Pending Legislation

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Statement of

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National Legislative Service

Veterans of the Foreign Wars of the United States

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Committee on Veterans' Affairs

Subcommittee on Health

With Respect To

Pending Legislation

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Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, on behalf of the men and women 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.

A recent health survey by the VFW that was closed just last week reveals that veterans prefer utilizing Department of Veterans Affairs (VA) medical facilities for their health care needs. A total of 2,500 veterans responded to this survey and they indicated overwhelming support for VA to remain the primary deliverer of care for veterans. Lawmakers must prioritize creating a robust health care framework for our veterans, ensuring VA has the necessary resources to effectively support its mission and deliver the care that all veterans deserve. Once these survey results are completed and analyzed, we will gladly share them with this subcommittee.

H.R. 214, Veterans' True Choice Act of 2023

The VFW cannot support this legislation as written to grant veterans with service-connected disabilities access to TRICARE Select. The TRICARE health care program provides care for uniformed services, active duty service members and their families, National Guard and Reserve members and their families, retirees, retiree family members, survivors, and certain former spouses around the globe. This program incurs costs for nearly all participants except for active duty service members.

We recognize the benefit additional health care coverage could provide for certain veterans, but requiring veterans to remove themselves from the VA system and remain only in TRICARE with VA covering the costs of this care could reduce resources for other VA patients. Veterans already benefit from the VA health care system, which provides low- to no-cost medical care and access to community services when requirements are met. If this legislation were to pass, service-connected veterans would face out-of-pocket expenses for their care and could not receive TRICARE and VA services concurrently. Furthermore, the proposed coverage would impose limitations on key diagnostic services, restricting visits, consultations, and procedures. Notably, family members of service-connected veterans would be excluded from TRICARE eligibility. Additionally, it seems as if this legislation is

intended to offer more choice for veterans but it could also restrict that choice for many others. As currently written, this proposal could force all other veterans who have eligibility for both VA and TRICARE to choose only one health plan instead of choosing to have double coverage if they are previously eligible.

H.R. 3176, Veterans Health Care Freedom Act

The VFW opposes this bill as written as it would expand uncoordinated community care without many safeguards. This proposal would lead to increased costs at VA and could result in reduced resources for VA direct care and coordinated community care. The U.S. Court of Appeals for Veterans Claims decided in the *Wolfe v. Wilkie* case in 2019 that VA must reimburse the costs associated with uncoordinated emergency care. Since that decision, the community care spending on this uncoordinated care has grown significantly year over year. Currently, the uncoordinated care spending is approximately $8 billion dollars, which is 25 percent of the entire VA community care costs. If a proposal like this were to be enacted, those costs would grow exponentially, likely siphoning resources from direct care and coordinated community care for veterans.

H.R. 5287, Veterans Access to Direct Primary Care Act

The VFW does not support this legislation as written establishing a pilot program for providing veterans with Health Savings Accounts (HSAs). These accounts would enable veterans to receive primary care through non-department direct primary care arrangements. Instead, the VFW advocates for veterans to receive their care through the VA medical system, which offers more than just health care. It also creates an environment where veterans feel comfortable and understood.

The VFW is concerned about the funding source for this pilot program, as it could divert resources from an already strained system. The legislation needs to outline its intentions clearly. The Community Care Network (CCN) was created to support the needs of veterans who have enrolled in VA health care, ensuring they receive timely care in services VA cannot provide. Establishing HSAs could restrict veteran access to care from outside entities that may not be veteran-focused or adequately meet their needs. VA staff are trained to go

beyond a textbook approach in addressing the unique issues that arise from veterans' experiences.

We would, however, support HSAs as an additional service to veterans who use VA care as a way to supplement out-of-pocket health care costs that may be incurred. HSAs are a valuable tool to help many Americans with routine expenses, and if this were added to VA care instead of being a replacement, we would likely support the proposal.

