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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
UNITED STATES HOUSE OF REPRESENTATIVES
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Chairwoman Brownley and Members of the Subcommittee:

Thank you for inviting DAV (Disabled American Veterans) to testify at this legislative hearing of the Subcommittee on Health. DAV is a non-profit veterans service organization comprised of more than one million wartime service-disabled veterans that is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. DAV is pleased to offer our views on the bills under consideration by the Subcommittee.

H.R. 2819, Solid Start Act of 2021

This bill would strengthen and codify the Solid Start program, created by the Department of Veterans Affairs (VA) in 2019. The Solid Start program requires VA representatives to make calls to newly separated service members over the first year post-transition period to help them navigate the process for accessing their VA benefits or any other resources they may need for a successful transition from military service. During these calls, VA representatives check on the veteran's overall transition experience, answer questions and direct veterans to needed resources, supportive services and programs.

The Solid Start Act of 2021 would strengthen this program by including specific language to help connect women veterans to VA resources and a provision that recommends the VA provide information about state and local resources, including Vet Centers as well as contact information for veterans service organizations. It also directs the VA to focus these efforts on separating service members who accessed mental health services prior to separation.

In accordance with DAV Resolution 140, which supports legislation to ensure recently discharged veterans have access to mental health transition services and the tools and support they need to establish productive lives after military service, we are pleased to support H.R. 2819, and the efforts of Congress to monitor, improve, and report on the Solid Start program.

H.R. 2916, VA Medicinal Cannabis Act of 2021

This legislation would require the VA to conduct clinical trials on the effects of medical-grade cannabis on veterans with chronic pain and post-traumatic stress disorder (PTSD).

Researchers would be required to evaluate if medicinal cannabis use has an effect on veterans' osteopathic pain, inflammation, sleep quality or result in the reduction or increase in medication and alcohol use. The research will also assess if cannabis use has an impact on mood, anxiety, agitation, social functioning, suicidal ideation and sleep quality in veterans with PTSD.

The study may include an evaluation of the effects of the use of cannabis to treat chronic pain and PTSD on pulmonary function, cardiovascular events, head, neck and oral cancer and other conditions. In conducting the study, VA is required to use various forms of cannabis to include whole plant raw materials and extracts and no less than seven (7) unique plant cultivars with specified ratios of tetrahydrocannabinol to cannabidiol.

Researchers would be required to use a control and experimental group: both groups would be of similar size and structure and will be represented by demographics of the veteran population. Covered veterans participating in this study would not be at risk of having their eligibility for or existing benefits taken away.

In accordance with DAV Resolution No. 096, we support more comprehensive and scientifically rigorous research by the VA into the therapeutic benefits and risks of cannabis and cannabis-derived products as a possible treatment for service-connected disabled veterans.

H.R. 4575, Veteran Peer Specialist Act of 2021

This legislation would require the VA to make permanent and expand the Veteran Peer Specialist Support program to all medical centers over a five-year period.

The bill would require each medical center to have, at a minimum, two peer specialists. VA would be required to prioritize medical centers in rural and other areas that are underserved by the VA; areas that are not in close proximity to a military base; and areas representing a variety of geographic locations. In hiring peer specialists, the bill requires VA to consider women to assist other women veterans treated at the medical center and candidates representing the racial and ethnic groups composing the community the medical center serves.

VA would also be required to submit an annual report to Congress for the five-year period of the program containing the following information: an assessment of the benefits of the program to veterans and family members of the veterans; an assessment

of the effectiveness of the peer specialists engaging with health care providers in the community; the location of where new peer specialists were hired; the number of new peer specialists at each medical center and the total number of peer specialists hired overall in the VA; an assessment of any barriers with recruitment, training and retention of peer specialists and overall findings and conclusions of the program. Once the program has been implemented at all medical centers of the department, the VA would be required to submit a final report on the progress of the program.

