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April 20, 2021

The Honorable Denis R. McDonough
Secretary of Veterans Affairs
810 Vermont Avenue NW
Washington, DC 20420

Dear Secretary McDonough,

I was pleased to host you during your recent trip to Montana, and greatly appreciated your willingness to travel the state and hear directly from veterans, family members, Department of Veterans Affairs (VA) staff and community advocates about the issues most important to them. I was impressed by your professionalism and candor, as well as your knowledge of a wide variety of issues, and believe those traits will serve you well during your tenure as Secretary. Today, I write to share a number of items that were brought to our attention in Montana, and to request that you consider action to address each of them.

Improving Community Care Appointment Timeliness and Assessing Adequacy of Dental Network

While VA is making improvements, I remain concerned that it takes too long for a veteran to receive care in the community once a consult is placed. VA staffing shortages and turnover, particularly in the Medical Support Assistants (MSA) position, continue to be a primary concern as they greatly impact scheduling, response times to veterans, and efforts to reduce the backlog of appointments. These issues were exacerbated by closures and limitations brought on to slow the spread of COVID-19. With an average training and onboarding time for new MSAs of 100 days, it is important to prioritize hiring – but retention must also be a focus in order to reduce employee turnover and improve morale. As such, I ask that VA examine any efficiencies that can be made to improve the timeliness of getting veterans appointments in the community for care once a consult is placed, as well as what incentives or reclassification of position might aid in the recruitment and retention of MSAs.

Another concern that providers and veterans are increasingly raising is that reimbursement rates for dental services are too low and are limiting provider participation in the dental network. Last summer, a reduction in reimbursement rates for providers took place as a result of the VA/TriWest contract. This has been a top concern from Montana providers and rural veterans, especially given that there are limited providers within a reasonable driving distance – severely impacting veterans' access to dental care if they refuse to participate in the network. VA needs to take a deep dive into the contract with TriWest to assess adequacy and be willing to request TriWest increase its reimbursement rates if the network is inadequate.

Meeting Veterans' Mental Health Care Needs

For those former service members and veterans who are eligible for mental health care services, the issue of wait times endures. As part of our visit to the Billings Community Based Outpatient Clinic (CBOC), staff told us that mental health care is “maxed out” across the state, both in the community and at VA facilities. Pre-pandemic, the wait time for residential care at Fort Harrison was seven weeks. That is an egregious amount of time for someone in dire need of care to wait. And that same facility does not offer acute, inpatient mental health care so in-state VA options are limited. In our conversations with tribal advocates and student veterans at Montana State University-Billings, they requested increased schedule flexibility for mental health care to allow for treatment after regular business hours. This seems like a reasonable and surmountable ask, given mental health care is often long-term and making time for it should not be an added burden. Further, Section 505 of P.L. 116-171, the *Hannon Act*, mandates that VA conduct a survey on the attitudes of veterans toward the Department offering appointments outside the usual operating hours of VA facilities, including via telehealth appointments. The challenge of tackling veteran suicide in this country is multi-faceted, and examining the feasibility of providing expanded hours for mental health care availability is a step in the right direction. What more can be done in Montana to be responsive to this mental health crisis in the veterans community?

Creating Facilities Where Veterans and Staff Can Thrive

For years VA Montana's health care facilities have lacked suitable business WiFi for staff to connect their laptops and tablets to the internet while delivering care. On March 30, 2021, VA indicated WiFi improvement work at the Billings CBOC had begun and was expected to be completed by the end of April. While this is positive news, VA also stated that upgrades at other facilities across Montana will now shift from late Fiscal Year 2021 to the first quarter of Fiscal Year 2022 or later, as part of the preparation for the Cerner Electronic Health Record program rollout. While I understand the desire to perform certain IT upgrades concurrently, every day that facilities are without these upgrades means degraded health care delivery for veterans. What can be done to accelerate the business WiFi upgrades for Montana's remaining health care facilities? Can you provide a list of the fixed line broadband upload and download speeds available at each VA Montana health care facility?

