



STATEMENT FOR THE RECORD

MILITARY OFFICERS ASSOCIATION OF AMERICA

On

Pending Legislation

116th Congress

SENATE COMMITTEE on VETERANS' AFFAIRS

May 22, 2019

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, and Members of the Senate Committee on Veterans' Affairs, the Military Officers Association of America (MOAA) is pleased to submit its views on pending veterans' legislation under consideration.

MOAA does not receive any grants or contracts from the federal government.

EXECUTIVE SUMMARY

On behalf of the 350,000 members of the Military Officers Association of America, the largest military service organization representing the seven uniformed services, including active duty and Guard and Reserve members, retirees, veterans, and survivors and their families, thank you for holding this hearing and for your continued commitment to the Department of Veterans Affairs (VA) and support to our nation's servicemembers and veterans and their families.

MOAA offers our position on the following bills:

- **S. 318, *VA Newborn Emergency Treatment Act***
- **S. 514, *Deborah Sampson Act***
- **S. 711, *Care and Readiness Enhancement for Reservists Act of 2019***
- **S. 746, *Department of Veterans Affairs Website Accessibility Act of 2019***
- **S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019***
- **S. 850, *Highly Rural Veteran Transportation Program Extension Act***
- **S. 1154, *Department of Veterans Affairs Electronic Health Record Advisory Committee Act***
- **DRAFT Bill, *Janey Ensminger Act of 2019***

The association recommends funding be appropriated to support any legislative provisions directing expansion of VA programs or services in the bills listed above, where funding has not been identified but will be required, or for the establishment of new programs and services not already provided for in VA's current and advance budget authorities.

MOAA takes no position on: S. 123, *Ensuring Quality Care for Our Veterans Act*; S. 221, *Department of Veterans Affairs Provider Accountability Act*; S. 450, *Veterans Improved Access and Care Act of 2019*; S. 524, *Department of Veterans Affairs Tribal Advisory Committee Act of 2019*; S. 805, *Veteran Debt Fairness Act of 2019*; S. 857, *A bill to amend title 38, United States Code, to increase the amount of special pension for Medal of Honor recipients, and for other purposes*; S. 980, *Homeless Veterans Prevention Act of 2019*; S. 1101, *Better Examiner Standards and Transparency for Veterans Act of 2019*; and, Draft Bill, *A bill to amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed, and for other purposes*. These bills are outside of our scope of expertise or familiarity with the current state of the issues.

PENDING LEGISLATION

S. 318, VA NEWBORN EMERGENCY TREATMENT ACT (SENATOR PATTY MURRAY, D-WASH.)

MOAA supports the legislation.

The association has long supported legislation to extend health care coverage to newborn children of women veterans. This bill would:

- allow VA to furnish medically necessary transportation for newborns,
- provide a waiver process for the extension of that care if there is a medical need,
- allow the Secretary to waive the current seven-day restriction on health care coverage, and
- close an existing gap to allow newborn coverage for mothers who delivered before they reached the hospital, who would otherwise qualify for the coverage.

MOAA is appreciative of the committee's work in recent years to provide care and services for a growing population of women veterans who are of child-bearing age. This bill is not only critical to the long-term health of both the child and mother, but also will help new parents avoid the hardships and significant costs associated with delivery under emergency conditions.

The association would respectfully request the committee consider adding to the bill an extension of care from the mandatory seven days to 14 days to cover all newborns. This change would align with S. 514, the Deborah Sampson Act, under consideration by the committee today and supported by MOAA and other veterans' organizations during the last two congressional sessions.

S. 514, DEBORAH SAMPSON ACT (SENATOR JON TESTER, D-MONT.)

MOAA supports the legislation as we endorsed in the 115th Congress.

The measure would improve a number of services and benefits provided by VA to women veterans. Generally it would:

- expand group counseling and the department's women veterans call center capabilities,
- expand the number of days of maternity care, including newborn care, from seven to 14 days,
- increase staffing of gender-specific health care providers and training to non-VA community providers,
- retrofit existing medical facilities to improve privacy and environmental care conditions for women veterans, and
- increase grants for organizations supporting low-income women veterans, including legal services and additional resources for homeless women and their families.

