



## DISABLED AMERICAN VETERANS

807 Maine Ave., SW ■ Washington, D.C. 20024-2410 ■ Phone (202) 554-3501 ■ Fax (202) 554-3581

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# LEGISLATIVE BULLETIN

June 2009

### House Approves Four Veterans Bills

On June 23, 2009, the House of Representatives voted to approve four important veterans bills, two of which are among the (DAV's highest legislative priorities for 2009. All four bills will now go to the Senate, which is expected to act favorably on them later this year.

- H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009, as amended, would provide advance appropriations authority for the Department of Veterans Affairs (VA) medical care accounts, and would create new budget reporting requirements to ensure sufficient, timely and predictable health care funding for veterans.
- H.R. 1211, the Women Veterans Health Care Improvement Act, as amended, would expand and improve health care services available to women veterans, and help identify and remove obstacles that hinder women's access to VA health care.
- S. 407, the Veterans' Compensation Cost-of-Living Adjustment Act of 2009, which would provide COLA increases to veterans' disability compensation and pensions.
- H.R. 1172, legislation that would require VA to include on its website a complete list of organizations that provide scholarships to veterans and their families.

### House and Senate Mark-ups

On June 10, 2009, the House Committee on Veterans' Affairs conducted a full Committee mark-up of eight bills. All measures on the agenda were passed and ordered to be favorably reported from the Committee to the full House:

- H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009, would provide advance appropriations authority to VA's medical care accounts. This bill was amended before the Committee vote to require the President to submit a request for VA medical care accounts for the "fiscal year following the fiscal year for which the budget is submitted," as part of the annual budget submission. Each July, the VA will be required to report to Congress if it has the resources it needs for the upcoming fiscal year in order for Congress to address any funding imbalances.
- H.R. 1211, the Women Veterans Health Care Improvement Act, as amended, would expand and improve health care services available to women veterans.
- H.R. 952, the COMBAT PTSD Act, as amended would clarify the meaning of "combat with the enemy" for the purposes of proof of service connection for veterans disability compensation.

- H.R. 1037, the Pilot College Work Study Programs for Veterans Act of 2009, as amended would require the VA to conduct a five-year pilot to test the feasibility and advisability of expanding the scope of qualifying veterans' work-study activities, including positions available on site at educational institutions.
- H.R. 1098, the Veterans' Worker Retraining Act of 2009, as amended would increase the amount of educational assistance payable by VA to certain individuals pursuing internship or on-the-job training.
- H.R. 1172, as amended would require VA to include on the Department's website a list of organizations that provide scholarships to veterans and their survivors and, for each such organization, a link to their respective website.
- H.R. 1821, the Equity for Injured Veterans Act of 2009, as amended would increase VA vocational rehabilitation and employment assistance.
- H.R. 2180, would prohibit VA from collecting a housing loan fee from any veteran who, but for the receipt of active service pay, would be entitled to compensation for a service-connected disability.

On May 21, 2009, the Senate Committee on Veterans' Affairs held a mark-up on seven bills:

- S. 252, the Veterans Health Care Authorization Act of 2009, would enhance VA's capacity to recruit and retain nurses and other critical health care professionals, and to improve the provision of health care to veterans, especially women veterans.
- S. 407, the Veterans' Compensation Cost-of-Living Adjustment Act of 2009, would increase, effective December 1, 2009, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, to codify increases in the rates of such compensation that were effective as of December 1, 2008.
- S. 423, the Veterans Health Care Budget Reform and Transparency Act of 2009, would authorize advance appropriations for certain VA medical care accounts by providing two-fiscal year budget authority.
- S. 475, Military Spouses Residency Relief Act, would guarantee the equity of spouses of military personnel with regard to matters of residency.
- S. 669, Veterans 2nd Amendment Protection Act, would clarify the conditions under which certain persons may be treated as adjudicated mentally incompetent for certain purposes.
- S. 728, the Veterans' Benefits Enhancement Act of 2009, would enhance veterans' insurance benefits, and for other purposes.
- S. 801, the Caregiver and Veterans Health Services Act of 2009, would authorize VA to provide financial, health services and other support to the caregivers of severely injured Operations Enduring and Iraqi Freedom (OEF/OIF) veterans, and improve access to care and quality of care for rural veterans.