Peer specialists have been an important addition to VA's mental health programs. This bill would ensure that underrepresented veterans including women and ethnic and racial minorities have a point of contact in a system that may seem bureaucratic and unresponsive to their individualized needs. Peer specialists can personalize veterans' care experience helping them establish goals for recovery and help them to increase engagement in their care. They also help by sharing their own experiences and serving as role models for veterans recovering from similar conditions and helping them navigate the complex array of services and benefits that may be available to them. Peer specialists can also help improve cultural and gender sensitivity that may be lacking in some VA health care facilities.

We understand that VA may need additional authority to use peer support specialists outside of mental health settings and would encourage Congress to identify and address any impediments to expanding the use of peer support specialists in different health care settings across the system.

DAV is pleased to support H.R. 4575 and the expanded use of peer support specialists in accordance with DAV Resolution No.118, which calls for improving mental health and suicide prevention services for veterans and DAV Resolution No. 015, which calls for improvements in services for women veterans.

H.R. 4794, Making Advances in Mammography and Medical Options for Veterans Act

The Making Advances in Mammography and Medical Options (MAMMO) for Veterans Act would improve mammography services in the VA by requiring the Secretary to develop a strategic plan for breast imaging services and establishing a tele-mammography pilot program in states without VA mammography services and in locations in which provision of such services is not feasible. The bill would also require VA to upgrade current mammography equipment to three-dimensional imaging and to study the availability of genetic testing for the breast cancer gene to veterans.

In addition, the bill would require that VA determine the accessibility of its mammography services for veterans with disabilities such as spinal cord injuries and dysfunction and collect data on rates at which such veterans receive mammograms. VA would also be required to identify best practices for making these services accessible, assuring that community referral sites are accessible and sharing best practices in accessible breast imagery care with community providers.

The bill would also require that the Inspector General study veterans' access to mammography services in VA or the community, the quality of such services and the documented communication to patients about the results of images and incorporation into the patient's electronic medical record. The IG would also evaluate the performance of the Department's Women's Breast Oncology System of Excellence and the access of veterans diagnosed with breast cancer to a comprehensive breast cancer care team.

Finally, the bill would require VA to enter into an agreement with the National Cancer Institute, which would provide access to veterans to services in at least one designated center in each Veterans Integrated Service Network to report on how VA will leverage this agreement to assure women veterans have access to care provided in clinical trials. In addition, the VA would be required to report on additional opportunities to collaborate on breast imagery services with the Department of Defense (DOD).

DAV understands that women veterans are a small percentage of the VA's patient population and that there is not always sufficient numbers of women veterans in certain locations to operate safe high quality services to meet their needs, including basic breast health. In many locations VA has had to rely upon community partners for providing basic gender-specific women's health services. This leads to women veterans enrolled in VA care using community care at significantly higher rates than their male peers.¹ VA reports that in FY 2020, a third of all gender-specific cancer screening and treatment took place in the community and VA does not expect that trend to change in the near future.² Anecdotal research indicates that women receiving care in the community are often dissatisfied with communication about scheduling appointments and accessing results of diagnostic work completed.³

One of every eight women will have invasive breast cancer during her lifetime. Breast health is as essential to women's health as prostate health is to men's overall health, yet women veterans do not always have adequate access to these vital services. VA continues to make progress on improving women veterans access to comprehensive health services; however, according to the VA's most recent budget summary, fewer than half of VA's women patients received gender-specific care in fiscal year 2020—these numbers are particularly low (only 13%) for the oldest cohort of women veterans who are at the highest risk of breast cancer.⁴ In addition, only about 79% of VA's medical centers had a full or part time breast health coordinator, which could hamper women veterans' access to timely community care for mammography services and receiving their testing results.⁵

¹ Vol 4. Sourcebook: Women Veterans in the Veterans Health Administration. P.49.

² Vol. 2 Department of Veterans Affairs Budget Submission, p. VHA-289

³ Mattocks, K.M., et al. Examining Women Veterans' Experiences, Perceptions, and Challenges With the Veterans Choice Program, *Med Care*, 2018; 56: 557-560.

