



# 2022 Mid-Winter Conference

Benefits Protection Team/Legislative Workshop

February 27, 2022



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# 2021-2022 NATIONAL LEGISLATIVE INTERIM COMMITTEE

- Al Labelle, Chairman (WI)
- Jim Procunier (NC)
- Trent Dilks (MN)
- Laymond Rose (FL)



# 2021 LEGISLATIVE ACTION

- DAV departments submitted **526 resolutions**
- **208 resolutions adopted** by delegates at the 99<sup>th</sup> DAV national convention
- DAV testified at **28 Congressional hearings** and provided **12 formal presentations** on critical veterans' issues
- There were **47 DAV CAN Alerts** posted
- DAV supporters sent almost **400,000 emails** to Congress
- **18 educational training sessions** for Benefits Protection Team Leaders

# LEGISLATIVE VICTORIES FOR VETERANS

FIRST SESSION | 117<sup>TH</sup> CONGRESS

In 2021 DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for ill and injured veterans

- **PL 117-45**—Veterans' Cost of Living Adjustment Act of 2021
- **PL 117-68**—Tuition Fairness for Survivors Act of 2021
- **PL 117-16**—THRIVE Act
- **PL 117-67**—Hire Veteran Health Heroes Act of 2021
- **PL 117-76**—Remote Act

# LEGISLATIVE VICTORIES FOR VETERANS

FIRST SESSION 117<sup>TH</sup> CONGRESS

- **PL 117-30**—Major Medical Facilities Authorization Act
- **PL 117-21**—Sgt. Ketchum Rural Veterans Mental Health Act
- **PL 117-66**—GAO Study to determine disparities in claims adjudication associated with race and ethnicity
- **PL 117-69**—Protecting Moms who Served Act of 2021
- **PL 117-81**—National Defense Authorization Act of 2022 (includes veteran-related provisions for troops-to-teachers program; mandatory training on health effects of burn pits; study on breast cancer)

# OUTSTANDING PERFORMANCE IN ADVOCACY 2020-2021 AWARD WINNERS

Division I – Department of VA: BPTL **Tom Wendel**

Division II – Department of SC: BPTL **Brian Wilner**

Division III – Department of WI: BPTL **Al Labelle**

Division IV – Department of NE: BPTL **James Shuey**

Division V – Department of ND: BPTL **Joseph Hall**



# DAV 2022 CRITICAL POLICY GOALS

- Ensure benefits, health care and justice for veterans of all eras exposed to **toxic substances**
- Enhance veterans' **survivor benefits**
- Ensure access to **long-term care** for aging veterans and veterans with service-connected disabilities
- Advance **equity in health services** and benefits for women veterans, underserved and minority veteran populations
- Improve **mental health care and suicide prevention efforts** to reduce veterans suicide
- Strengthen the VA's capacity to deliver **timely, high-quality health care**

# VA MENTAL HEALTH/SUICIDE PREVENTION

**Lisa K. Kearney, Ph.D., ABPP**

Executive Director—Veterans Crisis Line  
Office of Mental Health and Suicide Prevention  
U.S. Department of Veterans Affairs



# REMINDERS

- Handouts:
  - 2022 Critical Policy Goals
  - FY 2023 *Independent Budget* recommendations
  - Guidelines for successful congressional meeting
- Please Complete:
  - Legislative Hill Visit List/Headquarters Office (Alexandria Room)
  - Feedback Forms (complete on-line: [dav.quorum.us](http://dav.quorum.us) – select Meeting with Congress)
- Power Points:
  - Will be posted at [www.dav.org](http://www.dav.org) under Events Mid-Winter 2022
- 2021-2022 Resolution Book now available

# 117<sup>th</sup> Congress (2<sup>nd</sup> Session)

## HOUSE VETERANS' AFFAIRS COMMITTEE

### Democrats (19)

- **Rep. Mark Takano (CA)**  
**Chairman**
- Rep. Colin Allred (TX)
- Rep. Julia Brownley (CA)
- Rep. Sheila Cherfilus-McCormick (FL)
- Rep. Lois Frankel (FL)
- Rep. Ruben Gallego (AZ)
- Rep. Marcy Kaptur (OH)
- Rep. Conor Lamb (PA)
- Rep. Susie Lee (NV)
- Rep. Mike Levin (CA)
- Rep. Elaine Luria (VA)
- Rep. Frank Mrvan (IN)
- Rep. Chris Pappas (NH)
- Rep. Kathleen Rice (NY)
- Rep. Raul Ruiz (CA)
- Del. Gregorio Sablan (MP)
- Rep. Elissa Slotkin (MI)
- Rep. David Trone (MD)
- Rep. Lauren Underwood (IL)

### Republicans (16)

- **Rep. Mike Bost (IL)**  
**Ranking Member**
- Rep. Jim Banks (IN)
- Rep. Andy Barr (KY)
- Rep. Jack Bergman (MI)
- Rep. Gus Bilirakis (FL)
- Rep. Madison Cawthorn (NC)
- Rep. Neal Dunn (FL)
- Rep. Jake Ellzey (TX)
- Rep. Nancy Mace (SC)
- Rep. Tracey Mann (KS)
- Rep. Dan Meuser (PA)
- Rep. Mariannette MilleMeeks (IA)
- Rep. Barry Moore (AL)
- Rep. Troy Nehls (TX)
- Del. Aumua Amata Radewagen (AS)
- Rep. Matt Rosendale (MT)
- Rep. Chip Roy (TX)

