



National Service & Legislative Headquarters
807 Maine Avenue, S.W.
Washington, D.C. 20024-2410
Phone (202) 554-3501
Fax (202) 554-3581
www.dav.org

**STATEMENT OF
ADRIAN M. ATIZADO
DAV ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
JUNE 3, 2015**

Chairman Isakson, Ranking Member Blumenthal and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing, and to present our views on the bills under consideration. As you know, DAV is a non-profit veterans service organization comprised of 1.2 million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

S. 297, the Frontlines to Lifelines Act of 2015

This bill would revive and expand a prior Department of Veterans Affairs (VA) pilot program of employing Intermediate Care Technicians in VA facilities; authorize and require Department of Defense (DOD) to transfer credentialing information on health care providers who relocate from DOD to employment in the VA; and, authorize independent practice privileges for certain advance practice nurses in VA.

DAV has no resolution from our membership dealing specifically with these human resource issues. Nevertheless, on the assumption that these matters if enacted would improve and protect VA care for enrolled veterans, they would be consistent with DAV National Resolution No. 220, to support the provision of comprehensive VA health care services to all enrolled veterans. DAV would offer no objection to their enactment.

S. 425 Homeless Veterans Reintegration Programs Reauthorization Act of 2015

This bill would extend authority for the VA Homeless Veterans Reintegration Programs (HVRP) and the Homeless Women Veterans and Homeless Veterans with Children Reintegration Grant Program through Fiscal Year 2020. The bill also would clarify eligibility for services under the HVRP to include veterans participating in the VA supported housing program for which rental assistance is provided under the United States Housing Act of 1937; Indians who are veterans receiving assistance under the Native American Housing Assistance and Self Determination Act of 1996; and veterans transitioning from being incarcerated.

DAV is pleased to support S. 425, the Homeless Veterans Reintegration Programs Reauthorization Act of 2015, which is in line with DAV Resolution No. 203, which calls for

sustained support and sufficient funding for VA's initiative to eliminate homelessness among veterans and improve its existing supportive programs.

S. 471 Women Veterans Access to Quality Care Act of 2015

This bill would seek to improve VA health care facilities to better accommodate the needs of women veterans. Section 2 of the measure would direct the VA Secretary to establish standards to ensure that all medical facilities have the structural features necessary to sufficiently meet the gender-specific health care needs of veterans, including those for privacy, safety, and dignity. The bill would require a report to the House and Senate Veterans Affairs Committees with a list of facilities that fail to meet such standards and the cost for renovations or repairs necessary to meet them.

Section 3 would require the Secretary to evaluate the performance of VA medical center directors by using health outcomes for women veterans who use VA medical services. The VA would be required to publish health outcomes for women veterans on a publicly available website including comparisons of the data to male health outcomes, and explanatory information for members of the public to easily understand the differences.

Section 4 would ensure that every VA medical center employs a full-time obstetrician or gynecologist, and mandates a pilot program to increase the number of residency program positions and graduate medical education positions for obstetricians and gynecologists at VA medical facilities, in at least three Veterans Integrated Service Networks.

Section 5 would require the development of procedures to electronically share veterans' military service and separation data; email address; telephone number; and mailing address with State veterans' agencies in order to facilitate the assistance of benefits veterans may need. Under the bill, veterans would retain the option of not participating in this information exchange.

Section 6 would instruct the Government Accountability Office to examine whether VA medical centers are able to meet the health care needs of women veterans across a number of specific dimensions of care, including access, specialization, outcome differences, outreach and other key elements.

The intent of this bill is consistent with DAV's 2014 Report, *Women Veterans: The Long Journey Home*; thus, the bill carries DAV's full support. The bill is also consistent with DAV Resolution No. 040 to support enhanced medical services and benefits for women veterans, passed by the delegates to our most recent National Convention.

S. 684 Homeless Veterans Prevention Act of 2015

This is a comprehensive bill that would seek to improve services for homeless veterans.