H.R. 6333, Veterans Emergency Care Reimbursement Act of 2023

The VFW supports this proposal to ensure veterans receive reimbursement. The *Wolfe v. Wilkie*

decision ensured certain veterans were reimbursed for certain emergency care, and those who fell outside of that class were possibly left behind. We support veterans being reimbursed for the care they have earned, even if it is in the community.

H.R. 8347, Improving Menopause Care for Veterans Act of 2024

The VFW supports this proposal and has advocated for legislation that would fund a study on menopause care provided by VA. As more women serve in the military, the number of female veterans eligible for health care continues to rise. Women veterans have unique health care needs that should be addressed throughout various stages of their lives, including pregnancy, perimenopause, and menopause. However, limited research on menopause and its effects on women veterans restricts the development of treatment options for patients and training for health care providers.

H.R. 8481, Emergency Community Care Notification Time Adjustment Act of 2024

The VFW does not support this legislation as written at this time, but we believe there are grounds for extending this deadline for submitting applications for emergency treatment provided in non-VA facilities. The current 72-hour notification policy allows VA to coordinate a veteran's care and potentially transfer the patient to a VA facility once the condition is stabilized and clinically appropriate. The 72-hour deadline is arbitrary and may be too short for veterans who face serious health issues or major life incidents. However, we understand there needs to be some limitation on this notification, so care does not stay uncoordinated indefinitely. We would be happy to work with the committee and Representative Mast's office to determine the appropriate amount of time needed by patients without unduly burdening VA processing.

H.R. 9924, What Works for Preventing Veteran Suicide Act

The VFW supports this legislation to establish standard practices for a grant or pilot program administered by the Secretary of VA. In August 2024, VA awarded $52.5 million to community organizations working to prevent veteran suicide. Clear and measurable objectives would allow VA to determine whether prevention methods are adequate for the veterans in a target area. Alongside the pending legislation of *H.R. 4157 / S. 928, Not Just a Number Act,* multiple factors that place veterans at risk should be observed to offer complete prevention assistance to eliminate suicide.

H.R. 10012, A bill to amend title 38, United States Code, to include eyeglass lens fittings in the category of medical services authorized to be furnished to veterans under the Veterans Community Care Program, and for other purposes

The VFW advocates for legislation allowing eyeglass lens fittings to be classified as medical services covered under the Veterans Community Care Program (VCCP). However, we believe this should be consistent with the existing requirements for receiving care in the community.

The *VA MISSION Act of 2018* included many provisions that were anticipated to help veterans, caregivers, and survivors. It transformed the Veterans Choice Program into the Community Care Network (CCN) we see today, and expanded eligibility for the Program of Comprehensive Assistance for Family Caregivers to veterans of all eras. It provided hiring

and retention incentives for the VA workforce and health care providers, and instituted a plan for the future infrastructure needs of the Department called the Asset and Infrastructure Review (AIR) Commission.

VA's CCN is plagued with too many problems that need thoughtful solutions. Unfortunately, it seems whenever CCN is discussed it is in polar terms of preventing wholesale privatization or opening full choice for the community. Neither is realistic nor what veterans who actually use VA are requesting. Our veterans who use VA prefer to stay in the VA system and they want *more* VA care closer to home and easier to access. Care in the community is necessary for some veterans but, if given the choice, our members routinely tell us they prefer VA direct care. We believe some of that sentiment is driven by negative experiences with the community care process. We must fix those issues because our veterans have earned quality care regardless of who provides it.

CCN is a "leaking ship," and shoving more people onto that ship would be detrimental to those veterans seeking care. We need to plug the holes in this problematic program before unduly adding more veterans to it. When used properly, CCN can save lives and improve the health outcomes for countless veterans, but when problems with CCN arise, it can drive people away from the care they have earned.

