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STATEMENT OF
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BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Brownley and Members of the Subcommittee:

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

H.R. 100, the Veterans Overmedication and Suicide Prevention Act of 2019

This bill would require VA to enter into a contract with the National Academies of Sciences, Engineering and Medicine to retrospectively study suicides of any veteran using Department of Veterans Affairs (VA) facilities for health care treatment for any of the past five years ending with the date of enactment. It would require the age, gender, race, and ethnicity among studied veterans and include deaths considered violent or accidental among veterans' suicides. In particular, the study would evaluate prescription and other drug utilization, including VA's prescribing of medications with black box warning labels, use of multiple prescription drugs and the number of instances when first line treatment therapies without use of prescription medications were used with particular regard for veterans with diagnosed conditions of posttraumatic stress, traumatic brain injury (TBI), military sexual trauma (MST), anxiety and depression. The study would also consider staffing levels, VA's use and barriers to use of marital and family counselors, and a compilation of pain management protocols being used while prescribing medications for other high risk diagnoses.

It appears the study called for by this legislation is intended to identify problematic prescribing patterns for mental health care conditions in the VA that may be attributable to suicides among veterans. While there have been cases of documented over prescribed or inappropriate prescription drug therapy, we believe the information called for by this legislation could paint a distorted or inaccurate picture of mental health practices within VA. Additionally, we believe most of the data and analysis called for in this measure can be obtained through VA.

It is difficult to determine whether the drugs prescribed by VA for a particular patient were appropriate unless each individual case is studied. In calling for the number of instances in which a non-medication frontline intervention was attempted and determined to be "ineffective" for the veteran, the bill also seems to mistakenly assume that VA's clinical practice guidelines do not include use of prescription drugs. In fact, VA's training for and use of evidence-based or "front line" practices for conditions such as post-traumatic stress disorder (PTSD), MST, depression and anxiety include clinical practice guidelines for prescribing medications when clinically indicated, and prescription drugs are often given concurrently with other types of treatment.

VA's use of evidence-based practices also far exceeds the use of such practices in the private sector. In one RAND study, investigators determined that only about 2 percent of private sector providers in New York were adequately prepared to meet veterans' needs by making use of evidence-based clinical practice guidelines, appropriately screening for and managing conditions common to veterans such as TBI, PTSD and MST, or asking about military status and being culturally competent in delivering care.[1]

VA's patients are often clinically complex and have a variety of mental and physical disorders that frequently require comprehensive care and supportive social services. Veterans who are suicidal often have a multitude of issues with which they are struggling such as homelessness, poverty, unemployment, mental and physical disabilities, war-related readjustment issues, substance use and family dissolution. Without fully understanding the unique complications within this population, this study may unfairly suggest VA prescribing practices are excessive and somehow different than those of other health care providers. In our opinion without any basis of comparison, this study would not serve to enlighten clinical practice.

DAV certainly agrees that research is essential to determine dangerous or ineffective clinical practices, but does not believe that this study, as proposed, will be able to provide clear evidence of use of such practices in VA. Because of its utilization of a centralized electronic health record with a pharmaceutical component, VA is able to collect and analyze data about polypharmacy issues and regularly does so to ensure that it continues to improve patient safety, quality of care and clinical outcomes.

DAV agrees it is important for VA to look at case studies of veterans prescribed medications with black box warnings to determine if prescribing was properly indicated and use appropriately monitored for certain patients if it is not doing so already. We also agree with sections in the bill calling for identifying the adequacy of mental health staffing levels, including VA's use of marriage and family counselors. In accordance with DAV Resolution No. 293, we support enhancing resources to ensure that VA

[1] Tanielian, Terri, Carrie M. Farmer, Rachel M. Burns, Erin L. Duffy, and Claude Messan Setodji, Ready or Not? Assessing the Capacity of New York State Health Care Providers to Meet the Needs of Veterans. Santa Monica, CA: RAND Corporation, 2018. https://www.rand.org/pubs/research_reports/RR2298.html. Also available in print form.

mental health providers are able to provide timely comprehensive mental health services to veterans who need such care. We also believe more research is necessary to determine the root causes of higher suicide rates among veterans in addition to identifying the most effective monitoring systems and therapies for reducing rates of suicide and suicidal ideation for all veterans and certain sub-populations, such as women veterans. While we support certain sections in H.R. 100, we urge the subcommittee to work with VA subject matter experts to revise provisions within this bill to advance improved clinical practice.

