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American Legion says compromise bill is ‘critical component’ for VA improvement

The measure would seek to correct longstanding systemic problems within the department

WASHINGTON (July 28, 2014) – The country’s largest wartime veterans organization welcomed the introduction of a bill in Congress that would fix longstanding, widespread problems within the Department of Veterans Affairs, which have impaired its ability to deliver timely health care and benefits to America’s veterans.

At a news conference today, Sen. Bernie Sanders, I-Vt., and Rep. Jeff Miller, R-Fla., discussed their joint sponsorship of the Veterans Access to Care Act of 2014, a compromise measure that emerged from previous bills introduced in the House and Senate.

“This measure is a critical component in developing a long-term solution to problems that have dogged the VA for years,” said American Legion National Commander Daniel M. Dellinger. “We know that Sen. Sanders and Rep. Miller have labored diligently to reach bipartisan consensus. But it would be a great mistake to see this legislation as a one-time fix for all the woes that have been hobbling VA’s performance and credibility.”

Sanders, chair of the Senate Committee on Veterans Affairs, said at the news conference that the bill “makes certain that we will address the immediate crisis of veterans being forced onto long waiting lines for health care. It strengthens the VA so that it will be able to hire the doctors, nurses and other medical personnel it needs, so that we can put a permanent end to long waiting lists.

“It addresses the very serious problems of accountability and makes certain that dishonest and incompetent senior officials at the VA do not remain employed there....”

Sanders said funding for veterans needs must be considered “a cost of war.”

Miller, who chairs the House Committee on Veterans Affairs, said, “We have a VA that is in crisis today. This agreement will go a long way to helping resolve the crisis that exists out there today. Helping to get veterans off of waiting lists is extremely important and this bill does that.”

The VA reform bill, Miller said, “starts a conversation, I think, about VA for the future. Sen. Sanders and I differ about certain things but one thing that we do agree about is that the veterans of this country deserve the best-quality health care that they can get, in a timely fashion – and that has not been the case as of late .... The VA is not sacred, the veteran is.”

Major provisions of the bill include:

- Authorization and funding for VA to contract with community providers to help get veterans immediate care for those who had to wait, or would have to travel excessive distances to VA facilities.
• Authorization of 27 Community-Based Outpatient Clinics (CBOCs), which is one more than the number authorized by the Senate bill

• Increased authority for the VA Secretary to manage senior personnel. Expedited authority to move or fire SES and other senior-grade executives.

• Extension of the traumatic brain injury (TBI) resident pilot program.

• $5 billion to help VA to hire more physicians.

• $10B to help VA reduced the benefits claims backlog.

• Continued VA development of an upgraded IT patient-scheduling system.

The bill would also require the establishment of a Commission on Capital Planning for VA medical facilities, in order to improve VA’s capital asset processes -- from facility planning and individual project management to managing the multi-billion dollar backlog of facility construction and maintenance projects.

At his congressional testimony last September, Dellinger addressed The American Legion’s concerns over VA’s chronic cost-overruns and construction delays for new medical centers.

“We hope this commission, after thoroughly examining the way VA builds facilities, will have some useful recommendations to make. In any case, we appreciate Congress’s interest in taking a very close look at the department’s construction process.”

The bill would also establish another commission to examine VA health-care access issues and recommend actions to bolster capacity. A report to the president would be required within 90 days of the commission’s first meeting.

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