STATEMENT OF

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BEFORE THE

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

"The Future of the VA: Examining the Commission on Care Report and VA's Response"

WASHINGTON, DC SEPTEMBER 14, 2016

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliary, thank you for the opportunity to offer our thoughts on the Commission on Care's final report.

The VFW thanks the Commission on Care for their hard work and extensive deliberations on how to improve the health care and services a grateful Nation provides its veterans. In particular, we thank Chairperson Nancy Schlichting for her work to build consensus among the commissioners and for her willingness to work with the major Veterans Service Organizations (VSOs) in order to gain an understanding of what veterans like and want to see improved in their health care system.

While the VFW does not support every recommendation made by the Commission, we certainly believe the Commission accomplished its mission to propose bold transformation that can improve access to high quality care for our Nation's veterans. The VFW urges Congress and VA to act on the recommendations we support and consider alternatives to the ones we oppose.

Recommendation #1: Across the United States, with local input and knowledge, VHA should establish high-performing, integrated community health care networks, to be known as the VHA Care System, from which veterans will access high-quality health care services.

Similar to the Independent Budget's "*Framework for Veterans Health Care Reform,"* the Commission recommends developing high performing, integrated and community based health

care networks that leverage the capabilities of private and public health care systems to meet the health care needs of veterans in each community. The VFW is glad to see the Commission also agrees that VA must remain the coordinator of care for veterans and must develop systems and processes to help veterans make informed health care decisions. Doing so is vital to ensuring veterans receive high quality and coordinated care, rather than fragmented care which the Commission agrees results in lower quality and threatens patient safety.

That is why the VFW opposes the Commission's proposal to give veterans a list of primary care providers and then find one willing to see them. The VFW does not believe it is necessary to trade quality care coordination for choice. Veterans in need of a primary care provider must be offered the opportunity to discuss their preferences and clinical needs with a VA health care professional to determine which provider (including private sector, VA and other public health care providers) best fits their preferences and clinical needs. This would ensure veterans make informed choices and receive care tailored them.

The VFW is also concerned that the Commission's recommendation on how veterans would navigate its proposed community delivered service (CDS) within the Veterans Health Administration (VHA) care system ignores the Commission's key findings regarding care coordination. Instead of fully leveraging the nurse navigators "to help veterans coordinate their care in VA and in the community," as the Commission describes as a possible supplement to its CDS recommendation, it calls for private sector primary care providers to coordinate the care veterans receive and leaves veterans to fend for themselves when scheduling appointments with community specialty care providers.

While we agree that a veteran's primary care provider must have visibility of all the care a veteran receives at VA and in the community, we strongly believe VA, not the primary care provider, must serve as veteran's medical home. This includes helping veterans schedule appointments with specialty providers when they receive a referral from their primary care provider, which would ensure veterans receive care that fits their preferences and clinical needs. This also includes consolidating a veteran's medical history into one electronic health care record that is accessible by the veteran's VA and community health care providers.

In an effort to alleviate demand on its primary care providers, VA is moving towards direct scheduling for certain specialty care, such as optometry and audiology. The VFW agrees with VA that certain types of care may not require a primary care consult and believes VA must have the ability to waive primary care referral requirements for such specialties. Such waivers must also apply to veterans who receive care through community care networks, which further exemplifies the need for VA to serve as the medical home for enrolled veterans.

Counter to the Commission's recommendation, the VFW does not believe that the majority of eligible care would shift from VA facilities to the community care networks. VFW surveys and direct feedback from veterans indicate that veterans would like to receive more of their care from VA health care professionals who know how to care for their service-connected conditions. In the VFW's "*Our Care*" report from September 2015, we found that 53 percent of veterans prefer to receive their care from VA providers, which is higher than VA's reported reliance rate of 34 percent. VFW surveys of veterans who are eligible for the Choice Program under the 40-mile

rule, which affords them the option to receive private sector care without a referral from a VA provider, also indicate that the majority of veterans continue to prefer VA providers despite having unfettered choice.
However, the VFW is very concerned that open networks could lead to veterans receiving care from providers that are available instead of the ones they prefer. The VFW has heard from veterans who use the Choice Program that they would prefer to go to VA, but their local VA facilities do not provide the services they need, or they would have to wait too long for an appointment.

The VFW fears that VA and Congress would interpret such veterans' use of private sector care as their preference for private sector care, when in reality they would have preferred to receive VA care, but private sector care was their only option. Doing so could lead to more resources being directed to community care networks and further depleting resources VA is given to expand access to the care veterans prefer. That is why the VFW believes continuous evaluation and adjustments to community care networks, as recommended by the Commission, must be based on veterans' preference, not simply utilization of networks.

