



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 DEPUTY NATIONAL LEGISLATIVE DIRECTOR
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
OCTOBER 6, 2015***

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

Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of 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 nearly 1.3 million wartime service-disabled veterans. DAV is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

S. 717 – the Community Provider Readiness Recognition Act of 2015

If enacted this bill would require the Department of Defense (DoD) and Department of Veterans Affairs (VA) to designate certain non-department mental health care providers, presumably in the community—but who are familiar with the needs of active duty service members and veterans—as providers who have particular knowledge relating to mental health care of such individuals.

The bill would require the two departments to work together to establish criteria to determine eligibility of private practitioners to participate in treating these beneficiaries. The bill would specify the necessary eligibility criteria in broad, general terms, including familiarity with, and knowledge about, the military and veteran culture and experience, and of evidence-based treatments for mental health conditions prevalent in the active duty and veteran populations. Qualified candidates would receive a mental health provider “readiness” designation from DoD and VA under the terms of this bill.

The bill would require both DoD and VA to establish and maintain a registry available to the public of all providers who would be so designated. The bill would specify certain mental health professions, but would permit the two departments to broaden the groups of professions that would be eligible to participate.

The bill is silent on whether either DoD or VA would engage these readiness-designated practitioners in any out-referral of authorized contract care, or whether designation of such providers would imply these individuals would gain some level of government preference in treating service members and veterans in private facilities at DoD or VA expense.

The prospect of a private network of mental health providers operating outside either system and providing mental health services to active duty service members as well as to veterans presents the potential for fragmenting these individuals' DoD and VA direct care. Thus, the bill might be more effective if a new provision were added to require the departments to consider out-referrals to members of this designated group on a preferential basis in circumstances in which service members and veterans are being referred by the two departments to outside mental health care. The sponsor may wish to consider the potential implications for service members and veterans who receive direct, integrated care and services in DoD and VA facilities and make adjustments to the bill accordingly.

DAV believes the best and latest expertise to provide military and veteran mental health services resides in DoD and VA, respectively. However, on the assumption that not every service member or veteran has ready access to DoD and VA direct care services for mental health, that some might be aided by the information the bill would require to be made public, and on the assumption that some individuals may not want to receive mental health services from direct DoD or VA sources, DAV would offer no objection to enactment of this bill. Nevertheless, we ask that our concerns be taken into consideration if the Committee intends to advance this bill.

S. 1676 – the Delivering Opportunities for Care and Services for Veterans Act of 2015

This bill, in four titles, would increase the number of graduate medical education positions treating veterans, improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and establish new requirements to aid the care and services delivered to veterans in rural and remote areas.

Section 101 of the bill would exempt VA from limiting additional appointments of medical and osteopathic residents when fulfilling the requirements of section 302(b) of Public Law 113-146. Existing law, in title 42, United States Code, imposes a ceiling on hospital residency positions for cost-reporting purposes in the federal graduate medical education program (which reimburses residency costs from federal funds). This bill would authorize hospitals to disregard and not take into account these limitations when additional residency positions are established in VA to fulfill the requirements of Public Law 113-146. The section would make technical changes to effect this policy exemption.

Section 102 of this bill would extend for an additional five years a mandate from Public Law 113-146 for VA to add 1,500 new medical residency positions to its existing graduate medical education program, and also would extend for the same period VA's requirement to report periodic progress to Congress in increasing VA residency positions.

Section 103 would establish a six-year pilot program of not less than three graduate medical education residency programs in behavioral medicine in underserved areas in the United States. Participating agencies would be VA, the Indian Health Service, and private and public hospital facilities that participate in the Medicare program. The bill would establish criteria for locating such residency

programs, and would require an annual report to Congress to measure the progress of the pilot program, and any impediments encountered.

Section 104 of this bill would require VA to include marriage and family therapists, and licensed professional mental health counselors, in its existing health personnel education programs. In including these two new categories of personnel, the bill would also require VA to apportion funds *equally* for each of the health occupations included in the existing program.

DAV has not received a resolution from our membership on the specific purposes of this section; thus, DAV takes no formal position on the bill. Nevertheless, we are concerned that the bill would parse VA resources and require each occupation concerned in the personnel training program to receive an equal share of the resources to be spent overall. DAV believes the level of expenditures for each profession or technical field concerned should be determined by VA, not through an edict of law. A number of variables could come into play and potentially waste valuable resources if they were required to be obligated to one professional or technical field despite the requirements of the others. We recommend VA be afforded the flexibility to make these decisions to ensure resources are spent most effectively.

We would also remind the Committee of DAV's and VA's prior testimonies dealing with the topic of marriage and family counselors and licensed mental health counselors, and their potential employment in VA. DAV has long agreed with VA's position that these individuals from these professions could be employed in the Department's mental health programs without further acts of Congress.

Section 105 of this bill would also expand VA's hiring authority to include hiring mental health counselors who are educated at the doctoral level.

Title III of this bill would increase compensation levels of certain health care executives in the Veterans Health Administration. DAV takes no formal position on these provisions.