# 117<sup>th</sup> Congress (2<sup>nd</sup> Session)

## SENATE VETERANS' AFFAIRS COMMITTEE

### Democrats (9)

- **Sen. Jon Tester (MT)**  
**Chairman**
- Sen. Dick Blumenthal (CT)
- Sen. Sherrod Brown (OH)
- Sen. Maggie Hassan (NH)
- Sen. Mazie Hirono (HI)
- Sen. Joe Manchin (WV)
- Sen. Patty Murray (WA)
- Sen. Kyrsten Sinema (AZ)
- Sen. Bernie Sanders (I-VT)

### Republicans (9)

- **Sen. Jerry Moran (KS)**  
**Ranking Member**
- Sen. Marsha Blackburn (TN)
- Sen. John Boozman (AR)
- Sen. Bill Cassidy (LA)
- Sen. Kevin Cramer (ND)
- Sen. Mike Rounds (SD)
- Sen. Dan Sullivan (AK)
- Sen. Thom Tillis (NC)
- Sen. Tommy Tuberville (AL)

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# Presentation of the DAV Legislative Program



**Andrew Marshall, National Commander**

Tuesday, March 1st, at 10:00 a.m.  
Testimony: Live-Streamed Salons III-IV





*Thank You!*

**JOY J. ILEM**

National Legislative Director

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# Ensure Benefits, Health Care and Justice for Veterans of All Eras Exposed to Toxic Substances

Shane Liermann  
Deputy National Legislative Director  
February 27, 2022

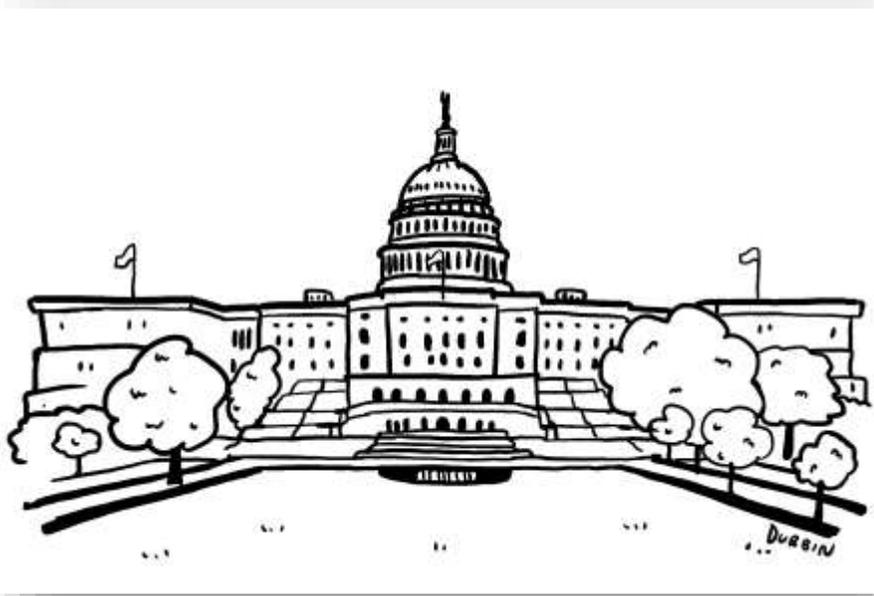
# Critical Policy Goal

To ensure benefits, health care and justice for veterans of all eras exposed to toxins, DAV urges Congress to:

1. Add presumptive diseases for Agent Orange exposure
2. Concede burn pit exposure and provide health care
3. Create a new legal framework for presumptives

# Senate vs House

## Senate



- **COST of War Act**  
Senators Tester & Moran
- **Health Care for Burn Pit Veterans**  
Senators Tester & Moran

# Senate vs House

## House

- **Honoring Our PACT Act**  
Chairman Takano
- **Health Care for Burn Pit Veterans**  
Ranking Member Bost



# H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote



Based on 15 individual bipartisan toxic exposure bills, this is the most comprehensive toxic exposure bill ever considered in Congress.

# **H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote**

- Provide health care based on toxic exposures;
- Add twenty four presumptive diseases due to burn pits and toxins;
- Add hypertension as a presumptive disease due to Agent Orange Exposure;
- Concede exposure to burn pits and toxic environments;

# H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote

- Provide a new framework for establishing presumptive diseases in the future;
- Expand radiation-risk activities to include veterans who participated in radiation cleanup at Enewetak Atoll and Palomares, Spain



# H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote



- Include Thailand, Cambodia, Laos, Guam, American Samoa and Johnston Atoll as conceded locations for Agent Orange Exposure
- Require registries for veterans who served at Ft. McClellan and for those exposed to PFAS chemicals.

# H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote

Although other bills introduced in the House that address different aspects of the toxic exposures puzzle, the PACT Act is the only bill that provides a truly comprehensive solution.



# **H.R. 3967, Honoring Our PACT Act Going to House Floor for a Vote**

Therefore, when PACT Act is brought to the floor for consideration, if any other legislation is offered as an amendment or motion to restrict or substitute, rather than supplement the bill, we are asking them to oppose such amendments or motions.

# PAYGO/CUTGO

## What is PAYGO

- Congressional Rule
- Veterans paying for veterans
- It can be waived



# PAYGO/CUTGO

The word "NO" is rendered in large, bold, 3D red letters. The letters have a slight shadow and a reflection on the surface below them, giving them a three-dimensional appearance. The background is a light gray gradient.