Regardless if care is delivered through community providers or VA medical facilities, VA must remain the guarantor of care to ensure such care is high quality, veteran-centric and accessible. That is why the VFW strongly supports the Commission's recommendation that VA require community care network providers to report quality, service and access metrics. The VFW also believes veterans who receive care through community care networks must be afforded the same patient rights and protections they receive at VA medical facilities.

The VFW also supports a phased implementation of integrated networks with ongoing management and evaluation, national strategy and local flexibility to ensure veterans' needs are met. However, the VFW opposes the Commission's recommendation of establishing a board of directors, as discussed in our views of recommendation number nine, and believe management and implementation of integrated networks must be overseen by a multidisciplinary team of VA subject matter experts with direct and consistent guidance from local VA health care professionals and VSOs, similar to the approach VA used to develop its plan to consolidate community care programs and authorities.

Clinical Operations
Recommendation #2: Enhance clinical operations through more effective use of providers and other health professionals, and improved data collection and management.

The VFW supports the recommendation to develop training programs for medical support assistants (MSA) to ensure VA health care providers devote more time to treating veterans rather than administrative tasks.

While training is important, VA must also address the high turnover in MSA and entry level positions at the local level. VA has developed an expedited hiring process for MSAs as part of the MyVA transformation. The VFW fully supports this initiative, but believes VA must have statutory authority similar to the VA Canteen Service, which is exempt from title 5 hiring requirements and can directly hire entry level employees to fill high turnover positions.

The VFW does not take a position on the recommendation to grant full practice authority to advance practice registered nurses. The VFW defers to VA in determining the most efficient and effective scope of practice of its providers. However, we will hold VA accountable for providing timely access to high quality health care, regardless if such care is provided by an advance practice registered nurse or a physician.

Recommendation #3: Develop a process for appealing clinical decisions that provides veterans protections at least comparable to those afforded patients under other federally supported programs.

VFW members have experienced firsthand the pitfalls of VA's clinical appeals process. The VFW agrees with the Commission that a well implemented clinical appeals process is necessary to improve patient satisfaction, ensure veterans obtain medically necessary care, and mitigate disagreements between veterans and their health care providers. Currently, veterans who disagree with clinical decisions by their health care provider can appeal to the medical center's chief medical officer, who is reluctant to overturn a decision made by VA health care providers. A veteran is then able to appeal to the Veterans Integrated Service Network (VISN) director, who rarely overturns a decision made by a medical center chief medical officer. The VISN level decision is final, unless a veteran appeals to the Board of Veterans Appeals, which is not a viable option for veterans who require time sensitive medical treatments.

Due to the lack of a system wide clinical appeals process with national oversight, veterans have experienced vast differences when appealing clinical decisions between multiple VISNs. That is why the VFW strongly agrees with the commission's recommendation to convene an interdisciplinary panel to revise VA's clinical appeals process. Such a panel must ensure veterans have the ability to provide justification or evidence to support their appeals, which many VISNs do not permit. Veterans must also have the ability to appeal clinical decisions above the VISN level.

Recommendation #4: Adopt a continuous improvement methodology to support VHA transformation, and consolidate best practices and continuous improvement efforts under the Veterans Engineering Resource Center.

The VFW agrees that improving employee experience is a vital aspect of reforming the VA health care system. The majority of VA employees take pride in their jobs and continuously identify ways to improve efficiency and productivity. However, such employees have not been given the tools or the processes to identify problems and make changes. That is why the VFW supports efforts to identify and disseminate best practices and recognize innovative employees who improve the care veterans receive.

Health Equity

Recommendation #5: Eliminate health care disparities among veterans treated in the VHA Care System by committing adequate personnel and monetary resources to address the causes of the problem and ensuring the VHA Health Equity Action Plan is fully implemented.

The VFW supports this recommendation and agrees that health disparities based on social and economic differences have no place in the VA health care system. The VFW has heard directly from women veterans that VA employees have confused them for caregivers and spouses, or have challenged their veteran status because of their gender. Veterans of all races, backgrounds, and genders have sacrificed in defense of this Nation and must be treated with the respect and dignity they have earned and deserve.