Section 2 would increase per diem payments for transitional housing assistance that becomes permanent for veterans.

Section 3 would authorize per diem payments for furnishing care for a dependent of a homeless veteran while the veteran receives services from a VA grant and per diem recipient.

Section 4 would instruct VA to partner with public and private entities to provide legal services to homeless veterans and veterans at risk of homelessness in an equitably distributed geographic pattern to include rural areas and tribal lands; subject to available funding. The legal services would include those related to housing, including eviction defense and landlord-tenant cases; family law, including assistance with court proceedings for child support, divorce and estate planning; income support, including assistance in obtaining public benefits; criminal defense, including outstanding warrants, fines and driver's license revocation, and to reduce the recidivism rate while overcoming reentry obstacles in employment or housing. The Secretary would require entities that have partnered with VA and provided legal services to homeless veterans to submit periodic reports.

Section 5 would expand the authority of VA to provide dental care to eligible homeless veterans who are enrolled for care, and who are receiving housing assistance under so-called "section 8" for a period of 60 consecutive days; or receiving care (directly or by contract) in a domiciliary; therapeutic residence; community residential care coordinated by the Secretary; or a setting for which the Secretary provides funds for a grant and per diem provider.

Section 6 would make permanent the authority in section 2033, title 38, United States 15 Code, for VA to carry out a program of referral and counseling services for veterans at risk for homelessness who are transitioning from certain institutions.

Section 7 would extend the authority for financial assistance for supportive services for very low-income veteran families in permanent housing.

Section 8 of this bill would require VA to assess and measure the capacity of national and local programs for which entities receive grants under section 2011 of title 38, United States Code, or per diem payments under section 2012 or 2061 of such title. The following would be assessed:

- Whether sufficient capacity exists to meet the needs of homeless veterans in each geographic area.
- Whether existing capacity meets the needs of the subpopulations of homeless veterans located in each geographic area.
- The amount of capacity that recipients of grants under sections 2011 and 2061 and per diem payments under section 2012 of such title have to provide services for which the recipients are eligible to receive per diem under section 2012(a)(2)(B)(ii) of title 38, United States Code, as added by section 3(5)(B) of this bill.

The Secretary would be required to use the information collected under this section to set specific goals to ensure that VA programs are effectively serving the needs of homeless veterans; assess whether these programs are meeting goals; inform funding allocations for programs described, and improve the referral of homeless veterans to such programs.

The Secretary would be mandated to submit a report to Congress regarding the assessment and recommendations for legislative and administrative action to improve the programs.

Section 9 would require the GAO to complete a study of VA programs that provide assistance to homeless veterans including whether programs are meeting the needs of veterans who are eligible for assistance and a review of recent efforts of the Secretary to improve the privacy, safety, and security of women veterans receiving assistance from such programs.

Section 10 would repeal the requirement for annual reports on assistance to homeless veterans.

DAV is pleased to support this bill, in accordance with DAV Resolution No. 203, which calls for continued support and sustained and sufficient funding for VA's initiative to eliminate homelessness and improve supportive programs. Our resolution also urges Congress to strengthen the capacity of VA's programs to end homelessness by increasing capacity for health care, specialized services for mental health, substance-use disorders as well as vision and dental care.

Draft Bill, the Veterans Health Care Act of 2015

If enacted, this bill would improve veterans' access to immunizations by including immunizations in the statutory definition of "medical services;" expand the availability of chiropractic care in VA facilities; extend the sunset date of certain VA transportation programs enabling veterans to access VA health care; and open public access to the results of VA research, including research data sharing for specific purposes between VA and the DOD.

