



Statement for the Record of
Amy Webb
National Legislative Policy Advisor
AMVETS

United States Senate
Committee on Veterans' Affairs
August 1, 2018

Legislative Hearing on:

H.R. 299, S. 514, S. 1596, S. 1952, S. 1990, S. 2485, S. 2748, S. 2881, S. 3184,
H.R. 5418 & All Draft Bills

**Executive Summary of
Amy Webb, AMVETS National Legislative Policy Advisor
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H.R. 299 – Blue Water Navy Vietnam Veterans Act of 2018	Support
S. 514 – No Hero Left Untreated Act	Support
S. 1596 – BRAVE Act of 2017	Support
S. 1952 – VA Financial Accountability Act of 2017	Support
S. 1990 – Dependency and Indemnity Compensation Improvement Act of 2017	Support
S. 2485 – Medal of Honor Surviving Spouses Recognition Act of 2018	Support
S. 2748 – BATTLE for Servicemembers Act	Support
S. 2881 – Mare Island Naval Cemetery Transfer Act	Support
H.R. 5418 – Veterans Affairs Medical-Surgical Purchasing Stabilization Act	Support
DISCUSSION DRAFT on Transition Assistances Reform	Support
DRAFT Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018	Support
DRAFT VA Hiring Enhancement Act	Support
DRAFT bill to require the Secretary of Veterans Affairs to establish a program to award grants to person to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families and other purposes	Support
DRAFT Modernization of Medical Records Access for Veterans Act	Oppose

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Chairman Isakson, Ranking Member Tester, and all members of the committee; thank you for the opportunity to provide a statement for the record on behalf of AMVETS' 250,000 members. We are particularly thankful for your efforts to address some of the most challenging and longstanding veteran policy issues and appreciate the dedication of your staff members who listen to us and work tirelessly to formulate policies intended to ensure our Nation's veterans and their families are properly cared for.

H.R. 299 – Blue Water Navy Vietnam Veterans Act of 2018

AMVETS supports H.R. 299

This bill proposes to slightly raise Department of Veterans Affairs (VA) home loan fees to fund Agent Orange benefits for the estimated 90,000 Blue Water Veterans who served during the Vietnam War. AMVETS supports this as the fees are minimally raised, and there hasn't been an increase in some time. Blue Water Veterans have advocated staunchly for this measure, and it is time that they are finally made whole after suffering the toxic wounds they incurred during their service to this Nation.

AMVETS is also pleased that this bill allows for a presumption of herbicide exposure to certain veterans who served in or near the Korean Demilitarized Zone any time from September 1, 1967 to August 31, 1971 who have conditions covered under section 1116 of title 38.

Additionally, this measure recognizes the children of veterans who served in Thailand between January 9, 1962 and May 7, 1975 who were born with spina bifida. Those now adult children will be provided benefits including health care, vocational training and rehabilitation and a monetary allowance matching the same benefits provided to children of Vietnam Veterans who were born with spina bifida.

AMVETS looks forward to the reporting requirement in this measure requiring the Secretary of Veterans Affairs to provide an update report on the most recent findings of the *Follow-up Study of a National Cohort of Gulf War and Gulf Era Veterans* to the House and Senate Committees on Veterans Affairs.

While slightly increasing VA home loan fees as a source of revenue, we are pleased that Purple

Heart recipients and those veterans with a service-connected disability rated as permanent and total will have said fees waived.

S. 514 – No Hero Left Untreated Act

AMVETS supports S. 514

AMVETS is pleased to support the No Hero Left Untreated Act, which seeks to establish a pilot program for two Department of Veterans Affairs (VA) medical centers to treat fifty veterans using magnetic EEG/EKG-guided resonance therapy.

Magnetic EEG/EKG-guided resonance therapy has successfully treated more than 400 veterans with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain, and opiate addiction. This small pilot would be instructive to VA in understanding the benefits and deciding whether to offer this promising therapy to those receiving VA health care.

AMVETS is encouraged by the initial results of those treated with magnetic EEG/EKG-guided resonance therapy and supports the pilot which would allow VA to see the results first-hand, with the eventual goal of supporting this alternative therapy. If it were fully understood how to treat these nuanced disorders and health issues, VA would already be doing so – and suffice it to say – the veteran suicide rate would most assuredly be lower than it is now. It is imperative that we study new ways to help those who have stood up and walked the walk and suffer the consequences day after day.

S. 1596 – Burial Rights for America’s Veterans Efforts (BRAVE) Act of 2017

AMVETS supports S. 1596

AMVETS has a National Resolution, voted on by our membership, which advocates for the Department of Veterans Affairs to increase burial benefits. This measure seeks modest increases with built-in future increases related to the Consumer Price Index for funeral expenses for veterans receiving, or eligible to receive compensation who have no next of kin or other person claiming the body of the deceased veteran, and when there are not available sufficient resources to cover burial and funeral expenses. It also increases funeral expenses for those veterans who died as a result of a service-connected disability, which we wholly support.

