



Testimony of  
Amy Webb  
National Legislative Policy Advisor  
**AMVETS**

Before the  
Committee on Veterans' Affairs  
United States Senate

Legislative Hearing on the topic of:  
S. 115, S. 426, S. 683, S. 833, S. 946, S. 1153, S. 1261, S. 1266, S. 1279, S. 1325  
and  
All Draft Bills

**Executive Summary of  
Amy Webb, National Legislative Policy Advisor  
AMVETS  
Before the  
Committee on Veterans' Affairs  
United States Senate  
On  
"Pending Health Care Legislation"**

**July 11, 2017**

S. 115 Veterans Transplant Coverage Act	Support
S. 426 Grow Our Own Directive: Physician Assistant Employment and Education Act of 2017	Support
S. 683 Keeping Our Commitment to Disabled Veterans Act of 2017	Support
S. 833 Servicemembers and Veterans Empowerment and Support Act of 2017	Support
S. 946 Veterans Treatment Court Improvement Act	Support
S. 1153 Veterans ACCESS Act	Support
S. 1261 Veterans Emergency Room Relief Act	Support
S. 1266 Enhancing Veteran Care Act	No Position
S. 1279 Veterans Health Administration Reform Act of 2017	Support
S. 1325 Better Workforce for Veterans Act	No Position/ Support
Veterans' Choice Act of 2017	Oppose
Improving Veterans Access to Community Care	Oppose
VA Quality Employment Act of 2017	Support

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Chairman Isakson, Ranking Member Tester, and all members of the committee; thank you for the opportunity to testify 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. We appreciate the dedication of your staff members who are working diligently to formulate policies that ensure we are taking care of our Nation's veterans and their families.

**S. 115: Veterans Transplant Coverage Act**

*AMVETS supports S. 115.*

S. 115 would authorize the Secretary of Veterans Affairs to provide for an operation on a live donor for purposes of conducting a transplant procedure for a veteran, notwithstanding that the live donor may not be eligible for health care from the VA. AMVETS supports any legislation that helps to ensure a veteran is getting the health care they need.

**S. 426: Grow Our Own Directive: Physician Assistant Employment Act of 2017**

*AMVETS supports S. 426.*

S. 426 is creating a pilot program to ensure that military training meets civilian certification. This not only provides training that can lead to employment for veterans, but Sec. 2(f) helps ensure that those being trained will provide a service for the Veterans Health Administration. AMVETS supports the strongest veterans' preference laws possible at all levels of government and values the level of care provided at VA Medical Centers.

**S. 683: Keeping Our Commitment to Disabled Veterans Act of 2017**

*AMVETS supports S. 683.*

This bill extends the requirement to provide nursing home care to certain veterans with service-connected disabilities.

AMVETS has long fought for increased assistance for veterans in home healthcare where it makes sense. As such we will support legislation that provides nursing home care to those who are eligible and in need.

**S. 833: Servicemembers and Veterans Empowerment and Support Act of 2017**

*AMVETS supports S. 833.*

AMVETS is specifically invested in this bill, as it has been a National resolution on our legislative agenda for many years. We would like to commend Senators Tester, Blumenthal, Brown, and Murray for introducing the bill.

Military sexual trauma is a heinous crime which is a disgrace to all of those who have ever worn the uniform of the Armed Services. The effects of untreated MST can be devastating to the overall health of veterans and their transition back to their families and communities.

Continued dialogue and discussion is incredibly important when discussing issues such as MST. We are thankful to the committee's leadership for taking their role of oversight seriously when it comes to military sexual trauma.