The VFW strongly supports building cultural and military competence among all community care network providers and employees. It is important that veterans receive care from providers who understand their health care needs and are familiar with the health conditions associated with their military service. This includes providers in VA medical facilities and private sector providers who participate in community care networks. By providing cultural competence training, VA would improve health care outcomes and ensure veterans receive care that is tailored to their unique needs.

Facility and Capital Assets

Recommendation #6: Develop and implement a robust strategy for meeting and managing VHA's facility and capital asset needs.

The VFW agrees with most of the recommendations provided regarding capital infrastructure.

We agree that waiving congressional rules requiring budgetary offsets for a period of time and expanding the enhanced-use lease authority will allow VA to enter into needed leases, without accounting for the cost of the entire lease in the first year. However, suspending this offset requirement for a few years will leave VA in the same position it finds itself in today if Congress does not find a long term solution to VA's leasing authority. VA also needs broader authority to enter into enhanced-use leases agreements. *Public Law 112-154* reduced VA's authority to allow for only adaptive housing. Returning it to its prior authority will allow VA to lease more of its unused or underutilized property, while still contributing to the mission of VA.

The VFW also agrees that reevaluating the total cost of minor construction projects is needed. Currently, VA will submit multiple minor construction projects that appear to be related for a single facility. This is evidence that either the $10 million cap on minor construction projects needs to be increased or VA needs the authority to bundle multiple minor contracts for the ease of planning and appropriating several minor projects at one time without violating the $10 million cap. Regardless of whether the cap amounts are adjusted, underfunding will continue to place much needed construction projects in competition with each other. Congress must fund VA construction accounts to a level where projects to expand access are not in competition for resources for new facilities or eliminating safety risks in facilities VA must maintain.

The Commission recommends that a board analyze and make recommendations regarding VA's infrastructure needs and the CDS networks. The VFW believes that most of the functions of this proposed commission are already being carried out by either the Strategic Capital Infrastructure Plan (SCIP) or the Federal Real Property Council (FRPC). The VFW believes that the current roles of SCIP and the FRPC would need to be expanded to include the evaluation of community care on the overall capital planning process. SCIP analysis should be expanded to include the

feasibility for public-private partnerships and sharing agreements with other public and community provides. This would fulfil the idea of better leveraging community resources to expand VA's capacity and capabilities.
The VFW does not agree with the Commission on Care's BRAC realignment commission. The SCIP process already addresses the issue of under/unutilized property, and it is Congress that has failed to act to remove these properties. The reason they have failed to act is the same reason they would fail to act under a BRAC-style recommendation—local pressure from the veterans' community would cause them to vote "no." The solution is to develop better communication with the local veterans' community and present the replacement plan that will occur when their VA hospital is closed. Veterans' fear of losing VA care drives Congress' inaction, and no commission or board will fix that without improved communications.

Information Technology
Recommendation #7: Modernize VA's IT systems and infrastructure to improve veterans' health and well-being and provide the foundation needed to transform VHA's clinical and business processes.

The VFW agrees that VHA must have a chief information officer (CIO) to focus on the strategic health care information technology (IT) needs of the VA health care system. VA Assistant Secretary for Information and Technology LaVerne Council has discussed the need for a senior level employee to oversee VHA IT projects. The VFW agrees that the VHA CIO must work closely with VHA clinical and operations staff to ensure IT systems meet the needs of their users, but continue to report to the Assistant Secretary for IT to ensure interoperability with Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) systems.

The VFW agrees that the lack of advance appropriations for VA's IT accounts has hindered VA's ability to properly fund IT projects, specifically ones associated with VHA which is funded under advance appropriations. That is why the VFW has continuously called for Congress to provide advance appropriations for all of VA's budget accounts. We thank this Committee and the House Committee on Veterans' Affairs for enacting legislation to authorize advance appropriations for VA's medical services and mandatory accounts to ensure veterans can continue to receive care and benefits during a government shutdown, but it is vital that VA's remaining accounts, including IT, community care, research, NCA, VBA, Inspector General and VA's four construction accounts receive advance appropriations to ensure VA can fulfill its mission to veterans.

The VFW does not have a position on whether VA should purchase a commercial off-the-shelf (COTS) electronic health care system. However, the VFW agrees that VA should turn to COTS products when such products are financially beneficial and lead to improved services for veterans, but VA must have the authority to develop homegrown products when necessary.

Supply Chain
Recommendation #8: Transform the management of supply chain in VHA.

