STATEMENT OF
LOUIS J. CELLI, JR., DIRECTOR
NATIONAL VETERANS AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
PENDING AND DRAFT LEGISLATION

MAY 24, 2016

Chairman Isakson, Ranking Member Blumenthal, and distinguished members of the committee, 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.

S. 2049:

To establish in the Department of Veterans Affairs a continuing medical education program for non-Department medical professionals who treat veterans and family members of veterans to increase knowledge and recognition of medical conditions common to veterans and family members of veterans, and for other purposes.

S. 2049, would require the Secretary to establish in the Department of Veterans Affairs (VA) a Continuing Medical Education (CME) program for non-Department medical professionals who treat veterans and family members of veterans to increase knowledge and recognition of medical conditions common to veterans and family members of veterans, and for other purposes. This bill also will ensure effective treatment for veterans who seek their health care outside the VA health care system.

This bill defines the term ''non-Department medical professional'' to mean any of the following individuals, a doctor; a nurse; a physician assistant; a psychologist; a psychiatrist; or such other individuals as the Secretary considers appropriate. They must be licensed by an appropriate medical authority in the United States and in good standing and is not an employee of the Department of Veterans Affairs that provides care to veterans or family members of veterans under the laws administered by the Secretary of Veterans Affairs.

This bill would provide education training for Non-VA medical professionals by giving them specialized training and resources to better serve veterans and their families. The program would also enhance Non-VA medical professional's knowledge of the medical, mental and physical conditions veterans experience based on their military service, which can represent a unique spectrum when compared to non-veterans.

The American Legion urges Congress and VA to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to, the following: timely access to quality VA health care; timely decisions on claims and receipt of earned benefits; and final resting places in national shrines and with lasting tributes that commemorates their service.[1]

The American Legion supports S. 2049.

S. 2520: *Newborn Care Improvement Act*

To improve the care provided by the Secretary of Veterans Affairs to newborn children

Currently, VA covers newborn care for the first seven days after birth in a non-department facility for eligible women veterans who are receiving VA maternity care. Newborn care includes routine post-delivery care and all other medically necessary services according to generally accepted standards of medical practice. VA does not provide child delivery care in VA health care facilities, but rather refers women veterans outside the VA through contracted care. Under current law, VA only provides care for the first 7 days after birth, even if birth complications require continued care beyond that period.[2] Beyond 7 days, the cost of care is the responsibility of the veteran and not VA. If this bill is enacted into law, it would extend the time frame VA would be responsible to 14 days.

In 2011, The American Legion conducted a Women Veterans Survey with 3,012 women veterans in order to better understand their healthcare needs through VA. The survey found while there were improvements in the delivery of VA healthcare to women veterans, challenges still existed, including access to appropriate care at VA facilities.

In 2012-2013, The American Legion's System Worth Saving Task Force report focused on women veterans' health care. The objectives of the report were to:

- Understand what perceptions and barriers prevent women veterans from enrolling in VA,
- Determine what quality-of-care challenges women veterans face with their VA health care, and to
- Provide recommendations and steps VA can take to improve these access barriers and quality-of-care challenges.

While maternity and newborn care is primarily purchased outside VA, the Task Force found several medical centers had challenges finding hospitals in the area that would accept fee-basis for maternity care services due to VA's required use of the Medicare reimbursement rate. At other medical centers, fee-basis expenditures on women veterans' gender-specific services were not even available. There must be better information on what is needed if VA is to improve services.

[1] American Legion resolution No. 23 (May 2016): *Support for Veterans Quality of Life*
[2] VA Women's Health Care FAQ

The American Legion recommends that the Business Office managers be required to track women veterans' gender-specific fee-basis expenditures.[3] Furthermore, these expenditures should be rolled up by VA Central Office (VACO) and disseminated to stakeholders and for future needs within VA. All stakeholders must be able to assess weak spots in order to improve services.