H.R. 712, the VA Medicinal Cannabis Research Act of 2019

DAV supports and urges swift passage of H.R. 712, the VA Medicinal Cannabis Research Act of 2019. This is a bipartisan bill that would direct the VA to perform clinical research to determine whether cannabis is able to reduce symptoms associated with chronic pain such as inflammation, sleep disorders, spasticity, and agitation and effects on the use or dosage of opioids, benzodiazepines or alcohol for veterans with PTSD. DAV Resolution No. 023, adopted by our members during our 2018 National Convention, calls for comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis and cannabis-derived products as a possible treatment for service-connected disabled veterans.

At this time, there are few definitive answers about risks and benefits associated with the use of cannabis on various medical conditions and illnesses. Research is necessary to help clinicians better understand the safety and efficacy of cannabis use for specific conditions that co-occur with other common conditions found in the veteran population such as chronic pain and post-traumatic stress.

H.R. 1647, the Veterans Equal Access Act
H.R. 2191, the "Veterans Cannabis Use for Safe Healing Act" or the "Veterans CUSH Act"

The December 8, 2017 Veterans Health Administration (VHA) Directive 1315 sets out the Department's policy on access to VHA clinical programs for veterans participating in a State-approved marijuana program. VA's policy encourages VHA clinicians to discuss and provide information to veterans about cannabis as part of comprehensive care planning, and adjust individual treatment plans as necessary. VA's policy also ensures veterans that participation in state marijuana programs will not affect their eligibility for VA care and services.

However, while several states have approved the use of marijuana for medical and/or recreational use, federal law classifies marijuana as a Schedule I Controlled Substance, which makes it illegal to be prescribed, or for a prescription to be filled by the federal government. VA's policy is that VA employed providers may not *recommend* or assist veterans to obtain cannabis unless otherwise approved by the Food and Drug Administration for medical use, such as the one cannabis-derived seizure medication Epidiolex, and three cannabis-related drug products; Marinol, Cesamet and Syndros.

H.R. 1647, the Veterans Equal Access Act and H.R. 2191, the Veterans CUSH Act, are aimed at clarifying VA's policy, which currently treats *recommending* marijuana as equivalent to *prescribing* marijuana. This measure would allow VA clinicians to provide recommendations and opinions, and to complete forms reflecting such recommendations and opinions, to veterans regarding participation in state marijuana programs. The CUSH Act adds that VA may not deny a veteran any VA benefit due to the veteran participating in a State-approved marijuana program and must discuss cannabis use with the veteran related to his or her treatment plan.

DAV does not have a resolution specific to the issues addressed in these bills and therefore, takes no position on H.R. 1647 or H.R. 2191.

Draft bill, to direct the Comptroller General of the United States to conduct an assessment of the responsibilities, workload, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators

This bill would require the Government Accountability Office (GAO) to study the role of Suicide Prevention Coordinators within VA. The study would be required to determine the adequacy and appropriateness of training for these coordinators, if their caseloads are appropriate and how much these factors vary across the system. It would also determine who has responsibility for oversight of Suicide Prevention Coordinators.

