STATEMENT FOR THE RECORD OF
JOHN L. WILSON
ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
OF THE
DISABLED AMERICAN VETERANS
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
MAY 19, 2010

Mr. Chairman and Members of the Committee:

Thank you for inviting the Disabled American Veterans (DAV) to provide our views for the record at this important hearing on legislation pending before the Committee on Veterans' Affairs on the eighteen numbered bills and one draft measure under consideration by the Committee today. We appreciate the Committee's leadership in enhancing the Department of Veterans Affairs (VA) benefits programs on which many service-connected disabled veterans must rely, and we also appreciate the opportunity to offer our views.

S. 1780 – Honor America's Guard-Reserve Retirees Act

The purpose of this bill would deem the service of a person retired from the National Guard and Reserve as active duty service, when the person qualifies for retired pay for his or her Reserve (non-regular) service or, but for age, would be so entitled. This distinction would be for the purposes of extending eligibility for benefits provided through the VA.

The DAV has no resolution on this matter and it is not within the scope of our mission.

S. 1866 – A bill to amend title 38, United States Code, to provide for the eligibility of parents of certain deceased veterans for interment in national cemeteries

This bill would broaden eligibility for internments in National Cemeteries. In the event a parent of a deceased veteran who, at the time of the parent's death, did not have a spouse, surviving spouse, or child who had been interred, or who, if deceased, would have been eligible to be interred in a National Cemetery, this measure would authorize such burial in a National Cemetery.

While the DAV has no adopted resolution from our membership pertaining to this specific matter, we would not oppose passage of this legislation.

S. 1939 – Agent Orange Equity Act of 2009

The goal of this bill would redefine as geographic parts of the Republic of Vietnam such Republic's inland waterways, ports, and harbors, waters offshore, and airspace above, for purposes of the presumption of service connection for diseases associated with exposure by veterans to certain herbicide agents while in or near Vietnam. This bill would also include as

veterans eligible for such presumption those who served on Johnston Island during the period beginning on April 1, 1972, and ending on September 30, 1977, or those who were awarded the Vietnam Service Medal or the Vietnam Campaign Medal.

In accordance with DAV Resolution 017, our membership has long supported legislation to clarify that military service in the former Republic of South Vietnam for purposes of benefits based on exposure to herbicides should include service in the waters offshore. Military personnel who served on ships no more distant from the spraying of these herbicides than many who served on the Vietnam land mass itself have arbitrarily and unjustly been denied benefits of the presumption of their exposure, and consequently the presumption of service connection for herbicide-related disabilities. Therefore, DAV supports this legislation and encourages its enactment.

S. 1940 – A bill to require the Secretary of Veterans Affairs to carry out a study on the effects on children of exposure of their parents to herbicides used in support of the United States and allied military operations in the Republic of Vietnam during the Vietnam era.

This measure would direct the Secretary of Veterans Affairs to complete, and report to the Committees on Veterans Affairs, the results of a study of the effects on children of their parents' exposure to herbicides used in support of U.S. and allied military operations in the former Republic of South Vietnam during the Vietnam era.

In delivering the charge to the Institute of Medicine (IOM) Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides (Seventh Biennial Update), the VA made a request related to the purposes of this bill. The request asked the IOM committee to comment on whether effects of herbicide exposure might be manifested in veterans' children at later stages of their development than have been systematically evaluated to date or in later generations and on the feasibility of assessing such effects. In its 2008 Veterans and Agent Orange Update report, the IOM Committee reported:

> Developing understanding of epigenetic mechanisms leads this committee to conclude that it is considerably more plausible than previously believed that exposure to the herbicides sprayed in Vietnam might have caused paternally-mediated transgenerational effects. Such potential would most likely be attributable to the TCDD contaminant in Agent Orange. Consequently, this committee recommends that laboratory research be conducted to address and characterize TCDD's potential for inducing epigenetic modifications. As the offspring of Vietnam veterans grow older, the possibility of a parental effect on the incidence of adult cancers, cognitive problems, and other diseases of maturity are of increasing interest. While information concerning the applicability of epigenetic mechanism to TCDD is being gathered, the committee further recommends innovative epidemiologic protocols be developed to address the logistically challenging task of determining whether adverse effects are being manifested in the adult children and grandchildren of Vietnam veterans.

