



DISABLED AMERICAN VETERANS

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## LEGISLATIVE BULLETIN

April 2009

### **Fiscal Year 2010 Department of Veterans Affairs Budget Process**

On February 26, 2009, the President submitted a broad budget outline for fiscal year (FY) 2010, typically referred to as a “top line” budget. Given that this is a new Administration, the submission of the President’s final, detailed budget will be delayed until late April or early May. Within a short period after the President’s budget submission, each House and Senate authorizing committee is required to submit its views and estimates to their respective Budget Committee relating to budget matters under their jurisdiction. This allows authorizing committees, such as the House and Senate Committees on Veterans’ Affairs, to participate in formulating the budget blueprint and influence subsequent appropriations to support the agencies over which these Committees have jurisdiction.

The House and Senate Budget Committees have developed their separate budget resolution, and these were passed by each chamber before Congress recessed for the Easter/Passover/Spring holiday break.

### **Administration Budget**

The Administration’s budget would increase funding for the Department of Veterans Affairs (VA) and related agencies in 2010 by \$5.6 billion in additional discretionary amounts (mostly health care, construction and administrative operations), and by \$9.7 billion in mandatory amounts (mostly compensation, pension and education benefits). The budget outline indicated the President’s intention to increase VA budgets by \$25 billion above annual baselines over the next five years.

### **Veterans’ Affairs Committees Views and Estimates**

Both of the Veterans’ Affairs Committees generally supported the President’s budget, with some cautionary notes. For example, the Senate Veterans’ Affairs Committee expressed concern about the Administration’s out-year forecast as insufficient based on expected health care inflation impacting VA as an uncontrollable cost. Importantly, the Senate Committee also strongly supported DAV’s proposal for advance appropriations to fund VA health care accounts, beginning in this budget cycle.

The House Veterans’ Committee supported the general direction of the President’s budget, but recommended an additional \$800 million be provided to the discretionary account to be sure it is sufficient in 2010. In that regard, the House Committee expressed concern that

VA's projected medical care collections estimate (\$3.4 billion), was overly optimistic given the history of that program.

### **House and Senate Budget Resolutions**

Both the House and Senate adopted budget resolutions, and will convene a conference committee to determine if, and how the differences in the resolutions might be addressed. Both resolutions authorize \$106.4 billion for veterans' benefits and services (combining both discretionary and mandatory accounts), but there are a number of policy differences between them that will need to be addressed in any uniform resolution the full Congress can enact. One crucial difference is that the Senate resolution contains language that would open the way for advance appropriations for VA health care in FY 2011, but the House resolution lacks this language.

### **Presidential Action**

On April 9th, in a meeting with the DAV, and other veterans service organizations, the President endorsed the Senate advance appropriations language, and reaffirmed his intention to support advance appropriations to fund VA health care, consistent with H.R. 1016 and S. 423, the Veterans Health Care Budget Reform and Transparency Act.

We applaud the President and both Congressional chambers for their leadership in making VA a high priority for additional funding. However, DAV's advance appropriations legislation is our highest VA health care priority, and we will not rest until this legislative proposal becomes law.

### **Stand Up For Veterans**

Thousands of our military personnel return from deployments with physical and mental wounds and permanent disabilities. Already, more than 400,000 veterans from the wars in Iraq and Afghanistan have sought care at VA health care facilities; 150,000 have service-connected disabilities. There are also millions of veterans from prior wars have been disabled from their military service.

They fought to defend our nation and our freedom; they shouldn't have to fight to get the specialized medical services they need. Our nation must keep faith with these men and women by taking action now to ensure they are cared for. Our veterans kept their promise. We must keep ours.

We urge the President and Congress to enact new laws to:

1. Mandate that all veterans are properly screened and treated for psychological wounds, including post-traumatic stress disorder, utilizing the most effective evidence-based therapies.
2. Ensure that all combat veterans, particularly those who may have suffered a traumatic brain injury, be properly screened using validated assessment tools and, when indicated, be provided timely and convenient access to proven, effective treatments.
3. Provide comprehensive support to family caregivers of severely wounded and disabled veterans, including access for family caregivers to VA mental health services, financial support, and other programs, in order to promote the full recovery and rehabilitation of these veterans and their families.
4. Reform the federal budget and appropriations process for veterans medical care programs to guarantee that funding is sufficient, timely and predictable in order to sustain VA health care as the “best care anywhere.”

## **PENDING LEGISLATION**

### **Advance Appropriations**

**S. 423, Veterans Health Care Budget Reform and Transparency Act of 2009**

**H.R. 1016, Veterans Health Care Budget Reform and Transparency Act of 2009**

The Senate Committee on Veterans’ Affairs held a legislative hearing on April 22nd to consider S. 423, a bill to amend title 38, United States Code, to authorize advance appropriations for certain medical care accounts of the VA by providing budget authority for two fiscal years. Its House counterpart has scheduled a hearing on April 29th for the companion House bill. The DAV strongly supports these bills.