The VFW supports this recommendation to reorganize and standardize VA's supply chain to leverage economies of scale. This recommendation is similar to one of Secretary Robert

McDonald's MyVA priority goals aimed at building an enterprise-wide integrated medical-surgical supply chain that leverages VA's scale to drive an increase in responsiveness and a reduction in operating costs, which the VFW fully supports.
This transformation must rely on local level feedback and buy-in to succeed. While each medical facility cannot continue to dictate where their medical supplies are purchased, they must be given the opportunity to request specific supplies or products if needed in order to provide the best quality care. This is similar to non-formulary requests for prescriptions that are not on the VA's formulary. The transformation must also consider whether specific products are preferred or clinically needed by veterans, such as prosthetics equipment that may cost more, but lead to a better quality of life for veterans.

Board of Directors
Recommendation #9: Establish a board of directors to provide overall VHA Care System governance, set long-term strategy, and direct and oversee the transformation process.

The VFW opposes this recommendation. The VFW believes VA needs leadership, not management by committee. Similar to the Commission on Care, the governance board would include political appointees, the majority of whom would be civilian health care executives and veterans who do not use the VA health care system. How, when and where veterans receive their health care cannot be determined by appointees who do not have a vested interest in improving the care and services veterans receive.

Additionally, the VFW believes that a governance board would result in more bureaucracy. VHA's budget requests would still need to be approved by the Office of Management and Budget and appropriated by Congress. This recommendation also fails to resolve the misalignment between capacity to provide care and the demand on its programs that is highlighted in the Commission's report. The VFW recommends reforming the congressional appropriations process to ensure VA receives the resources it needs to meet veterans' health care needs, instead of creating more bureaucracy and further limiting how much care VA is able to provide.

A number of reform ideas have been discussed to address this issue. One proposal is to make VA's health care accounts mandatory spending. Doing so would exempt VA health care accounts from discretionary budget caps which have limited VA's ability to expand access and implement needed reforms. Another proposal is to provide VA a true two-year budget by authorizing VA to transfer advance appropriations to its current year budget to cover budget shortfalls. However, such ideas have not been given proper consideration by Congress. The VFW believes it is time to consider innovative reforms to the VA health care appropriations process.

This Committee, the House Committee on Veterans' Affairs, the Secretary of Veterans Affairs and the President must continue to provide oversight and management of the VA health care system with or without a governance board. Thus, a governance board would mean that VHA leadership would have additional management and reporting requirements which would only serve to further stymie the needed transformation process.

Instead of creating more bureaucracy, Congress must build on Secretary of Veterans Affairs Secretary Robert A. McDonald's MyVA Advisory Committee, which has helped Secretary McDonald generate and improve the innovative programs VA is implementing under the MyVA Transformation Initiative. While VA has 24 other advisory committees, the MyVA Advisory Committee is unique because it serves a purpose similar to that of the proposed governance board. It is composed of leaders in health care, business, and the veterans' community, who review and comment on VA's operational, business, and organizational plans. The VFW urges Congress to make the MyVA Advisory Committee a permanent statutory committee to ensure future secretaries can benefit from the expertise of a board without impeding the Secretary of Veterans Affairs' authority to properly manage VA.

The VFW agrees that VHA needs high quality and sustained leadership. We agree that an exemplary Under Secretary for Health should be allowed to continue to lead VHA despite political changes in Congress and the White House, but we do not believe the President should be precluded from replacing the Under Secretary. To ensure consistent leadership, Congress must evaluate ways to make the position of Under Secretary for Health more attractive to health care executives with extensive experience running successful health care systems. The VFW was pleased when Dr. David J. Shulkin accepted the nomination to replace Dr. Robert A. Petzel. That is why we intend to ask the next president to give Dr. Shulkin the opportunity to continue serving veterans, should he so desire. However, Dr. Shulkin is the exception. He is the first non-career VA employee to be appointed as Under Secretary for Health since Dr. Kenneth W. Kizer, who led the largest and most successful transformation of the VA health care system's history. Congress needs to make certain the position of Under Secretary for Health attracts more candidates like Dr. Kizer and Dr. Shulkin, not career VA employees who seek to continue the status quo.

Leadership

Recommendation #10: Require leadership at all levels of the organization to champion a focused, clear, benchmarked strategy to transform VHA culture and sustain staff engagement.

The VFW supports this recommendation. As discussed above, employee experience is vital to restoring veterans' trust and confidence in their health care system. Secretary McDonald is in the process of addressing this recommendation by transforming VA from a rules based culture to a principles based culture that empowers VA employees to do what is right, instead of fearing reprisal for not following every rule. Several veterans have reported improvements in the culture at VA medical facilities, but more work is still needed.

