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

FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED

STATEMENT OF
SHURHONDA Y. LOVE
ASSISTANT NATIONAL LEGISLATIVE DIRECTOR
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
MARCH 29, 2017

Mr. Chairman 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 1.3 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 be here to present our views on the bills under consideration by the Subcommittee, and we appreciate your invitation.

H.R. 91—Building Supportive Networks for Women Veterans Act

If enacted, beginning January 1, 2018, this bill seeks to make permanent the pilot program to provide reintegration and readjustment counseling in a retreat setting for women veterans newly separated from service in the Armed Forces, after a prolonged combat theater deployment. Participation in this program is voluntary, and done through an application and screening process, which requires active participation in counseling through a VA Vet Center, or Medical Center. This bill would provide: information and assistance on reintegration into family, employment, and community; financial and occupational counseling; information and counseling on stress reduction and conflict resolution; and any other counseling VA considers appropriate to assist participants in reintegrating back into their families and communities. This measure also requires VA to provide a biennial report on the program.

Based on information taken from the biennial reports of the program, nearly all participants identified some element of the curriculum that was useful to their readjustment. One report indicates, as a group, 85 percent of the participants showed significant improvement in psychological well-being based on pre-treatment and post- treatment testing. 75 percent of participants maintained significant improvement in psychological well-being at two months post retreat. After the retreat, participants were administered a Stress Symptoms and Stress Coping Skills survey; more than 80 percent of participants showed a decrease in stress symptoms, and improvement in positive coping skills during the two-month period after the retreat. Participants expressed high satisfaction with the results of the retreat. The positive statistics of the program

coupled with satisfaction of women veterans serve as testament to the success of the program. It is for this reason, we support making the program permanent.

We thank the Subcommittee for its continued efforts to improve women veterans' programs and services and are pleased to support the Building Supportive Networks for Women Veterans Act, which is in line with DAV Resolution No. 129, which calls for enhanced medical services and benefits for women veterans.

H.R. 95—Veterans' Access to Child Care Act

The Veterans' Access to Child Care Act would provide child care assistance to an eligible veteran during any period that the veteran is receiving mental health or intensive health care or mental health services at a VA facility. Child care assistance payments may be provided to an onsite facility of the Department, directly to a private child care agency, in collaboration with a facility or program of another federal department or agency, or in the form of a stipend paid to a licensed child care provider. This bill requires that, to the extent practicable, the program should be modeled after the VA's Child Care Subsidy Program.

All veterans deserve to have access to the high quality health care offered by the VA. The need for child care should not be a bar to receiving such care. The VA's April 2015 study, *Barriers for Women Veterans to VA Health Care Final Report*, indicates 42 percent of VA health care users report finding child care to attend medical appointments is somewhat difficult. This is especially true for women who are not married, and are the primary care takers of young children. As the number of women enlisting into military service continues to grow, so too will the number of women veterans seeking care at VA. VA must ensure all veterans have every opportunity to access the services they have earned and need to fully readjust following military service. For many veterans, the provision of child care assistance by VA is not a convenience, it is a necessity.

DAV is pleased to support H.R. 95. Our report, *Women Veterans, The Long Journey Home*, recommends child care services to support better access to VA health care. DAV resolution 129 calls for support of legislation to enhance medical service and benefits for women veterans, and is consistent with the intent of this bill.

H.R. 467—VA Scheduling Accountability Act

This bill would mandate a report be provided to both chambers of Congress to indicate whether or not the VA medical centers have been annually certified to be in compliance with all VA regulations, policies, and directives relative to veteran patient appointment scheduling for health care and medical services. This bill requires directors of each medical facility to submit an annual report to the Secretary indicating the status of their compliance with appointment scheduling requirements. If the medical center is in full compliance with said policies, regulations and directives, they are to certify compliance to the Secretary. In the event a facility is unable to certify full compliance, the director is to provide the Secretary with an explanation of the failure, and corrective measures being taken to bring the facility into full compliance. The bill mandates that the Secretary is barred from providing a waiver to medical centers failing to

certify, and must report the status of each medical facility along with reports received from the directors of these facilities to Congress. The bonuses for officials responsible for the uncertified medical facility would be withheld the following year of non-certification.

Although DAV has no specific resolution, we support the intent of this bill and the requirement for VA to be in full compliance with all regulations, policies, and directives related to scheduling; however, if a lack of resources or antiquated technology or other items outside the control of local directors, are the underlying reasons for noncompliance, these factors should be taken into consideration before withholding bonuses to otherwise well performing medical center directors.

H.R. 907—Newborn Care Improvement Act

If enacted, this bill would provide up to 42 days of health care to newborn children of women veterans who are receiving maternity care through the Department of Veterans Affairs (VA). Current law authorizes VA to cover the cost of newborn care for up to seven days. This bill not only expands post-natal care, but also requires VA to provide an annual report to Congress no later than October 31 of each year that includes the number of newborn children who received services during each fiscal year.

