

H.R. 1163, H.R. 1527, H.R. 2628, H.R. 2645, H.R. 2681, H.R. 2752, H.R. 2798

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Statement of
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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. 1163, H.R. 1527, H.R. 2628, H.R. 2645, H.R. 2681, H.R. 2752, H.R. 2798,
H.R. 2816, H.R. 2972,
H.R. 2982, H.R. 3036, H.R. 3224, H.R. 3636, H.R. 3798, H.R. 3867, H.R. 4096,
Draft Legislation**

WASHINGTON, DC

Chairwoman Brownley, Ranking Member Dunn, and members of the subcommittee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation

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pending before this subcommittee.

H.R. 1163, *VA Hiring Enhancement Act*

Section 2

The VFW supports this section which would remove barriers for employment of health care providers who were required to sign a non-compete contract with previous employers. By removing this barrier more medical professionals who want to treat veterans would be able to pursue a career at the Department of Veterans Affairs (VA) medical facilities.

Section 3

This section is intended to authorize VA to hire physicians who are in the process of completing a residency and to codify training requirements for VA providers. The VFW is concerned that this section may unintentionally limit VA's authority to offer contingent employment offers to physicians who are completing a residency. Section 206 of Public Law 115-46, *VA Choice and Quality Employment Act of 2017*, authorized VA to hire students and recent graduates. This section may limit such authority to a two-year period for physicians. The VFW recommends removing such limitation.

H.R. 1527, *Long-Term Care Veterans Choice Act*

The VFW supports this legislation which would authorize VA to enter into contract agreements for non-VA medical foster homes. By expanding this option of long-term care to veterans who are unable to live independently but do not want to be institutionalized, Congress would be providing veterans with the ability to receive the care they need while also maintaining their quality of life. The VFW urges Congress to pass this legislation, which would provide more options for veterans to decide what form of long-term care is right for them.

H.R. 2628, *VET CARE Act of 2019*

The VFW supports this legislation which would improve dental care provided to veterans by VA through a pilot program, and expand outreach regarding the VA Dental Insurance Program (VADIP). While the VFW would prefer to see legislation that would expand eligibility for VA dental care to all veterans who are eligible for VA health care, the VFW supports this bill.

For the past five years, the VFW has partnered with Student Veterans of America (SVA) to select ten student veterans from across the country to research and advocate for the improvement of an issue that is important to veterans. VFW-SVA fellow and George Washington University student Tammy Barlet focused her semester-long research project on dental health for veterans. In her research, Tammy found that four out of 10 veterans describe their oral health as poor to fair and that veterans are at higher risk of developing gingivitis compared to their civilian counterparts. Lifestyle behaviors such as poor eating habits, smoking, and chewing tobacco; mental illness, including depression, anxiety disorder, and post-traumatic stress disorder; toxic exposures; rural versus urban environments; gender; and polypharmacy are some of the factors that increase a veteran's risk of developing gingivitis. Tammy also found that a healthy smile is linked to job security. In fact, VA is currently authorized to extract teeth from veterans who are inpatients, but does not have the authority to replace such teeth with prosthetics or dentures unless the veterans is otherwise eligible for VA dental care. The VFW has heard from veterans who felt embarrassed to attend employment interviews or go back to work with missing teeth.

There is a large disparity between VA and Department of Defense (DOD) dental coverage, which can have a significant impact on the health and quality of life for veterans. To this day, service members are required to maintain a high level of dental readiness, to the extent that they are placed on a non-deployable status if they fail to receive a dental evaluation every year. However, only veterans who are 100 percent service-connected disabled, certain homeless veterans, and those who have a service-connected dental condition are eligible for VA dental care. The majority of veterans enrolled in VA health care are unjustly denied access to VA dental care. Instead, they are offered the ability to purchase dental insurance through VA, which has high costs and poor coverage. VFW members who are asked for feedback on VADIP report that it is better than nothing. Those who have worn our nation's uniform deserve the best, not "better than nothing."

However, it is important for veterans to know that VADIP is an option. For that reason, the

VFW supports requiring VA to provide information on VADIP to veterans. The VFW would recommend that the subcommittee expand the outreach requirement to include outreach at all VA medical centers and through the VA Welcome Kit. All VA health care enrolled veterans are sent a VA Welcome Kit which details their VA benefits. The only mention in the kit of dental care is in reference to a one-time appointment veterans are able to receive if they are within 180-days from their military service separation date.