S. 1952 – Department of Veterans Affairs Financial Accountability Act of 2017

AMVETS supports S. 1952

This bill cuts to the heart of what seems to have become regular emergency appropriations requests from the Department of Veterans Affairs (VA) to Congress. Often, this includes an

appeal that if Congress fails to act then veterans will suffer. The processes put in place with the passage of this bill would indeed create VA financial accountability, and a system of checks and balances that can prevent needless emergency appropriation requests. The end result of implementation would be a more fiscally sound Department, that would have knowledge of every avenue of spending, how to forecast needed funds in advance, and how to stop “living paycheck to paycheck” where one emergency, or the inability to forecast necessary funding, cleans out the account. Our veterans and taxpayers deserve better, and we applaud the bipartisan leadership that introduced this bill.

S. 1990 – Dependency and Indemnity Compensation Improvement Act of 2017

AMVETS supports S. 1990

AMVETS supports the long overdue increase in dependency and indemnity payments made to survivors of eligible servicemembers or veterans, and the modifications in the measure which eliminates the 10-year rule for veterans rated at 100 percent disability and creates a five-year rule where eligible survivors can receive a payment prorated relative to a percentage of the full 10-year amount of compensation.

S. 2485 – Medal of Honor Surviving Spouses Recognition Act of 2018

AMVETS supports S. 2485

AMVETS supports honoring Medal of Honor survivors with this modest increase to their special pension.

**S. 2748 – Better Access to Technical Training, Learning and Entrepreneurship
(BATTLE) for Servicemembers Act**

AMVETS supports S. 2748

This measure takes a common-sense approach by allowing groups or classifications of those under the purview of the Secretaries of Defense or Homeland Security to obtain a waiver to opt out of additional training. This would be permitted after consultation with the Secretaries of Labor and Veterans Affairs who would need to agree that the members in question would not benefit from additional training and present a strong reason to believe that they are unlikely to face major readjustment, health care, employment and other transition challenges that some face. The member may also elect not to receive additional training by requesting so in writing, or because they are needed to support the imminent deployment of a unit. AMVETS believes this could be a cost and time-saving policy, while recognizing that many do benefit from such training.

S. 2881 – Mare Island Naval Cemetery Transfer Act

AMVETS supports S. 2881

S. 2881 directs the Secretary of Veterans Affairs to seek out an agreement with the City of Vallejo in California, under which the city would transfer control of the Mare Island Naval Cemetery to the Department of Veterans Affairs (VA) National Cemetery Administration. The VA would pay nothing to acquire the land, and would assume the obligation of maintaining the cemetery in the future.

The cemetery, which dates back 160 years as part of the oldest West Coast military base, is the final resting place of 800 veterans, including three Medal of Honor recipients. The federal government closed the Mare Island Naval Base in 1996 without allotting funds for the care and maintenance of the cemetery. After more than twenty years of neglect, the state of disrepair at the Mare Island Naval Cemetery is a national embarrassment, and a disgrace.

Congress must move swiftly to enact this measure to repair and maintain the Mare Island Naval Cemetery.

H.R. 5418 – Veterans Affairs Medical-Surgical Purchasing Stabilization Act

AMVETS supports H.R. 5418

This measure adds a needed level of accountability to the Department of Veterans Affairs (VA) Medical Surgical Prime Vendor-Next Generation (MSPV-NG) program. One vendor should not be permitted to be the sole, uncontested provider of medical surgical supplies in a certain region, and this would require that multiple contracts be awarded while prohibiting a prime vendor from solely designing the formulary of supplies.

It also ensures that VA employees in charge of formulary analyses or who makes decisions regarding to including items on the formulary have relevant medical expertise. GAO issued a report at the end of 2017 outlining the improvements needed in purchasing medical and surgical supplies and noted how implementing the improvements could yield cost savings and efficiency. AMVETS agrees with the GAO recommendations and believes passage of this bill can assist in implementing needed change.

DISCUSSION DRAFT on Transition Assurances Reform

AMVETS supports this Discussion Draft

AMVETS supports this Discussion Draft which consolidates sections 1142 and 1144 of Chapter 58 of title 10 into one cohesive section, with large expansions geared towards improving the Transition Assistance Program for members of the Armed Forces.

Some highlights from the draft include that it allows the Secretary of Defense to not require attendance in more than one class or counseling session per year, yet strengthens the accountability of reporting attendance for covered counseling, information, and services and rates of attendance in-person, online, and the number of waivers granted when the mission prevented attendance by a member of the armed forces. This information will be part of a new reporting requirement to Congress.

The discussion draft also would require surveys of those in the Armed Forces to assess their experiences with the TAP counseling, information and services provided to include quality of instruction and courses and their opinion on if their transition needs were adequately met. The survey will also seek to identify barriers or obstacles of members in accessing the services or counseling. There will be a second survey undertaken after transition has fully taken place which will ask about their employment history since separation or retirement, if they have been in receipt of unemployment benefits, if they pursued further education, have joined a Veterans Service Organization or other veterans support group, and will seek details on the satisfaction of their separation, and any challenges they may have faced. If married during separation some of the survey questions would include the spouse experiences. The survey will also request recommendations for improvement in the counseling and assistance provided in connection with transition.

