



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
JOY J. ILEM
DAV DEPUTY NATIONAL LEGISLATIVE DIRECTOR
SUBMITTED FOR THE RECORD TO THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
HOUSE OF REPRESENTATIVES
November 19, 2014***

Chairman Benishek, Ranking Member Brownley and Members of the Subcommittee:

DAV (Disabled American Veterans), an organization of 1.2 million wartime veterans who were wounded, injured or made ill due to their military service, appreciates this opportunity to offer testimony for the record on legislative measures that are of particular interest to the Committee, DAV and our membership.

H.R. 4720, the Medal of Honor Priority Care Act

Prior to enactment of Public Law 111-163, Medal of Honor awardees were not expressly covered in any priority group for the purposes of enrolling and receiving health care from the Department of Veterans Affairs (VA). Section 512 of this law positioned Medal of Honor recipients in priority group three along with former prisoners of war and Purple Heart awardees. At the time of enactment of Public Law 111-163, 96 of 3,492 total recipients were alive. Today, 79 remain, according to the Congressional Medal of Honor Society.

H.R. 4720 would elevate, from third to first, the priority given to Medal of Honor awardees for enrollment in the VA health care system. The Medal of Honor is the highest military award for valor issued to an individual in military action against an enemy of the United States. This bill would uphold our nation's commitment to these select few heroes by conveying to them a higher enrollment priority status for access to an array of VA hospital and medical care services.

While the DAV has no national resolution received from our membership that endorses this particular legislation, we would offer no objection to its enactment, and we appreciate the effort being made on behalf of these extraordinary patriots.

H.R. 4887 – the Expanding Care for Veterans Act

This bill, similar to a bill introduced earlier in this Congress by the Chairman of the Senate Committee on Veterans Affairs, S. 1950, would require the VA Secretary to carry out, through the VA's Office of Patient Centered Care and Cultural Transformation, a three-year

program to: (1) assess the feasibility and advisability of integrating the delivery of complementary and alternative medicine services selected by the Secretary with other VA health care services for veterans, and (2) identify and resolve barriers to providing such services and integrating them with other VA health services.

The bill would require this program to be established at not fewer than 15 VA medical centers, by integrating the provision of complementary and alternative medicine services with other VA health care services provided to veterans who are challenged by mental health conditions, experience chronic pain, or exhibit certain chronic conditions. The program would be conducted on a voluntary basis.

The bill would direct the Secretary to contract with a qualified independent entity for comprehensive studies of the barriers encountered by veterans in receiving, and by administrators and clinicians in providing, complementary and alternative medicine services through the VA. It would provide for the conduct of such studies through surveys of veterans, VA administrators, and VA clinicians.

The bill would also require the Secretary to carry out a three-year program of awarding grants to public or private nonprofit entities by the VA Readjustment Counseling Service (RCS) to assess the feasibility and advisability of using wellness programs to complement the provision of mental health care to veterans and family members who are eligible to receive readjustment counseling from the VA's Vet Centers.

At our most recent national convention, DAV members adopted National Resolution 028, calling on Congress and VA to guarantee veterans' access to a full continuum of care, including mental health, and alternative and complementary care. While we are concerned about the untested concept of RCS's granting funds to enable some veterans to gain access to outside wellness programs as a complement to psychological counseling in Vet Centers, we strongly support the basic purposes of the bill in advancing complementary and alternative medicine in the VA.

H.R. 4977 – The Creating Options for Veterans Expedited Recovery (“COVER”) Act

This bill would establish a commission to examine the evidence-based therapy treatment models used by VA for treating mental illnesses in veterans, and would be required to study the potential benefits of incorporating complementary and alternative treatments available in community facilities in treating such veterans.

At our most recent national convention, DAV members adopted National Resolution 028, calling on Congress and VA to guarantee veterans' access to a full continuum of care, including mental health, and alternative and complementary care. Our delegates also approved resolutions urging enhanced psychological counseling for family members of service-connected veterans with mental health challenges (No. 166); improved resources in VA mental health programs (No. 193); mental health scholarships for future VA mental health practitioners (No. 205); effective mental health treatment of veterans who are survivors of military sexual trauma (No. 125); and, better addressing the mental health aspects of VA's pain management programs (No. 145). While none of these resolutions contemplate and do not call for a special commission in this

regard, we believe the purposes of the bill to be consistent with DAV's interest and advocacy in VA's expansion of alternative and complementary treatment techniques for both physical and mental health challenges in veterans, and in aiding them in managing their pain levels. Therefore, similar to our support for H.R. 4887, DAV strongly supports this bill and recommends its enactment.