The VFW has consistently reinforced to VA that its greatest cost for care in the community is uncoordinated emergency room care. We have also called on VA to lean on its third-party administrators to ensure consistent delivery of community care to veterans who are eligible. Unfortunately, VA has not heeded these calls and the VFW regularly hears from veterans whose potential community care eligibility has been stifled by bureaucrats at the local level. The VFW has been unequivocal since the Phoenix crisis in 2014 that *community care must be a part of VA care*. It always has been. However, veterans expect consistency. When 23 Veterans Integrated Services Networks (VISNs) interpret the MISSION Act in 23 different ways, veterans are overlooked, just as the VA Inspector General pointed out earlier this year in Buffalo, New York.

The Department of Defense (DOD) has been able to make this work through its community care networks, which means that when veterans seek to navigate VA care for the first time, they rightfully expect a similar experience to navigating care in the military. Today, the military supplements a highly functional direct care system with a robust network of

accessible community providers. Veterans expect VA to do the same.

What is jarring to the VFW is that DOD's networks are administered by some of the same vendors. However, VA refuses to similarly integrate these vendors to allow for seamless care for veterans. Instead, VA holds onto the archaic mindset that they must control the levers of care coordination, leaving the veteran to languish waiting for approved referrals and scheduling.

Today, nothing prevents VA from using the tools at its disposal to deliver predictable and timely care through the direct system and its community providers. The VFW thinks that it is tragic that we have to have this discussion on "completing the MISSION" when we believe that Congress intended for VA to implement this program the correct way the first time.

H.R. 10267, Complete the Mission Act of 2024

The VFW generally supports this legislation, but we have suggestions and feedback to strengthen it. Primarily, we strongly believe any bill that builds upon the MISSION Act must include a revamped AIR Commission like the original bill from 2018. The flawed rollout of the market assessments by VA, political infighting among members of Congress, and the inability to appoint commissioners to perform their jobs doomed the AIR process and ultimately led to it being dissolved. This is not helpful to veterans and the care they receive at VA. An infrastructure review and future plan must be enacted and carried through to ensure VA can execute its mission to deliver timely, comprehensive care to veterans through a modern infrastructure that seamlessly integrates direct, contract, and community care now and in the future.

Sec. 101-The VFW supports the codification of access standards for the VA CCN. These access standards have been in place for years and, although they were arbitrarily adopted from old TRICARE access standards for retirees, the standards have not changed and have not been problematic for veterans since the enactment of the MISSION Act.

However, we do not believe telehealth should be outright excluded from consideration of a referral to the community for care. A positive byproduct of the difficulties during the

COVID-19 pandemic was the proliferation of telecommunications and telehealth care. These newer platforms should not replace, but instead should enhance the ability of providers to serve veterans. It may be possible for routine appointments to be performed via telecommunications, and should be done so when practical and acceptable to patients.

Sec. 102 -The VFW supports requiring VA to notify veterans promptly of eligibility for community care.

Sec. 103 - The VFW does not support this section as written. We believe the CCN is an integral part and necessary supplement, but not a replacement for VA care. The *Journal of General Internal Medicine* and the *Journal of the American College of Surgeons* recently published articles based on a systematic review of studies about VA health care that concluded it is consistently as good as, or better than, non-VA health care. We believe a veteran's preference should be a factor when determining where to receive care, but we cannot advocate for fully directing care outside of a measurably better system based solely on a veteran's preference. We look forward to working with the committee to develop a thoughtful way to include preference for care without superseding all the other portions of the access standards.

Sec. 104 - The VFW supports providing veterans with prompt notice of denial for CCN referrals.

Sec. 105 - The VFW believes that telehealth is a critical tool for VA to deliver care. However, telehealth appointments should not be scheduled for veterans if that is not their request or preference. Telehealth should be an option if appropriate to the wants and needs of the patient. We look forward to working with the committee to ensure the best outcomes are available for veterans.

Sec. 106 - Adopting a value-based health care model allows for a patient-centered system that aligns with VA's whole health care approach. Value-based care programs focus on prevention efforts to reduce illnesses and suicide, which is a top priority of VA. The VFW also supports the continuation of the Electronic Health Record Modernization as it is needed to work in conjunction with the value-based program.

Sec. 107 - The VFW supports extending the deadline for prompt payments.