Title IV of the bill (section 401) would require VA to establish a two-year pilot program to determine the feasibility and advisability of implementing a "nurse advice line" in rural and highly rural areas with significant veteran populations. The functions of the advice line would include providing medical advice, appointment and cancellation services, and information on the availability of benefits. This bill would require a VA report on the results of the pilot program, with specific parameters.

DAV has received Resolution No. 226 from our members at the most recent DAV National Convention, calling on Congress to improve VA health care services to rural and remote veterans. Therefore, we support Title IV of the bill.

S. 1754 – the Veterans Court of Appeals Support Act of 2015

This bill would permanently expand the number of judges authorized to preside over the United States Court of Appeals for Veterans Claims (CAVC) from seven judges to nine.

The CAVC's caseload averages roughly 4,600 cases per year. As a result, the CAVC has had one of the highest, if not the highest, caseloads per active judge of any federal appellate court in the country. In response, the CAVC was authorized in 2008, as part of the Veterans Benefits Improvement Act, to expand temporarily from seven to nine judges as of January 2010.

The authorization to increase the number of CAVC judges was set to expire at the end of 2012 if the positions were not filled within that time frame. Fortunately for the CAVC, the two available vacancies were filled prior to the authority's expiration date. Due to this temporary authorization the CAVC now stands at nine judges, an increase justified due the growing number of appeals.

If these two temporarily authorized appointments become vacant, the CAVC is not authorized to replace them as restricted under title 38, United States Code, §7253 (i) (2), which sets the limit of judges to not more than seven. Allowing the number of judges to drop below nine would adversely impact the CAVC's ability to make timely decisions because the remaining judges would be left to absorb the ongoing workload.

DAV has no resolution to support this bill; however, because permanently expanding the number of judges would be in the best interest of veterans who rely on the Court to resolve their claims, we would not object to its favorable consideration.

S 1885 – the Veteran Housing Stability Act of 2015

This bill would amend title 38, United States Code, by expanding service and assistance to include veterans who are homeless, at risk of becoming homeless, and veterans with very low income. This expansion would also include veterans transitioning to occupancy, and maintaining permanent residential occupancy. In addition, this bill would also expand the current definition of "covered veteran" to include a veteran who is enrolled in the VA homeless registry.

This legislation would require the Secretary to implement case management oversight for veterans enrolled in the homeless registry, participating in programs falling under the homeless veteran category, and those associated with it. It would establish reporting requirements to Congress. The bill would also designate intense case management sites in three locations with the highest homeless veteran populations across the United States, and three in suburban or rural areas totaling no fewer than six sites.

This bill also would require the Secretary to utilize resources from within the community. It would require the Secretary to conduct outreach, educating those with resources relative to housing about the needs of veterans, and the benefits of having veterans as tenants, and build upon community relationships. The Secretary would be required to collaborate with other community service providers, particularly housing and urban development, public housing, tribally designated housing, realtors, landlords, property management companies, and developers. This bill would establish criteria to use in determining success or failure of the services provided.

This bill would establish a VA National Center of Homelessness Among Veterans. The center would function as a clearinghouse and resource center, wherein all factors affecting veterans' homelessness can be researched. The center would also provide oversight on the effectiveness of related programs, and provide a foundation for best practices in reducing homelessness. The center would open no later than September 1, 2016, with a report due to Congress no later than December 1, 2018.

DAV is pleased to offer support of this bill. It is consistent with DAV Resolution No. 118, which calls for sustained and sufficient funding to improve services for homeless veterans.

S. 2013 – the Los Angeles Homeless Veterans Leasing Act of 2015

This bill would authorize the Department of Veterans Affairs (VA) to carry out certain leases at the VA's West Los Angeles Campus in Los Angeles, California, for establishment of supportive housing; health, education, and family support; vocational training, and other services that principally benefit veterans and their families. The bill would also authorize a lease of real property to a California institution that has had a long-term medical affiliation with the VA at the Los Angeles campus.

DAV has received no resolution from our membership; however, we would not be opposed to enactment of this bill.

S. 2022 - to increase the amount of special pension for Medal of Honor recipients

The appropriate Secretary of the Army, Navy, Air Force, or Coast Guard is required to pay a special pension on a monthly basis to each living person whose name has been entered on the Medal of Honor (MOH) Roll. The base rate for this special pension is currently \$1,000 per month. This payment increases based on changes in cost of living.

This bill would increase the base rate of this special pension from \$1,000 to \$3,000. The bill also includes provisions that would govern the annual periodic increase of this benefit.

The MOH pension is paid as a sole benefit or added to VA pension or compensation rates for veterans who were awarded the MOH for their distinguished military service. While DAV has no resolution to endorse this particular legislation, we would not object to its enactment, which would provide this increased benefit to these deserving members of our armed forces who have gone above and beyond the call of duty for our country.

Mr. Chairman and Members of the Committee, this concludes DAV's testimony. We thank the Committee for inviting DAV to submit this testimony for the record of this hearing. DAV is prepared to respond to any further questions by Committee Members on the positions we have taken with respect to the bills under consideration.