⁴ Vol. 2 Department of Veterans Affairs Budget Submission, p. VHA-283

⁵ Vol. 2 Department of Veterans Affairs Budget Submission, p. VHA-286

These numbers suggest the need for a more strenuous breast health effort in VA and DAV is pleased to support H.R. 4794 in accordance with DAV Resolution No. 015, which supports enhanced medical services and benefits for women veterans.

H.R 5029, Expanding the Families of Veterans Access to Mental Health Services Act

This legislation would expand authorization for VA to furnish Vet Center readjustment counseling and related mental health services to family members of a service member or veteran who died by suicide.

In general, eligibility for Vet Center services applies to those who have served on active military duty in a combat theater or area of hostility; experienced military sexual trauma; provided mortuary services or direct emergent medical care to treat casualties of war; served on active military duty in response to a national emergency or major disaster; or participated in a drug interdiction operation, regardless of the location.

Vet Center services are also provided to family members of veterans and service members for military-related issues when they aid in the readjustment of those who have served. This includes bereavement counseling for families who experience an active duty death.

DAV supports the important role that Vet Centers play in counseling veterans who have experienced sexual trauma and wartime veterans of all eras who require readjustment counseling and services to successfully reintegrate into their communities and with their families post military service. However, DAV has no resolution calling for the expansion of eligibility for Vet Center services to family members of a service member or veteran who died by suicide and takes no position on the bill.

H.R. 5073, REACH for Veterans Act

The Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act would require a review of training protocols for Veterans Crisis Line (VCL) responders to improve quality management processes. The VA would be required to implement or enhance quality management by: improving staff training; issuing re-training guidelines for call responders who have experienced an adverse event or low performance ratings; establishing monitoring and performance benchmarks for quality review management; ensuring adverse events and close calls are reported; and requiring adequate investigations into VCL callers who die by suicide.

The Act would also require enhanced guidance for managing callers with substance use disorders at risk of overdosing, review of VCL standards for emergency dispatch, and consideration of adapting safety planning for VCL call responders' use. Finally, the bill requires the VA establish a pilot program on the use of crisis line facilitation for the purpose of increasing use of the VCL among veterans at high-risk for

suicide and to conduct research on the effectiveness of the VCL and areas for improvement.

Over the past decade, Congress, the VA and the DOD have been steadily working to improve prevention efforts to address the epidemic of suicide among service members and veterans. The VCL has proven to be effective and a true lifeline to hundreds of thousands of veterans at risk of self-directed violence. The crisis line takes approximately 650,000 calls a year, but after the expected deployment of the new national 9-8-8 hotline in July 2022, it anticipates a doubling or even tripling of its call volume. While the VCL is an incredibly important tool for veterans who are struggling and has helped hundreds of thousands of veterans access mental health services and mitigate suicide risk—there have been some lapses in quality that led to adverse events for veterans that this legislation could help to resolve.

DAV strongly supports H.R. 5073 in accordance with DAV Resolution No. 118, which calls for improvement of mental health and suicide prevention programs for veterans and enhanced resources to support increased demand for these critical services.

H.R. 5317, VA Governors Challenge Expansion Act of 2021

H.R. 5317 would require the VA to operate a grant program for technical assistance to states or Native American or Alaska Natives to develop plans to provide suicide prevention services. VA would be required to provide at least 20 grants for a total of \$10 million for technical assistance in 2021 and 24 grants in both 2023 and 2024 for totals of \$12 and \$14 million respectively.

In testimony before this Committee from William Smith, Chairman of the National Indian Health Board outlined the significant challenges for veterans in the Native American community and the need for targeted suicide prevention services. Native Americans serve in the armed forces at higher rates than other racial or ethnic groups and unfortunately, according to VA's recent 2020 report on suicides Native Americans are also at the highest risk of suicide.

Problems in this community are well documented. Reservations are often highly rural and isolated. Extreme poverty, lack of housing, high rates of unemployment and lack of health care make it a difficult place to thrive. These factors often compound the problems transitioning service members experience as they return home from deployments including high rates of post-traumatic stress disorder, which may lead to or exacerbate substance use disorders. Any one of these issues can increase the risk of suicidal behavior in veterans.