Sec. 201 - The VFW generally supports the idea of this provision but would recommend instructing VA, to the extent possible, to purchase an existing platform instead of building its own. The existing language in this proposal directs VA to develop and implement a plan to establish an online interactive self-service module. We recommend directing VA to contract with an existing provider if possible. VA is historically inept at developing its own IT platforms and a self-service module would be a great improvement for VA care, as long as it is done properly.

Sec. 202 -The VFW supports the publication of wait times at VA facilities and would like to see wait times for CCN providers added to this proposal as well. We believe veterans should be provided full transparency for care appointments to be informed about all possible availability through VA both in its own facilities and with its community partners.

Sec. 203 - The VFW has no position on this section at this time.

Sec. 204 - The VFW supports this section for increased reporting.

Sec. 205 - The VFW is pleased to see language that would improve the policies and processes that govern access to VA's mental health residential rehabilitation treatment program

(MH RRTP) as we recognize it needs serious attention. However, we would ask the standards for accessing these programs be thoughtfully considered due to the different nature of these programs. Priority admission standards should be developed differently than routine admission standards because many of these programs, whether VA-provided or in the CCN, are not local to veterans.

MH RRTP locations are often secluded and situated in rural areas as part of the provided

treatments. The fact that they are often intentionally situated away from population centers means many veterans would automatically be eligible for referral to community-based services regardless of where they live. We believe a carefully considered combination of wait times and geographic boundaries must be considered for routine admissions, rather than arbitrary calculations based on entirely different treatment programs such as standard VA mental health care.

Veterans in crisis must receive timely, quality, and consistent care that aligns with their needs while also accounting for their individual preferences where feasible. We feel the proposed 48-hour deadline for residential treatment screening and admissions decisions has the potential to save lives and mitigate instances of veterans losing trust in VA's ability to provide or facilitate care when they need it most. As we collectively look to improve help-seeking behaviors among veterans, Congress and VA must ensure resources like these are equipped to meet veterans where they are without bureaucratic hurdles or inefficiencies undermining such efforts.

To that end, we would like this committee to consider including a provision that removes barriers to accessing the breadth of community-based residential treatment programs that are available and commonly tailored to veterans. One VFW member recently sought but ultimately gave up on receiving residential mental health care through VA because the program the provider determined would best meet the care needs was in the wrong network. Other available programs that met treatment needs and preferences like gender-specific programming were similarly out of network.

With rare exceptions, veterans referred to residential treatment via CCN are able to access only programs that are physically located within their respective jurisdictions, each of which is managed by either Optum Serve or TriWest Healthcare Alliance. While this structure works relatively well for common needs like orthopedics and diabetes care, the same cannot be said for mental health and substance use disorder (SUD) programs that are limited in number, highly specialized, and variable in terms of medical expertise and treatment methods. Arbitrarily restricting program access based on administrator network boundaries limits VA's ability to coordinate timely and appropriate residential mental health and SUD care for veterans. While this is not in statute, it is in practice at VA and needs to be rectified.

Draft Bill, Supporting Medical Students and VA Workforce Act

The VFW supports the intent of this legislation to establish a joint scholarship program. Under this program, the Secretary of Veterans Affairs would fund the medical education of an officer from the Commissioned Corps of the U.S. Public Health Service (USPHS) at the Uniformed Services University. In return, the officer must serve a designated period at a VA medical facility.

This scholarship program represents an excellent collaboration between DOD and VA. It ensures that veterans receive care from dedicated professionals who prioritize the needs of our nation's heroes. Additionally, it provides USPHS officers with the opportunity to make a meaningful impact on an underserved community with unique health care needs. VA faces difficulties in hiring medical providers. This program seems like a sound investment of the finite resources VA has to obtain providers for a fraction of the cost to bring other medical professionals into the VA system.

Chairwoman Miller-Meeks, Ranking Member Brownley, this concludes my testimony. I welcome any questions from you or members of the subcommittee.

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 2024, 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.