Currently, there is at least anecdotal evidence of problems meeting the full spectrum of neonatal care. If women veterans are to receive care during and following their pregnancies, it needs to be a full spectrum of care, and they should not be short changed in terms of necessary services.

With this legislation, the amount of care female veterans can receive post-pregnancy would be improved and this is a needed fix.

The American Legion is committed to working with VA in order to ensure that the needs of the current and future women veterans' population are met and the VA should provide full comprehensive health services for women veterans department wide.[4]

The American Legion supports S. 2520.

S. 2487: *Female Veteran Suicide Prevention Act*

To direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary

This bill would improve female veteran suicide prevention programs within VA by amending Title 38 of the United States Code to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans.

This bill also strives to improve suicide prevention programs for female veterans enrolled in the VA healthcare system. According to figures in a 2015 study, suicide rates among women veterans rose 40 percent during the decade from 2000-2010, compared to a more modest increase of 13 percent among the equivalent civilian cohort of women.[5] Women veterans are nearly 6 times more likely than civilian women to commit suicide. This legislation seeks to address this imbalance.

The American Legion continues to urge the President and Congress to expand and improve the care provided to veterans and servicemembers who have mental health issues or are at risk of suicide. [6] This legislation to help women veterans who struggle with suicide is critical, as is in all legislation designed to help veterans struggling with mental health issues and suicide, be they male or female.

The American Legion supports S. 2487.

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[3] The American Legion System Worth Saving Report: "Women Veterans Health Care"- 2013

[4] American Legion Resolution No. 45: (Oct 20120: Women Veterans

[5] Changes in Suicide Mortality for Veterans and Non-Veterans by Gender and History of VHA Service Use, 2000-2010, *Psychiatric Services May 1, 2015*

[6] American Legion Resolution No. 196: (Aug 2014): Suicide Prevention for American Veterans

S. 2679: Helping Veterans Exposed to Burn Pits Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish within the Department of Veterans Affairs a center of excellence in the prevention, diagnosis, mitigation, treatment, and rehabilitation of health conditions relating to exposure to burn pits.

Military personnel currently serving and those who have served in Iraq and Afghanistan have been exposed to a variety of potentially harmful and hazardous substances to include smoke from the burning waste on military installations. Items such as plastics, aerosols, electronic equipment, human waste, metal containers, tires, batteries are thrown into open pits doused with jet fuel and set ablaze resulting in hazardous smoke drifting into bases and living quarters. As a result, The American Legion has long been at the forefront of advocacy for veterans who have been exposed to environmental hazards as a result of their service to their country.

The *Helping Veterans Exposed to Burn Pits Act* would create a Department of Veterans Affairs (VA) center for excellence for the prevention, diagnosis, mitigation, treatment, and rehabilitation of veteran's health-related conditions that have been associated with burn pits and environmental exposures.

The American Legion supports legislation requiring VA to establish a national center for the research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces and establish an advisory board, responsible for advising the national center, determining health conditions that result from toxic exposure and to study and evaluate cases of exposure.[7]

The American Legion supports S. 2679.

S. 2883: Appropriate Care for Disabled Veterans Act of 2016

To amend title 38, United States Code, to extend the requirement of the Secretary of Veterans Affairs to submit a report on the capacity of the Department of Veterans Affairs to provide for the specialized treatment and rehabilitative needs of disabled veterans.

This bill would ensure that severely disabled veterans receive quality health care from the VA. From 1996 through 2008, VA was required to report on the number of beds and employees who were treating severely injured veterans at VA healthcare facilities nationwide. *The Appropriate Care for Disabled Veterans Act of 2016*, would amend Title 38, United States Code (U.S.C.) 38 § 1706-*Management of health care: other requirements* by reinstating the reporting requirement. This would provide Congressional oversight that is needed to ensure VA has the resources needed to meet the demand. S. 2883 would preserve benefits and ensure veterans with specialized needs to include spinal cord injuries or disorders, blindness, amputations, and mental disorders receive inpatient care at a Department of Veterans Affairs Health Care facility.