### **House Appropriations Bill**

On June 23, 2009, the House Committee on Appropriations held a mark-up on the fiscal year 2010 MilCon/VA appropriations bill:

For the VA, the committee provided:

- \$108.9 billion, the same as the President's request and \$14.5 billion above 2009, for veterans medical care, claims processors, and facility improvements.
- In addition, \$48.2 billion is provided in advance appropriations for fiscal year 2011 for three medical accounts: medical services, medical support and compliance, and medical facilities.
- \$45.1 billion, \$4.4 billion above 2009 after adjusting for transfers approved by the Committee on January 6, 2009, for veterans medical care, including:
  - **Medical Services:** \$34.7 billion, \$4.0 billion above 2009 after adjusting for approved transfers.
  - **Mental Health:** \$4.6 billion, \$800 million above 2009.
  - **Assistance for Homeless Vets:** \$3.2 billion, \$949 million above 2009, including \$26 million for a Presidential initiative to combat homelessness, \$150 million for the homeless grants and per diem program, \$20 million for supportive services for low income veterans and families, in addition to \$21 million to hire additional personnel for the HUD-Veterans Affairs Supportive Housing Program.
  - **Rural Health:** The VA estimates that \$440 million will be spent in fiscal year 2010 on innovative practices to improve access to care for veterans in rural areas. More than 3.2 million (41%) of enrolled veterans live in rural or highly rural areas.
  - **Medical Support and Compliance:** \$4.9 billion, \$200 million below the President's request and \$450 million above 2009, to ensure the efficient operation of the Department's health care system.
  - **Medical Facilities:** \$4.9 billion, \$200 million above the President's request and \$136 million below 2009, for non-recurring maintenance at existing VA.
  - **Medical and Prosthetic Research:** \$580 million, \$70 million above 2009, including a \$48 million increase for research to address the critical needs of OEF/OIF veterans.
- \$1.9 billion, \$127 million above the President's request and \$256 million above 2009 for major and minor construction. Major construction funding is \$1.2 billion, and the increase in minor construction will enable the VA to complete approximately 100 projects in 2010.
- \$85 million, \$90 million below 2009, for grants to states for construction and renovation of extended care facilities.
- \$2.1 billion, \$135 million below the President's request and \$287 million above 2009 for General Operating Expenses, to enable the VA to hire roughly 1,200 additional claims processors to continue to work down the backlog of benefits claims and to reduce the time to process new claims.

- \$3.3 billion, \$558.9 million above 2009 for Information Technology after adjusting for transfers approved by the Committee on January 6, 2009. New initiatives in 2010 include paperless benefits processing and improvements in electronic health records.

### **Advance Appropriations**

The past month has seen remarkable progress towards achieving DAV's number one legislative goal for 2009: advance appropriations for veterans' health care. Just before Memorial Day, the Senate Veterans' Affairs Committee unanimously approved S. 423, the Veterans Health Care Budget and Reform Act, and ordered it reported to the full Senate for their consideration. This legislation, sponsored by Senator Akaka (HI) and cosponsored by 50 other Senators, would authorize advance appropriations for three VA medical care accounts. S. 423 could be approved by the full Senate before the August recess.

Following the Senate's action, the House Veterans' Affairs Committee on June 10 also unanimously approved companion legislation (H.R. 1016) to authorize advance appropriations for VA medical care and included some new budget reporting requirements to guide Congress in setting future advance appropriations levels. The following week, at a veterans roundtable hosted by House Leadership, Speaker Nancy Pelosi (CA) responded to my question on advance appropriations by pledging her support for H.R. 1016. House Majority Leader Steny Hoyer (MD) then promised to bring the bill up for a floor vote before the August recess. Finally, on June 23, the House did indeed bring up H.R. 1016 and voted to approve it by a vote of 409 to 1. Now the bill will go to the Senate, which will either approve the House bill as is, or make changes and send back an amended bill to the House for their concurrence. Once both the House and Senate pass the same version of this legislation, it will be sent to President Obama, who is expected to sign it into law.

While the authorizing legislation (S. 423 / H.R. 1016) is on track to create a permanent change in the budget and appropriations process, Congress has already begun to move forward with providing the advance appropriations for VA medical care this year. On June 16, the House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies, led by Congressman Chet Edwards (TX), recommended record funding increases for veterans health care programs in FY 2010 and included \$48.2 billion for VA's medical care programs in FY 2011 through advance appropriations. On June 24, the full Appropriations Committee agreed with the Subcommittee's recommendation and approved the advance appropriations for VA medical care for FY 2011. The full House could consider this legislation before the August recess. The Senate Appropriations Subcommittee is also expected to include advance appropriations for VA medical care when they mark up their legislation in June or July, and President Obama is also expected to sign the legislation containing advance appropriations for VA medical care for FY 2011 once it arrives at his desk.