Recommendation #11: Rebuild a system for leadership succession based on a benchmarked health care competency model that is consistently applied to recruitment, development, and advancement within the leadership pipeline.

The VFW supports this recommendation. We agree with the importance of succession planning and the need for robust structured programs to recruit, retain, develop and promote responsible and high performing leaders. Specifically, the VFW strongly supports the recommendation to adopt and implement a comprehensive system for leadership development and management. VA

employees must be prepared and willing to fill vacancies in leadership positions to ensure VA is not required to rely on temporary leadership to run its medical facilities.

Recommendation #12: Transform organizational structures and management processes to ensure adherence to national VHA standards, while also promoting decision making at the lowest level of the organization, eliminating waste and redundancy, promoting innovation, and fostering the spread of best practices.

The VFW generally supports this recommendation. We agree that the VA central office and VISN office staff have grown too rapidly and that fragmented authorities, lack of role clarity and overlapping responsibilities impacts VA's ability to deliver high quality and efficient health care. Specifically, the VFW agrees that VHA must consolidate program offices to create a flat organizational structure to streamline VHA's current cumbersome and duplicative organizational structure.

The VFW understands the Commission's recommendation that Congress should reduce the number of VA appropriations accounts. While it is essential for Congress to use its power of the purse to influence VA programs, Congress must do so effectively and not impede VA from fulfilling its mission. For example, the Military Construction and VA Appropriations Act recently passed by the House and being considered by the Senate limits VA's VistaA Evolution project to $168 million, but requires VA to meet certain requirements before the funds become available. While the VFW understands the need for such reporting requirements, we believe VA must have the flexibility to use such funds immediately. Withholding such funds only serves to further delay VA's plans to modernize its electronic health care record.

Recommendation #13: Streamline and focus organizational performance measurement in VHA using core metrics that are identical to those used in the private sector, and establish a personnel performance management system for health care leaders in VHA that is distinct from performance measurement, is based on the leadership competency model, assesses leadership ability, and measures the achievement of important organizational strategies.

The VFW supports this recommendation. It is important to develop a performance management system that effectively measures outcomes and holds VA leaders accountable for improvements. However, the VFW does not believe such performance measures need to be identical to those used in the private sector. VA performance measures must adopt best practices from the private sector, but they must also acknowledge VA's unique mission and the fundamental differences between private and public health care systems.

Diversity and Cultural Competence

Recommendation #14: Foster cultural and military competence among all VHA Care System leadership, providers, and staff to embrace diversity, promote cultural sensitivity, and improve veterans' health outcomes.

The VFW strongly supports this recommendation. As discussed above, cultural and military competence training of providers would ensure veterans receive care that is tailored to their unique needs.

It is particularly important to build cultural competency among community care providers who do not have experience caring for veterans or may not be aware of best practices when caring for veterans with service-connected wounds and illnesses. A study by the RAND Corporation found that only 13 percent of private sector mental health care providers are ready and able to provide culturally competent and evidence based mental health care to veterans. The VFW believes VA must leverage the capacity of the private sector to provide mental health care to veterans, but it must also ensure veterans who use community care receive high quality and veteran-centric care by providing military competency training and sharing best practices with community care providers and ensuring such practices are adopted.

Workforce

Recommendation #15: Create a simple-to-administer alternative personnel system, in law and regulation, which governs all VHA employees, applies best practices from the private sector to human capital management, and supports pay and benefits that are competitive with the private sector.

The VFW supports this recommendation. VA must be able to recruit, train, retain and discipline a high performing workforce. The VFW agrees that civil service laws and regulations that govern how government employees are hired, how much they are paid, and how they are disciplined were not designed to support a high performing health care system. VA must have a personnel system that eliminates barriers to hiring and retaining high quality employees.

We agree with the Commission that Congress must afford VA employees appropriate due process to appeal disciplinary actions. The VFW has also supported a number of accountability measures considered by this Committee, including S. 2921, the *Veterans First Act*, which would expand the Secretary's ability to remove or demote employees for poor performance or misconduct. Overall, the process that is taken to remove or demote VA employees who commit malfeasances must ensure such employees are no longer allowed to collect a paycheck or harm veterans, but protect good employees and whistleblowers from being wrongfully terminated or retaliated against.