**S. 946: Veterans Treatment Court Improvement Act**

*AMVETS supports S. 946*

S. 946 would require the Secretary of VA to hire additional Veterans Justice Outreach (VJO) Specialists, and AMVETS enthusiastically supports this bill. Many veterans have specific needs and challenges that are related to their military service. AMVETS has been involved with veteran treatment courts since their inception – starting with our then Commander J.P. Brown who worked with Judge Russel in Buffalo New York. Commander Brown took that knowledge and helped to create a veteran treatment court in his home state of Ohio where about 100 veterans have gone through the system. Of those, only four have had to leave due to noncompliance. The 96 others have completed two years of treatment which combines VA services, Social Services, veteran and family counseling, and four mental health agencies. The veteran is also paired with a mentor. The court itself acts just like a regular

court, and if the veteran client pleads guilty and completes the 2-year program, then the charges are dropped. It is a key legislative priority of ours to see these courts expanded and we appreciate that the bill would add more VJO Specialists. There are many solid systems in place to help veterans, but they will not properly function without adequate staffing.

**S. 1153: Veterans ACCESS Act**

*AMVETS supports S. 1153, under the auspice that VA's are fully funded at levels to address their capacity shortfalls.*

AMVETS is concerned with the care offered at VA Medical Centers, which is why we support the Secretary's decision to prohibit or suspend certain health care providers from providing non-Department of Veterans Affairs health care services if they were removed from employment with the VA due to conduct that violated a policy of the Department, violated the requirements of a medical license of the health care provider, or violated a law for which a term of imprisonment of more than one year may be imposed.

However, we do not view non-VA providers as the only, or even the preferred, answer to the capacity of care issue plaguing the VA. We are hopeful that this committee and the administration will start looking for ways to close the VA budget shortfalls on VA infrastructure and capacity.

**S. 1261: Veterans Emergency Room Relief Act of 2017**

*AMVETS supports S. 1261, under the auspice that VA's are fully funded at levels to address their capacity shortfalls.*

S. 1261 would require the Secretary to enter into contracts with urgent care providers so they could be paid reasonable fees for treating eligible veterans so that veterans could receive reasonable and local care.

However, as stated above we do not view non-VA providers as the only, or even the preferred, answer to the capacity of care issue plaguing the VA. We are hopeful that this committee and the administration will start looking for ways to close the VA budget shortfalls on VA infrastructure and capacity.

**S. 1266: Enhancing Veteran Care Act**

*AMVETS has no current position on S. 1266*

AMVETS agrees that the VA Secretary needs to have the power, when appropriate, to remove or demote VA employees based on performance or misconduct. However, it is unclear to AMVETS as to what purpose this new investigatory authority would provide that is not already accomplished, or intended by, the VA Office of the Inspector General, Government Accountability Office, and Congress in their oversight capacity roles.

### **S. 1279: Veterans Health Administration Reform Act of 2017**

There are 5.3 million rural veterans who face a unique combination of factors that create disparities in health care found in urban areas, such as inadequate access to care, limited availability of skilled care providers, and additional stigma in seeking mental healthcare.

More than 44 percent of military recruits and service members deployed to Iraq and Afghanistan come from rural areas and to date, more than 60,000 service members have become injured, wounded, or ill during their deployment. 36 percent (more than 2.2 million) of all VA health-care users reside in rural areas, including 76,955 from ‘highly rural’ areas.

This becomes a problem when only 25 of the 144 VA medical centers are considered to be located in rural or highly rural places.

S. 1279 would provide care and services to eligible veterans from non-Department health care providers through the use of Veterans Care Agreements. Eligible veterans are those who would experience an “undue burden” if the veteran seeks care or services from the Department. An undue burden can be an excessive driving distance, geographical challenges, or environmental factors that impede the access of the veteran to care or services from the Department.

Because of the agreement to provide non-Department care for those living an excessive distance from Department medical centers, AMVETS is happy to support this legislation and thank Senator Crapo and the committee for acknowledging the issue.

### **S. 1325: Better Workforce for Veterans Act**

*AMVETS has no current position on Title I*

Title I of S. 1325 deals with the hiring process within the VA, but this subject falls outside of the specifics that AMVETS members have focused on.

Title II also falls outside of the specifics that AMVETS members have focused on, but I would like to comment on Sec. 208 (c)(2), as AMVETS has made VA Accountability a priority. In light of the ongoing VA health care and budget crisis, it is more important than ever that

we, as an organization and as concerned Americans, ensure that Congress provides the strongest oversight of all VA operations.

