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

MAY 21, 2013

Draft Legislation, the Veterans Integrated Mental Health Care Act of 2013

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide certain veterans with an integrated delivery model for mental health care through care-coordination contracts.

The American Legion believes that veterans should not be denied earned care based on where they choose to live. While we understand that it is not feasible for every community to have a full slate of VA-administered services, every community has access to medical care in some form. For example, The American Legion conducted a site visit to Martha's Vineyard last year for our report on Rural Health Care. In 2000, a contract was signed between the Providence VA Medical Center and Martha's Vineyard Hospital. Through the contract, veterans living on Martha's Vineyard were able to receive care at Martha's Vineyard Hospital through fee-basis instead of having to travel off of the island. The contract lapsed around 2004, but the VA failed to realize this until 2008, when the hospital acquired new management. Veterans who were being treated under the original contract found out that the contract had lapsed when Martha's Vineyard Hospital sent collection bill notices to those veterans for medical expenses previously covered under the contract. Though a new contract was finally signed in the fall of 2012, it took *four years* for this to be arranged, with the veteran residents of Martha's Vineyard being forced to commute from their homes to Providence VA Medical Center – a trek involving a ferry ride and a two hour drive – each time they needed care.

Though there are only a few veterans living on the island, these veterans deserve fair treatment, and access to the benefits they have earned through their service. This delay illustrates the frustrations that veterans living in rural and isolated locations or other areas across the country experience in waiting for contracts and receiving assurances from VA that the contract will be resolved. VA should develop and implement a process to ensure all VA and non-VA purchased care contracts are inputted into a tracking system to ensure they remain current and do not lapse. If there are instances with a contract lapsing, such as in Martha's Vineyard, VA should make every effort to hold stakeholder meetings with veterans from those communities to solicit input and keep veterans enrolled in these contracts/services informed.

Exacerbating this problem are mental health issues which many veterans suffer – PTSD and TBI – which at times may require immediate care in order to prevent veterans from harming

themselves or others. This legislation would make strides toward addressing this issue by facilitating contracts between VA and non-VA facilities to provide mental health care to veterans who live in areas which do not have VA medical facilities.

The American Legion supports this bill.

Draft Legislation, the Demanding Accountability for Veterans Act of 2013

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.

The American Legion's Resolution No. 99, passed at National Convention 2012 states that "bonuses for VA senior executive staff [should] be tied to qualitative and quantitative performance measures developed by VA." While The American Legion refrains from commenting on the specific nature of these qualitative and quantitative performance measures – these decisions are left to the discretion of Congress and the administration – The American Legion believes that the implementation of such measures are a necessary step toward creating a culture of accountability within the VA. This bill, by establishing particular performance standards tied to bonuses received by VA senior executive staff, moves toward addressing this issue.

The American Legion supports this bill.

H.R. 241, the Veterans Timely Access to Health Care Act

Veterans Timely Access to Health Care Act - Directs the Secretary of Veterans Affairs to ensure that the standard for access to care for a veteran seeking hospital care and medical services from the Department of Veterans Affairs (VA) is 30 days from the date the veteran contacts the VA.

Directs the Secretary to periodically review the performance of VA medical facilities in meeting such standard.

Requires quarterly reports from the Secretary to the congressional veterans' committees on the VA's experience with respect to appointment waiting times.

The American Legion has long been concerned with the inordinate wait times experienced by many veterans when attempting to access VA medical care. In 2002, the inaugural year for The American Legion's System Worth Saving initiative, the resulting report found that over 300,000 veterans were waiting for health care appointments. Of those, over half were waiting more than eight months for primary care appointments. In the intervening decade since then, little has changed, as is demonstrated by the ongoing System Worth Saving reports. While VA medical care is among the best in the world, access has proven to be a problem for far too many of those who have earned it through their service.

On March 6th of this year, this committee's Subcommittee on Oversight and Investigations held a hearing entitled "Waiting for Care: Examining Patient Wait Times at VA" aimed at examining this issue. The American Legion, in addition to submitting testimony, provided an attachment for the record containing numerous stories from Veteran Integrated Service Networks (VISNs) across the nation, detailing first-hand accounts of the barrier to care that these wait times present – up to *eight months*, in some cases. This bill would address this issue, and while The American Legion would prefer a standard of *less than* 30 days – a goal of 14 days would be preferable – this legislation is a step in the right direction.

The American Legion supports this bill.

H.R. 288, the CHAMPA Children's Protection Act

CHAMPVA Children's Protection Act of 2013 - Increases from 23 to 26 the maximum age of eligibility for certain dependent children of veterans for medical care under CHAMPVA (the Civilian Health and Medical Program of the Department of Veterans Affairs [VA]).

The American Legion has no position on this bill.

H.R. 984, To Direct DOD to Establish a Task Force on Urotrauma

Directs the Secretary of Defense (DOD), in order to continue and expand the DOD report submitted in 2011, to establish the Task Force on Urotrauma to: (1) conduct a study on urotrauma (injury to the urinary tract from a penetrating, blunt, blast, thermal, chemical, or biological cause) among members of the Armed Forces and veterans; and (2) provide an interim and final report to the congressional defense and veterans committees on such study.

The American Legion has no position on this bill.

H.R. 1284, To Provide Coverage Under VA's Beneficiary Travel Program of Certain Disabled Veterans for Travel for Certain Special Disabilities Rehabilitation

Authorizes payment under the Department of Veterans Affairs (VA) beneficiary travel program of travel expenses in connection with medical examination, treatment, or care of a veteran with vision impairment, a spinal cord injury or disorder, or double or multiple amputations whose travel is in connection with care provided through a VA special disabilities rehabilitation program, if such care is provided: (1) on an inpatient basis, or (2) while a veteran is provided temporary lodging at a VA facility in order to make such care more accessible.
Requires a report from the Secretary to the congressional veterans committees on the travel program.

The American Legion has no position on this bill.

For additional information regarding this testimony, please contact Mr. Shaun Rieley at The American Legion's Legislative Division, (202) 861-2700 or srieley@legion.org.