Further, enactment of this bill would be consistent with both the VA Secretary's decision in September 2009 as well as the House Committee on Veterans' Affairs recent oversight

hearing to examine the feasibility and circumstances of recommencing the 1980's-era National Vietnam Veterans Longitudinal Study (NVVLS).

DAV National Resolution No. 252 urges congressional oversight and federal vigilance to provide for research, health care and improved surveillance of disabling conditions resulting from military toxic and environmental hazard exposures. Research conducted by the National Institutes of Health, the Department of Defense (DoD), VA and other federal departments and agencies, has focused on associations linking toxic and environmental exposures with subsequent health status of veterans, and in the case of Vietnam veterans, some of their children. We urge Congress to actively oversee its established mechanism of delegation to the National Academy of Sciences and VA to determine validations of, and develop equitable compensation policy to support, environmentally exposed veterans and those whose children are affected.

S. 2751 – A bill to designate the Department of Veterans Affairs medical center in Big Spring, Texas, as the George H. O'Brien, Jr., Department of Veterans Affairs Medical Center

This measure would designate the Department of Veterans Affairs medical center in Big Spring, Texas, as the "George H. O'Brien, Jr., Department of Veterans Affairs Medical Center." DAV adopts no resolutions on matters such as these. This is a local issue and would be handled by a local Chapter or Department of the DAV; therefore, DAV has no position on this matter.

S. 3035 – the Veterans Traumatic Brain Injury Care Improvement Act of 2010

If enacted, this bill would require the Secretary of Veterans Affairs to provide a report to Congress on the feasibility and advisability of VA's establishment of a Polytrauma Rehabilitation Center or Polytrauma Network Site of the VA in the geographical area of the northern Rockies and Dakotas. The bill would require the report within 180 days of enactment. The bill describes required elements that would be addressed in the report, including adequacy of existing facilities available to polytraumatically-injured veterans within this frontier region; a comparative assessment of rehabilitation programs' effectiveness in urban versus rural and frontier regions; assessment of the cost of living and financial stresses of frontier life; and, an assessment of therapies to prevent or remediate neurologic conditions secondary to traumatic brain injuries and whether such therapies can be interrupted by the stresses of urban life.

As indicated in the findings section of the bill, VA has established polytrauma rehabilitation centers in four locations [and has announced a fifth location in San Antonio, Texas] and has designated other polytrauma network sites in each Veterans Integrated Service Network. Injured veterans in this particular six-state area might need to travel to Minneapolis, Minnesota or Palo Alto, California to receive specialized care for their polytrauma needs. Alternatively, they would need to travel significant distances to other urban areas such as Seattle or Denver to receive private care at VA or DoD expense. Several studies have shown that nearly half of our armed forces serving in Iraq and Afghanistan emanate from rural areas; thus, these wars are producing numbers of polytraumatically injured veterans from rural, remote and frontier regions.

Consistent with DAV Resolution No. 241, adopted at our most recent National Convention in Denver, Colorado, focused on gaining proper care for veterans with traumatic brain injury (often accompanied by polytrauma), we support the purposes of this bill and appreciate the intentions of its sponsors. Nevertheless, we would anticipate that should VA open such a specialized center in a frontier location such as Ft. Harrison, Montana or Cheyenne, Wyoming based on findings in the report required by the bill, VA's recruiting and retaining the types and variety of highly specialized providers might become a significant barrier to the maintenance of quality of care in such a technologically-advanced activity. The existing polytrauma centers all maintain vigorous affiliations with university schools of medicine, of other health professions and of the health sciences in general. They conduct significant biomedical and prosthetic research focused on polytrauma and its sequalae. There is no school of medicine in Montana, Wyoming, Idaho or eastern Washington. Also we would be concerned about the efficiency of such a center because of the generally low absolute numbers of polytrauma cases who may continue to reside in that frontier region. We would ask the Committee to consider amending the required elements of the report to add a census of the existing polytrauma veteran population continuing to reside in this five-state area, with an assessment of their service needs and their current providers.

