

STATEMENT OF
CARLOS FUENTES, SENIOR LEGISLATIVE ASSOCIATE
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH

WITH RESPECT TO

H.R. 271, H.R. 627, H.R. 1369, H.R. 1575, H.R. 1769, and DRAFT LEGISLATION

WASHINGTON, DC

APRIL 23, 2015

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, thank you for the opportunity to offer our thoughts on today's pending legislation.

H.R. 271, Creating Options for Veterans Expedited Recovery (COVER) Act:

The VFW supports this legislation, which would establish a commission to examine the efficacy of the Department of Veterans Affairs' (VA) mental health care and identify ways to improve outcomes.

Too often, the VFW hears stories of veterans who have been prescribed high doses of ineffective medications to treat their mental health conditions. Many of these medications, if incorrectly prescribed, have been known to render veterans incapable of interacting with their loved ones and even contemplate suicide. With the expanding evidence of the efficacy of non-pharmacotherapy modalities, such as complementary and alternative medicine (CAM) therapies, VA must ensure it affords veterans the opportunity to access effective mental health treatments that minimize adverse outcomes.

VA has made a concerted effort to change its mental health care providers' dependence on pharmacotherapy to treat mental health conditions and manage pain. In 2011, the Minneapolis VA Medical Center launched its Opioid Safety Initiative. Aimed at changing the prescribing

habits of providers, the Opioid Safety Initiative educates providers on the use of opioids, serves as a tool to taper veterans off high-dose opioids, and offers veterans alternative – non-pharmacotherapy – modalities for pain management. Last month, VA deployed the Opioid Therapy Risk Report, a byproduct of the Opioid Safety Initiative, to enable providers to better track and manage their patients’ high-dose prescriptions.

Timely and accessible mental health care is crucial to ensuring veterans have the opportunity to successfully integrate back into civilian life. With more than 1.4 million veterans receiving specialized VA mental health treatment each year, VA must ensure such services are safe and effective. VA has made progress in reducing its dependence on pharmacotherapy to treat mental health conditions and manage pain. However, more can be done to ensure veterans have access to CAM therapies that minimize side effects and improve outcomes.

H.R. 627, to expand the definition of homeless veteran for purposes of benefits under the laws administered by the Secretary of Veterans Affairs:

The VFW is pleased to support this legislation, which would clarify the definition of homeless, thereby aligning it with the McKinney-Vento Act to include those displaced by domestic violence.

No veteran should ever be homeless, and expanding the definition of homeless to include veterans who are fleeing situations of domestic abuse is the right thing to do. This change would ensure veterans who have the courage leave their abusive and sometimes life-threatening situations receive access to the benefits VA already provides to thousands of homeless veterans. The VFW believes this legislation will significantly improve the lives of those who become homeless as a result of difficult circumstances outside of their control, and help them begin a new chapter in their lives.

H.R. 1369, Veterans Access to Extended Care Act of 2015:

The Veterans Access to Extended Care Act of 2015 would strengthen VA’s authority to enter into provider agreements with extended care facilities, while ensuring such facilities meet certain safety and quality standards. The VFW supports this legislation, but urges the Subcommittee to ensure it provides VA the authority it needs to properly administer all of its nursing home, assisted living, patient-directed and extended care authorities and programs.

VA has the authority to enter into provider agreements with extended care facilities to provide long-term care to veterans who need nursing home level services. However, a recent opinion by the Department of Justice found that VA provider agreements must comply with Federal Acquisition Regulations (FAR). Thus, VA has been unable proceed with its plans to use its provider agreement authority to expand the extended care services it provides veterans.

The VFW has heard from many private sector extended care facilities that want to care for veterans, but do not have the staff to comply with the onerous compliance requirements under the FAR. As a result, veterans throughout the country received notice that they may be uprooted from the nursing homes they have called home for many years. For example, the VFW has received assistance requests from nearly a dozen family members of veterans in a nursing home

in Lincoln, NE, that may no longer be able to provide services to veterans if its provider agreement with VA is not renewed. One of the veterans has rapidly progressing multiple sclerosis and needs comprehensive health care services. His family tells us he is satisfied with the “excellent care” he receives and was looking forward to calling the nursing facility “his home for the remainder of his days.” This legislation would ensure this veteran and many like him are able to remain in the extended care facilities they call home, and authorize VA to provide the same opportunity for countless veterans.

H.R. 1575, to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces:

This legislation would make retreat counseling services permanent for transitioning women veterans. The VFW supports this legislation and would like to offer suggestions to strengthen it, which we hope the Subcommittee will consider.

VA’s counseling retreat program has served as an invaluable tool to help newly discharged women veterans seamlessly transition back into civilian life. The VFW supported the original program established by the Caregivers and Veterans Omnibus Health Services Act of 2010 and is happy to see this program continue.

Another successful program created by the Caregivers and Omnibus Health Services Act of 2010 is the childcare pilot program. This program has been well received by veterans at all four pilot sites and has also contributed to the success of the counseling retreat program. The VFW has heard from veterans who say they could not have completed their treatment programs if not for the services offered through VA’s childcare pilot program.