**Just Say No  
to PAYGO!**

# Critical Policy Goal

To ensure benefits, health care and justice for veterans of all eras exposed to toxins, DAV urges Congress to:

1. Add presumptive diseases for Agent Orange exposure
2. Concede burn pit exposure and provide health care
3. Create a new legal framework for presumptives



*Thank You!*

**SHANE LIERMANN**

Deputy National Legislative Director

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# Ensuring Access to Long-Term Care

Anthony Lewis  
Associate National Legislative Director

February 27, 2022

# ENSURING ACCESS TO LONG-TERM CARE

1. Who uses VA Long-Term Supports and Services (LTSS)
2. Issues facing VA LTSS
3. Recommendations for Congress and VA

# WHO RECEIVES VA LONG-TERM SUPPORTS AND SERVICES (LTSS)?

- Elderly veterans



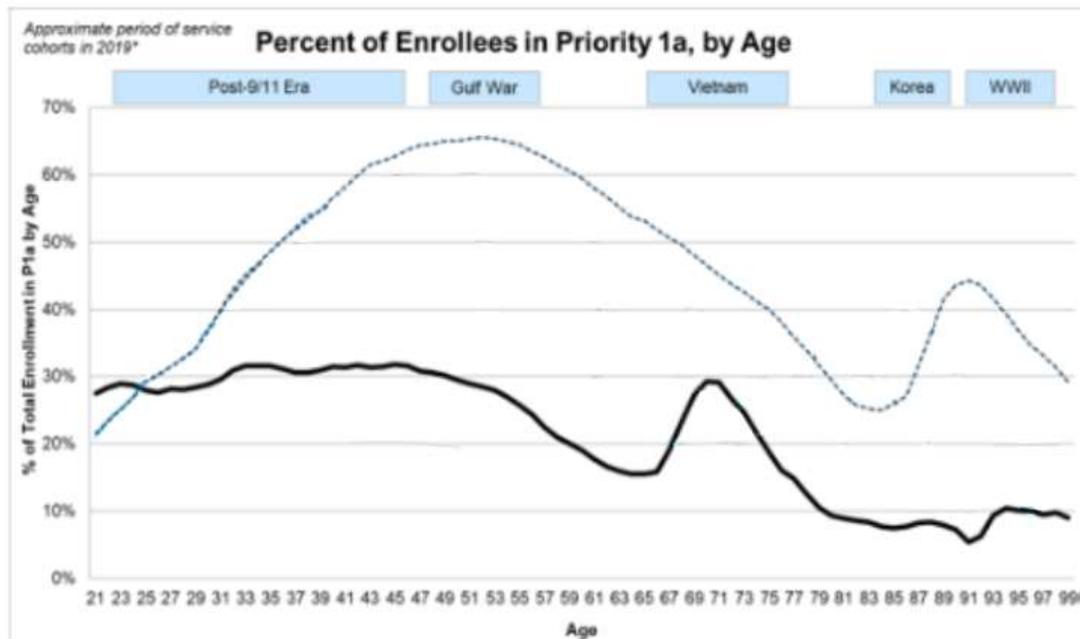
## Priority 1a

- Veterans, regardless of age, with the highest levels of service-connected disability (>70 percent)