Our decades of experience with VA's spinal cord injury (SCI) centers would demonstrate that tens of thousands of SCI veterans in fact relocated their residences either temporarily or permanently in many cases in order to be nearer that vital VA service for them. VA maintains 23 SCI centers, all located in urban and academic environments.

We have been made aware that many families of polytraumatically injured veterans of Iraq and Afghanistan service, many from rural areas, also are relocating to be nearer to VA's existing polytrauma sites of care and the specialized medical and surgical resources attendant to these centers. These are tragic but perhaps unavoidable consequences of severe disability caused by war.

S. 3107 – Veterans' Compensation Cost-of-Living Adjustment Act of 2010

If enacted, this measure would direct the Secretary of VA to increase the rates of veterans' disability compensation, additional compensation for dependents, the clothing allowance for certain disabled veterans, and dependency and indemnity compensation for surviving spouses and children as of December 1, 2010. These increases would be required to be at the same percentage increase as benefits provided under title II (Old Age, Survivors and Disability Insurance) of the Social Security Act, on the same effective date.

This nation's first duty to veterans is to provide for the rehabilitation of its wartime disabled. In accordance with DAV's Resolution No. 072, we support enactment of legislation that provides a realistic increase in VA disability compensation rates to bring the standard of living of disabled veterans in line with that which they would have enjoyed had they not suffered their service-connected disabilities.

While Congress passed similar legislation last year, veterans received no increase as a result of the general downturn in the economy. Despite this downturn, many items did increase

in cost. Veterans generally find themselves in more vulnerable economic status than their peers who did not serve in the military and feel the loss of such annual increases more keenly than many others. We therefore urge Congress to ensure veterans are provided increased compensation to meet their daily needs.

S. 3192 – Fair Access to Veterans Benefits Act of 2010

The stated goal of this bill is to extend the 120-day limit for the filing of an appeal to the Court of Appeals for Veterans Claims (Court) after a final decision of the Board of Veterans' Appeals (BVA), upon a showing of good cause for such time as justice may require. Such an extension would be applicable to appeals of final Board decisions issued on or after July 24, 2008.

The DAV supports legislation to allow for equitable tolling of the appeal period for claims before the VA and Court decisions. We note in DAV Resolution No. 226 that Congress created a benevolent system for the administration of veterans' benefits and services that is both ex parte and nonadversarial before the VA. Additionally, the law previously provided for equitable tolling of the appeal if a veteran was physically or mentally incapacitated and unable to file the appeal within the allotted time period, although this provision was seldom found in the veteran's favor. In many circumstances, the laws also provided for equitable tolling of an appeal should a veteran incorrectly send a request to appeal to the VA Regional Office (VARO) or to the BVA instead of the Court. DAV supports this legislation and encourages its enactment.

S. 3234 – Veteran Employment Assistance Act of 2010

This multifaceted legislation would seek to help our veterans receive training in order to become gainfully and equitably employed.

Section 3 would amend the Small Business Act to direct the Administrator of the Small Business Administration (SBA) to establish a program, headed by a Director, which designates veterans' business centers to provide entrepreneurial training and counseling to veterans in areas in which the number of veterans, especially veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF), exceed the national median. In addition, it requires the Director to establish a program of grants to veterans' business centers to provide federal procurement assistance to small businesses owned and controlled by veterans, and develop outreach programs to create or further develop service-disabled veteran-owned small businesses. It also authorizes the Director to hold biennial veterans entrepreneurial development summits.

DAV has no resolution on this matter but would not be opposed to its favorable consideration. However, we submit that such programs must focus equally on veterans of all eras, with no emphasis on a veteran from one conflict over that of another since all were in harm's way and all are deserving of equal consideration and support.

Section 5 would reduce from three years to one year the period for completion of training of new Disabled Veterans' Outreach Program (DVOP) specialists and Local Veterans' Employment Representatives (LVERs).

While a shortened training program may mean more specialists being fielded sooner to provide such critical services to this important population, we must express our concern. A shortened training program may have the unintended consequence of specialists not having achieved full proficiency in their area of expertise and thus providing less than satisfactory employment counseling and placement services to veterans. In accordance with DAV Resolution No. 048, we would recommend Congress provide adequate funding and permanency of staff, and training including for the National Veterans Training Institute, Small Business Administration, DVOPs, LVERs, and Homeless Programs.