We note for the Subcommittee's interest that this bill would establish four purposes of this commission, including examining the efficacy of current approaches to care and identifying ways to improve it; conducting a wide survey of patients seeking information on defined areas of their experience with VA health care; examining available research on complementary and alternative treatment methods; and, studying the potential increase in mental health disability compensation paid by VA to veterans of the wars in Iraq and Afghanistan. While DAV certainly supports the first three purposes in advancing complementary and alternative medicine in VA, the fourth purpose is non-germane to the overall thrust of the bill. We would strongly recommend this language be deleted by the Committee on further consideration of this legislation. A commission focused on complementary and alternative medicine in VA health care would not ordinarily be expected to divert its attention to a non-germane, Veterans Benefits Administration topic. We recommend the sponsor introduce new legislation and that it be considered by your Disability Assistance and Memorial Affairs Subcommittee rather than the Health Subcommittee.

We would be pleased to work with the Committee and the sponsor of this measure to ensure the intended purposes of the bill would be met in advancing complementary and alternative medicine in VA.

H.R. 5475, to amend title 38, United States Code, to improve the care provided by the Secretary of Veterans Affairs to newborn children

This bill would extend from seven days to 14 the number of days of post-partum health care VA could authorize for the newborn child of an enrolled veteran under VA obstetric care. The bill would also require an annual report to Congress on the number of children who received such care under VA authorization.

DAV members adopted National Resolution No. 197, at our most recent national convention, calling on VA to improve health care services—including gender-specific services—for women veterans, and in particular for women veterans of childbearing age. Therefore, DAV supports the purposes of this bill and urges its enactment.

We note the bill would require VA to make its annual report by October 31st, each year. We recommend the bill be amended to lengthen the amount of time VA would be granted to make its report to ensure Congress receives an accurate count of activities under the authority. VA closes its workload accounts after September 30th, but experiences a number of challenges in annual data roll-up, which often delays external reporting. A more reasonable reporting date would be December 31st, in our view. We ask the Committee to consider making that change.

H.R. 5484, the Toxic Exposure Research Act of 2014

This measure would require the VA Secretary to select one VA medical center to serve as a National Center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving in the armed forces.

Under the bill, VA would be required to establish an advisory board to advise the center; determine which descendants of military members exposed to toxic substances would be eligible for health care coverage under VA's Civilian Health and Medical Program of Veterans Affairs (CHAMPVA); and, determine a link between exposure and health conditions in these descendants for the purposes of adjudicating claims for VA disability compensation and health care benefits.

The Secretary of Defense would be authorized to declassify documents related to any known incident in which not less than one hundred members of the military were exposed to a toxic substance that resulted in at least one case of disability.

The VA, Department of Defense (DOD), and Health and Human Services Secretaries would be required to jointly conduct a national outreach and education campaign on toxic exposure incidents, resulting health conditions, and the potential long-term effects of such exposures.

In our most recent National Convention, DAV delegates passed resolutions regarding toxic exposure during military service. These resolutions recognize the importance of sufficient funding for research on toxic and environmental exposures and possible health outcomes; the employment of Congressionally mandated studies by the National Academy of Science (NIH) to review and evaluate scientific literature and prior research to determine whether links exist between exposure and certain physical conditions for the purposes of VA benefits and services; and, to conduct research to improve the care and benefits for veterans exposed to military and environmental hazards while serving.

The VA research mission is to advance biomedical research and development in areas that most directly address the diseases and conditions that affect veterans. Unfortunately, funding from Congress for VA research has not been sufficient to enable the program to meet its mission to understand many underlying health, injury and disorder mechanisms to create evidence-based decisions on those conditions presumed to be caused by exposures in military service as well as the diagnosis, treatment, and rehabilitation methods for veterans. Unfortunately, many sound research proposals cannot be awarded due to insufficient funding. VA research funds are awarded to the highest peer-reviewed proposals, and those with the most merit to ultimately improve veterans' health.

DAV agrees with the thrust of this legislation because it corresponds with the NAS Institute of Medicine's recommendation for VA to further investigate possible health effects in offspring following paternal exposure. However, DAV is unable to support this particular measure, which would circumvent rather than improve the current statutory process for establishing the basis for presumptive disability determinations by VA, and could even erode its

credibility. As an example, this measure would put in place a new advisory board whose duties could well conflict with the findings of the IOM in future reports. In addition, this measure would insert the advisory board into a complex VA claims adjudication process with little discussion or consideration of its impact on that function. We believe this bill should not be advanced but further addressed and considered by your Disability Assistance and Memorial Affairs Subcommittee.

H.R. 5059, the Clay Hunt Suicide Prevention for American Veterans Act
(the Clay Hunt SAV Act)

The Clay Hunt SAV Act would require the Departments of Veterans Affairs (VA) and DOD to conduct annual evaluations of mental health services and suicide prevention programs, to review character of discharge or separation for certain service members; and, establish a pilot program on loan repayment for psychiatrists who agree to serve in each agency.