[7] American Legion Resolution No. 125: (Aug 2014): *Environmental Exposures*

The American Legion urges Congress and the Department of Veterans Affairs (VA) to enact legislation and programs within the VA that will enhance, promote, restore or preserve benefits for veterans and their dependents, including, but not limited to, the following: timely access to quality VA health care, timely decisions on claims and receipt of earned benefits, and final resting places in national shrines and with lasting tributes that commemorates their service.[8]

The American Legion supports S. 2883.

S. 2888: Janey Ensminger Act of 2016

To amend the Public Health Service Act with respect to the Agency for Toxic Substances and Disease Registry's review and publication of illness and conditions relating to veterans stationed at Camp Lejeune, North Carolina, and their families.

The American Legion has long been at the forefront of advocacy for veterans exposed to environmental hazards. In the last several years new concerns have been raised regarding contamination of stateside and international military installations such as groundwater contamination at Camp Lejeune, North Carolina. Toxic Groundwater at Camp Lejeune existed for decades, and veterans who served at that site from 1953 through 1987 were found to be a higher risk for 15 medical conditions.

In 2012, President Obama signed into the law *The Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012,* which requires VA to provide health care to veterans and families who have certain illnesses as a result of exposure to well water contaminated by human carcinogens. *The Janey Ensminger Act of 2016*, requires the VA to provide medical care for all diseases that can be scientifically associated to exposure to toxic chemicals found at Camp Lejeune. The bill also requires that the Agency for Toxic Substances and Disease Registry (ATSDR), an agency within the Centers for Disease Control and Prevention, review all significant scientific literature every three years to determine if links have been found between toxic exposures found at Camp Lejeune and added diseases and conditions.

The American Legion supports legislation requiring VA to establish a national center for the research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service in the Armed Forces and establish an advisory board, responsible for advising the national center, determining health conditions that result from toxic exposure and to study and evaluate cases of exposure.[9]

The American Legion supports S. 2888.

[8] American Legion Resolution No. 23: (May 2016): Support for Veteran Quality of Life
[9] American Legion Resolution No. 125: (Aug 2014): *Environmental Exposures*

S. 2896: Care Veterans Deserve Act of 2016

To eliminate the sunset date for the Veterans Choice Program of the Department of Veterans Affairs, to expand eligibility for such program, and to extend certain operating hours for pharmacies and medical facilities of the Department.

The American Legion appreciates Senator McCain's efforts to improve the provision of health care for America's veterans. However, one of the central, core elements of the bill expands care in the community in a way that is concerning. While The American Legion appreciates certain provisions of the bill such as:

- Providing enrolled veterans in the VA healthcare system access to walk-in-clinics either inside the VA or outside the VA through contracted health care clinics;
- Expanding VA operating hours to nights, weekends, and holidays to accommodate veterans schedules;
- Opening VA hospitals to community providers who volunteer their time for the purpose of treating veterans;
- Implementing best-practice peer-reviews by encouraging VA to partner with some of the best hospital networks in the nation such as the Cleveland Clinic and the Mayo Clinic by having VA prioritize a review of VA hospitals with the worst wait-times or health outcomes and;
- Expand telemedicine services at the VA by allowing VA health care professionals that are licensed, registered or certified in a state to use telemedicine to provide health care treatments and therapies to veterans residing in other states.

The concerns with the unrestricted expansion of the Choice program remains a critical concern.