Section 6 would direct the Secretary of Labor to provide a training subsistence allowance for each month that an unemployed veteran is enrolled in a full-time employment and training program that is offered by an eligible training provider and teaches a skill connected to a career in an in-demand industry.

Although DAV does not have a resolution on this matter we would not be opposed to its favorable consideration.

Section 7 provides for the use of veterans' post-9/11 educational assistance for the pursuit of apprenticeships and on-job training.

The DAV, in accordance with DAV Resolution No. 002, supports limited dual entitlement to vocational rehabilitation and employment under Chapter 31, and the Post-9/11 Education Assistance Program under Chapter 33 (GI Bill) in order to ensure that disabled veterans are not forced to choose the lesser of two available benefits. Programs such as these were set in place to provide veterans some recompense for their service and sacrifice, particularly those who were disabled as a result of their service. The current disparity between the more financially lucrative subsistence allowances of the new GI Bill will ultimately force service-connected disabled veterans with employment deficits to either utilize the Chapter 31 program (which is not as financially helpful as Chapter 33) in order to obtain the often critical vocational rehabilitation services available only under Chapter 31, or opt out of this program in order to provide subsistence for their families. We hold that veterans should not be placed in such an untenable position. Our nation's first duty to veterans is the rehabilitation and welfare of its service-connected disabled. Precedent has already been set in that the Montgomery GI Bill currently allows veterans to use both its benefits and those of Chapter 31 on a limited basis. Therefore, DAV supports this legislation and recommends its enactment.

Additionally, pursuant to DAV Resolution No. 047, we recommend that Congress make the Chapter 33 Post-9/11 GI Bill available to pay for all necessary civilian license and certification examination requirements, including necessary preparatory courses. In accordance with this resolution, we note that the DoD provides some of the best vocational training in the nation for its military personnel. It has established measures and performance standards for every occupation within the Armed Forces. These occupational standards meet or exceed the civilian license or certification criteria but many former military personnel, certified as proficient in their military occupational career, are not licensed or certified to perform a comparable job in the civilian workforce. A January 14, 1999 study by the Congressional Commission on Service-

members' and Veterans' Transition Assistance identified several military professions in which civilian credentialing is required for employment in the private sector. We therefore recommend that this legislation be modified to also make the Chapter 33 Post-9/11 GI Bill available to pay for all necessary civilian license and certification examination requirements, including necessary preparatory courses as a means to increase the civilian labor market's acceptance of the occupational training provided by the military and improve the post-service employment opportunities for veterans.

Section 8 would require the Secretary of Veterans Affairs to establish: (1) a program to award grants to states to establish a veterans' conservation corps to give veterans volunteer and employment opportunities under state conservation projects; and, (2) a center of excellence of methods for educational institutions to afford academic credit to veterans for previous military experience and training.

Section 9 would amend the Workforce Investment Act of 1998 to direct the Secretary of Labor to establish: (1) information technology military pathways demonstration programs to enable veterans to build upon technical skills learned in the military when entering into the civilian information technology workforce; and (2) nursing, public health and allied health professional, and physician assistant military pathways demonstration programs to enable veterans to build upon military technical skills when entering into civilian positions in those fields.

Section 12 would require the Secretary of Labor to carry out a veterans' energy-related employment program to encourage the employment of veterans in the energy industry.

Section 14 would direct the Secretary of Defense to carry out the Veterans to Work pilot program to provide veterans with employment in military construction projects.

Although DAV does not have resolutions from our membership on the specific matters entertained in sections 8, 9, 12, and 14, we would not be opposed to their favorable consideration.

Section 15 requires: (1) a report on improvements and enhancements of the Transition Assistance Program (TAP) to better meet the needs of members of the Armed Forces and veterans; and (2) a study on a program of transition assistance modeled on the Employment Enhancement Program of the Washington National Guard.