Of great concern to DAV are those women whose service-connected disabilities contribute to high risk pregnancies, or pre-term deliveries. According to VA, in an analysis of VHA utilization of health care by Operations Enduring and Iraqi Freedom and New Dawn (OEF) (OIF) (OND) veterans, spanning from October 1, 2001 to June 30, 2015; of the 1.2 million veterans who have obtained VA health care, almost 12 percent of these veterans are women. A significant number of women veterans from this group have a mental health diagnosis and it is important to take into consideration the effect these potential service-related conditions have on their pregnancies.

According to the estimate provided by VA's Chief Business Office report dated November 19, 2015, 11 percent of the 2,200 births to women veterans occurring each year are complicated births requiring neonatal care beyond seven days. Likewise, the juxtaposition of pregnancy and mental health related issues is to be noted since pregnancy itself can precipitate or exacerbate mental health conditions, and maternal anxiety during pregnancy can give rise to pre-term deliveries and lower birth weights.

DAV has no specific resolution on this particular measure; however, we have no objection to its passage, based on the above-noted findings.

H.R. 918—Veteran Urgent Access to Mental Healthcare Act

This legislation would allow VA to furnish an initial mental health assessment and urgent mental health care treatment to a veteran of the Armed Forces having an "other than dishonorable" or "bad conduct" discharge. This treatment includes an initial mental health assessment and the treatment of an urgent health care need, to include suicide prevention efforts. The veteran must have participated in or experienced combat operations or hostilities, including

the use of unmanned aerial vehicles; or was a victim of a physical assault, battery of a sexual nature or suffered military sexual trauma and must not be eligible for VA care under any other provision in statute and has applied for a character of service determination and such determination has not been made.

In the event that VA care is clinically inadvisable, or if facilities are not located in a place that would allow reasonable access to a VA medical campus capable of providing the required assessment or treatment, non-Department care would be authorized. To fulfil the obligations of this bill, the Secretary is authorized to enter into contracts or agreements with non-Department facilities to furnish hospital care and medical services to veterans at said facilities. In furnishing health care services to veterans under this section, the Secretary shall seek to ensure that health care services are furnished in a therapeutically appropriate setting, and provide referral service to assist former service members who are not eligible for services under this chapter to obtain services from sources outside of the Department.

The Secretary shall provide information regarding this program in coordination with the Secretary of Defense to members separating from the Armed Forces and to veterans to ensure awareness of the program, and the process by which to utilize services. The Secretary would be required to establish an 800 number, and keep updated information regarding the services offered, ensure information is posted in VA facilities where it is highly visible, and also make information regarding this program available through public information services. No later than one year after the date of enactment, the Secretary is to submit an annual report to Congress detailing the number of individuals receiving care under this program to include gender and any additional information the Secretary deems necessary. In conjunction with this program, a suicide study is to be conducted that compares the rate and method of suicide among veterans receiving heath care from VA and those who have not. An additional comparison is to be done on the rate of veterans committing suicide, and the incidence of serious mental health issues among combat and non-combat veterans.

DAV is pleased to support H. R. 918, which is in line with DAV Resolution No. 226, calling for support of a more liberal review of other than honorable discharges in cases of posttraumatic stress disorder, traumatic brain injury, mental health conditions related to military sexual trauma, and other trauma for the purpose of eligibility for VA benefits and services.

H.R. 1005—to improve the provision of adult day health care services for veterans

H.R. 1005, if enacted, would authorize the Secretary to enter into agreements with state veterans homes to provide adult day health care for veterans who are eligible for, but do not receive, skilled nursing home care under section 1745(a) of title 38, United States Code. Eligible veterans are those who require such care due to a service-connected disability, or who have a VA disability rating of 70 percent or greater and are in need of such care. The payment to a state home under this program would be at the rate of 65 percent of the amount payable to the state home if the veteran were an inpatient for skilled nursing care and payment by VA would be considered payment in full to the state home.

Adult day health care is an alternative to traditional skilled nursing care that can allow some veterans requiring long-term service and support to remain in their homes near family and friends, rather than be institutionalized in nursing homes. This program is designed to promote socialization, stimulation, and to maximize independence while enhancing quality of life as well as providing comprehensive medical, nursing, and personal care services for veterans.

DAV is pleased to support H.R. 1005, which is in line with DAV Resolution No. 127, calling for support for the state veteran home program, recognizing state home care as the most cost-effective care available for sick and disabled veterans with long-term care needs outside the VA health care system.

H.R. 1162—No Hero Left Untreated Act

This bill seeks to implement a one-year pilot program using Magnetic EEG/EKG-guided resonance therapy (MeRT) to veterans in no more than two VA Facilities, with no more than 50 veteran participants suffering from posttraumatic stress, traumatic brain injury, conditions related to military sexual trauma, chronic pain, or opiate addiction. Not later than 90 days after the termination of the program, the Secretary is to submit a report to the House Committee on Veterans' Affairs on the pilot. The pilot is to be funded through existing funds already appropriated to VA.

