

STATEMENT OF GEORGE P. BASHER, PAST PRESIDENT, NATIONAL

ASSOCIATION OF STATE DIRECTORS OF VETERANS AFFAIRS

Mr. Basher. Mr. Chairman, good morning, and Members of the Committee. My name is George Basher. I am Director of the New York State Division of Veterans Affairs representing John Garcia, who is our Association President and is unable to attend. Our written testimony from our President we have submitted for the record, but what I would like to do is just address some of what I consider to be the high points and things that we are most concerned about.

Members of the Committee, States are the second largest provider of services to veterans. This year States will spend nearly \$4 billion of their own money for services supporting veterans. We partner very closely with the Federal Government in order to best serve our veterans, and as partners, we are continuously striving to be more efficient in delivering services to veterans. We appreciate the leadership of the Committees for the levels of funding that have been granted to the Department of Veterans Affairs, and we think that with the increased demand on certain benefits and certain services, we will stand ready to work with you on this.

Under the auspices of Veterans Health Benefits and

Services, in long-term care States are the largest providers of long-term care for veterans. We provide a little over half of all the long-term care beds for veterans in the country under the State Veteran Nursing Home Program. We strongly support the continuation of the State Home Construction Grant Program and make sure that we preserve that asset of over 124 homes in 48 States. And we would also like to continue partnering with the Congress and with the Department of Veterans Affairs in determining how long-range care can best be delivered and whether it is through an entire continuum or we continue the current process. But we stand ready to work with you on that.

We support the creation of additional community-based outpatient clinics where the need is greatest in those States that do not have them. It is clear from experience that access is something that greatly increases the utility of the VA health care system and people who use it.

Nearly 20 percent of New York's veterans use the VA health care system, and that is because there is a wide, wide network of community-based outpatient clinics to make that access available. There is nothing that works better.

We would like to see an increase in the per diem payment for State veteran nursing homes. Traditionally, the

reimbursement rate has run around 33 percent of the average daily cost of care nationally. We would like to see that worked up towards 50 percent, but recognizing that the other 50 percent is something that is shouldered by the States or by the veterans themselves.

We support Medicare subvention for VA. We think that is a cost-effective idea, and if you look at the number of veterans who are using Medicare and Medicaid who are also eligible for the VA health care system, clearly we have got three insurance systems in place, and we only need one. We are paying too much money for this service, and States stand ready to work with you to work on these issues and find a better way to do this.

On issues of compensation and pension, there are nearly 4,000 employees of State and local government who work in the veterans service area, many of whom are accredited by the Department of Veterans Affairs to prosecute claims. We need to work with VA in finding a way to better integrate that 4,000-person workforce into the 8,500 people who work for VBA and do claims. Those service officers in the field, whether they work for States or work for counties or work for the veterans service organizations, do the front end of this work, and they do the brunt of it. They can do most of that development, and we

should let VBA do what they are really required to do, and that is, determine service connection and then write the check, and let us do some of the rest of it, take that burden off. We think this could go a long way to reducing the amount of backlog that exists over at VBA.

When it comes to the area of education, States also operate the State approving agencies for the Montgomery GI Bill program, and we collectively approve every school program, every OJT program, every apprenticeship program throughout the country, and we strongly support the creation of a total force GI Bill that reduces and eliminates the inequities between the Guard and Reserve and active-duty troops. And we think this is something that is long overdue, given the current configuration of the force.

One of the other issues that we are deeply involved in is homelessness, and homelessness amongst veterans. You know, when a veteran falls between the cracks, whether it is through DOD's fault or whether it is through the Department of Veterans Affairs' fault--and maybe "fault" is not the appropriate word, but that veteran is always caught by State and local government. At the end of the chain, we are providing the service, and we want to make sure, whether it is homelessness or health care or

behavioral health or long-term care, that we are doing this in the best possible concert with the Department of Veterans Affairs. We would support looking at other ways--and I had the pleasure and honor of serving as the Chair of the Secretary's Advisory Committee for Homeless Vets, and one of the things that we are taking a strong look at now is recommending that VA look at not just transitional housing but also providing funding for services for permanent supportive housing for homeless vets where required. We think this is a good idea. We think it is an idea whose time has come, and the States support that.

We would also like to see in the burial and memorial affairs an increase in the plot allowance to State veteran cemeteries. There are State veteran cemeteries in all but about five States right now in this country, and it is a terrific supplement to the National Cemetery Administration program. So we would like to have Congress take another look at that.