

# Pending Legislation

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Statement of

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Before The

United States House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health

With Respect To

**Pending Legislation**

Washington, D.C.

Chairwoman Brownley, Ranking Member Bergman, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on these important pieces of legislation pending before this subcommittee.

## **H.R. 291, VA COST SAVINGS Enhancements Act**

The possibility for cost savings of on-site regulated medical waste treatments could be more considerable now due to the increased amount of medical waste since 2020. Because of the high usage of personal protective equipment, vaccine packaging, and used test kits, the

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World Health Organization reports medical waste loads increased by up to ten times due to the COVID-19 pandemic. Therefore, disposing of this large volume of medical waste on site could be a greater cost-saving measure than contracting to have the medical waste discarded at another location.

The VFW supports this legislation which would direct the Department of Veterans Affairs (VA) to assess the cost savings for using on-site regulated medical waste treatment systems. VA currently has twenty-two facilities with on-site regulated medical waste treatment equipment, with four facilities slated for installation. That leaves the remaining VA facilities paying for off-site contracted medical and biohazardous waste disposal. These contracts come with a high price tag and require the transportation of infectious waste such as blood, microbiological cultures, body parts, and used dressings. To maintain fiscal responsibility, VA needs to continue to evaluate budget lines to find ways to calculate cost savings opportunities without jeopardizing patient care.

## **H.R. 345, Reproductive Health Information for Veterans Act**

VA has taken steps in the past to eliminate the stigma for veterans to discuss with their providers certain topics that are associated with actions prohibited by federal laws. The Veterans Health Administration (VHA) created clear guidance for providers to discuss cannabis use with veterans only a few years ago. VHA Directive 1315 also outlines VHA's policy on not prescribing medical marijuana or referring veterans to state-approved medical marijuana programs. With proper guardrails established by VA, veterans should feel comfortable having conversations on topics the federal government strongly opposes without fear of humiliation, bias, or retribution.

Women veterans should also not tiptoe around discussions with their providers on taboo reproductive health issues such as unwanted pregnancy. Establishing provider guidelines to be open and available to the conversation while understanding the Hyde Amendment and VA's limitations sets providers up for success with their patients. Transparency, compassion, and reliability strengthen trust in the patient-provider relationship.

The VFW supports the intent of this legislation but has a few concerns. We want to ensure

VHA establishes guidelines for providers to give accurate health information. A woman veteran's health and quality of life outcomes should be the priority between the veteran and her providers. Therefore, no topic should be off limits from conversation, especially relating to a woman veteran's reproductive health.

### **H.R. 1216, Modernizing Veterans' Health Care Eligibility Act**

The VFW believes eligibility is an important issue as it directly affects our members and other veterans who wore the uniform. While we believe VA can improve upon its overall system, the VFW cannot support this legislation at this time.

We understand that VA eligibility standards may not be perfect and could be streamlined, but at this point we do not think a complete overhaul of the system is needed. We also do not think a proposed commission is the way to accomplish that goal. Commissions like the one described in this proposal are needed when subject matter experts are required, and are best established when the objective has an identifiable problem. The VFW believes if changes are necessary for eligibility, there is more than enough knowledge and expertise between Veterans Service Organizations, Congress, and veteran health providers to deem an expert commission unnecessary.

### **H.R. 1957, Veterans Infertility Treatment Act of 2021**

The VFW supports this bill which would require VA to amend its current IVF eligibility criteria to assist infertile veterans, regardless of their marital status and inability to produce gametes or embryos.

Being a parent grants the opportunity to invest in humanity, influence the future shapers, leave a legacy, and enrich the family unit. Although, for many who battle infertility this is not a reality. A study published in the *Journal of Marriage and Family* concluded that those with a biomedical barrier were the saddest, most self-conscious, and most pained about not having a child. In vitro fertilization (IVF) creates the hope of enjoying one of life's

beautiful gifts.

Service-connected injuries, toxic exposures, and other health issues can destroy a veteran's dream of having a family. VA's IVF treatment eligibility excludes certain veterans from using this program to achieve that dream without the financial burden. Existing VA guidelines for those who are eligible for IVF are very strict and outdated. These services covered under VA should be expanded and made permanent.

### **H.R. 6273, VA Zero Suicide Demonstration Project Act of 2021**

Reducing the number of service members and veterans who die by suicide has been a priority for the VFW and will remain so until it is no longer needed. Although the data recently released from VA shows a slight decline in veteran suicides from 2019, the number must be reduced to zero and remain there. For veterans who visited VHA between 2017 and 2018, the suicide rate decreased by 2.4 percent. At the same time, the suicide rate of those veterans who did not seek VHA care increased by 2.5 percent. Unfortunately, the *2021 National Veteran Suicide Prevention Annual Report* did not include an update on the suicide rate for VHA users to compare to past reports.

The VFW supports this bill because it is an evidence-based suicide solution. This multi-layered approach consists of continuous suicide screening at all health care touchpoints, creating a crisis plan, and maintaining consistent communication with the veteran. Removing the stigma of discussing suicide and fostering a healthy conversation can lead to the end goal of zero suicides. VHA has a unique opportunity to support all VA providers with the tools and knowledge to screen their patients for suicide at every appointment.

### **H.R. 7589, REMOVE Copays Act**

Access to mental health care services needs to be free of barriers and challenges, such as the financial barrier of copayments. Veterans who do not have a service-connected disability rating of ten percent or higher are charged a copayment for outpatient care not connected

with their military service. Mental health falls into specialty care services, which costs fifty dollars for each visit. Financial burden should not prevent a veteran from seeking VHA mental health services.

The VFW supports this bill, which would grant a veteran's first three VA outpatient mental health appointments without copayments. This legislation fulfills VA's proposed change to eliminate this barrier to care and increase veterans' access to mental health services.

Chairwoman Brownley, Ranking Member Bergman, this concludes my testimony. I am prepared to answer any questions you or the subcommittee members may have.

#### **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 2022, 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.