June 25, 2003, to veterans of Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT). Family members of all veterans are eligible for Vet Center services including marriage and family counseling.

On August 5, 2003, the Secretary of Veterans Affairs authorized Vet Centers to furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who had been killed while serving on active duty, including federally activated Reserve and National Guard Personnel.

Vet Centers assist war-zone veterans and their families through various services including:

- Psychological counseling and psychotherapy (individual and groups);
- Screening and treatment for Post Traumatic Stress Disorder (PTSD);
- Substance abuse screening and counseling;
- Employment/education counseling;
- Bereavement counseling;
- Military Sexual Trauma (MST) counseling ;
- Marital and family counseling; and,
- Referrals (VA benefits, community agencies, and substance abuse).

Over 40,000 veterans were counseled for PTSD at Vet Centers, and approximately 4,000 clients were seen for other clinical issues according to the Office of Health Information (OHI) information request results.

This bill would enable communications between Vet Centers and the rest of the VA health care medical records system, as well as Department of Defense personnel records. This collaboration would dramatically improve the overall performance of the centers to the mental health needs of the veteran community.

The American Legion's understanding of this bill is that the communications will only help with enrollment/eligibility. The American Legion urges DOD/VA to not allow treatment records from Vet Centers to be shared without the written consent of the veteran and confidentiality is maintained, as was the original intent when Vet Centers were established.

The American Legion supports this bill.

H.R. 3279-Amend Title 38, United States Code 170G (a) (2) (b) - Veteran Caregivers

This bill seeks to clarify that caregivers for veterans with serious illnesses are eligible for assistance and support services provided by the Secretary of Veterans Affairs (VA) by amending

USC section 1720G (a)(2)(b) by inserting “illness or “serious” in the current wording of USC 1720G (a)(2)(b). Furthermore, the amendment made by subsection (a) shall apply with respect to services provided after the date of the enactment of this act.

Currently, Title 38, United States Code 1720G(a)(2)(b) reads – “has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001; and ” H.R. 3279 seeks to clarify that caregivers for veterans with serious illnesses are eligible for assistance and support services provided by the Secretary of Veterans Affairs by amending section 1720G(a)(2)(b) by inserting “illness or” after “serious” in the current wording of 1720G(a)(2)(b). Furthermore, the amendment made by subsection (a) shall apply with respect to services provided after the date of the enactment of this act.

The American Legion has actively lobbied for and supported medical benefits for caregivers of veterans and supports the intent of this bill. By adding “illness” after serious, the VA will be permitted to further expand benefits to caregivers of veterans. The American Legion also urges VA to conduct a study on the numbers of veterans’ caregivers’ children who do not have medical insurance and make recommendations to provide assistance. The American Legion also urges that caregiver benefits be expanded to other war era veterans. VA is conducting a two-year pilot program at the direction of Congress to determine if benefits can be expanded to other war era veterans. Caregiver support is not just needed for veterans that served in Operation Enduring Freedom and Operation Iraqi Freedom, but other war era veterans.

The American Legion supports this bill.

H.R. 3337- Open Burn Pit Registry Act of 2011

This bill would direct the Secretary of Veterans Affairs (VA) to establish an Open Burn Pit Registry

The American Legions has a deep commitment to protecting the lives of the service men and women who provide for our nation’s defense. The Open Burn Pit Registry Act of 2011 sponsorship is an important first step in providing needed safeguards for those men and women serving our nation. This registry will allow service members who have experienced hazardous exposures in the battlefield to have their cases tracked more efficiently and effectively by the Department of Veterans Affairs. The registry will also help facilitate further research and to ensure that no veteran who has been exposed to hazardous materials is left behind.

The American Legion supports this bill.

H.R. 3723- “Enhanced Veteran Healthcare Experience Act of 2011”

This bill would direct the Secretary of Veterans Affairs (VA) to enter into contracts with health care provider’s access to health care for veterans who have difficulty receiving treatment

This act is also called the “Enhanced Veteran Healthcare Experience Act of 2011.” It is meant to amend title 38, U.S.C., to direct the Secretary of Veterans Affairs to enter into contracts with health care providers to improve access to health care for veterans who have difficulty receiving treatment at a health care facility of the Department of Veterans Affairs, and for other purposes. This bill expresses that better health care can be provided to veterans at little to no cost by revising the Department of Veterans Affairs (VA) fee-based system for health care services.

The Secretary of Veterans Affairs (VA) shall provide an eligible veteran with covered health services through a non-department provider. The contract is developed if the Department of Veterans Affairs cannot provide the following:

1. If they cannot provide health services to a veteran because of geographical inaccessibility; or,
2. If there is a lack of personnel and resources.

“Covered Health Services” means the VA Secretary must be able to provide hospital care, medical service, rehabilitation service, and preventative health service.

The VA Secretary may enter into contracts with a non-department provider if the provider meets these criteria:

1. Provides non-VA health care services to veterans;
2. If they exceed or meet VA standards;
3. Provide care coordinators who provide support in making, confirming, and keeping medical appointments;
4. Has a system that allows veterans to file complaints;
5. Demonstrates the ability to respond to potential quality indicators and patient safety events;
6. Processes claims from others in the network of the provider; and,
7. Bills a third party.

To ensure this process is seamless, the VA Secretary shall inspect each medical facility of the VA Department. This will create consistency in determining the eligibility for veterans. If the VA is unable to assign a veteran case manager from the VA, the Secretary could grant a non-VA case manager.

All care provided under this act shall be compiled into a report by the VA Secretary. This report shall be submitted no later than October 31 of each year. The report will be submitted to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives. The report will consist of the cost to the VA, number of veterans receiving this care, quality of care, and satisfaction of veterans. The American Legion believes VA is a system designed to meet veterans’ unique wartime related injuries and illnesses. VA has taken many steps over the last several years to enhance availability of care closer to veterans’ communities through Community Based Outpatient Clinics, tele-health, and home healthcare programs. Efforts should be made, to the fullest extent possible, to ensure veterans’ continuity of care by VA is maintained and treated by VA.

The American Legion has no official position on this bill.