



# OPERATION: **KEEP THE PROMISE**

**DAV** | 2018

## **DAV's Critical Policy Goals for 2018**

1. Comprehensive Support for Caregivers of Veterans of All Eras
2. Strengthen and Modernize the VA Health Care System
3. Defending Our Benefits and Protecting Our Future
4. Improve Services and Recognition for Women Veterans
5. Support Sufficient Funding for Veterans Benefits and Health Care  
(Awaiting Release of Administration's Budget Proposal)

---

DAV empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: fulfilling our promises to the men and women who served. DAV does this by ensuring that veterans and their families can access the full range of benefits available to them; assisting them with employment; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a non-profit organization with more than 1 million members, was founded in 1920 and chartered by the U.S. Congress in 1932.

---

## Comprehensive Support for Caregivers of Veterans of All Eras

Studies confirm caregivers improve our veteran patients' health, reduce hospital readmissions, and delay institutionalization, decreasing overall health care costs. However, caregivers often make personal sacrifices in terms of their own health and well-being by serving in this critical role.

A National Alliance for Caregiving study found the vast majority of caregivers of disabled veterans, from all war eras, reported increased stress or anxiety and sleep deprivation. The report shows declines in healthy behaviors of caregivers—such as exercising, eating habits and keeping their own medical appointments. Over half of the caregivers in the study had cut back their number of work hours and almost half stopped working or took early retirement, resulting in financial hardship for themselves and their families.

Findings from DAV's own Unsung Heroes Initiative survey of veterans and their caregivers echo these revelations. DAV found that, without a caregiver, three out of four respondents believed their loved one would be institutionalized now or in the future, and that the toll on their own health and well-being was significant. Specifically, more than half reported caregiving had significantly impacted their financial security. While nearly 80 percent reported an impact on their mental health and careers, over 80 percent said their role somewhat or significantly affected their friendships, family life, and physical health.

Congress enacted Public Law 111-163, requiring the Department of Veterans Affairs (VA) to provide comprehensive caregiver supports and services to family caregivers of severely injured veterans. DAV was instrumental in ensuring such assistance includes caregiver education and training, respite care, mental health services, a monthly stipend, and enrollment in CHAMPVA for health care coverage. However; due to cost concerns, Congress limited participation in the program to veterans injured on or after September 11, 2001.

VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) was established and preliminary findings from a comprehensive evaluation suggest caregivers in the program are more confident and better prepared in their role and that the stipend is reducing the financial strain of caregiving. Equally important, the evaluation indicates increased use of health care services by veterans participating in PCAFC, which could lead to better health outcomes.

Despite these positive findings, countless caregivers of veterans are still not eligible to participate in the program because of the arbitrary delimiting date. After a lifetime of caregiving, many family caregivers are aging and their ability to continue in their role is declining. Though most family caregivers continue to willingly undertake this role, they require and deserve supports and services to mitigate the negative physical, emotional, and financial consequences of caregiving.

***Congress should enact legislation to improve and authorize comprehensive supports, benefits, and services for family caregivers of severely ill and injured veterans of all eras.***

- **H.R. 1472/S.591, the Military and Veteran Caregiver Services Improvement Act of 2017**
- **H.R. 1802: CARE for All Veterans Act**

---

## Strengthen and Modernize the VA Health Care System

Since the Veterans Choice Program was created in 2014, there has been a vigorous debate about the role of “choice,” the value of the VA health care system and how to reform and strengthen veterans health care to provide more timely access and better health outcomes. Over the past year, a broad consensus developed among veterans and veterans service organizations (VSOs), independent experts, VA leaders and many members of Congress, on the need to develop a system of integrated local networks, with VA acting as the coordinator and primary provider of care, and community providers filling gaps in access or expertise.