The VFW also agrees with the need to improve VA's student loans reimbursement programs. However, VA is already authorized to reimburse health care professionals up to $120,000 over five years of student debt, which is similar to the National Health Service Corps' loan repayment plan program. While the VFW would support increasing the amount VA health care professionals may receive, it would not make VA more competitive when hiring or retaining high quality employees, because local facilities are not given enough funds to fully utilize this program. For example, the VFW heard from a VA nurse that her medical center is given $80,000 per year for the education debt reduction program. These means the facility could reimburse three providers the maximum allowed amount of $25,000 or divide the $80,000 amongst its dozens of providers and render the retention incentive ineffective. To properly utilize this incentive, Congress and VA must properly fund this program.

Recommendation #16: Require VA and VHA executives to lead the transformation of HR, commit funds, and assign expert resources to achieve an effective human capital management system.

The VFW supports this recommendation. We often hear from VA medical facilities that they struggle to hire needed staff because of the cumbersome human resources (HR) process. Specifically, the outdated and ineffective rules and regulations that govern when and how VA can recruit possible candidates puts VA at a disadvantage when competing with the private sector to recruit high quality health care professionals.

Secretary McDonald has made some progress in addressing this issue by deploying rapid process improvement workgroups which identify and resolve regulatory barriers that adversely impact the hiring process and improve an applicant's experience when applying for VA jobs. However, the VFW agrees with the Commission that VA HR systems and processes must be prioritized and improved. It is unacceptable for VA HR professionals to be required to operate 30 disparate IT systems. When HR is unable to do its job efficiently, VA medical facilities are not able to fill vacancies quickly, which leads to access problems that negatively impact veterans. It is also deplorable that VA's cumbersome HR rules and processes impede its ability to remove or demote wrongdoers.

Eligibility

Recommendation #17: Provide a streamlined path to eligibility for health care for those with an Other-Than-Honorable discharge who have substantial honorable service.

The VFW fully supports the recommendation to amend VA's current health care eligibility regulation and provide VA health care and benefits to veterans with other than honorable (OTH) discharges, if their overall service is deemed honorable. Under current law, a veteran who meets other eligibility criteria and has a discharge that is other than dishonorable is eligible for VA health care. However, VA's process for determining which veterans are considered to have an other than dishonorable discharge is flawed, and generally results in veterans who have anything less than an honorable discharge being denied benefits.

This is a particular concern for veterans who served honorably in combat, but were administratively discharged upon returning home due to relatively small infractions, like missing formations or being charged with alcohol-related incidences. VA regulations do not consider discharges for minor offenses as dishonorable, if such veteran's service was otherwise honest, faithful and meritorious.

Unfortunately, VA's process for determining eligibility is not consistent and often fails to properly account for a veteran's entire service. In their recent report, *"Underserved: How the VA Wrongfully Excludes Veterans with Bad Paper,"* Swords to Plowshares, the National Veterans Legal Service Program and the Veterans Legal Clinic at the Legal Service Center of Harvard Law School found that instead of granting OTH veterans the health care and benefits they have earned, VA has lumped them in with bad conduct and dishonorable discharges, which are

reserved for service members convicted of wrongdoing at a court martial—thus resulting in 90 percent of OTH veterans being denied the benefits and services they have earned.

Without access to VA health care, those suffering from service-related mental health injuries are left on their own to deal with their mental health symptoms, making recovery nearly impossible. The VFW supports amending VA's regulation to ensure veterans with OTH discharges who committed minor infractions but otherwise completed honorable service, receive full eligibility for health care and benefits. Additionally, VA must also ensure veterans who present to a VA medical facility with a medical condition that requires urgent or emergent medical attention, such as a veterans who shows signs of suicidal ideation, are not required to undergo a cumbersome character of discharge review before receiving lifesaving care. Veterans who are later determined to be ineligible for VA health care must be transitioned to other health care options, but veterans cannot be denied lifesaving care simply because VA rules require a flawed and time consuming character of discharge review process.

Recommendation #18: Establish an expert body to develop recommendations for VA care eligibility and benefits design.

In every past evaluation and change to the eligibility criteria for health care, access to care was increased to unserved populations of veterans, or eligibility was realigned to conform with an updated delivery model. With those two facts in mind, and understanding that the development of an integrated health care system will deliver care under a different model, the VFW supports the idea of studying access barriers based on current eligibility criteria while ensuring service-connected, homebound and catastrophically disabled veterans do not incur barriers or delays in services or care. Additionally, the VFW would oppose any proposal to increase the health care cost shares for veterans.

Mr. Chairman, this concludes my testimony. I will be happy to answer any questions you or the Committee members may have.