During your visit to Eastern Montana, you heard from veterans and we discussed the uncertain future of the current Miles City CBOC and Community Living Center (CLC). As you now know, VA recently began moving forward with the transition of services at the Miles City CBOC and CLC to new locations in Miles City. This was necessary because the previous campus buildings had reached the end of their suitable service life. I supported this decision because it was appropriate for the health and safety of veterans and the dedicated employees that serve them. However, the issue of old campus land remains unresolved. In July of 2020, I wrote to Secretary Wilkie asking that VA commit resources to assist with the demolition of the old campus buildings so the site is better prepared for future redevelopment, either by the county or some other party. In November of 2020, Secretary Wilkie responded that VA would be “performing a cost analysis of possible alternatives, including demolition, to determine the best approach.” The VA Central Office has been studying this request since July of 2020 with no

final decision on funding the demolition, and it recently indicated a decision would not be reached until late 2021. I want to be clear that my request is not for the Montana VA Health Care System or VISN 19 to use their more limited budgets to pay for the demolition. Rather, I am asking VA Central Office to use appropriate central office facility and infrastructure resources to finance the demolition. As you are likely aware, VA has significant resources that remain unobligated from the infrastructure increases provided in Fiscal Years 2018 and 2019. VA financing this demolition is the only reasonable path forward to prepare the land for future use and expedite removal of the cost of its maintenance from the VA's budget. Can you commit to the VA Central Office paying for the rehabilitation of the campus as part of its transition of the Miles City facilities?

Amplifying the Voices of Native Veterans

Native Veterans serve their country at a higher rate per capita than any other demographic and have done so for decades, yet they utilize their earned benefits at the lowest rate of any demographic. In order to address this, VA needs to ensure Native Veterans have a voice in their claims process and on the national level as policies are made. VA is currently attempting to ensure tribal veteran service organizations (VSOs) and tribal veterans service officers are in accordance with the statutory guidelines for other VSOs. Tribal VSOs are supportive of this move, but need VA to reconsider some of the rules to accommodate the uniqueness of their situation. For example, current statute requires VSOs to be stand-alone organizations, but many tribal veterans programs are housed within existing government departments and thus do not meet this statutory requirement to be recognized by VA. Can I get a commitment that the VA General Counsel will look into this issue and work with tribal organizations to address their concerns, and involve Native Veteran advocates in policymaking processes going forward to prevent these kinds of roadblocks in the future?

Prioritizing Care for the Whole Veteran

We heard from Montana veterans, in particular the Montana Chapter of Disabled American Veterans (DAV), on an issue my staff has been working to resolve for some time. When veterans, especially in rural states, take advantage of the DAV and Veteran Transportation Service programs to travel to and from their medical appointments, they are frequently away from home for many hours. This presents a significant issue for veterans who reside at long-term care facilities, because they are often unable to access meals during that time. The long-term care facilities do not provide meals to-go, and these veterans frequently do not have access to their own funds to purchase meals on site.

VAMT and other facilities used to provide these meals, but are no longer permitted to do so because of VHA Directive – 1439 - issued in October 2019. VA enforced this directive at VA Montana in the spring of 2020. The facility remedied this issue, which originally would have also prevented drivers and other VA volunteers from access to meals, by providing them vouchers for the local cafeteria, but the patients being transported were left out of this fix. Can VA work toward long-term, permanent guidance for VA facilities nationwide to ensure every veteran entering their facility from long distances do not have to go without meals?

There were a number of additional issues raised during our recent meetings in Montana - some local and some national in scope – and I look forward to working with you and your team to resolve each of them. In the meantime, thank you again for your willingness to come to Montana and to spend time with the veterans of this great state. Taking your cues from them will serve you well during your tenure as Secretary, and will undoubtedly contribute to a positive future for all of our nation's veterans.

Sincerely,

A handwritten signature in blue ink that reads "Jon Tester". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Jon Tester
Chairman
Senate Committee on Veterans' Affairs