This draft legislation would create a pilot program to expand dental care services to veterans who are enrolled in VA at five locations across the country. The pilot is also limited to 1,500 veterans who are between 40 and 70 years of age, do not receive regular periodontal care, and have been diagnosed with type 2 diabetes. The VFW understands that veterans who need dental care access the most must be prioritized, but would urge the subcommittee to expand the eligibility to include all veterans enrolled in VA health care.

H.R. 2645, *Newborn Care Improvement Act of 2019*

The VFW supports this legislation, which would expand VA's authority to provide health care to a newborn child, whose delivery is furnished by VA, from seven to 14 days post-birth.

My wife and I are expecting our first child this month and recently discussed our options for providing him with health care coverage. Before this month, VA was my only health care option. I am fortunate that the VFW's employee-sponsored health care plan open enrollment was this past month, so I was able to enroll in the VFW's employee-sponsored health insurance so my son can have health coverage after he is born. If he were born before the open enrollment period, I would have needed to wait months or up to a year to enroll him. Women veterans in my situation may not be so lucky. Women veterans who rely on VA health care for their maternity care have seven days to find health care coverage for their child. The time following the birth of a child is a hectic time for new parents. Whether their newborns have health care coverage is the last thing on their minds.

According to the Centers for Disease Control and Prevention, newborn screenings are vital to diagnosing and preventing certain health conditions that can affect a child's livelihood and long-term health. The VFW understands the importance of high-quality newborn health care and its long term impact on the lives of veterans and their families. To align this bill

with common practice in the private sector, the VFW urges the subcommittee to expand the time a newborn child is covered by VA to 30 days. Doing so would ensure newborns receive the proper post-natal health care they need.

H.R. 2681, to direct the Secretary of Veterans Affairs to submit to Congress a report on the availability of prosthetic items for women veterans from VA

The VFW supports this legislation, which would require VA to review whether VA provides prosthetics that meet the needs of women veterans. VFW members have reported being prescribed VA prosthetic items such as shoes and eyeglasses, but not being able to receive them because VA did not have women's shoes or frames they could use. The VFW supports an audit of availability of such items.

H.R. 2752, *VA Newborn Emergency Treatment Act*

The VFW supports this legislation which would expand VA's current authority to cover the cost of emergency transportation for eligible newborn babies. Under current law, VA is authorized to provide seven days of medical coverage for newborn children, but that coverage does not include emergency transportation if a newborn requires treatment that is not available at the medical facility where the child was born.

The VFW has long supported expanding the length of time a veteran's newborn child is provided medical coverage by VA, and believes also expanding current legislation to include emergency transportation is common sense. If a veteran gives birth to a child who then has an emergency medical situation which the birthing facility is unable to address, VA must cover the cost of transporting such newborn to a facility that can provide the required care. Veterans in this situation are already under a great deal of stress, and it is unjust to then add the burden of emergency transportation costs.

H.R. 2798, *Building Supportive Networks for Women Veterans Act*

This legislation would establish a permanent program of retreat counseling services for women veterans. The VA pilot counseling retreat program has served as an invaluable tool to help newly discharged veterans seamlessly transition back to civilian life. The VFW supports making this program permanent.

Another successful program created by the Caregivers and Omnibus Health Services Act of 2010 is the child care 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 child care pilot program.

The VFW thanks the subcommittee and Chairwoman Brownley for securing House passage of H.R. 840, the *Veterans' Access to Child Care Act*, which would make the child care pilot permanent. The VFW is hopeful that the Senate would follow your lead and pass it as well.

H.R. 2816, *Vietnam-Era Veterans Hepatitis C Testing Enhancement Act of 2019*

This legislation would require VA to host outreach events with veterans organizations to expand hepatitis C (HCV) testing. The VFW agrees with the intent of the bill, but does not believe it is needed.

The VFW lauds VA for its efforts to test for and cure HCV. It recently announced that the VA health care system has cured more than 100,000 veterans with HCV. In an effort to maximize outreach, VA has reached out to veterans organizations and made itself available for organizations that would like to host testing events, similar to what is required by this legislation. VA medical staff is present at the VFW National Convention every year and has conducted such testing.

The VFW does support the provision to require VA to report to Congress activities it conducts as part of the HCV campaign.

H.R. 2972, to improve the communications of VA relating to services available for women veterans

The VFW supports this legislation, which would rightfully expand the authority of the VA Women Veterans Call Center to communicate via text message, and ensure women veterans are able to easily connect with women's health coordinators at their VA medical facilities.