### **Improving VA's Disability Claims Process**

During a February 11, 2009, hearing before the Senate Committee on Veterans Affairs, Senator Burr requested that the DAV, among other VSOs, create a draft model for a new VA

disability claims process. We took this worthy challenge very seriously and have since crafted the DAV's 21<sup>st</sup> Century Claims Process.

Essentially, our proposal consists of three major components—a legislative package, an information technology (IT) package, and a claims' process reorganization. While all three of the components complement each other, any of the three components will individually enhance the efficiency the claims process. The benefit to this approach is that all three portions are not required to be implemented simultaneously, as would be the case in an “all-or-nothing” approach.

We also focused on this challenge with the realization of current economical restraints. Therefore, with the exception of the initial startup for the IT package, our plan does not require large government spending, not even increased VA staffing. Over time, the cost savings of this proposal would be significant.

If all of the legislative/administrative recommendations are implemented immediately, it would bring cost-*savings* efficiency to the current claims process—efficiency equaling more than 100,000 reduced work hours annually, reduced initial average claims-processing time by at least 30-90 days, and a faster and more efficient appeals process. We are now working with the Veterans Affairs committees and look forward to legislation being introduced that will advance this important initiative.

### **Toxic Burn Pits in Iraq and Afghanistan**

On June 25, 2009 the House of Representatives passed in its version of the 2010 defense authorization bill a provision prohibiting open-air burn pits from operating for longer than 12 months in Iraq and Afghanistan.

The amendment requires the Secretary of Defense to submit a report to Congress about safer alternatives to burning trash in giant pits during contingency operations. The provision was introduced by Reps. Tim Bishop (D-N.Y.) and Carol Shea-Porter (D-N.H.)

This legislation is the clear result of the efforts of the Disabled American Veterans, who have taken the lead on this issue since following the Military Times investigation and subsequent report on the pits in October, 2008. Since then more than 430 service members have contacted Disabled American Veterans saying they believe they are sick because of the pits.

In addition to our endorsement, the amendment was also endorsed by the American Legion, Iraq and Afghanistan Veterans of America, Military Officers Association of America, National Guard Association of the United States, Veterans of Foreign Wars, and Veterans and Military Families for Progress.

The amendment would give the secretary of defense one year after enactment to carry out the order. The Pentagon also would have 180 days to submit a report to Congress about the types of waste burned in the pits, as well as the feasibility of using other methods to dispose of waste. The amendment covers hazardous waste, plastics, medical waste and solid waste.

This amendment is a follow-on to the exceptional advocacy of Congressman Timothy Bishop and his bill, H.R. 2419, which was introduced on May 14, 2009. It would require the Secretary of Defense to establish a medical surveillance system to identify members of the Armed Forces exposed to chemical hazards resulting from the disposal of waste in Iraq and Afghanistan, to prohibit the disposal of waste by the Armed Forces in a manner that would produce dangerous levels of toxins, and for other purposes.

### **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.

Under DAV's Stand Up For Veterans initiative, we urge the President and Congress to enact new laws to:

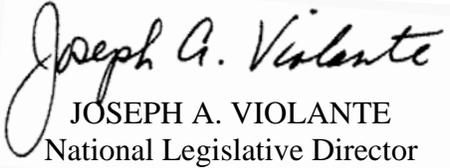
1. Mandate that all veterans are properly screened and treated for psychological wounds, including post-traumatic stress disorder, utilizing the most effective evidence-based therapies.
2. Ensure that all combat veterans, particularly those who may have suffered a traumatic brain injury, be properly 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."

To date, legislation has been enacted or passed by one chamber or the other on three of the four initiatives. The last piece of legislation is the family caregiver bill, which was marked up in the Senate. DAV's success on these issues is due to the great support we received from our

grassroots. I firmly believe that before the end of the first session of the 111th Congress in November of this year, we will have all four elements of the Stand Up For Veterans initiative enacted into law.

### **Conclusion**

To ensure the successful enactment of veterans' 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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