DAV is pleased to support H.R. 5317 in accordance with DAV Resolution Nos. 027, which supports Native American and Alaska Natives receiving their earned benefits and 118, which supports improved mental health and suicide prevention services.

Draft Bill, Vet CENTERS for Mental Health Act of 2021

This draft bill would require the VA Secretary to evaluate the number of covered Vet Centers and determine if additional Vet Centers would be needed based on a population-based model and specific criteria outlined in the bill. A covered Vet Center is defined as a center that is scheduled to be open for required services for a minimum of eight hours per day, five days per week and does not include a Vet Center outstation.

If an additional Vet Center is warranted based on the population model outlined in the bill, the VA may establish the facility at a site made available to them by a head of state, local government or federally recognized Indian tribe regardless of whether such facility is made available at a cost to the VA.

The bill would also require the VA to establish a community-based outpatient clinic (CBOC) in each state if: the state is located at least 2,000 miles from the contiguous United States; the state does not share a land border with another state or there is no CBOC located in the state. There would be a two-year deadline to establish the additional Vet Centers and CBOCs needed in states that meet the requirements.

Currently, there are 300 Vet Centers, 83 Mobile Vet Centers, 23 Vet Center Outstations and over 1000 Vet Center Community Access Points for veterans, service members and their families to use. While DAV supports the mission of the Vet Center program and wants to ensure that all eligible veterans who need these services have access to them, we understand that a process already exists to determine the appropriate deployment of readjustment services in specific locations. According to VA's Readjustment Counseling Service (RCS) fact sheet the office takes into account a number of factors to determine if a community access point, outstation or Vet Center is most appropriate to include: the number of eligible veterans in a specific community, interest in specific services, the ability to work with community partners and level of demand for services. RCS also considers the closest established Vet Center and the potential overlap of services.⁶

DAV does not have a resolution calling for a new population-based model to be implemented for determining the establishment of Vet Centers and takes no position on the draft bill.

Draft bill, to authorize the VA Secretary to furnish seasonal influenza vaccines to individuals not enrolled for VA care

⁶ RCS Asset and Service Provision Fact Sheet dated August 2021, Bringing Readjustment Counseling to Veterans, Servicemembers, and their Families in Your Community.

This draft bill would amend Public Law 117-4, the SAVE LIVES Act, to authorize the VA to provide seasonal influenza vaccines, in addition to vaccines for COVID-19, to individuals who are not enrolled for care in the Veterans Health Administration. These individuals include: veterans who are not eligible to enroll in the VA health care system; specified veterans who are eligible for hospital care, medical services, and nursing home care abroad; beneficiaries who are eligible for care due to a specified disability or death of a veteran; family caregivers of veterans who are participating in the VA's Program of Comprehensive Assistance for Family Caregivers; caregivers of veterans participating in the VA's Program of General Caregiver Support Services; caregivers of veterans participating in the VA's Medical Foster Home Program, Bowel and Bladder Program, Home Based Primary Care Program, or Veteran Directed Care Program; and the spouses of veterans.

The bill requires VA to prioritize the vaccination of (1) veterans who are enrolled in the VA health care system, (2) veterans who fail to enroll but receive hospital care and medical services for specified disabilities in their first 12 months of separation from service, and (3) caregivers accompanying such prioritized veterans.

DAV has no resolution on this matter and takes no position on this draft bill. DAV understood the compelling need to ensure rapid distribution of the COVID-19 vaccine to all Americans that prompted the need for the SAVE LIVES Act. Likewise, we appreciated that the Committee addressed our concerns about the need for DAV to assure that veterans were still given priority for the COVID-19 vaccine in their health care system. We do understand the concern for the potential compounded impact on veterans' health as we enter the flu season coupled with the serious health risks of the Covid-19 Delta variant and the need for everyone to get the flu vaccine. VA would also need to consider whether this change would set a precedent moving forward for flu shots, other vaccines and preventative medicines for family members and caregivers.