VHA Handbook 1160.01 states that its purpose is to standardize the practice of mental health within VHA. It assigns ultimate authority for ensuring program coherence and integrity to the Mental Health Executive Council, which oversees facility wide practices in suicide prevention, but since these councils are made up of professionals representative of mental health practitioners, DAV believes lines of authority with regard to Suicide Prevention Coordinators may be unclear. The Handbook also defines the responsibilities of Suicide Prevention Coordinators, making them full-time positions and requiring that they have additional support from medical centers to perform their duties if necessary. These individuals are to report monthly to mental health leadership and the National Suicide Prevention Coordinator on veterans who attempt or complete suicide, but there are otherwise no requirements for oversight defined.

Because of these ambiguities and the importance of the Suicide Prevention Coordinator's responsibilities, we agree this study could yield important information and thus support this draft bill.

Draft bill, to direct the Secretary of Veterans Affairs to submit to Congress a report on the Department of Veterans Affairs advancing of whole health transformation

This draft legislation would require the VA to report on access and availability on each of several complementary and integrative medicine practices, including: massage;

chiropractic services; acupuncture; meditation; yoga, Tai Chi or Oi sang; and Whole Health group services.

We are pleased to support this draft measure focused on advancing VA's Whole Health transformation in accordance with DAV Resolution 277, which supports the provision of comprehensive VA health care services to enrolled veterans, and specifically calls upon Congress to provide funding to guarantee access to a full continuum of care, from preventive through hospice services, including alternative and complementary care such as yoga, massage, acupuncture, chiropractic and other non-traditional therapies.

DAV is aware that some VA facilities have set limits upon provision of these practices—for example, a veteran may not be able to get both yoga and acupuncture. Facilities may also limit the number of visits or treatments allowed or have long wait times for massage and other popular services. These limitations are likely the result of policy that encourages use of, but does not specifically require, these services. The report this draft bill calls for would help to determine the extent to which these services are available to veterans that need them in accordance with VHA Directive 1137. To provide a more complete picture, DAV suggests that the study also include integrative services VA provides through its Veterans Community Care Program (VCCP) Network.

Draft bill, to direct the Comptroller General of the United States to conduct an assessment of all memoranda of understanding and memoranda of agreement between Under Secretary of Health and non-Department of Veterans Affairs entities relating to suicide prevention and mental health services

This draft bill would require GAO to report on the effectiveness of VA memoranda of agreement and memoranda of understanding with non-VA providers to carry out suicide prevention activities and mental health case management services, including regional variations, and care for certain populations such as women, minorities, older, and younger veterans. It requires GAO to look at staffing, licensure and accreditation and other relevant program features to determine if these entities are adequately addressing roles as identified in MOUs and MOAs.

DAV has been disappointed in the lack of focus on required quality standards proposed for non-VA providers who will participate in the MISSION Act community care program. Ensuring veterans, who are referred by VA to the community or select private sector care, have access to quality care is essential to good health outcomes. Notable research institutions, such as RAND have questioned private providers' understanding of the complexity of treating veteran patients and conditions specially related to military service. In accordance with DAV Resolution No. 293, which calls on VA to collect data to ensure the quality and integrity of mental health services for veterans we support this draft bill which would provide an additional layer of oversight as VA moves toward more access to care in the community and expand its role in suicide prevention to all at-risk veterans using a public health model.

Draft bill, to direct the Secretary of Veterans Affairs to provide to Congress notice of any suicide or attempted suicide of a veteran in a Department of Veterans Affairs facility

This draft measure would require VA to notify the Congressional Committees on Veterans' Affairs in the case of suicide or attempted suicide of any veteran that occurs in or on the grounds of a VA facility. The bill further requires information about the veteran including military service, age, marital, housing and employment status, and the date of VA's last documented contact with the veteran.

While DAV has no specific resolution concerning this issue we understand the Committees' desire for VA to communicate any suicides or attempted suicides that occur on VA grounds to Congress, thus we have no objection to favorable consideration of this bill.

Chairwoman Brownley, this concludes my testimony. DAV would be pleased to respond to any questions from you or Subcommittee members concerning our views on the bills under consideration today.