While many veterans initially clamored for "more Choice" as a solution to scheduling problems within the VA healthcare system, once this program was implemented, most have not found it to be a solution, indeed, they have found it to create as many problems as it solves. The American Legion operates the System Worth Saving Task Force, which has annually traveled the country examining up close the delivery of healthcare to veterans for over a decade. What we have found, interacting with veterans, is that many of the problems veterans encountered with scheduling appointments in VA are mirrored in the civilian community outside VA. The solutions in many areas may not be out in the private sector, and opening unfettered access to that civilian healthcare system may create more problems than it solves. Recent reporting, such as the National Public Radio story last week noted "thousands of veterans referred to the Choice program are returning to VA for care – sometimes because the program couldn't find a doctor for them" or "because the private doctor they were told to see was too far away."[10]

The American Legion strongly believes in a robust VA healthcare system that treats the unique needs of veterans who have served their country. Veterans should be provided with the option of receiving care in the community as a supplement to VA health care and not to supplant VA care. The American Legion supported the Choice program, and continues to support the ability to

[10] NPR – May 17, 2016

supplement VA care with care in the community where necessary as a means to augment the VA care, but wholesale opening of the program to include use of Choice without restriction means pursuing a "solution" we have already seen is not addressing the problems accessing care.

As predicted by The American Legion, sending patients off VA campuses to community providers absent well-crafted contracts such as those used for Project ARCH and PC3 has led to inadequate compliance by local physicians to return treatment records to VA following care provided by Choice.

When the Choice legislation was being developed, The American Legion insisted that any doctor treating a referred veteran have access to the veterans medical records so that doctors would have a complete history of the veteran's medical history and be able to provide a diagnosis based on a holistic understanding of the patients medical profile. This is important for a litany of reasons, not the least of which includes the risk of harmful drug interaction, possible overmedication, and a better understanding of the patients previous military history – all important factors in wellness.

Also, The American Legion was adamant that any treating physician contracted through Choice had a responsibility to return treatment records to be included in the patients VA medical file so that VA could maintain a complete and up-to-date medical record on their patients. We believed that safeguarding of the veterans medical records was so important, that we helped craft a provision be included in the language that prevented VA from paying physicians until they turned over the treatment records to VA. Sadly, a few months back, The American Legion was forced to acquiesce our position in favor of paying doctors whether they turned over the medical records or not, because doctors just weren't sending the records – it just wasn't that important to them, and when VA refused to pay, they pointed the finger at VA and blamed VA for not paying them, ultimately billing the veterans and refusing to see any more VA-referred patients until they got paid. Since it was more important that veterans had access to sufficient medical care and not have their credit damaged, The American Legion supported repealing the current provision.

This, among other reasons including unsustainable cost, is why Choice is not the answer. The equation is simple; a dramatic increase in cost is guaranteed to result in an increased financial burden to veterans using VA care which will include higher co-pays, premiums, deductions, and other out-of-pocket expenses currently suffered by non-VA healthcare programs.

The American Legion opposes S. 2896.

S. 2919: *State Outreach for Local Veterans Employment (SOLVE) Act of 2016*

To provide greater deference to States in carrying out the Disabled Veterans' Outreach Program and employing local veterans' employment representatives.

This legislation would empower states with additional flexibility and autonomy to better utilize existing federal Department of Labor (DOL) veteran's employment grants. While every state will have to continue to submit their Jobs for Veterans State Grants (JVSG) plans to DOL for review and approval, this legislation would ease the plan approval process for states while allowing each respective Governor to decide which state agency or department should administer the grants. The

idea is to allow the Governors to place the JVSG funds in their state veteran's commission, which is typically led by veterans who are more likely to care about veterans and certainly understand the struggles and issues facing our nation's heroes and their families.

Further, it allows Governors to tailor and individualize what constitutes a "significant barrier to employment" (SBE) within their state. Understanding that SBE's are sometimes geographic, allowing or affording each Governor the ability to recognize and authorize an SBE for their respective state goes a long way to assist veterans seeking employment in a unique job market. Knowing how to effectively work in the fishing industry may be a very important skill set to possess in Alaska, Hawaii or Louisiana but not necessarily important to the job market in Montana, Ohio or Nevada; making sense to give states the ability and authority to create or add an additional SBE solely for their unique and specific job market.