DAV has long held that DoD's TAP and Disabled Transition Assistance Program (DTAP) programs are not adequate in scope or resources to ensure a seamless transition from active duty to veteran status. The transition from military service to civilian life is very difficult for most veterans who must overcome many obstacles to successful employment. TAP and DTAP were created with the goal of furnishing separating service members with vocational guidance to aid them in obtaining meaningful civilian careers. We therefore support efforts to improve such programs. We also ask Congress, in accordance with DAV Resolution 258, to ensure the level of funding and staffing is adequate to support the routine discharges per year from all branches of the Armed Forces, which has not been the case for some time. Additionally,

in accordance with DAV Resolution 134, we recommend Public Law 101-510, codified in sections 1141-1150 of title 10, United States Code, which authorized TAP and DTAP, be amended to require every National Guard and Reserve member who is activated for 12 months or longer be afforded a period of active duty of five days, within 90 days of separation, in order to attend TAP and DTAP workshops.

S. 3286 – A bill to require the Secretary of Veterans Affairs to carry out a pilot program on the award of grants to State and local government agencies and nonprofit organizations to provide assistance to veterans with their submittal of claims to the Veterans Benefits Administration.

If enacted, this bill would require the Secretary of Veterans Affairs to establish a pilot grant program (modeled to the degree practicable on Subchapter II of Chapter 20, title 38, United States Code, authorizing grants for comprehensive service centers to aid homeless veterans) to assist veterans in filing claims for VA benefits with the Veterans Benefits Administration. Eligible grantee organizations under this bill would be limited to State and local governmental agencies and nonprofit organizations as determined appropriate by the Secretary. The bill expresses several criteria to govern the program, and would limit the program to two years' duration.

While DAV has no resolution on the matter, we do have concerns about how such a program would work and whether providing funding for such a program would be the best use of VA's limited resources. The legislation does not specify either the size or cost of the pilot program. Since there are already thousands of service officers working for States, local governmental agencies and veterans service organizations providing veterans with precisely the assistance contemplated under this legislation, it is not clear what new or additional purpose the pilot would serve.

S. 3314 – To require the Secretary of Veterans Affairs and the Appalachian Regional Commission to carry out a program of outreach for veterans who reside in Appalachia.

This bill would require the Secretary of Veterans Affairs and the Appalachian Regional Commission to carry out a program of outreach to veterans who reside in the Appalachian region. The expressed intention of the bill would be to increase access and awareness of the eligibility of veterans for federal, state and local government programs that provide compensation and other benefits for service in their military service who reside in the Appalachian region.

While we have no resolution from our membership supporting the specific purposes of this bill, we note that VA has an outreach program in place as part of its overall mission. We are therefore concerned that contracting out such services may not only dilute the expertise VA has developed in its delivery of services and benefits to veterans and may instead divert critical funds that can best be utilized in-house to more costly contracted entities for delivery of the same services.

S. 3325 – To amend title 38, United States Code, to authorize the waiver of the collection of copayments for telehealth and telemedicine visits of veterans.

This measure would amend section 1722A of title 38, United States Code, to prohibit the VA from collecting a copayment for any service provided by VA under its telephone care program, also called VA Telehealth or telemedicine visit of a veteran under the laws administered by VA.

This Committee is well aware that the Veterans Health Administration (VHA) has invested heavily in telehealth under the broader notion of care coordination. Telehealth, or telemedicine, is the use of telecommunications and information technology to provide health care when distance separates participants. For decades, telemedicine has been considered a means of overcoming barriers to providing rural health care. In addition, the American Telehealth Association indicated in a March 2007 position statement that there is a growing consensus that the supply of health care providers across the professions is going to be inadequate to meet the expanding needs for health care of the U.S. population--both in the short term and in the long term. Telehealth, while not the entire solution to the problems presented by the shortage and maldistribution of health care providers, can make important contributions to alleviating those problems.

A study published in the Journal of Rehabilitation Research & Development suggests that using information and communication technology to deliver health services, expertise, and information over a vast geographical distance and implementing home telehealth modalities may enhance users' timely accessibility to needed care, reduce preventable hospitalization use, and decrease direct and indirect medical costs over time.[1] In addition, a number of studies have shown that home telehealth interventions can improve clinical outcomes for conditions common among SCI patients, such as pressure ulcers (Phillips et al. 2001) and diabetes (Joseph 2006; Barnett et al. 2007).