H.R. 2982, *Women Veterans Health Care Accountability Act*

This legislation would require VA to conduct a comprehensive study of women veterans health care. The VFW supports this bill and has a recommendation to improve it.

In 2016, the VFW conducted a survey of nearly 2,000 women veterans as a way to evaluate the performance of VA in caring for women veterans. Over the past three years, we have worked with VA and Congress to address health care, identity and outreach, and homelessness issues identified in the survey. We found that women veterans overwhelmingly prefer to receive their health care from women primary care providers, and are more likely to be satisfied with their VA health care experience when they receive care from female providers.

VFW members reported concerns regarding gender-specific competencies in specialty clinics. For example, veterans reported having problems finding prosthetic options suitable for women, leaving them with no choice but to use uncomfortable products that do not fit properly. In orthopedics, veterans reported that doctors fail to treat them with their gender in mind. VFW members have also voiced concerns about the lack of gender-specific training for mental health care providers. The VFW thanks the subcommittee for considering this legislation which would commission a study to evaluate whether VA has been successful in addressing these issues, and require it to develop a plan to further improve health care for

women veterans.

The VFW survey of women veterans also found that older women veterans were less likely to report receiving disability compensation, but equally as likely to have been injured or made ill as a result of their military service. Similarly, older veterans were less likely to report that they use VA health care, but equally as likely to report being eligible for VA health care than their younger counterparts. We were also concerned that several respondents who reported being 55-years-old and older believed they did not rate the same benefits as their male counterparts, which is an egregious misperception that must be addressed. No veteran should be left to wonder what, if any, VA benefits she is eligible to receive. It must be clear that women veterans have earned the exact same benefits as male veterans. That is why the VFW urges the subcommittee to expand the scope of the study to include an analysis of non-health care programs and benefits that serve women veterans.

H.R. 3036, *Breaking Barriers for Women Veterans Act*

The VFW support this legislation which would require VA to evaluate whether VA's infrastructure must be modified to meet the health care and privacy needs of women veterans, increase staffing, and establish women-centric training for community care providers.

Barriers to health care is a significant concern for VFW members. Particularly, VA must be more proactive than reactive when it comes to access to gender-specific care for women veterans. As the women veteran population continues to grow, VA must ensure it provides care and services tailored to their unique health care needs. Veterans deserve access to the best treatment and care this nation has to offer. That is why it is crucial for VA to outfit existing facilities with basic necessities, such as curtains for privacy in women's clinics. These clinics also need to maintain at least one primary care provider with expertise in women's health who is able to train others.

However, the VFW recommends removing the option of one part-time provider. A part-time provider would limit access to care for woman veterans and decrease the provider's ability

to maintain gender-specific expertise. While we understand that not every VA medical facility can have a doctor who devotes 100 percent of clinical time exclusively to women veterans, it is unacceptable for veterans to wait for care simply because the provider at their facility is only there on certain days of the week. The primary duty of Designated Women's Health Primary Care Providers must be to care for women veterans, but some should have the ability to see male veterans to fill their schedules or panels. Regardless, the VFW believes that all VA medical facilities must have at least one full-time provider trained to care for the unique needs of women veterans.

H.R. 3224, to provide for increased access to VA medical care for women veterans

The VFW supports this legislation, which would require VA to continually make available gender-specific services. VFW members have reported facing delays or barriers to accessing gender-specific services at remote locations and at facilities that have the demand for gender-specific service, such as mammogram machines, but have failed to do so or have inaccessible services. The VFW does suggest, however, that the report required by this legislation include data on timeliness of gender-specific services. Some facilities may have gender-specific services available, but wait times prevent veterans from utilizing them.

H.R. 3636, *Caring for Our Women Veterans Act*

The VFW supports this legislation, which would require reports on staffing and locations that provide care to women veterans. All three reports required by this bill are due 90 days following enactment of the bill and annually thereafter. To ensure uniformity in reporting, the VFW recommends consolidating the three reports into one comprehensive report.

H.R. 3798, *Equal Access to Contraception for Veterans Act*

This legislation would require VA to provide veterans contraceptive items without copayments. The VFW cannot support this bill because it is too narrow. The VFW recommends the subcommittee consider and advance H.R. 3932, *Veterans Preventive Health Coverage Fairness Act*. The VA formulary currently carries all categories of pharmaceuticals deemed preventive by the U.S. Preventive Services Task Force. However, VA is exempt from requirements to provide preventive care and services without cost-shares.

