



# DISABLED AMERICAN VETERANS

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## LEGISLATIVE BULLETIN

June 2010

### **Caregiver Legislation Signed Into Law**

President Obama signed Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act on May 5, 2010. The public signing ceremony was attended by representatives of veterans service, military and family organizations. Among those present was Deputy National Legislative Director Ilem, who represented DAV.

Several years ago, we began to see an increasing number of severely injured veterans returning home from the wars in Iraq and Afghanistan. As advances in medicine allowed more of the severely injured to be medically rescued on the battlefield, VA had to confront the issue of how to provide a lifetime of care for these young heroes returning home with polytrauma, severe traumatic brain injury, multiple amputations and a host of post-deployment health issues that VA had not confronted before.

After acute hospitalization, most family members want to care for their loved ones in the home, even if they are severely injured. Caregivers shouldering this burden are often unable to maintain full-time employment, limiting their income and ability to obtain health insurance. Caregivers who do remain employed often give up opportunities for career advancement to care for their injured family members, while their employers sustain millions of dollars in losses related to employee absence and decreased productivity.

Because of these challenges, the DAV worked with other veterans and military and family service organizations to bring about the introduction and passage of the Caregivers and Veterans Omnibus Health Services Act of 2010. This precedent-setting legislation established a number of critical new programs to address DAV's highest priority legislative goals over the past several years identified through our Stand Up for Veterans campaign.

To help meet the hardships associated with lengthy recovery and rehabilitation periods, this legislation authorizes the Department of Veterans Affairs (VA) to create an array of supportive services for family caregivers of disabled veterans from all eras of military service, including providing education on how to be a better caregiver in the home, counseling and mental health services, and providing more flexible periods of respite care so that these veterans can avoid long-term institutionalization. The law also provides a monthly financial stipend, CHAMPVA health care and additional benefits to financially burdened family members providing care at home to the most severely wounded and disabled Iraq and Afghanistan veterans.

This comprehensive legislation also expands and improves health care access and services for the nation's 1.8 million women veterans. We want to recognize DAV's grassroots

efforts that helped ensure that women veterans, who have played an increasingly essential role in all of our military service branches including the National Guard, Air National Guard, and Reserve forces, receive quality, timely and gender-appropriate health care services. While it is our responsibility to ensure that all veterans receive the benefits they deserve, we believe it is important to recognize the extraordinary contributions and unique challenges women veterans face in today's military and when they return home. This important legislation will for the first time allow VA to cover the costs for up to seven days of post-natal care for newborn infants of women veterans receiving maternity services at VA's expense and—to eliminate barriers for veterans accessing intensive health and mental health services—it authorizes VA to establish a child care pilot program.

The bill also includes provisions that:

- Expand the VA's authority to provide recruitment and retention incentives so that VA can recruit high-quality health care providers.
- Increase the oversight of care purchased in the community by mandating financial incentives for providers who maintain high-quality standards.
- Expand the VA's telemedicine program, and its ability to collaborate with the Indian Health Service and community organizations to provide medical services, including mental health care, in rural communities.
- Remove barriers to emergency care and care for the catastrophically disabled by:
  - Eliminating copayments for veterans who are catastrophically disabled.
  - Enhancing the VA's ability to reimburse veterans for emergency care received at non-VA facilities in certain circumstances.

The House of Representatives approved the bill by a vote of 419 to 0 on April 21, 2010. On April 22, 2010, the Senate gave final approval to S. 1963, the Caregivers and Veterans Omnibus Health Services Act. The legislation, some sections of which were first proposed over two years ago, has been strongly backed by DAV and other veterans organizations.

The legislation forges a new paradigm of long-term care for severely wounded service personnel and veterans—one that acknowledges and fully supports the vital role of the family caregiver in any successful rehabilitation plan and marks another significant legislative victory for sick and disabled veterans and their families, and for DAV.

### **Status of Fiscal Year 2011 VA Budget**

As of June 2010, the budget and appropriations process is basically stalled in Congress. No action whatsoever has been taken by Congress on the budget and there has been no movement by the Appropriations Committee. See the April 2010 bulletin for full budget details.

DAV will continue to follow these developments to ensure that the needs of sick and disabled veterans are fully met across all VA's appropriations accounts, and we will submit future reports to reflect the progress of the FY 2011 funding of the VA.

## **DAV Legislative Staff Active at Hearings**

On May 6, 2010, Assistant National Legislative Director John L. Wilson testified before the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs on the Veterans Benefits Administration's work credit and work management systems.

On May 19, 2010, Mr. Wilson submitted testimony for the record at the Senate Veterans' Affairs Committee hearing concerning 19 pending measures.

On May 20, 2010, Deputy National Legislative Director Joy J. Ilem testified before a joint hearing of the House Veterans' Affairs Subcommittees on Health and Disability Assistance and Memorial Affairs concerning collaboration between the VA and the Department of Defense (DoD) to address health care services and disability compensation issues related to military sexual trauma.

On June 15, 2010, I testified before the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs on the state of the Veterans Benefits Administration (VBA). My testimony focused on the VBA's largest and most significant program: veterans disability compensation.

### **Claims Process Reform**

For disabled veterans, receiving a timely and proper disability rating is the gateway to all of the VBA benefits to which they are entitled. As such, the problems that have plagued and continue to plague VBA in efficiently administering this program have correctly received the most attention from Congress and VSOs in recent years. The June 15 hearing was the sixth Subcommittee hearing this year examining VBA's claims processing system.

A core mission of VBA is the provision of benefits to relieve the economic effects of injury, disease, or disability upon veterans and their families. For those benefits to effectively fulfill their intended purpose, VBA must promptly deliver them to veterans. The ability of disabled veterans to provide for themselves and their families often depends on these benefits. While awaiting action by VBA, they and their families often suffer hardships and protracted delays can lead to deprivation, bankruptcies, and homelessness. Disability benefits are critical, and providing for disabled veterans should always be a top priority of the government.

The VA Secretary has vowed to reduce the backlog of claims pending. While that goal is admirable, DAV testified that to truly reform and transform the system, VBA must remain focused on the underlying problems causing the backlog: specifically, a lack of quality, accuracy and consistency in how VBA develops and adjudicates claims for benefits.

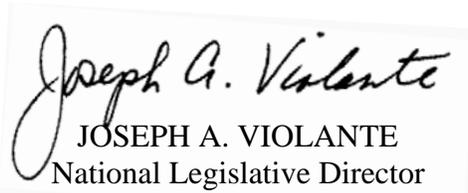
For these reasons, DAV has been working with a growing coalition of veterans and military organizations to build consensus on how best to reform the claims processing system, not just reduce the backlog. One of our first goals is redefining success from "Reducing the Backlog" to "Getting It Done Right the First Time." We are confident that a system focused on quality, accuracy and consistency first, if properly built upon a modern IT infrastructure with

optimized business processes, will lead to faster processing times and a lasting reduction and elimination of the backlog as a result.

DAV will remain vigilant to see reform proposals for the VBA enacted.

### **Conclusion**

To ensure the successful enactment of veterans' legislation, our DAV and Auxiliary members must be active members of DAV's grassroots – DAV Commander's Action Network (CAN) — and we all must do our part to let our elected officials know about our support for legislation that helps to build better lives for our nation's service-disabled veterans, their families, and survivors. Thank you for your continued support.



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