The measure notes that 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction have successfully been treated with MeRT. Likewise, recent clinical trials and randomized, placebo-controlled, double-blind studies, have produced promising measurable outcomes. According to VA, Repetitive transcranial magnetic stimulation (rTMS), a similar treatment option is currently available to veterans. rTMS has been FDA approved in the treatment of resistant depression, and opioid addiction. It is unknown if one method of treatment is better than the other.

DAV has no resolution on this issue and generally does not oppose or support a specific therapeutic intervention; however, we do support the use of complementary and alternative medicine and research to confirm new therapies as beneficial to veterans.

H.R. 1545—VA Prescription Data Accountability Act

This bill would amend title 38, Unites States Code, to clarify the authority of the Secretary to disclose patient information to state-controlled substance monitoring programs when controlled drugs are dispensed by VA. Current law authorizes the Secretary to disclose said information for veterans and their dependents when VA prescribes a state-controlled substance. This bill would expand the Secretary's authority to report all individuals who receive these drugs from VA.

DAV has received no national resolution from our membership that addresses this particular legislation; therefore, we take no official position.

H.R. 1662—to prohibit smoking in any facility of the Veterans Health Administration

This bill seeks to amend title 38, United States Code, to prohibit smoking by all persons in all facilities of the Veterans Health Administration (VHA). Persons may continue to smoke outdoors at VHA facilities until October 1, 2022; after which date, smoking will be prohibited. The term smoking is to include all forms of combustion of tobacco, including e-cigarettes, cigars, and pipes. The term facility includes any medical center, nursing home, domiciliary facility, outpatient clinic, or center that provides readjustment counseling that is under the jurisdiction of the VA, under the control of the Veterans Heath Administration.

DAV has no resolution on this issue; however, the prevalence of smoking among people with mental illnesses is startling. According to the Substance Abuse and Mental Health Services Administration, 36-80 percent patients with major depression use tobacco; 45-60 percent with Post-traumatic stress disorder; 51-70 percent with bipolar mood disorder; 62-90 percent with schizophrenia, and; 32-60 percent with anxiety disorders. VA has a high percentage of veterans receiving mental health services. In fiscal year 2015, more than 1.6 million veterans received specialized mental health treatment from VA.

Individuals with mental health concerns are disproportionately affected by, and suffer from the negative consequences of, tobacco use disorder; perhaps because they are not receiving adequate information and cessation services or that smoking has historically been part of psychiatry's culture. While research has shown high levels of patient support for indoor smoking bans in psychiatric settings, even among current smokers, patients have a unique perspective on their experience in psychiatric inpatient facilities, and every effort should be made to include their voices in policy decision-making at a national level and at individual facilities.

While we know the health benefits that come with smoking cessation, we hope the implementation of this measure takes a compassionate approach to eliminating tobacco use in VA facilities, as it is a substance misuse disorder particularly impacting patients with mental illness. While VA is a leader in treatment of substance use disorder and focuses significant resources on tobacco cessation, many veterans do not avail themselves of counseling and medication options to quit smoking. If this bill is enacted, we suggest the measure require VA to conduct a comprehensive tobacco cessation outreach program targeting all veteran patients that smoke to raise awareness about options for quitting. The policy must recognize that nicotine dependence is a chronic, relapsing disorder; with most tobacco users in the general population requiring multiple attempts before they are finally able to quit for good.

Draft bill—to carry out a pilot program on the use of medical scribes in VA medical centers

If enacted, this bill seeks to implement a two-year pilot program to employ a total of 40 scribes at 10 different medical centers, where a minimum of four medical centers are located in rural areas, and four located in urban areas. Medical scribes would be assigned at a ratio of two scribes to each of two physicians with 30 percent deployed in the provision of emergency care, 70 percent in the provisions of specialty care having the longest patient wait times, or lowest efficiency ratings as determined by the Secretary.

These scribes would assist the physician or practitioner in navigating the electronic health record, responding to messages as directed by the provider, and entering information into the electronic health record as directed by the provider. Reports on the pilot program are to be provided to Congress beginning six months after enactment, and every six months for the duration of the pilot. These reports are to include an analysis of each of the scribes in the areas of provider efficiency, patient satisfaction, average wait time, the number of patients seen per day by each physician or practitioner and the amount of time required to hire and train the scribe.

Upon termination of the scribe pilot program, the Comptroller General shall submit a report to Congress that includes a comparison of the pilot program with similar programs carried out in the private sector. Funding for the program is to come from existing funding appropriated to the Department.

In response to the growing complexity of health care and the electronic medical record, medical scribes have been used in the private sector to improve productivity, clinical documentation, completion of medical records, as well as provider satisfaction.

We recommend the flexible deployment of scribes to areas in which they are not only needed, but can be the most effective. We caution about the restrictive deployment of scribes as directed by this bill, as this could lead to not enough resources in one area, and too many in another. VHA should reserve the ability to place the scribes in the areas of the greatest need, and in accordance with performance measures as well as accessibility.

DAV Resolution No. 244 adopted at our most recent National Convention calls for quality care for veterans to be achieved when health care providers are given the freedom and resources to provide the most effective and evidence-based care available. We believe the use of medical scribes could help to accomplish this goal, and, therefore, we support the intent of this bill.

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.