AMVETS is excited about the provisions which focus on career readiness and professional development to include resume assistance, interview and job recruitment training, behavioral, educational and financial services, legal and benefits assistance, and non-clinical case management.

We are also pleased that the measure would establish a governing board to support prevention of drug overdoses, suicides, alcohol-related deaths and homelessness among veterans through strategic partnerships with a vast array of established Federal and community entities. The board would also track substance abuse and suicide rates in addition to its outreach and support. Economic risk factors which may affect suicide prevention efforts will also be reported on.

AMVETS believes this is a strong discussion draft, and that if the new measures are added to enhance the current Transition Assistance Program are implemented correctly, that it will go a long way towards not only encouraging post-transition employment but will address risk factors that can lead to feelings of desperation and sometimes suicide. We applaud the work of the Senators Crapo, Tester, Cassidy and Sullivan on this in-depth, well thought out reform plan.

DRAFT Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018

AMVETS supports this Draft measure

AMVETS supports Section 2 of this measure and amending Section 1710(c) of title 38 to ensure that eligible veterans may be provided dental services and treatment and dental applications

needed to restore functioning that was lost due to the hospital care, medical services or nursing home care the veteran received under Section 1710.

Section 3 would initiate a three-year pilot program that would provide dental services and treatments to veterans currently enrolled as a patient in the Department of Veterans Affairs (VA) who are not eligible for dental services, treatment and related appliances. The services provided would be consistent with those currently provided to veterans who are 100% service connected, and applicable co-pays would be collected commensurate to current copays authorized for medical care under chapter 17 of title 38.

The pilot would take place in at least 16 locations and serve up to 100,000 veterans and there would be a reporting requirement to include assessments and cost analysis of the pilot.

Sections 4 and 5 would allow the VA to lease a dental clinic in states where VA does not have a facility that offers onsite dental services along with an appropriation of \$10,000,000 to carry this out; and would develop a dental health education program for enrolled veterans.

Section 6 expands the dental insurance pilot established by section 17.169 of title 38 to allow private sector dental care providers information to VA on dental care furnished to veterans within the pilot and extend the pilot for two years.

Section 7 would establish a VA demonstration program to establish programs to train and employ alternative dental health care providers to increase access to dental care for veterans who are eligible to receive dental services from VA.

The full amount of appropriations for this Act, if implemented is \$500,000,000, over a five-year period not including section 4.

AMVETS understands that dental care is vital to the overall health of an individual, and a common complaint we hear from our members is their inability to either access affordable dentistry or that a dental procedure was delayed to the point that something small turned into an incredibly expensive procedure. Sometimes due to delays they have to have teeth pulled. AMVETS supports the proposed pilot and the positive health outcomes it can provide veterans.

DRAFT VA Hiring Enhancement Act

AMVETS supports this Draft measure

AMVETS supports the intention of this draft, which seeks to allow the Department of Veterans Affairs the ability to waive non-compete covenants made with a non-VA facility when aiming to hire a VA physician. This step can assist in widening the pool of those eligible to apply to become a physician at the VA, and lead to filling vacancies in a more effective manner.

DRAFT bill to require the Secretary of Veterans Affairs to establish a program to award grants to person to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the Armed Forces who are at risk of suicide and for their families and other purposes

AMVETS supports this Draft measure

AMVETS strongly supports this draft, and is pleased that it seeks to reach our most vulnerable transitioning veterans at the highest risk of suicide by not only working with people who are trained in understanding when someone is at high risk, but who have developed strategies to meet them where they are an assist in multiple levels including mental health, peer support, financial planning, temporary transportation if needed, and child care.

We think the establishment of a VA Program that offers grants to persons/groups to coordinate suicide prevention services to veterans who would be eligible for 3 years after separating. It gives priority to veterans who are currently not being seen within VHA, but the veteran must be notified that the Department is funding the care. It also prioritizes rural areas, those areas that have experienced a high rate of veteran suicide, and places where no health care is furnished by VA.

DRAFT Modernization of Medical Records Access for Veterans Act

AMVETS opposes this Draft measure

We owe it to our veterans to protect them and sensitive information regarding their health care. HIPPA laws exist for a reason and we are concerned that, encrypted or not, a portable credit card device could easily be lost, or tampered with, or could put sensitive information in the wrong hands. We also owe it to our veterans, as more and more are being seen in the private sector, to have the Department of Veterans Affairs devise a secure information sharing framework where a patient's information can be shared with private sector medical providers with the approval of the patient. This bill relieves VA of that responsibility and at what cost? At some point, we have faith that CERNER will have developed just this capability, but in the meantime this type of measure can easily go down a dangerous road, especially with no authorization of appropriations. We have seen all too much recently, the proposals to cut one form of veterans' benefits in order to fund another. In this situation we have faith that record sharing can be made amenable for the veterans of all populations, some of whom are homeless, and that the burden will not be placed on them to protect their own information, but that the system designed to care for them will figure out a way to do just that. The private sector has figured it out and there is no reason to complicate this.

Thank you for the opportunity to provide a statement for the record for this legislative hearing.

Please do not hesitate to reach out to AMVETS with any follow up questions or concerns.