### **Mental Health Screening**

**H.R. 1308, Veterans Mental Health Screening and Assessment Act**

This legislation directs the Secretary of Defense to adopt a program of professional and confidential screenings to detect mental health injuries acquired during deployment in support of a contingency operation and ultimately to reduce the incidence of suicide among veterans. We support this legislation.

### **Elimination of Copayments**

**H.R. 1335 and S. 821**

These bills would amend title 38, United States Code, to prohibit the Secretary of Veterans’ Affairs from collecting certain copayments from veterans who are catastrophically disabled. This legislation would go far in reducing the hardship endured by a catastrophic injury

or disease, which is unique and devastating to the veteran and the family who may be responsible for his or her care. The DAV supports these bills.

**Emergency Room Treatment  
H.R. 1377 and S. 404**

The Veterans' Emergency Care Fairness Act of 2009 would expand veterans' eligibility for reimbursement by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility. Under the legislation, the VA would be required to pay for a nonservice-connected condition if a third-party insurer does not cover the full cost, including the difference between the amount paid by the insurer and the VA's maximum allowable amount. We are in support of these bills.

**Dual Compensation  
S. 546 and H.R. 811, Retired Pay Restoration Act**

This legislation amends title 10, United States Code, to permit retired members of the uniformed services who have a service-connected disability to receive both disability compensation from the VA for their disability and either retired pay by reason of their years of military service or Combat-Related Special Compensation. The DAV supports these bills.

**Women's Health Care  
S. 597, Women Veterans Health Care Improvement Act of 2009  
H.R. 1211, Women Veterans Health Care Improvement Act**

These similar bills amend title 38, United States Code, to expand and improve health care services available from the VA to women veterans, especially those serving in operation Iraqi Freedom and Operation Enduring Freedom. These measures include: training and certification requirements for mental health care providers on care for veterans suffering from sexual trauma; addition of recently separated women and minority veterans to serve on certain advisory committees; and a pilot program on child care assistance for certain veterans receiving health care at VA expense. The DAV supports these measures.

**Homeless Veterans  
H.R. 1171, Homeless Veterans Reintegration Program Reauthorization Act of 2009**

This bill authorizes \$300 million over five years for the Homeless Veterans Reintegration Program. The bill also would establish a grant program for homeless women veterans and homeless veterans with children that would fund programs providing job training, counseling, placement services and child care services. The grants would be authorized at \$10 million over five years. The VA estimates 154,000 veterans are homeless, down from 250,000 a few years ago. We support this legislation.

**Chemical Exposure Registries**  
**S. 642, Health Care for Members of the Armed Forces Exposed to Chemical Hazards Act of 2009**

The legislation requires the Secretary of Defense to establish registries of members and former members of the Armed Forces exposed in the line of duty to occupational and environmental health chemical hazards, to amend title 38, United States Code, to provide health care to veterans exposed to such hazards. The DAV supports this bill.

**Commissary and Exchange Store Access**  
**H.R. 108 and H.R. 1818, Disabled Veterans Commissary and Exchange Store Benefits Act**

These bills amend title 10, United States Code, to extend military commissary and exchange store privileges to veterans with a compensable service-connected disability and to their dependents. We support these bills.

**Caregiver Assistance for Severely Injured Veterans**  
**S. 801, Family Caregiver Program Act of 2009**

This legislation amends title 38, United States Code, to waive charges for humanitarian care provided by the VA to family members accompanying veterans severely injured after September 11, 2001, as they receive medical care from the Department and to provide assistance to family caregivers. Specifically, it provides a family member or other individual designated by the eligible veteran with instruction, preparation, and training to become a certified personal care attendant; technical support consisting of information and assistance to address routine, emergency, and specialized caregiving needs; mental health services; and respite care not less than 30 days annually, including 24-hour per day care for the veteran to provide extended respite for the caregiver medical care and a monthly stipend, as well as lodging and subsistence for travel to and from treatment facilities. We support this bill.

**Caregiver Assistance Two-Year Pilot Program**  
**S. 543, Veteran and Servicemember Caregiver Support Act of 2009**

This bill requires the VA, in collaboration with the Department of Defense, to establish a two-year pilot program on training, certification, and support for family caregivers of seriously disabled veterans and members of the Armed Forces. Each family caregiver participating in the pilot program will be trained and certified as caregivers. The VA may also provide for the necessary travel, lodging and per diem expenses that are incurred as part of the training. The caregivers shall be paid by the VA in response to the amount of care and the intensity of the care provided to the veteran. The pilot program will also conduct a review of respite care programs and study appropriate options for enhancing its availability. The DAV supports this bill.

## Conclusion

To ensure the successful enactment of this legislation, our DAV and Auxiliary members must be active members of DAV's grassroots – DAV CAN - and we all must do our part to let our elected officials know about our support for legislation that helps to build better lives for our nation's service-connected disabled veterans, their families, and survivors. Thank you for your continued support.

  
JOSEPH A. VIOLANTE  
National Legislative Director

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