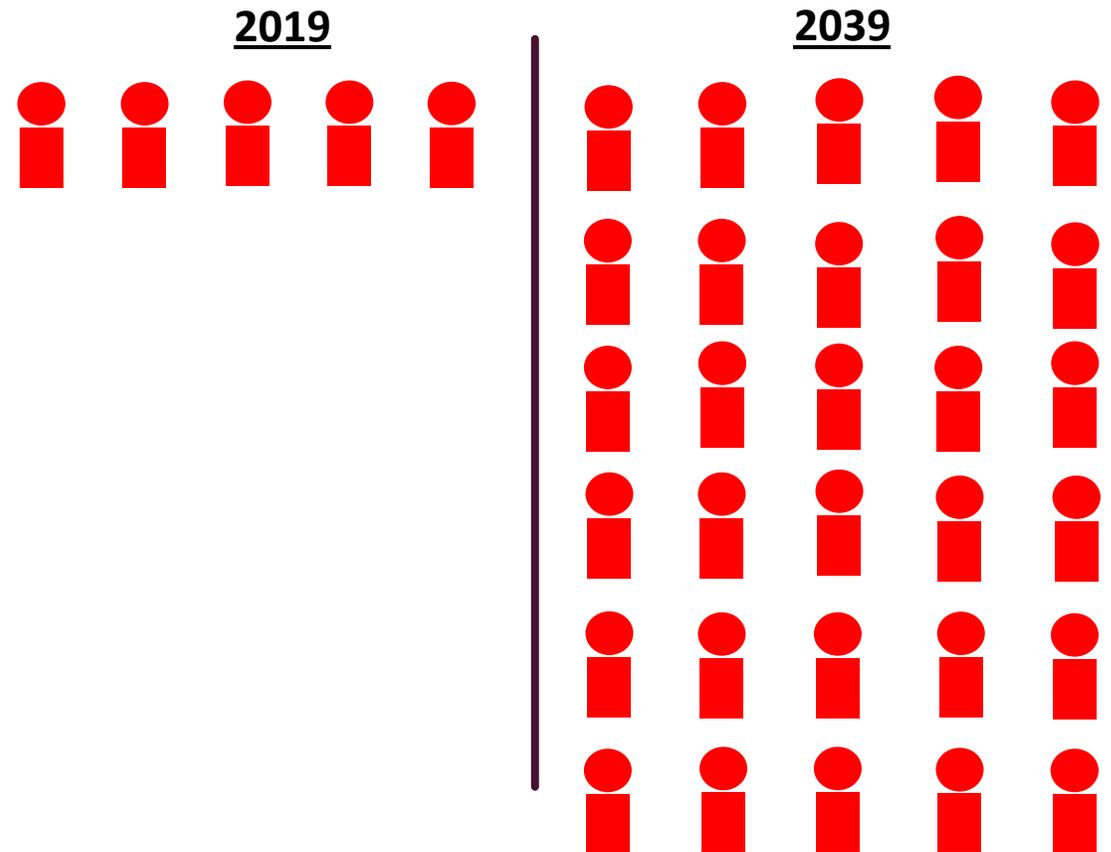


# FUTURE DEMAND FOR LONG-TERM CARE

## ➤ Percentage of P1a vets by age



## ➤ Percentage of P1A vets who are 85+



# FUTURE DEMAND FOR LONG-TERM CARE

## Institutional

- Community Living Centers
- State Veterans Homes
- Community nursing homes

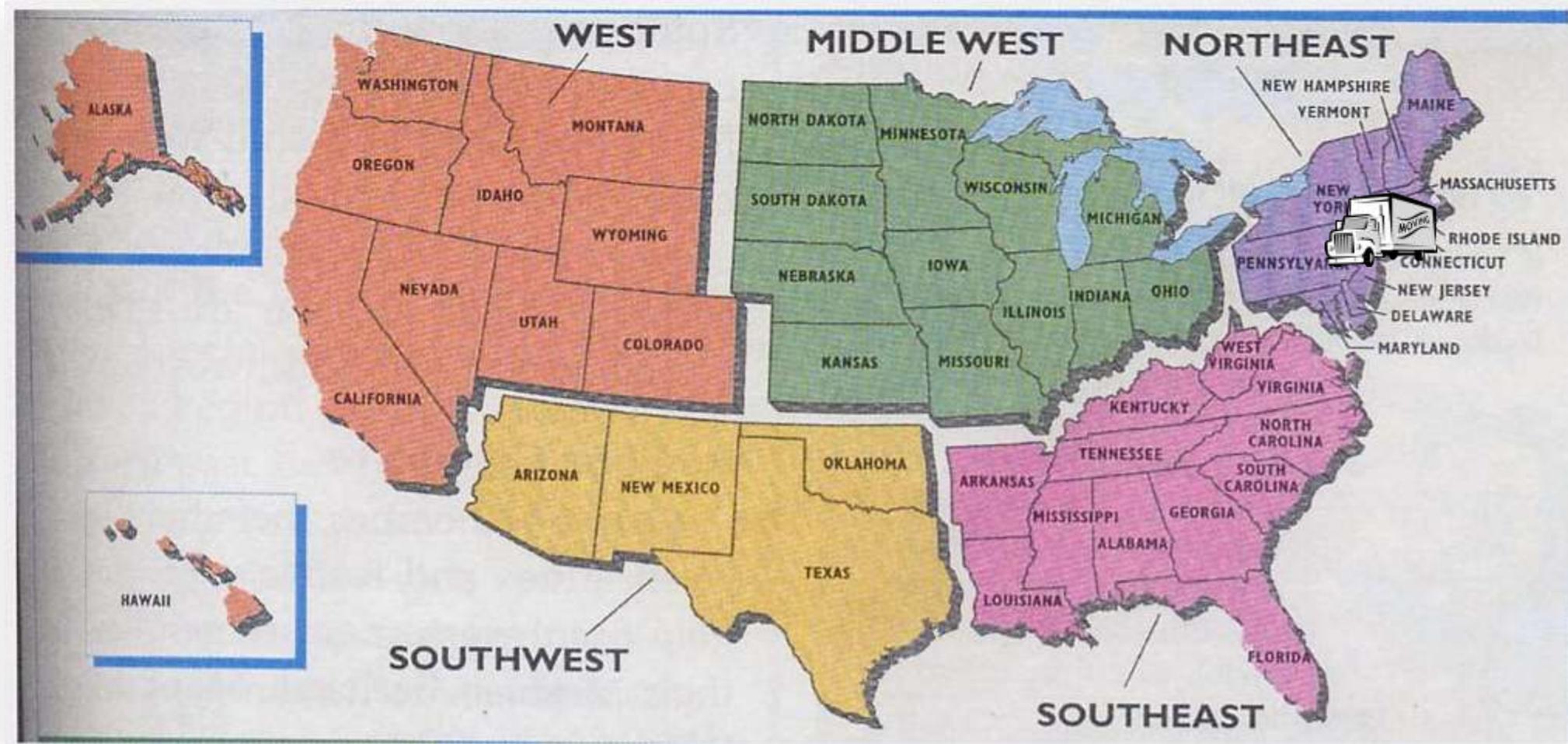
## Non-Institutional

- Home-based primary care
- Adult day health care
- Veteran-Directed Care
- Homemaker & Health aid

# GEOGRAPHIC ALIGNMENT OF CARE



**2.8 million VA-enrolled veterans live in rural areas**



# Meeting Veterans' Unique Needs



# MEETING VETERANS' UNIQUE NEEDS

## Veterans Affairs Program of Comprehensive Assistance for Family Caregivers *Eligibility Criteria Fact Sheet*



The U.S. Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) offers enhanced clinical support for caregivers of eligible Veterans who are seriously injured. These changes are based on the new "Program of Comprehensive Assistance for Family Caregivers (PCAFC) Improvements and Amendments Under the VA MISSION Act of 2018" Final Rule, RIN 2900-AQ48, effective October 1, 2020.

These changes include:

- ✓ Expanding eligibility for the PCAFC
- 👤 Offering legal and financial services for designated Primary Family Caregivers of eligible Veterans in 2021
- ↻ Making other changes affecting program eligibility and VA's evaluation of PCAFC applications

**Who qualifies:** Veterans who incurred or aggravated a serious injury (including a serious illness) in the line of duty in the active military, naval, or air service on or after September 11, 2001, **or** on or before before May 7, 1975.