While VA has worked hard in recent years to get ahead of the growing demand of women seeking health care in the department's medical facilities (at higher rates than their male peers), barriers still exist preventing women from accessing medical care or feeling welcomed and safe.

Eliminating these barriers will require additional funding and resources to implement massive system improvements and services in order to meet the current and future needs of women veterans. MOAA is pleased the committee and VA continue to work hard to provide the authorizations and appropriations necessary to help the department succeed. This legislation starts to put in place the parameters and governance needed to monitor and evaluate VA's progress in addressing the needs of this unique veteran population.

S. 711, CARE AND READINESS ENHANCEMENT FOR RESERVISTS ACT OF 2019 (SENATOR JON TESTER, D-MONT.)

MOAA supports the legislation.

The bill would expand eligibility for mental health services in VA for reservists of the armed forces. In consultation with the Department of Defense (DoD), the VA may furnish a comprehensive assessment and counseling to any member of the reserve components who has a behavioral health condition or psychological trauma. DoD may fund the needed care regardless of whether the reservist is within his or her pre-deployment window.

Guard and Reserve members also may access confidential VA readjustment counseling services, known as "Vet Centers," for mental health screening and counseling, employment assessments, education training, and other services to help them transition successfully back to civilian life.

MOAA considers this legislation critical and timely to addressing the mental health needs of the total force and not just active duty servicemembers. However, MOAA urges the committee to expand the legislation to include servicemembers of all the uniformed services, as the U.S. Public Health Service and the National Oceanic and Atmospheric Administration Commissioned Corps also play a vital role in national security and emergency response efforts.

This legislation will complement VA's current efforts aimed at improving mental health care and support to Guard and Reserve members and help mitigate the rising rates of mental health conditions and suicides being reported in the reserve components.

S. 746, DEPARTMENT OF VETERANS AFFAIRS WEBSITE ACCESSIBILITY ACT OF 2019 (SENATOR ROBERT CASEY, D-PA.)

MOAA supports the legislation.

The measure would require the Secretary to conduct a study of the accessibility of VA websites to individuals with disabilities.

MOAA and veterans service organizations (VSOs) continue to hear from veterans with disabilities, particularly those with hearing or visual impairments, about their difficulty accessing information, products, and services in a manner that helps them effectively communicate with VA in appropriate accessible formats. Accessing VA website information has frequently been a source of frustration to this population of veterans, who believe VA has not been able to keep up with the technological changes and/or has not devoted adequate resources to ensure compliance with

Section 508 of the Rehabilitation Act of 1973, 29 U.S.C. 794d, which “applies to all federal agencies when developing, procuring, maintaining, or using electronic and information technology. Under Section 508, agencies must give disabled employees and members of the public access to information comparable to the access available to others.”

The department would be required to conduct a study of all websites within 180 days after enactment of the Act and to submit a report to both the Senate and House Veterans’ Affairs Committees, to include a list of websites not accessible to individuals with disabilities and a plan for bringing the sites into compliance or identifying barriers preventing VA from meeting the requirements of Section 508.

S. 785, COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019 (SENATOR JON TESTER, D-MONT., AND SENATOR JERRY MORAN, R-KAN.)

MOAA supports the legislation.

The association is grateful for this comprehensive and innovative piece of legislation aimed at improving mental health care delivered in the VA health system by:

- providing care for transitioning servicemembers,
- providing suicide prevention resources,
- launching programs and studies on mental health,
- increasing oversight of mental health care and suicide prevention efforts, and
- enhancing medical workforce and telehealth services.

MOAA is particularly pleased to see the incorporation of a variety of ideas and contributions from multiple stakeholders, including veterans’ organization like ours, mental health awareness groups, and other advocacy organizations to produce this landmark bill.

As stated in our testimony at the Senate and House Veterans’ Affairs Committee Hearing March 12, 2019, there is no doubt VA has made great strides in expanding its health care services to help veterans with mental health conditions. However, these efforts aren’t enough to address the growing demand for mental health services and the frightening statistics related to veteran suicides.