Draft bill, to expand eligibility for hospital care, medical services and nursing home care from the Department of Veterans Affairs to include veterans of World War II

This draft bill would require the VA to offer hospital care and medical services to veterans of World War II regardless of service-connected disabilities, income level or other eligibility criteria. It would also authorize the VA to provide nursing home care if it determines the need for such care. DAV does not have a resolution on this issue and takes no formal position on the bill.

Draft bill, the VA Nurse and Physician Assistant RAISE Act

This draft legislation would amend Section 7451 of Title 38, United States Code (USC), and increase pay caps for certain health care professionals within VHA. It would include advanced practice nurses (APRNs), physician assistants (PAs), and registered nurses (RNs).

This draft legislation would substantially help to increase staffing, recruitment and retention, especially in high-cost areas that cannot hire or compete with private sector wages. The current rate of pay established by Public Law 111-163 no longer remains competitive or provides VA with flexibility to hire needed staff positions.

DAV supports this draft bill based on DAV Resolution No. 508, which calls for VA to provide additional resources to maintain sufficient staffing levels.

Discussion draft, to direct the Secretary of Veterans Affairs to make certain improvements to the Veterans Justice Outreach Program

This draft bill would direct the VA Secretary to make certain improvements to the Veterans Justice Outreach (VJO) Program and require the Department to improve its outreach efforts to veterans and military organizations as well as officials involved in the justice community to increase awareness of the program. The bill would also increase the number of VJO specialists to ensure improved access for veterans in rural or underserved areas. Finally, the bill would establish performance metrics for the program and for individual VJO specialists; require training on best practices in conducting outreach and understanding eligibility for veterans to access the program and a VA report to Congress on the program including identification of barriers to access the program.

Veterans treatment courts are a best practice that springs from diversionary programs for justice-involved veterans who often have untreated post-traumatic stress disorder, traumatic brain injury, post-deployment readjustment issues, mental illness or substance abuse disorders that contributed to their involvement in the justice system. Many DAV departments and chapters provide volunteer support for this critical program and we are aware that caseloads for VJOs are often overwhelming. Likewise, productivity standards do not always take into consideration travel times to remote locations or the complexity of many cases, which may limit VJOs' ability to serve all veterans that need assistance or desire to participate in the program. We ask VA to assure such issues are addressed in creating these measures.

DAV Resolution No. 132 supports the growth in use of veterans' treatment courts, including an increase in resources necessary to ensure that all eligible veterans can access the program. Thus, we are pleased to support this draft bill.

Draft bill, to direct the VA Secretary to submit a Report to Congress on the VA's Veterans Integration to Academic Leadership Program

This draft bill would require the VA to submit a report to Congress on the Veterans Integration to Academic Leadership (VITAL) program within the VA. The VITAL program was established to help veterans with physical or mental health issues or with the practical aspects of transitioning to college and university life directly out of the military. Many VITAL sites offer a range of mental health and supportive services on

campus. These services range from helping with stress and time management to assessing and treating clinical conditions such as PTSD, depression, or insomnia.

The report would be required to contain the following information:

- The number of VA medical centers, institutions of higher learning, non-college degree programs and student veterans supported by the program and relevant trends since the beginning of the program.
- The number of staff and resources dedicated to the program.
- An assessment of the outcomes and effectiveness of the program.
- An assessment of the barriers to expanding the program and how the Secretary plans to correct those barriers.
- An assessment of whether the program should be expanded outside of the VA's Office of Mental Health and Suicide Prevention to support student veterans with needs unrelated to mental health.

The VA would be required to establish best practices, goals and measures for the program and conduct outreach to the military branches, veterans service organizations, colleges and non-college degree institutions with respect to the program. The VA would also be required to assess the feasibility and advisability of including the rate of suicide for student veterans in its National Veterans Suicide Prevention Annual Report.

We support this draft bill based on DAV Resolution Nos. 508 and 118, which call for reforming and strengthening the VA health care system and support for program improvements and enhanced resources for VA mental health programs and suicide prevention efforts.

Chairwoman Brownley, this concludes my testimony. I will be pleased to answer any questions you or members of the Subcommittee may have.