### Veteran Eligibility Requirements:



# ENSURING ACCESS TO LONG-TERM CARE

## Issues:

1. Future Demand for Long-Term Care
2. Geographic Alignment of Care
3. Meeting Veterans' Unique Needs

# RECOMMENDATIONS

- **Future Demand for Long-Term Care**

VA must develop and implement a plan that estimates the number of veterans needing institutional long-term care over the next two decades, and the specific resources necessary to provide that care in both VA and non-VA facilities.

- **Geographic Alignment of Care**

VA must develop a plan to address the challenge of proper geographic alignment of care, and prioritize its implementation.

# RECOMMENDATIONS (CONT.)

## ■ Meeting Veterans' Unique Needs

- Congress must provide sufficient resources to maintain, renovate and modernize CLC and SVH to accommodate the needs of service-connected veterans.
- Congress must invest in home- and community-based services to provide aging and disabled veterans a full spectrum of long-term care options.
- Congress must invest in home- and community-based services to provide aging and disabled veterans a full spectrum of long-term care options.
- Congress and VA must continue to ensure caregivers are adequately supported through VA's Caregiver Support Program and other resources.



## DAV MISSION STATEMENT

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.





*Thank You!*

**Tony Lewis**

Associate National Legislative Director

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# Advance Equity in Health Services & Benefits for Women, Under-served and Minority Veteran Populations

Ashleigh Byrnes

Deputy National Communications Director

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## Critical Policy Issues

- **VA must ensure enrolled veterans have equitable access to health care/services and work to improve health outcomes**
  - Prioritize data collection and analysis to identify trends
  - Review methods of service delivery to underrepresented/underserved populations
  - Investigate cultural differences that create barriers to VA
  - Change VA culture to create a safe, welcoming and harassment-free environment

# Women and Minority Veterans Focus in 117<sup>th</sup> Congress

## Hearings

- March 18, 2021 – [Beyond Deborah Sampson: Improving Healthcare for America’s Women Veterans in the 117<sup>th</sup> Congress](#)
- April 15, 2021 – [HVAC Legislative Hearing \(H.R. 344, H.R. 958, H.R. 2521, H.R. 2093\)](#)
- May 12, 2021 – [Supporting Disabled Veterans: The State of Claims Processing During and After COVID-19](#)
- June 23, 2021 – [SVAC Legislative Hearing \(S. 796, S. 1198, S. 1863, S. 2102, Building Solutions for Veterans Experiencing Homelessness Act\)](#)
- October 13, 2021 – [HVAC Legislative Hearing \(H.R. 4575, H.R. 4794, H.R. 2819\)](#)
- October 20, 2021 – [SVAC Legislative Hearing \(S. 1937, S. 2386, S. 2533\)](#)
- October 20, 2021 – [HVAC Legislative Hearing \(H.R. 4601\)](#)
- November 17, 2021 – [Supporting Survivors: Assessing VA’s Military Sexual Trauma Programs](#)



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# Women and Minority Veterans Focus in 117<sup>th</sup> Congress

## Additional Activities

- April 22, 2021 – HVAC Closed Door Roundtable on eliminating sexual harassment at the Department of Veterans Affairs
- March 17, 2021 – VASEC round table on gaps in women veterans programs, services
- Reinstated VSO women veterans, IVF, MST work groups
- DAV is represented on a working group to aid its efforts to end sexual assault/harassment; continues to promote White Ribbon Campaign



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## Women and Minority Veterans Focus in 117<sup>th</sup> Congress

### Additional Activities

- VA underwent policy review to ensure non-discrimination based on sexual orientation/gender identity earlier this year
- VASEC announced last year lift on ban for gender confirmation procedures (not yet implemented)
- VA now includes gender identity in the electronic health record
- VA released a chartbook on LGB veterans last June
- Discussions/legislation are including a more specific focus on data for specific populations

## Women/Minority Veterans Legislation – 117<sup>th</sup>

### Protecting MOMS Who Serve Act – Public Law No: 117-69

*Allows VA to expand and improve maternity care programs*

- *Invests \$15M in maternity care coordination programs*
- *Offer childbirth prep/parenting classes, nutrition counseling, breastfeeding/lactation classes & support*
- *Require the GAO to study the maternal health of women, focusing on racial and ethnic disparities*
  - *Causes of maternal mortality*
  - *Infertility/unexplained infertility diagnoses*
  - *Recommendations to improve coordination between VA & CCN providers*
  - *Recommendations on homelessness/poverty*

**PASSED**



## Women/Minority Veterans Legislation – 117<sup>th</sup>

### Veterans and Families Information Act – Public Law No: 117-62

*To make all VA fact sheets available in English, Spanish, Tagalog and other commonly spoken languages*

- *Includes 10 most commonly spoken languages*
- *Requires establishment of public website*
- *Report to Congress on usage and role of patient advocates in communicating with veterans, families & caregivers*



**BENEFICIOS DEL SERVICIO PARA MIEMBROS DEL SERVICIO**  
/DOD OFICINA DEL PROGRAMA

**BENEFICIOS PARA LOS MIEMBROS DEL SERVICIO**

Hay una gran variedad de beneficios para los Miembros del Servicio.

**QUÉ TIPO DE BENEFICIOS SE ENCUENTRAN EN LA VA?**

Los Miembros del Servicio pueden recibir hasta \$400.000 en seguro de vida. El Seguro de Vida Colectivo de Miembros del Servicio (SGLI) es obligatorio en inglés. La cobertura de SGLI está disponible hasta por \$10.000 sin costo para los hijos de los miembros cubiertos automáticamente por \$10.000 sin costo. Los miembros del Servicio que están cubiertos por SGLI son elegibles para la protección por invalidez por una discapacidad traumática (TSGLI) que proporciona pagos entre \$100.000 y \$1.000.000 a los miembros que tienen una lesión traumática y sufren pérdidas tales como, pero no limitado a, amputaciones, ceguera, paraplejía. Los miembros cubiertos bajo SGLI también tienen protección médica por lesiones traumáticas (TSGLI), y si ellos están casados y/o tienen hijos, tienen cobertura de seguro de vida del cónyuge y los hijos dependientes (SGLI Familia).