This legislation is encouraging states to coordinate and co-locate with other state programs to efficiently use federal and state veteran's resources together to benefit our servicemen and women. The SOLVE Act is a no-cost, common sense bill which encourages efficiency and good governance in the pursuit of increased employment for our nation's veterans.

The American Legion supports the Department of Labor's Assistant Secretary for Veterans' Employment and Training Service being required to review all Department of Labor employment and training programs in order to ensure that all programs provide priority services to veterans.[11]

The American Legion supports S. 2919.

Discussion Draft:

To reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs.

More than 1.4 million claims for veterans' disability were processed last year, and the Veterans Benefits Administration (VBA) is on track to surpass even that number this year. At a ten to twelve percentage rate of appeal, the workload at the Board of Veterans Appeals (BVA) will likely never disappear.

With an appeals inventory at roughly half a million pending claims, the VA asked stakeholders to gather in several high intensity day-long working meetings to help come up with a system that would recommend solutions to help VBA and the Court of Appeals for Veterans Claims (CAVC) better process and manage this existing workload.

The American Legion currently holds power of attorney on about three quarters of a million veteran claimants. We spend more than two million dollars a year on veteran claims and appeals processing and assistance. Our success rate at the BVA hovers at around 80 percent, either outright grants of benefits or remands to properly process a claim that VA had failed to properly process at the lower level of the Regional Office.

[11] American Legion Resolution No. 336: (Aug 2014): *Support the Restoration of the Duties and Responsibilities of the DVOP and LVER*

When VA invited stakeholders to the table to discuss appeals modernization, The American Legion knew that appeals modernization was not about appeals alone, that the recommendations required to streamline appeals needed to take place much earlier in the process, at the point of the initial adjudication. With that, one of the first things the group looked at was the VBA decision notice. Refining the initial decision notice is not as easy as it sounds and several of the Veterans Service Organizations (VSOs) worked with VA for months in 2014 to try and improve these letters, with frustrations over lack of clarity still remaining. Getting VBA to agree to improve the quality of the letter was a landmark accomplishment that got the process off to a good start.

After the initial VA commitment to improve the decision letter, the stakeholders listened to what they perceived as barriers to improved appeals processing, which supported another of the primary American Legion concerns, the lack of a centralized training process. The BVA has complained that the appeal case file that is finally presented to a veterans law judge looks nothing like the claim that was adjudicated at the Regional Office (RO) level in almost all cases, due to the allowance of additional evidence during the appeals process. Therefore VBA claims they have no way to determine how, or if ROs are misinterpreting the law or making mistakes.

BVA further argued that if there were a process within the appeals system that allowed law judges to review disputed decisions that were adjudicated at the regional offices, based only on the same information that the regional office had at the time the claim was originally decided, then BVA would be able to provide a "feedback loop" they could use to help train and educate ROs, and additionally help identify regional offices where the decisions uniformly fail to address specific legal issues.

It was with these two foundational underpinnings that the big six VSOs, in addition to state and county service officers, veteran advocate attorneys, and other interested groups worked with senior VA officials from VBA and BVA to design the framework of the legislation being discussed here today.

The guiding principle leading all of our discussion was ensuring that we preserved all of the veteran's due process rights while ensuring that they did not lose any of the claim's effective date, which we were able to do successfully.

When we started the design process, we had to suspend dealing with the current caseload of appeals while we designed the new model and treated the two sets of cases as independent of each other. Now that we have designed a more streamlined and effective model for future claims, all stakeholders will still need to determine how to deal with the existing inventory of appealed claims.

The design of the proposed appeals process allows for multiple options for claimants, as well as options for additional claim development, the option to have the decision reviewed by another adjudicator (difference of opinion) and the chance to take your case straight to the board to have a law judge review the decision and make a ruling on your claim.