DAV supports this measure according to our Resolution No. 234, calling for legislation to repeal all copayments for military retirees' and veterans' medical services and prescriptions. However, DAV would like to share some of our concerns regarding telemedicine/telehealth in the VA health care system.

First and foremost, the 21 Veterans Integrated Service Networks (VISNs) currently have no financial incentive to invest in this important technology. The Veterans Equitable Resource Allocation (VERA) system is the method VA uses to distribute resources among its VISNs. It distributes funds to each VISN based both on patient workload, as well as on the complexity of care provided. This system allocated $31.8 billion in general purpose funds during fiscal year (FY) 2009. As this Committee is aware, VERA does not currently factor telemedicine and telehealth visits into its workload data.

In addition, according to Dr. Anthony A. Cavallerano, and Dr. Paul R. Conlin, VA physicians writing in the Journal of Diabetes Science and Technology in January 2008, diabetic

[1] Jia H, Chuang HC, Wu SS, Wang X, Chumbler NR. Long-term effect of home telehealth services on preventable hospitalization use. Journal of rehabilitation research and development. 2009 Jan 1; 46(5):557-66.

retinopathy, a condition of the eye resulting from diabetes, is the most common cause of visual loss in the United States. These physicians further noted that only 60 percent of persons with diabetes receive timely and appropriate eye examinations. In FY 2000, Congress recognized the importance of making eye care accessible to all veterans when, in Senate Report 106-410 to accompany the 2001 Department of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act of 2001 (Public Law 106-271), the Appropriations Committee recommended that VA collaborate with the DoD and the Joslin Diabetes Center to implement the Joslin Vision Network. This collaboration created a system allowing specialists at a remote location to detect diabetic retinopathy and other eye conditions by reviewing images transmitted across a telecommunications network. In 2001, VA convened an expert panel to evaluate teleretinal imaging to screen for diabetic retinopathy. In a statement regarding the implementation of VA's teleretinal program, this panel said, "The VHA envisions developing and deploying a nationwide teleretinal imaging system that will be regionalized by VISN and will build on the VHA's robust information technologies for acquiring, transmitting, interpreting, and storing digital retinal images. A similar system for screening for [diabetic retinopathy] has been established in the United Kingdom." While the program has expanded to assist in providing eye care to almost 20 percent of VA's diabetic veteran population, VA only offers teleretinal imaging at some facilities. In FY 2008, VA had these services available at only 130 of its nearly 800 community-based outpatient clinics (CBOCs).

In FY 2008, VA provided ambulatory services to a total of 4,901,797 veterans. But a telehealth technology allowing health care workers to monitor veterans' chronic diseases while the veteran was at home was used on only 36,400 patients. This is less than one percent of all veterans treated on an outpatient basis.

Under another program, VA provided general telehealth services using real time conferencing to an estimated 48,000 veterans, 29,000 of which utilized the services for mental health purposes. Adam Darkins, MD, Chief Consultant, Office of Care Coordination, in the Office of Patient Care Services, noted that outcomes data for telemental health have demonstrated a 24.6 percent reduction in hospital admissions and a 24.4 percent reduction in bed days of care when these services are utilized. However, according to the National Rural Health Association, it has been estimated that about 20-23 percent of the U.S. population live in rural areas, but only 9 to 11 percent of physicians practice in rural areas. Among 1,253 communities designated as Mental Health Professional Shortage Areas in 2007, for example, almost 75 percent did not have a psychiatrist. For this reason, VA psychiatrists, writing in the Journal of Academic Psychiatry in November 2007, recommended ensuring competency in telemedicine technologies as part of a curriculum designed to emphasize rural practice in psychiatry residency training.

Mr. Chairman, the ability of VA medical centers and CBOCs to offer specialty services is particularly important to the needs of returning OEF/OIF veterans, many of whom return to remote areas with conditions like PTSD or TBI. We offer our observations to ensure progress of telemedicine in the VA into a robust health care innovation. For decades, telemedicine has been considered a means of overcoming barriers to providing rural health care. According to Dr. Michael Hatzakis et al., a VA physician writing in the Journal of Rehabilitation Research and Development in May/June 2003, experimental programs in telehealth were funded through

existing grants on Indian reservations, in psychiatric hospitals, in the prison systems, and in medical schools between the 1950s and the 1970s. Dr. Hatzakis also noted that none have survived, reflecting in part a failure to secure financial self-sufficiency.