VA already conducts a rigorous program of immunizations for influenza, pneumonia, shingles and other disorders prevalent in enrolled veterans. This bill would broaden and regulate immunizations in accordance with Centers for Disease Control and Prevention (CDC) guidelines, and would require VA to provide a one-time report of its conformance to these CDC guidelines within two years of enactment of the legislation. Our DAV members have approved Resolution No. 220, to support the provision of comprehensive VA health care services to all enrolled veterans. We believe a more rigorous national immunization program as contemplated by this bill, and governed by CDC guidelines, would be consistent with DAV's resolution; therefore, DAV supports this provision.

Resolution No. 220 also addresses the topic of chiropractic care, urging its broad availability for appropriate patients enrolled in VA health care. Therefore, DAV also supports the expansion of the existing program of chiropractic care that would be authorized by this bill.

This bill would extend for one year the existing sunset date of December 31, 2015, of the Veterans Transportation Service (VTS) program and authorize \$4 million to carry out the purposes of the transportation program, and would require a VA report on the program within one year of enactment.

As this Committee is aware, the DAV National Transportation Network continues to show tremendous growth as an indispensable resource for veterans. Across the nation, DAV Hospital Service Coordinators operate 200 active programs and have recruited more than 9,000 volunteer drivers. Since we began our free Transportation Network program in 1987, DAV has purchased and donated 2,856 vehicles to the VA, at a cost of 61.8 million dollars. The Ford Motor Company has also donated 192 vehicles at a cost of 4.4 million dollars. So far our vans have carried veterans more than 589 million miles to and from their medical appointments.

DAV believes VTS serves the transportation needs of a special subset of the veteran patient population that the DAV National Transportation Network is unable to serve—veterans in need of special modes of transportation due to certain severe disabilities. We believe that with a truly collaborative relationship, the DAV National Transportation Network and VTS will meet the growing transportation needs of ill and injured veterans in a cost-effective manner.

Currently, DAV supports this provision; however, our support is based on the progress gained through our collaborative working relationship with VA to resolve weaknesses we have observed in the VTS program. As you may be aware, VTS operates with resources that would otherwise go to direct medical care and services for veterans. These resources should be used carefully for all extraneous programs to ensure veterans are not denied care when they most need it.

This bill would require VA to create a website documenting VA research data, providing data dictionaries, and including instructions for users on gaining access to all published VA research data. The bill would also require VA to make publicly available through a digital archive the published manuscripts of all VA-funded research, and would establish a required annual report to Congress detailing implementation of the provision. At our most recent national convention, DAV delegates adopted Resolution No. 206, supporting the VA's medical and prosthetic research programs. This resolution is justified because VA research is one of the strongest underpinnings of VA health care and cements VA's relationships with its affiliated schools of health sciences and academic health centers.

The bill would also require the VA-DOD Joint Executive Committee to submit a report to the respective Secretaries recommending methods to facilitate greater sharing of research between the departments dealing with outcomes of military service on service members, veterans, family members and others. This provision is consistent with our statement of policy, in that its enactment would be helpful to ensure that wounded, injured and ill veterans and their families are better cared for, and their needs are better understood, by both departments. Therefore, we support this provision of the bill.

Draft – Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act

VA purchases a broad spectrum of health care services from private sector providers for veterans, their families and survivors under specific but fragmented authorities. These authorities have in some cases created confusion and uncertainty among ill and injured veterans and private providers in their community.

One example stems from a February 13, 2013 proposed rule in response to Section 105 of the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003 (Public Law 108-170). The rule proposes to amend VA's medical regulations to allow the Department to use Medicare or State procedures to enter into provider agreements to obtain extended care services from non-VA providers. In addition, it proposes to include home health care, palliative care, and non-institutional hospice care services as extended care services, when provided as an alternative to nursing home care. Under this proposed rule, VA would be able to obtain extended care services for veterans from providers who are closer to veterans' homes and communities.

The proposed rule has been stalled with no clear sign if and when a final rule will be made. Because regulations have not been made final, no new provider agreements are being issued by VA and existing provider agreements set to expire are not being renewed, effectively disrupting the continuity of extended care services for many service-connected disabled veterans.