Towards the end of 2017, the Senate and House Veterans’ Affairs Committees each developed, debated and approved separate comprehensive bills to replace the Choice program with new models for community care. The House Veterans’ Affairs Committee approved H.R. 4242, the “VA Care in the Community Act” and the Senate Veterans’ Affairs Committee approved S. 2193, the “Caring for our Veterans Act.” Both bills would restructure how community care programs interact with VA-provided care so that veterans could seamlessly access high-quality care that is most appropriate for them. VA also put forward its own comprehensive plan and legislation—the “Veterans Coordinated Access & Rewarding Experiences (CARE) Act”—to accomplish the same shared goal, as did a several other members of the Senate and House.

While all of these bills had some merit, S. 2193, Senate Chairman Johnny Isakson’s “Caring for our Veterans Act,” offers the most comprehensive and promising approach for meeting the needs of all enrolled veterans. This legislation would expand access for enrolled veterans by creating an integrated network that consolidates all of VA’s existing community care programs—including Choice—into a single, seamless program. Importantly, decisions about when and where to receive necessary medical care would primarily be made by veterans and their doctors, not by bureaucrats relying solely on arbitrary time and distance standards. To assure quality, VA would remain the coordinator of care whether it is delivered inside VA facilities or through community providers.

In addition to expanding external access and giving veterans more options, the bill would bolster VA’s internal capacity through critical new investments in infrastructure and the expansion of telemedicine across state lines. It would significantly improve VA’s ability to recruit, hire and retain medical professionals and would also finally correct the inequity in VA’s Program of Comprehensive Assistance for Family Caregivers, which today is available only to caregivers of veterans injured on or after September 11, 2001. The “Caring for our Veterans Act” is a true bipartisan compromise that builds on the VA CARE proposal and has strong support from every major VSO.

However, no reform plan or legislation can succeed unless adequate resources are provided. It will be absolutely critical that VA request and Congress appropriate the full level of funding necessary to ensure that VA can be modernized, strengthened and expanded when and where it makes sense. There must be sufficient and separate funding appropriated for community care programs so that VA directors and managers are not forced to choose between filling critical staff vacancies and authorizing necessary non-VA care. In addition, Congress must make significant new investments in VA’s physical, IT and human capital infrastructure to provide timely and high quality access for all enrolled veterans.

- **We urge Congress to enact and provide sufficient funding for S. 2193, the Caring for our Veterans Act, to strengthen and modernize VA health care, as well as expand comprehensive caregiver assistance to veterans of all eras.**

---

## Defending Our Benefits and Protecting Our Future

Last year, Congress and the Administration proposed and enacted many pieces of bipartisan legislation advantageous to veterans and their families, such as the Appeals Modernization Act of 2017 and the Forever GI Bill. However, there were also several disturbing policy proposals that surfaced, which if enacted would actually reduce or eliminate existing veterans' benefits.

**Reduction of Individual Unemployability.** In May 2017, the Administration's fiscal year (FY) 2018 Budget contained a proposal to eliminate eligibility for Total Disability Based on Individual Unemployability (TDIU), commonly referred to as IU, for thousands of disabled veterans. It would have terminated existing IU ratings for veterans when they reach the age of 62, as well as cut off any veteran already in receipt of Social Security retirement benefits. DAV and other veterans service organizations (VSOs), in opposition to the proposal, reminded the Administration that TDIU is not equal to or similar to Unemployment Insurance or retirement programs. The Administration subsequently backed away from this proposal; however, the threat remains that this proposal or something like it could resurface in the future.

**COLA Round-down.** In recent years, there have been a number of attempts to round down the cost of living adjustment (COLA) for veterans' benefit payments to "pay for" proposed new or expanded veterans benefits. For example, last November there was discussion about rounding down the veterans' COLA for the next 8 to 10 years to pay for H.R. 299, the Blue Water Navy Veterans Act, legislation that DAV strongly supports, a move that would have cut \$1.2 billion from veterans' disability benefit payments. Fortunately, due to strong opposition from DAV and other VSOs, this proposal was withdrawn. While many veterans may be able to absorb the impact of a COLA round down for a single year, the cumulative effect over many years is much more severe. More importantly, we firmly reject the PAYGO rule that requires one group of veterans to "pay for" any new or expanded benefits for another group of veterans. All Americans have benefited from the sacrifice of veterans and collectively, as a nation, we should equally "pay for" veterans benefits.