This legislation is exactly what is needed to close existing gaps so VA can deliver the kind of wrap-around services and continuity of care so desperately needed by veterans suffering from mental health or traumatic conditions.

S. 850, HIGHLY RURAL VETERAN TRANSPORTATION PROGRAM EXTENSION ACT (SENATOR DAN SULLIVAN, R-ARK.)

MOAA supports the legislation.

This legislation would extend VA’s authority to award grants to VSOs who provide transportation to veterans in highly rural areas.

Extending the program helps ensure coverage of underserved populations, including American Indians and Alaska Natives.

Additionally, transportation for aging veterans and those with disabilities continue to be a barrier to accessing care in VA. This legislation not only builds on the existing work the VA has undertaken to improve access for Native Americans and rural veterans but also supports the larger and growing population of aging veterans who not only have mobility issues but also are at or below poverty level or live on fixed incomes, preventing them from seeking critical health care services.

Currently, VA covers travel expenses for care at VA medical centers and community-based outpatient clinics. Vet Centers provide a critical capability within VA's health system, thus inclusion of these facilities for purposes of payment for beneficiary travel and allowances should also be a covered benefit for consistency and continuity of care throughout the system. MOAA recommends funds be appropriated to support the extension of the program to continue providing grants to VSOs to help augment VA's current efforts to provide transportation to this unique population of highly rural veterans with special needs. We believe medical care and services, including associated travel expenses and allowances, are central components to opening up access and delivering high-quality health care to our veterans.

S. 1154, DEPARTMENT OF VETERANS AFFAIRS ELECTRONIC HEALTH RECORD ADVISORY COMMITTEE ACT (SENATOR JON TESTER, D-MONT.)

MOAA supports the legislation.

This bill would require the establishment of an advisory committee to provide guidance to the Secretary and Congress on the implementation of the electronic health record (EHR) and the department's transition to the new system. Duties of the advisory committee include touring VA facilities as those medical centers begin using the electronic health record to analyze implementation and to solicit feedback from employees. MOAA believes it is important to ensure the voices of stakeholders, veterans, and other participants in the transition process of moving to a new EHR are heard and elevated to leadership.

We are encouraged and view this legislation as a positive step towards providing better accountability through enhanced stakeholder representation, which importantly includes clinical and technical expertise, as well as key VSOs. It is important to have a committed external audience reviewing the EHR implementation actions to help identify and mitigate risks for veterans.

MOAA believes successful transformation to a more veteran-centric health care system will only occur once VA fully implements and achieves an integrated, interoperable EHR system—something MOAA, Congress, and other veterans stakeholders have been pressing hard to achieve for two decades.

DRAFT BILL, JANEY ENSMINGER ACT OF 2019 (SENATOR RICHARD BURR, R-N.C.)

MOAA supports the legislation.

This measure would require the VA to provide medical care for all diseases scientifically associated with exposure to toxic chemicals found at Camp Lejeune, N.C. The bill also requires the Agency for Toxic Substances and Disease Registry, an agency within the Centers for Disease Control and Prevention, to review all significant scientific literature every three years to determine if links have been found between toxic exposures found at Camp Lejeune and additional diseases and conditions.

Establishing a national center for research on the diagnosis and treatment of health conditions of the descendants of individuals exposed to toxic substances during service is a reasonable manner in which to collect information related to the long-term health effects of these exposures. An advisory board taking responsibility for advising the national center, determining health conditions that result from toxic exposure, and studying and evaluating cases of exposure is also a reasonable mechanism to ensure VA weighs the relevant evidence and information in its implementation and continued engagement.

CONCLUSION

MOAA greatly appreciates the hard work of the committee in holding this hearing. We are especially grateful for your efforts in bringing forward legislation from previous years for consideration, and for introducing new bills—all aimed at improving the health and well-being of our uniformed servicemembers, veterans, and their family members. The association looks forward to working with the committee to ensure swift passage of the bills through Congress.