TESTIMONY
OF
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THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
ON
“PENDING AND DRAFT LEGISLATION”

DECEMBER 17, 2024

EXECUTIVE SUMMARY

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H.R. 3176 – Veterans Health Care Freedom Act, *Pg. 3*	**Oppose**
H.R. 5287 – Veterans Access to Direct Primary Care Act, *Pg. 4*	**Oppose**
H.R. 6333 – Veterans Emergency Care Reimbursement Act of 2023, *Pg. 5*	**Support**
H.R. 8347 – Improving Menopause Care for Veterans Act of 2024, *Pg. 5*	**Support**
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Introduction

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Veterans' Affairs Subcommittee on Health, on behalf of the 1.6 million dues-paying members of The American Legion, I am honored to testify on these important pieces of legislation under consideration today.

As the nation's largest Veteran Service Organization, the Legion has always been dedicated to serving our nation's veterans. We work tirelessly to ensure they are given an opportunity to thrive post-service.

Over the course of our 105 years of advocacy, the Legion has been guided by a strong and vocal membership. Our membership has helped shape the national conversation and achieved significant legislative victories. We look forward to working with this committee and others in Congress to continue that proud history.

The Veterans Health Administration (VHA) is the only fully integrated, publicly funded health care system in the United States, and second largest federal agency in both budget and personnel. Using over 1,200 sites of care, including hospitals, community living centers, health care centers, community-based outpatient clinics (CBOCs), other outpatient service sites, and dialysis centers, the agency serves a geographic and age-diverse group of people. Although policies and guidelines are developed at Veterans Affairs (VA) headquarters for the VHA health care system, management authority for decision making and budgetary responsibilities is delegated to the 18 separate VISNs who must tailor care for a geographic and age-diverse veteran population. This makes it an incredibly difficult agency to centrally administer and implement even small changes in policy or culture.

One of the largest changes in the past few decades was the passage of the CHOICE Act, later updated as the MISSION Act, after the Phoenix wait-list scandal made it clear veterans needed the ability to utilize community providers. Congress' intent with MISSION was clear. While strengthening the VA's ability to provide direct care by improving recruiting and retention of VHA providers and addressing aging VA infrastructure though the Asset and Infrastructure Review (AIR) Commission, the VHA was directed to increase access to community providers when it could not provide care in a reasonable time and/or distance, or if access to an outside provider was in the best medical interest of the veteran. From a broad perspective, the integration of community care to supplement the VA direct-care system has been an important relief valve to ensure a scandal like Phoenix never happens again and has played a large role in ensuring veterans get the care they need, when they need it. However, despite large increases in VA FTE, disregard for the AIR Commission and the patch-work approach to VA's substandard physical and technological infrastructure of VA facilities, VA's budget for community care has ballooned. This has naturally resulted in debates on balancing funding with the VA's direct care system and adherence to eligibility requirements, which largely encompass the reasons we're here today.

The Legion acknowledges the natural friction between funding the VA direct-care system and community care, particularly in a world of budget uncertainty, aging infrastructure, and a declining veteran population. Congress must absolutely address the infrastructure problem in the 119th Congress and ensure the VA direct-care system is strengthened as was also the intent of MISSION, but in the absence of current VA capacity, we must keep the individual veteran as our North Star. Since MISSION passed, there have been credible reports of VA administrators overruling decisions by VA providers and patients to keep veterans in the system, in some cases cutting off care entirely. The American Legion strongly supports keeping the VHA as the coordinator of care for U.S. veterans, but if the VA cannot provide veterans the care they need, when they need it, community providers are the only realistic solution in the best interest of the individual veteran.

The American Legion considered all the proposed legislation from this lens and within the bounds of our Resolutions considered and adopted by Legionnaires across the country.

H.R. 214 – Veterans True Choice Act – Rep. Steube (R-FL)

To amend title 10, United States Code, to provide eligibility for TRICARE Select to veterans with service-connected disabilities, and for other purposes.

This legislation would create a pilot program with service-connected disabilities the option to enroll in the Tricare Select program, with those veterans no longer able to enroll in or utilize the VHA. This change would in effect bypass the VA and remove the agency as the coordinator of veterans' healthcare.

Tricare is a great resource for active duty servicemembers and retirees. However, changing the composition of patients without studies or trial runs could result in poor outcomes across the board.

The American Legion is committed to advocating for first class veteran healthcare. The MHS and the VHA have defined roles, and any changes to those systems must be deliberative.

The American Legion *opposes* H.R. 214 as currently drafted.