Specifically, Section 2 of this bill would require the VA and DOD to submit to an independent third party evaluation of each Department's mental health care and suicide prevention programs on an annual basis to determine best practices and cost effectiveness of those programs. An annual report would be required for the Committees on Armed Services and Veterans Affairs.

Section 3 would require a military review board for veterans with mental health disorders that affect the character of their proposed discharges from the armed forces. As circumscribed by the bill, an individual's application for relief must be based at least in part on post-traumatic stress disorder (PTSD), traumatic brain injury (TBI) related to military service, or military sexual trauma. The board would be tasked to review medical evidence presented by the veteran with a presumption of administrative irregularity, and place the burden on VA or DOD to prove that no error or injustice occurred in such case.

Section 4 would instruct the VA Secretary to publish a website that is regularly updated and serves as a centralized source of information for veterans regarding all of VA's mental health care services including the names and contact information for all appropriate offices and staff.

Section 5 would require the VA and DOD Secretaries, in consultation with the Chief of the National Guard Bureau, to enter into formal strategic relationships to facilitate:

- mental health referrals of reserve component members who have service-connected disabilities and are being discharged from active duty,
- timely behavioral health services for such members, and
- Communication between the departments when such members are at risk for behavioral health reasons, and the transfer of documentation for line-of-duty and fitness-for-duty determinations.

Section 5 also would require the Government Accountability Office (GAO) to assess and report on the transition of care of individuals with PTSD or TBI to include the programs, policies, and regulations that affect the transition of care, particularly with respect to those who

have been prescribed or are taking antidepressants, stimulants, antipsychotics, mood stabilizers, anxiolytics, depressants, or hallucinogens. The report would also be required to analyze the extent to which the pharmaceutical treatment plan of an individual changes once he or she is treated at VA, and the factors determining such changes. The report would further examine the extent to which the Secretaries of Defense and Veterans Affairs work together to identify and apply best pharmaceutical treatment practices to include a description of the off-formulary waiver process of the VA Secretary and the extent to which the process is applied efficiently at the treatment level, and the benefits and challenges of combining the formularies across DOD and VA.

Section 6 would require the VA Secretary to initiate a three-year pilot program to repay the education loans relating to psychiatric education that are incurred by those who demonstrate a commitment to a long-term career as in psychiatry in VA, who are eligible to practice psychiatric medicine in the VA, or who are enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine. The Secretary would select at least ten individuals to participate annually in the pilot program, and determine an appropriate length of obligated service to the Department. The bill requires a report two years following the establishment of this pilot program requiring detailed information on the number of individuals who participated, their locations, and an assessment of the quality of work performed.

As a new part of the “Yellow Ribbon G.I. Education Enhancement Program,” Section 7 of the bill would require the VA Secretary to carry out a program in partnership with an institution of higher education (IHE) and agree to cover the full cost not covered by the post-9/11 G. I. Bill incurred by veterans who are pursuing advanced degrees in the mental health field at the IHE and intend to seek employment as mental health professionals in VA.

Section 8 would require the DOD Secretary to submit to Congress a zero-based review of the staffing requirements for individual State National Guard commands with respect to Directors of Psychological Health.

Section 9 would require the VA Secretary to establish a new pilot program in at least five Veterans Integrated Service Networks (VISNs) to assist transitioning veterans and to improve the access of veterans to mental health services. The pilot program at each VISN would include a community-oriented veteran peer support network, and a community outreach team for each medical center in such VISN. A report would be due not later than 18 months after the date the pilot was established, containing detailed information about the program, including participation data and recommendations on implementing peer support networks throughout the Department.

The overall intent of H.R. 5059 reflects three of DAV’s key National Resolutions. The first is Resolution No. 193, which, in part, concludes that the DOD and VA share a unique obligation to meet the mental health care needs of veterans who are suffering from readjustment difficulties as a result of wartime service, and that program improvements and enhanced resources are necessary to ensure suicide prevention is a key priority for the Departments. DAV Resolution No. 202 calls on Congress to adequately fund VA Vet Centers which are an integral part of VA’s mental health system in treating post-deployment mental health challenges through non-medical and peer psychological counseling. In part, the resolution notes how Vet Centers

lead all VA mental health programs in conducting veteran-to-veteran peer counseling services. The peer-to peer program has been expanded in VA and is proving to be extremely beneficial in coaching veterans into care, and keeping them engaged in recovery-oriented treatment. Finally, DAV Resolution No. 205 calls on Congress and VA to establish scholarships for future VA mental health practitioners. For these reasons DAV is pleased to support this important measure which seeks to make program improvements related to suicide prevention and would improve access to appropriate mental health services for service members and veterans who need such services.

This concludes my testimony, Mr. Chairman. DAV would be pleased to respond for the record to any questions from you or the Subcommittee Members concerning our views on these bills.