In conclusion, while we have no resolution adopted by our membership dealing with the specific matter of telemedicine and telehealth, we believe progress in these technologies is an important component of VA health care, especially for rural veterans and new veterans from OEF/OIF. Also, as indicated, our membership is firmly opposed to copayments in any form as a condition of access to VA health care. Therefore, we would not object to enactment of this bill but ask that the Committee use its oversight to examine the lack of financial incentives in the current allocation policy that may serve as a barrier to more effective uses of telehealth in VA health care.

S. 3330 – Veterans Health and Radiation Safety Act of 2010

If enacted, this bill would make certain improvements in, and promote safer practices in, the administration of radiation treatments at medical facilities of the VA.

The genesis of this bill appears to be the recent finding by the VA Office of Inspector General (OIG) related to application of prostate brachytherapy in the treatment of prostate cancer patients at the Philadelphia, Pennsylvania VA Medical Center, when the wrong strength of implanted radioactive seeds was discovered.

The OIG made five recommendations as follows, all of which VHA's Under Secretary for Health concurred with:

> (1) VHA's National Director of Radiation Oncology Programs should have sufficient resources, to ensure that VHA provides one high quality standard of care for the prostate brachytherapy population. To achieve this end, VHA should standardize, to a practical extent, the privileging, delivery of care, and quality controls for the procedures required to provide this treatment. (2) VHA should take the steps required to ensure that patients who received low radiation doses in the course of brachytherapy be evaluated to ensure that their cancer treatment plan is appropriate. (3) VHA should review the controls that are in place to ensure that VA contracts for healthcare comply with applicable laws and regulations, and where necessary, make the required changes in organization and/or process to bring this contracting effort into compliance. (4) Senior VA leadership should meet with Senior NRC leadership to determine if there is a way forward that will ensure the goals of both organizations are achieved. (5) VHA should work with the OIG to develop a list of documents that should routinely be provided to the OIG when an outside agency is notified of a (possible) untoward medical event.

Section 2 of this measure would require an annual report on low-volume patient programs—specifically, programs with fewer than 100 participants in a calendar year—from all VA medical facilities that conduct such low volume treatment programs. Section 3 of the bill would require the VA Secretary to ensure that all VA health care employees, including

contractor employees, receive appropriate training related to the use of radioactive isotopes, on what constitutes a medical event, and to whom it should be reported should such an event occur. Failure to provide such training would require the Secretary to enforce halting the use of radioactive isotopes at a VA facility until the Secretary deems safety to have been restored.

The final section of the bill—Section 4—would mandate the VA Secretary establish specific requirements such as independent peer review of such services, written evaluations by managers of employees providing such services, and evaluation review prior to extension of any existing contracts with non-government entities to provide such services.

DAV has no specific resolution from our membership with respect to S. 3330; however, we concur with the OIG recommendations that proper training, oversight and following all mandates and established procedures for radiation therapies are essential for VA and non-VA contractor health care personnel to ensure patient safety. We ask the Committee to provide oversight to ensure VA carries out all of the recommendations made by the OIG in this case. Also, DAV would not object to passage of S. 3330 to ensure Congress gains adequate oversight information about smaller, "low volume" VA treatment programs and ensure that proper training of health personnel administering radioactive isotope treatments is mandated along with appropriate training for identifying and reporting a medical event that could be harmful to veterans in VA care.

S. 3348 – To amend title 38, United States Code, to provide for the treatment as a motion for reconsideration of a decision of the Board of Veterans' Appeals of a notice of appeal of such decision misfiled with the Department of Veterans Affairs.

This bill would amend current law so that if a veteran submits documents to VA that disagree with decisions of the BVA and that are misfiled with the Board within 120 days of such decisions, those submissions shall be treated as motions for reconsideration of such decisions.

The law currently provides for equitable tolling, or good cause delays, for veterans who miss legal deadlines in circumstances when the veteran was unable to meet the deadline due to illness or injury. This legislation seeks to provide similar relief for circumstances in which a veteran expresses his disagreement with a decision of BVA by sending documentation to the VA Regional Office (VARO) or to the BVA within 120 days of the decision instead sending it to the Court. Therefore, consistent with DAV Resolution No. 226, DAV supports this legislation and encourages its enactment.