Resolution No. 7: Ensuring VA Remain the Center of Care:
"RESOLVED, That the Veterans Health Administration remains at the center of care of our nation's veterans."

H.R. 3176 – Veterans Health Care Freedom Act – Rep. Biggs (R-AZ)

To direct the Secretary of Veterans Affairs to carry out a pilot program to improve the ability of veterans to access medical care in medical facilities of the Department of Veterans Affairs and in the community by providing the veterans the ability to choose health care providers.

The Veterans Health Care Freedom Act would give veterans a choice between receiving their care through the VA or through the community. For a period of 4-years, inside four designated Veterans Integrated Service Network (VISN) areas, this bill would give an enrollee the option to elect whether to receive care through the traditional VA, or through the Veterans Community Care Program (VCCP). Once the trial program has ended, barring no further action, this policy would become effective for all veterans under Subsection (h)(2).

The integration of community care into the VA healthcare regimen has been an important relief valve for the VA and certainly has a large role to play in getting veterans the care they need when they need it. However, this legislation would be a major deviation from how the Legion has typically viewed and supported the provision of veteran health care, to include the provision of care in the community.

In 2016, The American Legion National Commander Dale Barnett spoke to the Congressionally appointed Commission on Care, saying "Veterans believe VA's problems can be fixed and trust can be restored. The quality of VA health care continues to outperform the private sector in study after study. Veterans do not want a reduction in quality. They just want reasonable access to care."

The American Legion *opposes* H.R. 3176 as currently drafted.

Resolution No. 7: Ensuring VA Remain the Center of Care:
"RESOLVED, That the Veterans Health Administration remains at the center of care of our nation's veterans."

H.R. 5287 – Veterans Access to Direct Primary Care Act – Rep. Roy (R-TX)

To direct the Secretary of Veterans Affairs to establish a pilot program to provide veteran health savings accounts to allow veterans to receive primary care furnished under non-Department direct primary care service arrangements, and for other purposes.

This legislation would create a pilot program to require the VA to provide select veterans with Health Savings Accounts (HSA) with regular contributions to use for their primary care in the private sector, in lieu of the VA, and prohibits new appropriations to cover the cost of the pilot.

Specifically, Subsection 2 (b) provides a broad eligibility for the pilot program which, taken with Subsection (d) restricting the veteran from utilizing VA for primary care, would remove the VA as the coordinator and hamper a veteran's provider from analyzing their healthcare needs holistically.

The American Legion *opposes* H.R. 5287 as currently drafted.

Resolution No. 7: Ensuring VA Remain the Center of Care:
"RESOLVED, That the Veterans Health Administration remains at the center of care of our nation's veterans."

H.R. 6333 – Veterans Emergency Care Reimbursement Act of 2023

To amend title 38, United States Code, to modify the limitation on reimbursement for emergency treatment of amounts owed to a third party or for which the veteran is responsible under a health-plan contract.

This bill requires the VA to pay for veterans' emergency care expenses in the community that are not already covered by a veteran's private insurance plan. Currently, the VA pays emergency care expenses for veterans who do not have health insurance, while privately insured veterans are responsible for copays and deductibles

Multiple court rulings have stated that this practice is against the existing code and that the VA should reimburse all expenses regardless of a veteran's insurance. As a result, the VA has been working on retroactively paying the ER bills of some veterans who reached out to the VA, but not all have received these payments. This program ended early in 2024.

No veteran should be left in a position in which they cannot pay emergency medical bills, which negatively impacts a veterans' mental health and is one of the main drivers of veteran suicide.

This bill would ensure that veterans have the resources they need to maintain their health and safety during health emergencies.

The American Legion *supports* H.R. 6333 as currently drafted.

Resolution No. 182: Non-Department of Veterans Affairs Emergency Care:
"RESOLVED...The American Legion support legislation urging the Department of Veterans Affairs (VA) to promptly pay non-VA providers for emergency care furnished."

H.R. 8347 – Improving Menopause Care for Veterans Act of 2024

To direct the Comptroller General of the United States to conduct a study on menopause care furnished by the Department of Veterans Affairs, and for other purposes.

This legislation would direct the comptroller General of United States to carry out a study that would review the medical services provided by the VA to veterans experiencing perimenopause, genitourinary syndrome of menopause, and menopause. This study would review VA guidelines for medical provider training, diagnosis, VA care, and community care for menopause treatment.

Women veterans are the largest growing group of veterans. Many women veterans face unique challenges, such as accessing gender-specific healthcare and overcoming military sexual trauma. These issues can affect their reintegration into civilian life and overall well-being. Specialized healthcare providers who understand and can treat menopause could play a crucial role addressing these unique health concerns by offering targeted treatments and support. By having access to professionals who are knowledgeable about these issues, women veterans can receive more effective health care.