**QUÉ TIPO DE BENEFICIOS RELACIONADOS CON LA VIVIENDA ESTÁN DISPONIBLES?**

Las personas en servicio activo son elegibles para una garantía de préstamo hipotecario después de servir en el servicio activo de manera continua por 90 días. Los Miembros del Servicio que van a través de un programa de reclamo a un pre-licenciamiento y que se encontraron que tienen condiciones relacionadas con el servicio que serían calificadas como compensables, están exentos de la cuota de financiamiento de la garantía del préstamo.

Las discapacidades reconocidas por VA relacionadas a su servicio militar, pueden conducir a una compensación mensual libre de impuestos, reembolso en el Sistema de atención de salud de VA, e 11 puntos de preferencia de contratación para empleos federal y como empleado estatal. Pregunte a su VA.

Representante y representante de la Organización de Servicios de Veteranos, Junta de la Compensación por Discapacidad, Novedad, Centro de Salud, Programa de Cálculo, Servicios de Carrera, Asistencia para la Educación, Garantía de Miembros para Violencia, Seguro y/o Beneficios para Dependientes y Sobrevivientes.

U.S. Department of Veterans Affairs

## Women/Minority Veterans Legislation – 117<sup>th</sup>

### **Servicemembers and Veterans Empowerment & Support Act - H.R. 5666**

*To improve military sexual trauma (MST) claims processing and enhance survivors' access to benefits and health care*

- *A compilation of provisions to improve the MST claims process*
- *Changes to the way VA communicates with veterans going through the claims process for MST*
- *Synchronization between VHA and VBA on MST claims and resources*
- *Lessen the evidentiary burden for “stressor” requirements*
- *Study access to inpatient mental health services*
- *Pilot for intensive outpatient services*



## Women/Minority Veterans Legislation – 117<sup>th</sup>

### Women Veterans TRUST Act

*To requires nationwide analysis on need for women-specific VA drug and alcohol dependency programs for treatment/rehabilitation*

- *Requires implementation of pilot program based on findings*
- *Approximately 7.2% of women veterans using VA health care have a substance use disorder*
- *Increased risk of suicide, especially among women (30% of completed suicides preceded by drug/alcohol use)*



## Women/Minority Veterans Legislation – 117<sup>th</sup>



### **Lactation Spaces for Moms Act**

*Requires every VAMC to establish a private, hygienic location for purposes of nursing or pumping*

**H.R. 5738**

### **Delivering Optimal Urgent Labor Access (DOULA) for Veterans Affairs Act**

*Establishes pilot program for doula services to foster better child and maternal health outcomes*

**H.R. 2521**

**S. 1937**

### **Veteran Families Health Services Act**

*Broadens access to fertility services; requires research on reproductive health needs of veterans with SC disabilities (spinal cord, MST, mental health, genitourinary); study on toxic exposures and reproductive health*

**H.R. 2734**

**S.1280**

## Women/Minority Veterans Legislation – 117<sup>th</sup>



### **Veteran Peer Support Specialist Act**

*Expands peer support specialist program to 25 new medical centers per year, focus on women and minority hiring to reflect patient demographics*

**H.R. 4575**

**S. 2386**

### **Equal Access to Contraception Act**

*Prohibits VA from requiring copayments for contraceptive items covered by health insurance plans without cost-sharing required*

**H.R. 239**



### **SERVICE Act**

*Expands eligibility for VA mammography screenings for women veterans who served in specific locations/timeframes where burn pits were known to be used overseas*

**S. 2102**

## Women/Minority Veterans Legislation – 117<sup>th</sup>



### **VA Peer Support Enhancement for MST Survivors Act**

*Requires VA to provide MST claimants an assigned peer support specialist throughout the claims (at the claimant's discretion)*

**H.R. 2724**

### **Justice for Women Veterans Act**

*Requires GAO study on women involuntarily separated from the Armed Forces due to pregnancy/parenthood*

**H.R. 2385**

### **MAMMO Act**

*Requires VA to develop strategic plan for breast imaging services; telemammography pilot; upgrade to 3D imaging; study BRCA testing; study mammography access to paralyzed/disabled veterans*

**TBD**

**TBD**

## Women/Minority Veterans Legislation – 117<sup>th</sup>



### **Veterans Infertility Treatment Act**

*Requires VA to furnish infertility treatments and/or fertility preservation services to a covered veteran or partner of a covered veteran with infertility.*

**H.R. 1957**

### **American Indian and Alaska Native Veterans Mental Health Act**

*Requires VA to have a full-time minority veterans coordinator, trained on culturally appropriate mental health/suicide prevention services*

**H.R. 912**

### **Every Veteran Counts Act**

*To require VA to establish and regularly update a database of veterans' demographic data*

**H.R. 2761**



Thank You!

