H.R. 1506, H.R. 2322, H.R. 3832, H.R. 4334, H.R. 4635; and Draft Legislation

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Statement of

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With Respect To

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WASHINGTON, DC

Chairman Wenstrup, Ranking Member Brownley and members of the Subcommittee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this subcommittee.

H.R. 1506, VA Health Care Provider Education Debt Relief Act of 2017

The VFW supports this legislation which would increase the maximum amount of education debt reduction available for health care professionals who work at the Department of Veterans Affairs (VA) Veterans Health Administration (VHA).

With over 35,000 current job vacancies, VA must be provided all tools necessary to address personnel shortages. This is particularly worrisome for VHA, where provider shortages result in access issues and insufficient wait times for veterans needing to receive treatments they have earned.

To address these personnel shortages, this legislation would authorize VA to work alongside the Department of Health and Human Services to identify areas with increased health professional shortages. Where these shortages are found to exist, VA would then be able to aggressively use their authority to provide new hires with educational debt reduction at increased cap rates.

Congress and VA must assure that funding appropriated for educational debt reduction is properly disbursed. The VFW has received feedback from multiple locations that VA facilities are only receiving the capped rate equivalent to what the maximum would be for one employee. For this authority to be effective in recruiting and retaining employees at VA, it must be properly implemented and utilized.

H.R. 2322, Injured and Amputee Veterans Bill of Rights

The VFW believes this legislation would unintentionally establish an unattainable expectation for VA. Therefore, the VFW cannot support this bill.

This legislation would require VA to display what would become the "Veterans Bill of Rights" throughout all VA prosthetics and orthotics clinics as a means of outreach for education. The VFW fully supports VA outreach campaigns to educate and connect with veterans, and believes that this legislation would be better routed as an outreach campaign to veterans who were injured and/or are amputees.

With this said, the VFW has concerns with some of the verbiage used in what would be the Bill of Rights. In the third subparagraph of these rights, it would be publicly shared and expressed that a veteran would have the right to see a private practitioner entered into a community care contract with VA, or the veteran would be able to access a practitioner with specialized expertise. This language may stand to be interpreted that if a veteran opts to see a specialized practitioner who has not entered into contract with VA, that the veteran would still have the right to see the practitioner. The VFW opposes veterans having the ability to see any provider outside VA of their choosing and VA then paying for the appointment

without coordinating the care. Keeping VA as the coordinator of care not only provides assurance that patients are seeing quality doctors for appointments they need, but it also provides quality assurance and oversight for the patient as well as VA appropriations. It is also worth noting that this legislation would build expectations going beyond current law, without amending what is currently in statute. For example, the Bill of Rights would establish that all amputees are eligible for a backup prosthetic, but that would not align with current eligibility requirements.

The VFW also believes the quarterly reporting requirement would be over legislating. This report would require every medical center within VA to submit a report for each fiscal quarter containing all information related to alleged mistreatment of injured and amputee veterans. Each of these allegations would then receive a full investigation. The VFW believes this is something VA already does and should be doing, making these provisions unnecessary.

H.R. 3832, Veterans Opioid Abuse Prevention Act

The VFW supports this legislation which would direct VA to enter into a memorandum of understanding (MOU) with the executive director of a national network of state-based prescription monitoring programs. By entering into this MOU, providers within VA will be able to access data regarding controlled substance prescriptions for patients regardless of which state they are in, so long as that state has entered into an MOU as well.

There are currently 43 states and the District of Columbia that have entered into an MOU with the National Association of Boards of Pharmacy for the association's prescription monitoring program (PMP) InterConnect. This allows participating states' PMPs across the entire country to be linked regardless of state lines, and provides an effective means of combating drug diversion and/or abuse. Data is shared and collected through a secure communications platform that transmits PMP data to authorized requestors, while the state's individual data access rules and laws are enforced. PMP InterConnect also does not house any data itself.

Having access to this data and being able to share with the states already entered into an MOU would benefit VA. VA would be more easily able to access prescription data for patients across state lines, such as winter snowbirds, while also making sure patients' information is shared with the private sector –– providing great potential to identify and prevent prescription drug abuse and fraud.