The American Legion *supports* H.R. 8347 as currently drafted.

Resolution No. 147: Women Veterans:
"RESOLVED, That the VA provides full comprehensive health services for women veterans department-wide, including, but not limited to, increasing treatment areas and diagnostic capabilities for female veteran health issues, improved coordination of maternity care, and increase the availability of female therapists/female group therapy to better enable treatment of Post-Traumatic Stress Disorder from combat and MST in women veterans."

H.R. 8481 – Emergency Community Care Time Adjustment Act of 2024

To amend title 38, United States Code, to establish an extended deadline for the submission of applications regarding emergency treatment furnished in non-Department of Veterans Affairs medical facilities, and for other purposes.

As part of the MISSION Act of 2018, the VA authorized payments to be made to cover non-VA emergency care for veterans. However, there are some requirements to be followed for claims:

- The facility must be an in-network community care provider.

- The veteran must notify VA within 72-hours of the start of receiving emergency care.
- The veteran must have been seen at a VA facility within the past 24-months.
- A prudent layperson, rather than a medical expert, must also have determined that the veteran did need emergency care.

While The American Legion helped develop these changes, the 72-hour notification requirement creates unintended consequences. As noted above, the 72-hour requirement to notify VA of a veteran's emergency care begins at the start of care. There are no provisions for the veteran being of sound mind, conscious, not on painkillers, not suffering head trauma, etc.

This bill would rectify this by changing the VA's notification requirement from 72-hours from the start of treatment to 72-hours from the time of discharge. This would ensure that veterans have time to focus on their own health and wellbeing.

The American Legion *supports* H.R. 8481 as currently drafted.

Resolution No. 182: Non-Department of Veterans Affairs Emergency Care:
"RESOLVED...The American Legion support legislation urging the Department of Veterans Affairs (VA) to promptly pay non-VA providers for emergency care furnished."

H.R. 9924 – What Works for Preventing Veteran Suicide Act

To amend title 38, United States Code, to establish standard practices for a grant or pilot program administered by the Secretary of Veterans Affairs through the Veterans Health Administration, and for other purposes.

The VA operates and awards numerous mental health and suicide prevention grant programs, the largest being the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant program. These non-profit organizations are crucial to finding upstream solutions for veterans dealing with suicidal ideation and mental health challenges, enlisting new practices that include post-traumatic growth, peer support services, and cultural/faith-based programs. But due to the complex nature of the problem itself, and the diverse group of grant awardees, it can be difficult to track and measure success.

The What Works for Preventing Veteran Suicide Act would establish standards of practice for mental health and suicide prevention grants and pilot programs administered through the VHA. These standards would include the establishment of clear and measurable objectives to help evaluate the effectiveness of the programs using standardized methodology, best practices, and areas of improvement. The program would have phases for evaluation during the development, allowing Congress and advocates to measure progress, and future courses of action.

The veteran suicide problem is a complex one that requires innovative solutions, but those programs must be adequately evaluated for ongoing effectiveness.

The American Legion *supports* H.R. 9924 as currently drafted.

Resolution No: 1 Be the One Mental Wellness Committee:
"RESOLVED, That the Be The One Mental Wellness Committee be charged with examining recent trends of veteran suicide as it relates to traumatic brain injury, post-traumatic stress disorder, military sexual trauma, etc. and analyzing best practices in veteran suicide prevention not currently used by the Department of Defense or the Department of Veterans Affairs (VA) for the purpose of encouraging aforementioned government agencies to adopt them."

H.R. 10012 – To Amend Title 38, US Code

To amend title 38, United States Code, to include eyeglass lens fittings in the category of medical services authorized to be furnished to veterans under the Veterans Community Care Program, and for other purposes.

This legislation would fill a significant gap for veterans receiving care in the community by mandating veterans eligible to receive care in the community are able to schedule an appointment for a fitting for eyeglass lenses with a provider near their home, accounting for pupillary distance.

Current VA guidelines do not cover this service in outside facilities. This substandard care is unacceptable based on the VA's Whole Health model and would be remedied by H.R. 10012.

The American Legion *supports* H.R. 10012 as currently drafted.

Resolution No. 14: Access to Care*:*
"RESOLVED, That VA shall streamline the community care referral process to ensure that veterans have access to care in the most efficient manner possible if the access standards are met."