S. 3352 – the Veterans Pensions Protection Act of 2010.

This bill would modify subsection 1503(a) of title 38, United States Code, to exempt reimbursements of expenses related to accident, theft, loss, or casualty loss from determinations of annual income with respect to VA pensions for otherwise eligible veterans, surviving spouses and children of veterans, thereby allowing these individuals to qualify for pension or prevent loss of eligibility for existing pension payments, that might occur if such reimbursements were counted as family income. DAV has no resolution on this matter.

S. 3355 - the Veterans One Source Act of 2010

This bill would provide for a website providing information on benefits, resources, services, and opportunities for veterans and their families and caregivers. Specifically, it would require the Secretary of Veterans Affairs, in collaboration with the Secretaries of the DoD, Labor, Education as well as the Commissioners of Internal Revenue and Social Security, the Administrator of the Small Business Administration and other federal agencies as determined appropriate, to a single source website detailing the full range of benefits from the aforementioned.

While DAV does not have a resolution on this matter, we do support efforts to simplify access to information about benefits and services for veterans, family members and caregivers. We note that VA already has several ongoing IT projects and Internet outreach efforts, as well as new outreach requirements as part of S. 1963, the Caregivers and Veterans Omnibus Health Services Act of 2010. We would therefore encourage dialogue amongst Congress, the VA and other federal agencies to ensure that new legislation is necessary and supportive of reaching the goals identified in the legislation.

S. 3367 – To amend title 38, United States Code, to increase the rate of pension for disabled veterans who are married to one another and both of whom require regular aid and attendance.

If enacted, this bill would increase the annual nonservice-connected VA pension rate for a married couple, each of whom is a veteran in need of regular aid and attendance to $31,305, effective on date of enactment of the bill, an increase of $825.00

Although DAV does not have a resolution from our membership on this specific matter, we would not be opposed to its favorable consideration.

S. 3368 – To amend title 38, United States Code, to authorize certain individuals to sign claims filed with the Secretary of Veterans Affairs on behalf of claimants.

This measure would amend Section 5101, title 38, United States Code, by broadening the definition of "claimant" for VA benefits purposes to include provisions to enable a person other than the veteran concerned to sign VA claims forms on behalf of a veteran in certain circumstances or conditions that serve to prevent a veteran from signing necessary forms to execute a claim. Under the bill the person authorized to sign such forms would be court-appointed in the case of mental incompetence of the veteran; in the case of a veteran who is a minor, a family member or other person responsible for the welfare of the veteran; or a designated institutional manager or official in the case of an institutionalized veteran. Although DAV does not have a resolution from our membership, there are circumstances where a veteran may be incapable of providing a signature but would be assisted with receipt of benefits, and therefore we are not be opposed to its favorable consideration.

S. 3370 – To amend title 38, United States Code, to improve the process by which an individual files jointly for social security and dependency and indemnity compensation.

This bill would simplify the documentation and application process of a widow or widower of a service-connected veteran in filing joint claims for Disability and Indemnity Compensation (DIC) with the VA and for social security benefits with the Social Security Administration.

Although DAV does not have a resolution from our membership on this specific matter we would not be opposed to its favorable consideration.

Draft Bill -- To amend title 38, United States Code, to improve the multifamily transitional housing loan program of the Department of Veterans Affairs by requiring the Secretary of Veterans Affairs to issue loans for the construction of, rehabilitation of, or acquisition of land for multifamily transitional housing projects instead of guaranteeing loans for such purposes.

If enacted, this draft bill would modify the Multifamily Transitional Housing Loan Program in Subchapter VI of Chapter 20, title 38, United States Code, by authorizing VA to issue loans for the construction, rehabilitation, or acquisition of land for transitional housing projects rather than VA's guaranteeing loans for such purposes. The bill would also fully utilize $48 million that was originally appropriated in 1999 for the Multifamily Transitional Housing Loan Guarantee Program and which remains available for obligation.

The DAV has no resolution on this matter.