H.R. 4334, Improving Oversight of Women Veterans' Care Act of 2017

The VFW supports this legislation which would require reporting associated with medical care for women veterans provided by VA and through non-VA providers entered into contract agreements with VA. Assuring veterans who receive care from non-VA providers receive the same high-quality standard of care, or above, that they would receive at VA is critical.

Not all appointments can be fulfilled by VA, and this is especially true for certain specialized services such as sex-specific treatments. Whether there is a shortage of gynecologists, or not enough women veteran patients to meet annual certification requirements for mammogram technicians, there is the need at times for women veterans to receive sex-specific health care in the community. For this reason, the VFW is pleased to see the reporting requirements this legislation would put into law.

To improve women veterans' health care within VA, it is also important for VA to keep up to date on where facilities need to improve, as well as for Congress to be aware of these needs. This is why the VFW is pleased to see the reporting requirements for the environment of care standards within VA facilities.

H.R 4635, to direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans

The VFW supports this legislation which would increase the number of peer-to-peer counselors for women veterans within VA. This legislation would also emphasize the demand for peer-to-peer support specialists for women veterans who have survived sexual trauma during their time in service, have post-traumatic stress disorder (PTSD), any other mental health condition, or are in other ways at risk of becoming homeless. This would be particularly useful as 40 percent of women veterans who participated in the VFW's women veterans' survey either currently use or have previously used VA for mental health services.

This legislation would also coordinate assistance for women veterans under the Department of Defense's employment, job training and transitional assistance programs with the Department of Labor to help women veterans identify employment and training opportunities, as well as how to obtain these necessities and other related information and

services. The VFW is pleased to see this in the legislation, as addressing mental health care needs and avoiding homelessness must be addressed with a holistic approach. To do this, veterans must have assurance and a sense of self-worth and meaningfulness through their work, as well as a means to provide food and shelter for themselves and their families.

Draft legislation, VA Medicinal Cannabis Research Act of 2018

The VFW supports this draft legislation which would direct VA to use its authority to conduct and support medical research on the effects and safety of medicinal cannabis.

The VFW supports expanding research of non-traditional medical treatments for alternative therapies and less harmful ways of addressing health care issues for veterans within VA. With the ongoing opioid epidemic, an increase in veterans who suffer from chronic pain, the constant co-morbidity of chronic pain with PTSD and a continuing list of other health ailments –– all while VA is under constant scrutiny for over-prescribing pharmaceuticals, while still managing to prescribe opioids at nearly half the rate of the private sector, VA must be proactive in finding solutions to responsibly treat veterans.

There are currently 30 states and the District of Columbia that have passed legislation legalizing medical or recreational marijuana. This means veterans are able to legally obtain marijuana for medical purposes in over half the country. Some may see a private sector provider about using medical marijuana, while others may self-prescribe without a health care provider's guidance. Regardless of how veterans in the majority of the country choose to obtain medical marijuana, they are doing this without the medical understanding or proper guidance from their coordinators of care at VA. This is not to say VA providers are opting to ignore this medical treatment, but that there is currently a lack of federal research and understanding of how medical marijuana may or may not treat certain illnesses, injuries, and the way it interacts with other drugs. Due to this, the VFW believes it is medically unethical for Congress to allow VA providers to stay in the dark. VA must conduct research on medical marijuana to determine what is in the best interest of veteran patients.

This draft legislation would reiterate VA's current authority to conduct schedule one research for ailments ranging from physical injury to behavioral health. Three different strain variants consisting of differing ranges of phenotypical traits as well as ratios of tetrahydrocannabinol (THC) and cannabidiol (CBD) compositions must be researched in the study. The VFW believes it is important to test at minimum three strains, which can vary in strength such as when pharmaceuticals study dosing variations of both major chemical

components found in marijuana. It is also important to test varying ratios of THC and CBD, as scientists know these chemicals affect different receptors in the human body. For example, in some studies, patients with PTSD or who are recovering from cancer have been found to benefit from THC. Meanwhile, other studies have found that patients struggling with chronic pain have been found to benefit from CBD. Participants in the study would use the marijuana in varying ways, subject to VA's decision on how to break up participant groups.