**ASHLEIGH BYRNES**

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# Strengthen VA's Capacity to Delivery Timely, High-Quality Health Care

Peter Dickinson  
Senior Executive Advisor

February 27, 2022

# VA HEALTH CARE SYSTEM



- I. Comprehensive Health Care
- II. Medical and Prosthetic Research
- III. Medical Education & Training
- IV. “Fourth Mission”

# CHALLENGES FOR VA HEALTH CARE

- Inadequate Funding -- “Mismatch”
- Aging Physical Infrastructure
- Hiring Enough Clinicians
- Access - Rural & Remote Areas
- Care Coordination & Quality
- Modernizing IT Systems



**WAIT TIMES**



**DRIVE TIMES**

# REFORMING VA HEALTH CARE

- Veterans Access, Choice, and Accountability Act of 2014  
Public Law 113-146
- Commission on Care (2016)
- VA MISSION Act of 2018  
Public Law 115-182



# VA MISSION ACT



1. Increase VA Capacity to Provide Care
2. New Integrated Community Care Networks
3. Asset and Infrastructure Review (AIR)
4. Expand Eligibility for VA's Comprehensive Caregiver Program to All Generations

## CRITICAL POLICY GOAL RECOMMENDATIONS:

# VA Health Care System

- VA must maintain sufficient internal capacity to provide timely care
- VA must remain the primary provider and coordinator of care
- Congress and VA must ensure that non-VA community care providers meet the same access, quality, training and certification requirements

# THE INDEPENDENT BUDGET

Fiscal Years 2023 and 2024 for  
the Department of Veterans Affairs

BUDGET RECOMMENDATIONS



- Increase Total Medical Care to \$121.2 billion
  - Fill 13,000 VHA Vacancies
  - Total \$980 million for Medical Research
  - Add \$288 million for Suicide Prevention
  - Add \$395 million for Homeless Veterans
  - Add \$490 million for Caregiver Assistance
  - Add \$375 million for Long-Term Care

**The IB Budget Recommendations for  
FY 2023 and FY 2024 Advance**

**IBAV**  
KEEPING OUR PROMISE TO  
AMERICA'S VETERANS

# ASSET AND INFRASTRUCTURE REVIEW (AIR)



- Market Assessments (2018 to 2021....)
- Decision Criteria (2021)
- Nominate & Confirm Commission (2021 2022)
- Facility Recommendations (January March 2022)
- AIR Commission Review & Vote (January 1, 2023??)
- Congress Yes/No Vote (May?? 2023)

## CRITICAL POLICY GOAL RECOMMENDATIONS:

# Health Care Infrastructure

- VA must provide full transparency of market assessments
- VA must ensure veterans and VSOs have full & open access to the AIR Commission
- AIR Recommendations must sustain and strengthen VA's capacity to meet all 4 of its missions.

# VA'S FOURTH MISSION

- Backup to DOD During War
- National Disasters
- National Emergencies
  - COVID-19 Response



## CRITICAL POLICY GOAL RECOMMENDATIONS:

# VA's Fourth Mission

- VA must maintain sufficient health care capacity to meet its Fourth Mission functions during national emergencies WITHOUT interrupting timely access to VA health care for all enrolled veterans
- VA must carefully study the efficacy and effectiveness of telehealth & “virtual” health care to determine its optimal use

# VA IT & ELECTRONIC HEALTH RECORDS

- 10-year, \$16+ billion conversion from VistA to Cerner's EHR
- First rollouts in Spokane, WA and Columbus, OH
- Strategic Review → Revised Rollout
  - VA IT Infrastructure
  - User Training & Acceptance
  - Data Transfer Integrity



## CRITICAL POLICY GOAL RECOMMENDATIONS: **VA IT & Electronic Health Records**

- Congress must aggressively oversee the implementation of VA's EHR system to ensure patient safety & health care outcomes remain the primary focus.



## TROUBLE AHEAD???



- “Choice” & Privatization
- “Can’t Afford” & PAYGO





*Thank You!*

## **PETER DICKINSON**

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# Enhance Veterans' Survivor Benefits

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February 27, 2022

# Critical Policy Goal

To ensure that survivors' benefits continue to provide for veterans' families, DAV urges Congress to

1. increase the DIC rates;
2. eliminate the arbitrary 10-year criteria for DIC;
3. reduce the remarriage age; and
4. remove the 10-year delimiting date for spouses and surviving spouses to utilize Dependents Educational Assistance.

# Dependency and Indemnity Compensation



DIC is a tax-free monetary benefit paid to eligible survivors of military service members who died in the line of duty or eligible survivors of veterans whose death resulted from a service-related injury or disease.

# Increase DIC Rates

100% service-connected =  
\$3,517 a month

DIC benefit = \$1,437 a month.

\$1,437 is only 40%



# Increase DIC Rates



Federal Employees Retirement (FERS) or Civil Service Retirement System (CSRS) benefits provides survivors up to 55%.

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# **Increase DIC Rates**

**Congress must enact legislation, such as S. 976 or H.R. 3402, the Caring for Survivors Act, which would increase DIC rates to 55% of 100% disability compensation, provide parity with other federal programs and index these rates for inflation.**

# Eliminate the 10-Year Rule

**There are two ways for a spouse to eligible for DIC:**

Veteran's death is due to a service-connected disability

Or

Veteran was 100% for 10 consecutive years prior to death, if a nonservice-connected death

# Eliminate the 10-Year Rule

- Equity is Needed
- Less Than 10 Years



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# Eliminate the 10-Year Rule

**Congress must enact legislation, such as S. 976 or H.R. 3402, the Caring for Survivors Act, which would change DIC to a graduated benefit to make survivors eligible at five years for 50% of the full benefit amount, increasing proportionally to 100% at 10 years.**

# Reduce the Remarriage Age

- Remarriage age was reduced from 57 to 55 for a spouse to retain their DIC benefits
- A surviving spouse still loses their DIC benefit if they remarry before age 55.



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# Reduce the Remarriage Age

**Congress must enact legislation that reduces the remarriage age for a surviving spouse to a more reasonable age or institute a new methodology of determining eligibility.**

# Remove the Dependents Educational Assistance Delimiting

In the case of caregivers, family obligations and the need to care for the veteran requires spouses and surviving spouses to defer using these benefits for years, leaving many unable to apply in a timely manner, resulting in a loss of earned educational opportunities.