**Benefits Proposed for Elimination or Reduction.** In December 2016, the Congressional Budget Office (CBO) published its biennial report entitled "Options for Reducing the Deficit: 2017 to 2026," which included the following harmful proposals to reduce veterans' benefits:

- Eliminate Concurrent Receipt of Military Retirement and Disability Compensation.
- Exclude Disability Compensation for Certain Disabilities Unrelated to Military Service.
- Include All Disability Compensation as Taxable Income.

While CBO periodically publishes this report and most of the proposals are never acted on, the recent Administration budget proposal on Individual Unemployability raises the possibility that other benefit reduction options could be on the table. Congress must ensure that existing veterans' benefits are defended from reductions and eliminations, particularly for the sake of budgetary savings.

- **We urge Congress to defend and protect veterans' benefits from proposed cost-saving reductions or eliminations, and specifically to enact H.R. 4369, the "Protecting Benefits for Disabled Veterans Act" this year to protect Individual Unemployability from future attacks.**
- **We urge Congress to exempt veterans' benefits and services from PAYGO rules, since these benefits should be "paid for" by all Americans, not just veterans themselves.**

---

## Improve Services and Recognition for Women Veterans

Over the past decade, the number of women serving in the military has continued to rapidly increase. In addition, women are now eligible to serve in all military occupations, giving way to increased combat exposure and hazardous occupations. Over 300,000 women veterans have served in Iraq and Afghanistan, more than a thousand have been wounded in action, and 167 have made the ultimate sacrifice. According to VA, 57 percent of women veteran patients have a service-connected disability, and are eligible for a lifetime of treatment, compensation, education and other VA benefits.

In 2014, DAV released a special report—*Women Veterans: The Long Journey Home*, which found serious gaps for women in federal programs to aid their transition and reintegration following military service. The report found that many women veterans feel isolated and believe that their contributions during war-time service are not recognized. The report also noted that women veterans face a number of unique challenges, including difficulty reconnecting with their children and returning to the role of family caretaker.

Following military service, women veterans are turning to VA for health care in record numbers. From fiscal year (FY) 2003 to FY 2012, the number of women using VA health care services saw an 80-percent increase, an upward trend that continues today. The impact of military service is demonstrated by high utilization of VA mental health services and higher rates of homelessness and suicide among women veterans compared to non-veteran women.

This significant increase in the number of women, many of whom are of child-bearing age, has challenged VA in providing timely access and comprehensive health services to women at all facilities. According to the Department, VA lacks at least 675 women's primary care health providers nationwide. Additionally, VA was cited for not accurately documenting compliance with mandated environment of care standards that assure women's privacy, safety and dignity in VA health care settings.

Proposed plans to implement an integrated VA community care model, which will allow more access to community care, have the potential to affect the overall quality of care provided to 300,000 women veterans who seek gender-specific services. The Department must ensure that policy and practices are in place to carefully coordinate and monitor these veterans' care.

**Congress should enact legislation to ensure all women veterans including service-disabled women using VA health care have timely access to comprehensive quality health care and specialized services and that these programs are culturally sensitive, respectful of their contributions in military service and meet their unique needs.**

**VA must dedicate the necessary resources to fix existing privacy and safety deficiencies and to recruit and train a sufficient number of providers that have expertise in delivering comprehensive women's health services.**

DAV supports the following measures:

- **H.R. 91, Building Supportive Networks for Women Veterans Act**
- **H.R. 93, A bill to improve access to gender-specific care for women**
- **H.R. 95, Veterans Access to Child Care Act**
- **H.R. 2452/S. 681, Deborah Sampson Act**
- **S. 804, A bill to improve the provision of health care for women**
- **H.R. 4635, Peer-2-Peer Counseling Act**

---

**Support Sufficient Funding for Veterans Benefits and Health Care**

(Awaiting Release of Administration's Budget Proposal)