Cost is a significant barrier for veterans who use VA health care, whom have been found to have lower income on average than veterans who do not use VA health care. There are currently 11 categories of preventive medications found to be effective by the U.S. Preventive Services Task Force, which include contraceptives and aspirin to lower the risk of cardiovascular disease. Cardiovascular disease is the number one cause of death in the United States and is highly prevalent among the veteran population. Additionally, folic acid is recommended for pregnant women to prevent neural tube defects. It is unjust to require women veterans to pay for the cost of medication to prevent such birth defects. Vitamin D is another preventive medicine which is often prescribed to prevent bone fractures, which benefits traumatic brain injury patients with hindbrain injuries. There is also breast cancer prevention medication which is useful not just for individuals with a family medical history of breast cancer, but for Camp Lejeune toxic water survivors who have been found to suffer from increased rates of breast cancer. These pharmaceuticals have been found to prevent possible deadly disease and to lower long-term health care costs.

This legislation would leave out veterans who are in need of other preventive medicines. That is why the VFW calls on the subcommittee to consider and pass H.R. 3932, *Veterans Preventive Health Coverage Fairness Act*, which would eliminate this inequity and ensure veterans have access to lifesaving preventive medicine.

H.R. 3867, *Violence Against Women Veterans Act*

The VFW supports this legislation, which would enhance VA's efforts to address domestic violence and sexual assault. While the language of the bill does not explicitly limit the program, study, and taskforce created by this bill to women veterans, the VFW recommends the subcommittee make clear that such provisions apply to all veterans.

Sexual assault continues to be a problem within DOD for all active, reserve, and guard components and for veterans of all backgrounds without regard to age, gender, or race. Most survivors of military sexual trauma (MST) are males, but women are disproportionately affected. While DOD continues to increase its efforts to reduce or eliminate sexual trauma within the military service, the number of service members affected by MST is slow to decline. The VFW agrees that a collaborative effort in awareness, reporting, prevention, and response among all branches of the federal and state governments is needed.

VA has a national MST screening program that screens all patients enrolled in VA for MST. National data from this program reveals that about one in four women, and one in 100 men, respond affirmatively to having experienced sexual trauma while serving their country. All veterans who screen positive are offered a referral for free MST-related treatment, but notably does not trigger the VA disability claims process. Previous years of VA data show growing numbers exceeding 100,000 veterans receive care for MST-related treatment.

In fiscal year 2017, 3,681 men and 8,080 women submitted claims to VBA for health problems related to MST. Of those claims, 55 percent of claims from males and 42 percent of claims from females were denied. This is why the VFW encourages Congress to continue its oversight efforts on VA care related to MST and VBA's process of handling MST claims. It can take many years for survivors to even acknowledge a trauma occurred, and sharing details with advocates and care providers can be extremely difficult. Survivors of sexual assault often report they feel re-traumatized when they have to recount their experiences to compensation and pension examiners. Therefore, we encourage VA to employ the clinical and counseling expertise of sexual trauma experts within the community to ensure VA can provide the care and benefits sexual assault survivors deserve.

H.R. 4096, *Improving Oversight of Women Veterans' Care Act of 2019*

The VFW supports this legislation which would require VA to report on gender-specific community care, and increase compliance of VA women veterans health care policies.

Due to a lack of capacity of gender-specific services at VA medical facilities, women veterans are often required to rely on community care for services such as mammography, obstetric care, and gynecological care. In the VFW's women veterans survey, nearly 40 percent of women who reported using VA community care said they did so for gender-specific services. This legislation would ensure veterans who rely on community care are provided the best possible care available and would ensure such care complies with best practices.

This legislation would also require increased compliance with VA's women veterans health care policy. However, it references a women's health handbook that the VFW was unable to find. VA has published Veterans Health Administration (VHA) Directive 1330.01, which establishes standards for the delivery of health care to women veterans and specifies the roles and responsibilities of staff. VA often issues directives and guidance to the field, but fails to conduct the appropriate quality assurance to verify compliance. The VFW supports requiring VA to enforce compliance with VHA Directive 1330.01.

Draft bill to establish in VA the Office of Women's Health

The VFW support this legislation, which would establish an officer of Women's Health to provide centralized monitoring and standardized implementation of VA women veterans health care policy and programs. The VFW has enjoyed a great partnership with the VHA Patient Care Services Women's Health Services office. This office has been integral in ensuring VA is ready and able to provide high-quality care for women veterans. Elevating this important office would ensure more can be done for the brave women who have worn our nation's uniform.