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# **Remove the Dependents Educational Assistance Delimiting**

**Congress must enact legislation, such as H.R. 2327, which eliminates the time period for eligibility under Dependents Educational Assistance effective August 1, 2023.**

**H.R. 2327 passed the House May 2021. We now need the Senate to take action.**

# Critical Policy Goal

To ensure that survivors' benefits continue to provide for veterans' families, DAV urges Congress to

1. increase the DIC rates;
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3. reduce the remarriage age; and
4. remove the 10-year delimiting date for spouses and surviving spouses to utilize Dependents Educational Assistance.



*Thank You!*

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# Mental Health and Suicide Prevention

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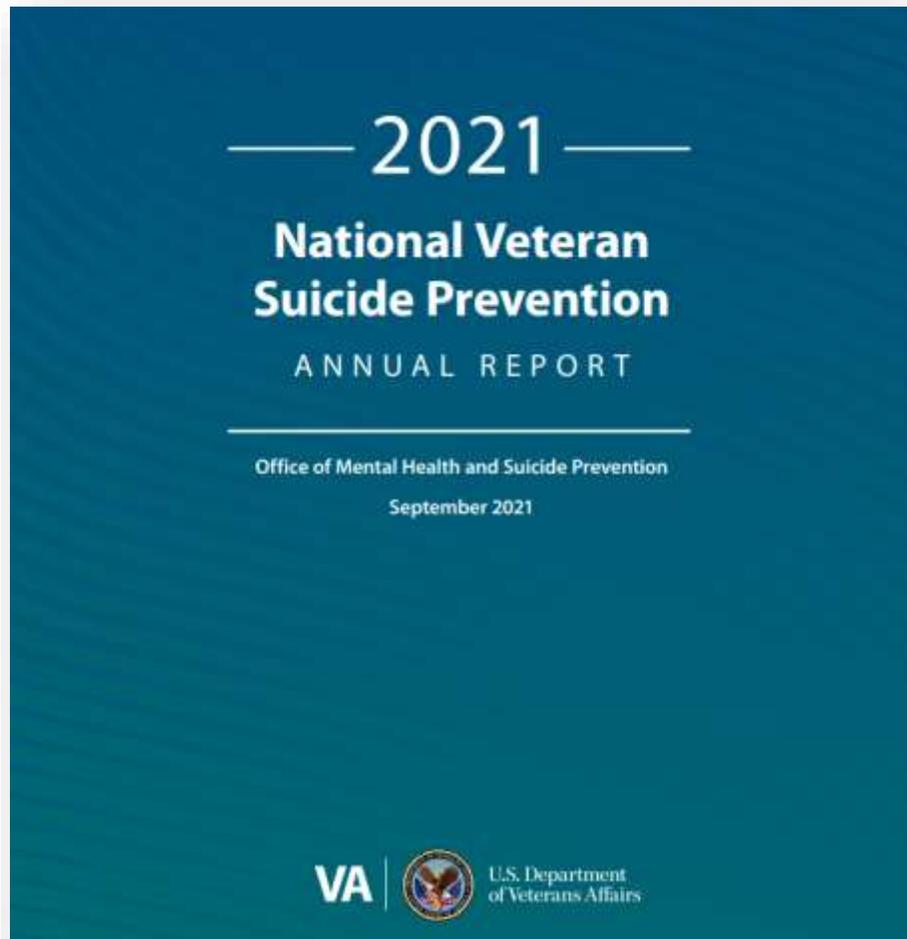
February 27, 2022

# CRITICAL POLICY GOAL

## Improve Mental Health Services and Suicide Prevention Efforts to Reduce Veterans Suicide

- Congress must enact legislation that requires specific training protocols for community mental health providers
- Congress must provide aggressive oversight of the strategic plans to reduce military and veteran suicides and ensure VA receives sufficient resources

# 2021 NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT



- From 2018 to 2019, the average number of veteran suicides per day fell from 17.6 to 17.2
- There were 399 fewer veteran suicide in 2019 than in 2018
- Firearms accounted for 70.2% of male veteran suicides and 49.8% of female veteran suicides in 2019
- In 2019, the unadjusted suicide rates were highest among veterans ages 18-34



# WHITE HOUSE NATIONAL STRATEGY

## **Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Approach**

- Improving lethal means safety
- Enhancing crisis care and facilitating care transitions
- Increasing access to and delivery of effective care
- Addressing upstream risk and protective factors
- Increasing research coordination, data sharing and evaluation efforts



# KEY SUICIDE PREVENTION INITIATIVES

- Suicide 2.0
- NOW Initiative
- PREVENTS
- Hannon Act
- COMPACT Act



# MENTAL HEALTH SERVICES



- VA FY 2022 budget for Mental Health Services = \$10 Billion
- IB for FY 2023 \$288 million for Mental Health and Suicide Prevention

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# MENTAL HEALTH SERVICES

## **VA's high quality mental health care include:**

- Availability of same-day mental health services
- Robust use of technology
- Integration of mental health care
- Leading the nation in training mental health providers
- Mental health Centers of Excellence

# LEGISLATION

- S. 3293, Post 9-11 Veterans Mental Health Care Act of 2021
- H.R. 6411, STRONG Veterans Act of 2022

# VETERAN'S CRISIS LINE

Veterans  
Crisis Line



1-800-273-8255  
PRESS 1

SUPPORT IS AVAILABLE

24 hours a day  
7 days a week  
365 days a year

“988”

July 2022



# SUICIDE PREVENTION UPCOMING EFFORTS



Suicide Prevention Grand Challenge



*Thank You!*

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