When extending successful mental health care programs, such as the retreat counseling program for women veterans, the Subcommittee must ensure external barriers to access are removed to grant veterans the opportunity to receive the VA health care and services they need. The VFW urges the Subcommittee to amend this legislation to extend and expand the childcare program to every VA medical center to ensure newly discharged women veterans with children are not precluded from obtaining the benefits and services they have earned and deserve.

H.R. 1769, Toxic Exposure Research Act of 2015:

The Toxic Exposure Research Act of 2015, which would establish an advisory board and a national center for research, would begin to address the multiple health issues faced by veterans and their descendants as a result of service-related toxic wounds. The VFW is pleased to offer its strong support for this legislation.

This nation has a long history of offering health care and compensation benefits to veterans who suffer traditional wounds on the battlefield. Veterans who suffer from toxic wounds, however, have traditionally faced a much more difficult road towards accessing the health care and benefits they have earned and deserve. The VFW believes that toxic wounds are wounds just the same and should be treated just as seriously as physical or mental wounds. Veterans who suffer from conditions as a result of service-related toxic exposure are equally deserving of VA health

care and benefits.

Toxic wounds are different than other wounds, since toxic exposures have the potential to affect a veteran's descendants for several generations. For this reason, we strongly support the provision of this bill that would establish a national center for research to study the health effects service-related toxic wounds have on the descendants of individuals who were exposed to toxic substances during their military service.

Children of Vietnam veterans who were exposed to Agent Orange receive VA care and benefits for spina bifida, a debilitating health condition associated with a parent's exposure to dioxins found in Agent Orange. The VFW suspects that descendants of Vietnam veterans may suffer from additional health conditions that may be associated with exposure to Agent Orange. In addition, exposure to toxic substances is not limited to Vietnam veterans. The descendants of veterans who were exposed to toxic chemicals during the Gulf War, veterans of Iraq and Afghanistan exposed to open air burn pits, and service members exposed to contaminated water in Camp Lejeune, just to name a few, may all be suffering from diseases at a higher rate than the general population. This legislation is a step toward ensuring veterans' descendants can finally get the care and benefits they need.

Draft Legislation to Improve the Reproductive Treatment Provided to Certain Disabled Veterans:

This important legislation would expand VA's authority to furnish fertility treatments to veterans who have lost their ability to start a family as a direct result of their service-connected injuries. The VFW supports this legislation and would like to offer suggestions to strengthen it, which we hope the Subcommittee will consider.

Due to the widespread use of improvised explosive devices during the wars in Iraq and Afghanistan, both female and male service members have suffered from spinal cord, reproductive, and urinary tract injuries. Many of these veterans hope to one day start families, but their injuries prevent them from conceiving. When these veterans seek fertility treatment from VA, they are told VA services are very limited. In fact, VA is prohibited from providing certain fertility treatments like In Vitro Fertilization. This legislation would expand VA's authority by aligning it with the Department of Defense's authority to furnish assisted reproductive treatments to severely injured service members.

However, service-connected infertility is not limited to those who have suffered reproductive organ and spinal cord injuries. Other injuries and illnesses such as Traumatic Brain Injuries and other mental health conditions are known to cause infertility. Such veterans deserve the same opportunity to start a family as their fellow veterans who have suffered injuries to their reproductive organs. For that reason, the VFW urges the Subcommittee to expand the eligibility for infertility treatment to severely wounded, ill, or injured veterans who have infertility conditions incurred or aggregated by their military service.

Additionally, veterans may have personal objections to assisted reproductive technologies such as In Vitro Fertilization and would like to pursue other options, such as adoption. However, VA

is not currently authorized to help veterans cover the cost of adoption. The VFW believes that VA must have the authority to provide veterans the fertility treatment options that are best suited for their particular circumstances. For that reason, we urge the Subcommittee to grant VA more expansive fertility treatment authorities.

This legislation takes several steps toward ensuring veterans who have lost their ability to reproduce have the ability to start a family. It would authorize VA to cryopreserve a veteran's genetic material for up to three years. Starting a family is a life changing decision that takes time and should not be hastily made. The VFW strongly supports giving veterans the opportunity to delay such a decision. However, we urge the Subcommittee to expand the three year window. When totaled, a veteran's recovery, education and career advancement may cause them to wait years before they are physically and financially prepared to start a family. The VFW recommends that veterans be allowed to cryopreserve their genetic material for a minimum of 10 years. This will prevent veterans from feeling rushed into making family planning decisions before they are ready.

Additionally, many severely wounded, ill, and injured veterans have not lost the ability to produce gametes, but have lost the ability to conceive. The VFW strongly supports the provision that would authorize VA to furnish fertility treatments to non-veteran spouses.

Draft Legislation to Direct the Secretary of Veterans Affairs to submit an annual report on the Veterans Health Administration:

The VFW supports this legislation, which would require VA to report the utilization and efficiency of the health care it provides America's veterans. Such reports would enable Congress to conduct proper oversight of the department's Veterans Health Administration.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2014, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.