The proposed bill provides veterans additional options while maintaining the effective dates of original claims. Veterans can elect to have an original decision reviewed at the ROs through a Difference of Opinion Review (DOOR) which is similar to the function of what the Decision

Review Officers (DROs) do now. A DOOR provides an opportunity for a claimant to discuss concerns regarding the original adjudication of a particular issue, or the entire claim, prior to appealing to BVA. Additionally, the administrative actions remove the need for a Notice of Disagreement (NOD), a process that currently takes 403.6 days, according to the April 25, 2016, Monday Morning Workload Report.

Beyond improvements in administrative functions, the proposed bill will enable claimants to select a process other than the standard multi-year backlog if they want to have an appeal addressed more expediently, and if they believe they have already provided all relevant and supporting evidence. Similar to the Fully Developed Claims (FDC) program, veterans will be able to elect to have their appeals reviewed more expeditiously by attesting that all information is included within the claim, VA records, or submitted with VA Form 9 indicating the intent to have their claims immediately forwarded to BVA for review.

Veterans indicating that they may need additional evidence or time, could elect to have their claim reviewed in the current BVA format allowing additional evidence to be entered into the record. For veterans requiring additional evidence, such as lay statements from friends and families or a private medical examination rebutting VA medical examinations, this is a viable alternative to allow the time and opportunity to provide further development necessary to substantiate the claim for benefits.

Throughout this entire process, veterans will be able to maintain their effective date of the original claim. Recognizing that an increased burden is being placed upon veterans, VA will permit veterans to maintain their effective dates, even if BVA denies the claim. If an appeal is denied by BVA, the veteran can submit new and minimally relevant evidence to reopen the claim at the RO while holding that effective date that may have been established long before the second filing for benefit.

Just as we did when we worked in partnership with VA to roll out the Fully Developed Claims process, The American Legion is willing to put in the necessary work to ensure this program is successful. We recognize the increased burden it can place on veterans; we also recognize that our approximately 3,000 accredited representatives have the tools to ensure success for the veterans and claimants we represent. Throughout the year, we will continue to work with our representatives, our members, and most importantly, our veterans to understand the changes in law, and how they will be able to succeed with these changes.

Reforming a process as complex as the disability claims system is not simple, and not every aspect of appeals reform is able to be legislated, some parts are more nuanced and require the attention of all stakeholders. The American Legion is committed to providing constant feedback as we move forward with appeals modernization. We believe that the architects of this proposal have acted in good faith, and we support their efforts to modernize the appeals process for the good of veterans.

The American Legion supports the discussion draft.

Discussion Draft: Construction Reform Act of 2016

To make certain improvements in the administration of Department medical facility construction projects.

The Construction Reform Act of 2016 proposes a new subsection to 38 USC § 8103 by requiring the Secretary to enter into an agreement with an appropriate non-Department entity for the purpose of providing full project management services for any super construction project. Super construction projects are defined as "a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of more than $100 million." Under the provisions of this section, the Secretary may not obligate or expend funds for advance planning or design for any super construction project, until the date that is 60 days after the date on which the Secretary submits to the Committees on Veterans' Affairs and the Committees on Appropriations of the Senate and House of Representatives notice of such obligation or expenditure.

The American Legion is a strong supporter of legislation and oversight to improve future VA construction programs. The American Legion also urges VA to consider all available options, both within the agency and externally, including options such as the Army Corps of Engineers, to ensure major construction programs are completed on time and within budget.[12]

The American Legion supports the discussion draft.

Discussion Draft:

To modify requirements under which the Department is required to provide compensation and pension examinations to veterans seeking disability benefits.

The current disability compensation program has proven to be a fair and equitable manner in which to indemnify veterans suffering disabilities that have been incurred or aggravated from their military service. The American Legion is totally supportive of every benefit that is currently provided to veterans for their contributions to their country.