This measure would allow VA to use provider agreements for the purchase of non-VA medical care and services in certain circumstances. The bill appears to preserve key protections found in the contracts based on the Federal and VA Acquisition Regulations including protections against waste, fraud and abuse. It intends to streamline and speed the business process for purchasing care for an individual veteran that is not easily accomplished through a more complex contract with a community provider, and thus be more appealing to solo practitioners and small group practices.

We understand this proposal is not intended to supplant long-standing regional and national contractual and sharing agreements such as those used for VA's Patient-Centered Community Care (PC3) program, which is helping to build VA's Extended Network of community providers. Rather, this authority it intended to play a supporting role in specific situations when, for a variety of legitimate reasons, needed care cannot be purchased through existing contracts or sharing agreements.

We support favorable consideration of this measure based on DAV Resolution No. 163, which calls on VA to establish a non-VA purchased care coordination program that complements the capabilities and capacities of each VA medical facility and includes care and case management, quality of care, and patient safety standards equal to or better than VA, timely claims processing, adequate reimbursement rates, health records management and centralized appointment scheduling.

VA must fully integrate the care it buys from the community into its health care delivery model by using care coordination to realize the best health outcomes and achieve veterans' health goals. VA also must improve administrative functions and business practices and employ data analytics to ensure the purchases are cost effective, preserve agency interests, and enhance the level of service VA directly provides veterans.

We believe this bill will help VA achieve most of these attributes in community care; however, the bill's provision on care coordination could be improved. Care coordination for severely ill and injured veterans and for aging veterans with chronic conditions is essential when

VA buys care from private providers. For example, the contracts used for the PC3 program include numerous provisions outlining VA's responsibility in coordinating outpatient care, inpatient admission/discharges, post-discharge care, and medications. The same intent is outlined in Section 101(a)(3) of the Choice Act: "The Secretary shall coordinate through the Non-VA Care Coordination Program of the Department of Veterans Affairs the furnishing of necessary hospital care, medical services, or extended care under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the wait-time goals of the Veterans Health Administration for the furnishing of hospital care, medical services, and extended care."

We ask the Committee to consider including similar requirements to facilitate the integration of care purchased under this authority with the VA health care system, which would produce a positive outcome on the quality of care a veteran receives.

Draft Bill, to require the Secretary of Defense and the Secretary of Veterans Affairs to establish a joint uniform formulary with respect to systemic pain and psychiatric drugs that are critical for the transition of an individual from receiving health care services furnished by the Secretary of Defense to health care services furnished by the Secretary of Veterans Affairs, and for other purposes.

The bill would require the two agencies concerned to establish a process to make available to veterans in transition from DOD to VA health care the same "systemic pain" and "psychiatric" drugs that are appropriate and effective in caring for such individuals in transition. The bill would exempt this joint process for transitioning service members from the standing requirements of DOD's pharmacy benefits program, and would not interfere with each agency's maintenance of its own formulary for other purposes. The bill would require a joint report by DOD and VA to Congress on the establishment of the new process.

While DAV has not received an approved national resolution from our membership on the specific topic addressed by this bill (a joint formulary), this bill is fully consistent with the intent of Public Law 97-174, the Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act, enacted in 1982, as well Subtitle C of Title VII of the Bob Stump National Defense Authorization Act for Fiscal Year 2003, enacted in 2002. Among many other purposes, these acts intend for DOD and VA to work more closely together in joint projects of mutual benefit to beneficiaries of both agencies, and in particular health resources sharing that benefits active duty service members and veterans. Therefore, we support the purposes of this bill.

Given the recent controversy concerning the practice of over-prescribing of opioids both within VA and in private health care, we recommend the definitions of "systemic pain" and the word "psychiatric" be defined in the bill, but that the word "psychotropic" be substituted for "psychiatric" in creating such definitions.

Mr. Chairman, this concludes my testimony. DAV appreciates your request for this statement. I would be pleased to answer any questions from you or members of the Committee dealing with this testimony.