To assure the research study would be implemented as intended, VA would report to Congress 180 days from the date of enactment with a plan moving forward. At this time VA would then also make requests for anything needed to carry on with the study. After this initial report, VA would then be required over a five-year period to submit a report at a minimum of once per year to Congress.
The VFW is pleased to see bipartisan support for this very important issue for our nation's veterans, and looks forward to continuing to work on medical cannabis research with Congress and VA.

Draft legislation, to make certain improvements in the Family Caregiver Program

The VFW agrees with the intent of this draft legislation but has serious concerns with it as written. Since the Program for Comprehensive Assistance for Family Caregivers was first discussed, the VFW has urged Congress to expand eligibility to those caring for veterans who served before Sept. 11, 2001. The VFW strongly believes the contributions of family caregivers cannot be overstated, and our nation owes them the support they need and deserve. Regrettably, the program is unjustly limited to caregivers of severely wounded post-9/11 veterans. Severely wounded and ill veterans of all conflicts have made incredible sacrifices, and all family members who care for them are equally deserving of our recognition and support. The fact that caregivers of previous era veterans are currently barred from the program implies that their service and sacrifices are not as significant, and we believe this is wrong.

The VFW currently supports *H.R. 1472* and *S. 591*, as well as *S. 2193*, which includes the expansion of VA's caregiver program. The VFW has been pleased to see the committee's willingness to evaluate and advance a bill to expand this important program.

As currently written, this draft would increase the eligibility requirements from the current

requisite of assistance for one or more activities of daily living (ADL) to a minimum of three ADLs. The VFW opposes setting arbitrary eligibility requirements and urges the committee to evaluate other means of accurately determining who should and should not be in the program. The VFW believes that eligibility determination must be clinically made by VA, and not restricted by arbitrary thresholds. There must also be an inclusion of instrumental activities of daily living (IADL), so the program does not disregard those in need for cognitive purposes. Moving forward, discussions of eligibility for the program should focus around accountability and rehabilitation, rather than limiting the program in efforts to save money as well as prevent fraud and abuse. This is particularly pertinent as VA has consistently provided feedback that less than one percent of those who have been removed from the program were removed for reasons at cause, which includes fraud. The VFW would also oppose any restrictive changes in program eligibility that does not provide a grandfather clause for current program recipients. This current draft would not only restrict eligibility, but would not offer a grandfather clause for those currently in the program. To draft a grandfather clause, technical assistance must be given by VA.

The VFW also believes that moving forward with new legislation, there must be an inclusion of veterans who were made ill. This would provide equity between caregivers to align more with caregiver programs in Titles 10 and 42, as well as assure equity between service members and veterans. For a veteran who is ill and unable to take care of herself or himself without the assistance of a caregiver, the VFW finds no just reason to continue not defining them as eligible for VA's caregiver program. This is particularly true for veterans who are ill from diseases undoubtingly linked to their service, such as non-Hodgkin's lymphoma.

Caregivers must be capable of providing care that is in the best interest of the veteran, and in a clinically timely manner determined by the veteran's VA provider in accordance with their treatment plan. The VFW believes the language within the draft for caregiver criteria living proximity requirements is moving in the right direction, but must be better defined to avoid inconsistent implementation.

Finally, the VFW believes any legislation amending the caregiver program must include provisions for caregivers and veterans who are graduating out of the program. Currently, when a veteran improves and is slated to be removed from the program, a lump sum of three months stipend is paid out for financial assistance. This has resulted in financial, emotional, and health distress of the veterans and their caregivers. The VFW urges this subcommittee to amend this legislation to establish new off-ramp requirements which would remove the lump sum payment, continue a monthly stipend and insurance coverage for a reasonable amount of time, and provide employment training and assistance to the caregiver from the caregiver program coordinator they have worked with through their time

in the program. This is imperative to the veteran and caregiver's success out of the program, as well as the well-being both physically and mentally of these highly regarded patriots.

In conclusion, the VFW supports expanding the caregiver program to veterans who served before 9/11, but opposes reducing eligibility requirements simply to lower cost.
Mr. Chairman, this concludes my testimony. I am prepared to take any questions you or the subcommittee members may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2018, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.