H.R. 10381 (Takano) – To Amend Title 38, US Code

To amend title 38, United States Code, to authorize a joint scholarship program under which the Secretary of Veterans Affairs pays for medical education of an officer of the commissioned corps of the Public Health Service at the Uniformed Services University in return for a period of obligated service by such officer at a medical facility of the Department of Veterans Affairs, and for other purposes.

This legislation creates essential pathways for talented public health professionals to pursue advanced medical degrees via a scholarship for Public Health Service (PHS) officers to be able to attend the F. Edward Hebert School of Medicine at the Uniformed Services University of the Health Sciences. Upon graduation and completing residency, the PHS officer would be obliged to work full time at a VA medical facility for a period not to exceed 10 years. As a public sector organization, the VA often struggles to compete with private hospitals for monetary compensation and must rely on alternative incentives. Offering education through the Uniformed

Services University in exchange for a fixed service obligation is a valuable approach that gives the VA a competitive edge in hiring talent.

Officers of the Commissioned Corps of the U.S. Public Health Service play a vital role in addressing health care gaps nationwide. Through The American Legion's System Worth Saving program, we have observed persistent staffing challenges at VA medical centers despite the dedication of VA employees. This scholarship program equips the VA with another tool to close staffing gaps through partnerships with the DoD and the Department of Health and Human Services (HHS).

However, failure to complete the obligated 10-year period of service would result in the PHS officer reimbursing DOD and HHS twice the total amount of the tuition, salary, allowances, benefits and expenses paid by the VA. This reimbursement requirement may chill the scholarship's effectiveness as some potential benefactors may find the payback requirement too onerous to their personal financial health. The American Legion is committed to working with Ranking Member Takano and this committee to find a compromise to this specific provision.

The American Legion *supports* H.R. X (Takano), with edits.

Resolution No. 115: Department of Veterans Affairs Recruitment and Retention:
"RESOLVED...The American Legion support legislation addressing the recruitment and retention challenges that the Department of Veterans Affairs (VA) has regarding pay disparities among those physicians and medical specialists who are providing direct health care to our nation's veterans."

H.R. X (Bost) – Complete the Mission Act of 2024

To improve the provision of care and services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

The Complete the Mission Act of 2024 has several important provisions, including the codification of the VA's standards of practice for community care, such as the distance and wait time standards. If passed, adherence to codified guidelines would provide the minimum level of care, allowing the Secretary to improve - but not degrade - any of them. It would also codify a standard practice for determining eligibility for mental health treatment programs.

Furthermore, the proposed legislation would change the VA's community care provider reimbursement model to a value-based model, meaning providers would be reimbursed based on improving patient outcomes and the quality of their service rather than on a per-procedure system.

Finally, the proposed legislation creates requirements for the VA to create an app allowing veterans to schedule their own appointments and show average wait times at VA facilities, streamlining the scheduling process.

As previously discussed, The American Legion strongly supports keeping the VHA as the coordinator of care for U.S. veterans. However, if the VA cannot provide veterans with the care they need, when they need it, community providers are the only realistic solution in the best interest of the individual veteran, who we are all here to serve.

The American Legion *supports* H.R. X (Complete the Mission Act).

Resolution No. 46: Department of Veterans Affairs (VA) non-VA care programs:
"RESOLVED...the Department of Veterans Affairs (VA) develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient-centered care strategy which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account."

CONCLUSION

The American Legion appreciates the consideration of every member of Congress willing to draft and consider legislation for what they believe is in the best interest of our nation's veterans. As an organization we consistently hear from veterans across the country with different experiences using both the VHA direct-care system and community care and understand the seriousness with which Congress and the Department seek to address those concerns. As previously stated, The American Legion acknowledges the natural friction between funding the VA direct-care system and community care, but in the absence of current VA capacity, we must keep the individual veteran as our North Star. Legionnaires cannot be left in the cold waiting for important primary and specialty care appointments, which data shows can have a significant impact on their quality of life and mental well-being. The American Legion strongly supports keeping the VHA as the coordinator of care for U.S. veterans, but if the VA cannot provide veterans the care they need, when they need it, community providers are the only realistic solution in the best interest of the individual veteran. Important changes in policy making it easier to access care, streamline appointment scheduling, support women veterans, and improve reimbursement requirements included in several of the proposed bills are important steps in the right direction as we work with Congress in the 119th session on The American Legion's legislative priorities. We remain committed to working with this committee and other members of Congress as these bills are considered further.

Chairwoman Miller-Meeks, this concludes The American Legion's testimony. We appreciate the opportunity to testify and welcome any questions members of the subcommittee may have.