This proposal seeks to amend 38 U.S.C. § 5103A (d) to clarify the evidentiary threshold for which VA, under its duty to assist obligation, is required to request a medical examination for compensation claims. This amendment would clarify section 5103A(d)(2) to require, prior to providing a medical examination, the existence of objective evidence establishing that the veteran experienced an event, injury, or disease during military service. VA would still consider lay evidence as sufficient to show a current disability or persistent symptoms of a disability. However, except in special circumstances, objective evidence such as medical records, service records, accident reports, could also be of record to trigger a medical examination. The American Legion believes a veteran should be afforded a compensation and pension (C&P) examination whenever new evidence is submitted.

[12] American Legion Resolution No. 24: (May 2015): *Department of Veterans Affairs Construction Programs*

This discussion draft will result in making it more difficult for a claimant to receive a VA examination. The American Legion opposes any administrative or legislative proposal to dilute or eliminate any provision of the disability compensation program.[13]

The American Legion opposes the discussion draft.

Discussion Draft: Veterans Mobility Safety Act of 2016:

A bill to amend title 38, United States Code, to make certain improvements in the provision of automobiles and adaptive equipment by the Department of Veterans Affairs.

This discussion draft requires a vendor of automotive adaptive equipment to be certified by a qualified organization or the manufacturer of the adaptive equipment. Through the VA Automotive Adaptive Equipment (AAE) program, VA provides physically challenged persons the necessary equipment to safely operate their vehicle on the country's roadways. Through the Department of Rehabilitation and Prosthetic Services VA provides the necessary equipment such as: platform wheelchair lifts, under vehicle lifts; power door openers; lowered floors/raised roofs; raised doors; hand controls; left foot gas pedals; reduced effort and zero effort steering and braking; and digital driving systems.

Based on our research, The American Legion has not found any issues with veterans obtaining automobile adaptive equipment or automobile grants and does not feel that there is a need at this time for additional policy. The American Legion is continuing to research this issue and should information change would consider working to develop a resolution with our membership to provide specific policy guidance if there was need for improvement.

The American Legion does not have a position on the discussion draft at this time

Discussion Draft

To expand eligibility for hospital care and medical services under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 to include veterans in receipt of health services under the pilot program of the Department of Veterans Affairs for rural veterans.

One in every three veterans treated by the VA lives in rural communities. Rural and highly rural veterans have been underserved due to a lack of access to health care which can be attributed to several factors to include lack of health care insurance, little awareness of VA benefits and services, greater travel distances, and an inadequate number of primary and specialty health care providers that work in rural communities.

This discussion draft would grandfather eligible veterans into the Project Access Received Closer to Home (Project ARCH) program by setting up special provider agreements with current Project ARCH providers to guarantee continuity of care for veterans who live in rural communities.

[13] American Legion Resolution No. 18: (Aug 2014): *Department of Veterans Affairs Disability Compensation*

The American Legion agrees that veterans should be grandfathered into the Project ARCH Program however, the bill as written, would not only grandfather current and past users of Project ARCH, but also includes veterans who have relocated out of the Project ARCH pilot program catchment area and into regions of the country that are not rural or highly rural. In order to cure the unintended consequences of the bill as written. The American Legion asks that the language of Section 1 (a) (3) (E) be amended to read "has received health services under the pilot program under section 403 of the Veterans' Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387; 38 U.S.C. 1703 note) and resides in a location described in section (b) (2) of such section.

The American Legion urges Congress and the VA to enact legislation and programs within VA that will enhance, promote, restore, or preserve benefits for veterans and their dependents, to include timely access to quality VA health care. [14]

The American Legion would support this discussion draft if amended according to our remarks above.

Conclusion

As always, The American Legion thanks this committee for the opportunity to explain the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861-2700 or wgoldstein@legion.org.

[14] American Legion Resolution No. 23: (May 2016): *Support for Veteran Quality of Life*