### **Discussion Draft: Veterans Choice Act of 2017.**

The draft legislation states in its findings that “the Department of Veterans Affairs provides outstanding health care services but there are areas, such as rural America, where giving veterans a clear choice of where to receive care will help improve the quality of treatment both for veterans and the Department.”

The bill provides for the establishment of an expanded Veterans Choice Program, provides authorization of agreements between VA and non-VA providers, addresses payment issues to non-Department of Veterans Affairs health care providers, modifies VA authority to enter into agreements with State homes to provide nursing home care, provides for the assignment of primary care provider to veterans upon registration in the patient enrollment system, addresses national contracts for furnishing dialysis treatments to veterans in the community and veteran choice of dialysis treatment provider, requires an assessment of demand for health care services from the VA, establishes uniform access standards for health care services from the Department of Veterans Affairs, and requires the purchase of an off-the-shelf electronic health record platform.

AMVETS supported Choice as a stop-gap measure to allow veterans to receive their needed health care in a timely manner. We do not support open-Choice as a viable option to address the capacity and patient care issues. Diverting funds to the Choice program instead of investing them within the VA system of care will quickly erode and eventually dismantle the VA health care system.

Currently over thirty percent of veterans receive their care through fee basis and community care. There is nothing that we have seen that shows that veterans who receive their care outside of VA have better health outcomes, or that it is a cost saving measure. In fact, AMVETS is concerned that a broad bleed VA dry strategy is underway.

### **Discussion Draft: Improving Veterans Access to Community Care Act of 2017.**

This legislation would provide options for all eligible veterans to either be seen by a VA physician or to access care from a non-VA practitioner if they choose to.

In addition, the legislation addresses payment of health care providers under the Veterans Community Care Program, and benefits for persons disabled by treatment under the Veterans Community Care Program.

AMVETS currently has a resolution supporting enhancements to health care for those veterans who reside in rural and remote areas of our Nation. Thirty six percent of VA health-care users reside in these areas and we support alternative options for their care. However, we have significant concerns with proposals that would take resources from an already overwhelmed and underfunded VA healthcare system. As we stated in a joint letter with our fellow VSO's on June 28,

*“Specifically, we call on you to reach agreement on an emergency appropriation and authorization bill that would address urgent resource shortfalls endangering VA’s medical care programs—including Choice, community care and medical services. Further, in order to prevent these problems from recurring in the future, we call on you to equally invest in modernizing and expanding VA’s capacity to meet rising demand for care, as well as finally address the glaring inequity in law that prevents thousands of family caregivers from getting the support they need to care for their veterans severely disabled before September 11, 2001.”*

While Choice can be an excellent option for veterans who reside in rural and remote areas, Choice is not an adequate replacement for fixing existing VA capacity and infrastructural shortfalls.

#### **Discussion Draft: Department of Veterans Affairs Quality Employment Act of 2017.**

The bill proposes to assist VA in hiring and retaining employees by: modifying the annual determination of staffing shortages in Veterans, establishment of an “Executive Management Fellowship Program,” creating new accountability requirements for VA leadership, providing policy changes that would encourage reemployment of former employees at Department of Veterans Affairs, creating a recruiting database at Department of Veterans Affairs, training for human resources professionals of Veterans Health Administration on recruitment and retention, providing promotional opportunities for technical experts at Department of Veterans Affairs, requiring the Comptroller General of the United States conduct an assessment of succession planning at Department of Veterans Affairs, providing employment opportunities to students and recent graduates via internships or other associations with VA, requiring exit surveys, encouraging transition of military medical professionals into employment with Veterans Health Administration, and requiring the Secretary of the VA to provide a plan in 120 days to hire directors of medical centers.

Quality recruitment at VA has been a longstanding and complex challenge for VA. We believe that many of the sections included in this effort offer some excellent and well thought of policy proposals. **As such AMVETS supports this proposal.**