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**WOUNDED WARRIOR PROJECT  
STATEMENT FOR THE RECORD**

**SUBCOMMITTEE ON HEALTH  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES**

**LEGISLATIVE HEARING  
ON**

**H.R. 913, Build a Better VA Act; H.R. 2587, SERVE Act; H.R. 2775, VA Quality Health Care Accountability and Transparency Act; H.R. 2797, National Green Alert Act of 2021; H.R. 3027, Veterans Improved Access to Care Act of 2021; H.R. 3452, Veterans Preventative Health Coverage Fairness Act; H.R. 3674, Vet Center Support Act; H.R. 3693, VA CPE Modernization Act; VA Infrastructure Powers Exceptional Research Act or "VIPER Act" (discussion draft); legislation to clarify and improve the Program of Comprehensive Assistance for Family Caregivers (discussion draft); legislation to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years (discussion draft); and H.R. 4233, Student Vet Centers Eligibility Act**

**JULY 14, 2021**

Chairwoman Brownley, Ranking Member Bergman, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health – thank you for inviting Wounded Warrior Project (WWP) to submit this written statement. We are grateful for the opportunity to highlight WWP's positions on key issues and legislation before the Subcommittee.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 190,000 registered post-9/11 warriors and their families, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. We are pleased to share that perspective for this hearing on pending legislation. Over the next several months, we are hopeful that we can assist your work to improve the lives of veterans and their families during the 117th Congress.

**DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE**



## H.R. 913, the *Build a Better VA Act*

The Department of Veterans Affairs (VA) owns and operates nearly 6,300 buildings, and its health care facilities are more than 50 years old on average.<sup>1</sup> Meanwhile, the needs of the veteran population are evolving as the military diversifies, veterans age, and factors like rurality change. Owing to the flexibility it provides, VA has increased its investment in leased properties by 166 percent over the last decade. Doing so allows VA to more adroitly build spaces and expand services in underserved areas or where special needs emerge.

Under current law, every VA medical facility lease that incurs an annual cost of over \$1,000,000 – considered “major” leases – must be individually authorized by Congress. The Congressional Budget Office (CBO) is responsible for identifying major leases and does so with consideration of the full lease duration. Given that VA leases are often developed for the long-term (up to 20 years), many are scored well-above the \$1,000,000 threshold and therefore require Congressional attention.

As members of this Subcommittee are aware, the legislative process can be complex at best, mired by competing priorities and requiring focused advocacy. A 2019 Office of Inspector General (OIG) report found that congressional approval takes an average of two years, significantly hindering VA’s ability to rapidly respond to emerging needs and shifting demographics.<sup>2</sup> As of May 2021, VA was waiting on congressional approval of 13 major leases. For their part, VA has leveraged General Services Administration (GSA) authorities to advance certain projects, but this represents only a patchwork solution to a longstanding problem.

The *Build a Better VA Act* would modify the current process for approving VA medical facility leases by allowing these contracts to be authorized by a Committee resolution rather than by public law. This practice would better align VA with the standards utilized by GSA and other federal agencies in leasing federal facilities, and in principle, improve VA’s agility in executing construction projects. Such a move has also been requested by VA through its FY 2022 budget request.<sup>3</sup>

Wounded Warrior Project supports H.R. 913, the *Build a Better VA Act*. This legislation represents a common-sense solution to remove a major barrier to infrastructure reform and better align VA with other federal practice. As VA approaches a new era of modernization – largely driven by the *VA MISSION Act* (P.L. 115-182) and the American Jobs Plan – this authority will foster VA’s ability to remain nimble and responsive to the emerging needs of the veteran population we all serve. WWP thanks Chairwoman Brownley for her leadership on this important initiative.

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<sup>1</sup> *Investing in a Better VA: Examining the Role of Infrastructure in Veterans’ Access to Care and Benefits: Hearing Before the H. Comm. On Vet. Affairs, 117th Cong. (2021)* (testimony of Brett Simms, Executive Director of Asset Enterprise Management), available at <https://docs.house.gov/meetings/VR/VR00/20210527/112708/HHRG-117-VR00-Wstate-SimmsB-20210527-U1.pdf>.

<sup>2</sup> OFF. OF INSPECTOR GEN., U.S. DEP’T OF VET. AFFAIRS, MANAGEMENT OF MAJOR MEDICAL LEASES NEEDS IMPROVEMENT, <https://www.va.gov/oig/pubs/VAOIG-17-05859-131.pdf> (last visited July 12, 2021).

<sup>3</sup> U.S. DEP’T OF VET. AFFAIRS, FISCAL YEAR 2022 BUDGET SUBMISSION, <https://www.va.gov/budget/docs/summary/fy2022VAbudgetVolumelSupplementalInformationAndAppendices.pdf> (last visited July 12, 2021).

## **H.R. 2587, the *Supporting Education Recognition for Veterans during Emergencies (SERVE) Act***

When veterans separate from the military, they depart with valuable skills that they learned while in uniform. Unfortunately, veterans often encounter difficulties transferring their skills to civilian credentials, especially since credentialing standards vary from state to state. The COVID-19 public health emergency has accentuated the issue by increasing demand for frontline health care workers. Veterans who served in medical occupational specialties have the training to assist with nationwide vaccination efforts, but many lack the necessary certifications to transition into those jobs. VA's Intermediate Care Technician (ICT) program is designed to hire former military corpsmen and medics into positions that maximize their skills in VA emergency departments, intensive care units, specialty clinics, and outpatient surgical clinics, but there is no law permanently authorizing the program.

The *SERVE Act* would require VA to update existing web portals to allow veterans to voluntarily provide a history of their military medical experience and competencies as well as their contact information. VA would then share this information with state veterans' homes, state Departments of Veterans Affairs and Labor, veterans service organizations, and state-credentialing bodies to streamline the medical credentialing process at the state level. Additionally, it would permanently authorize the ICT program and require a study on whether the program can be expanded to include other medical positions at VA.

Through our Warriors to Work program, WWP provides transitioning veterans with assistance in building their resumes and matching them with employers that would benefit from their military experience. One of the key functions of the program is helping warriors translate their military training to match with civilian job requirements. The *SERVE Act* would help Warriors to Work and other programs like it to streamline opportunities for warriors with valuable medical skills to continue serving their fellow veterans and their communities through the COVID-19 pandemic and beyond. WWP is proud to support this legislation and we thank Representatives Conor Lamb and Jenniffer Gonzalez-Colon for their commitment to helping transitioning Service members find meaningful civilian employment.

## **H.R. 2775, the *VA Quality Health Care Accountability and Transparency Act***

Largely due to the oversight efforts of this Subcommittee, VA is required by law to publicly report on over 100 factors designed to help veterans make more informed, practical decisions about their health care. The *Veterans Access, Choice, and Accountability Act of 2014*, or *Choice Act* (P.L. 113-146), furthered this effort by directing VA to post the findings directly on its website, resulting in the "Access and Quality in VA Healthcare" webpage, which accrues quality-related analytics for every VA Medical Center in the nation. Additionally, a combination of U.S. Code, the *Choice Act*, and the *VA MISSION Act* dictates VA's current reporting requirements, focused on datasets that include elements illustrating timeliness, effectiveness, safety, and efficiency of VA health care.

In implementing these requirements access data is posted weekly for the public which is not only critical for veterans to understand what choices they have available, but it is also incredibly helpful for VA personnel to see if warriors are eligible for community care. However, quality data is not handled in the same fashion. This data can take up to two or three quarters, making shifts in care extremely difficult to do in a timely manner.

Additionally, a 2017 Government Accountability Office (GAO) report identified issues with the completeness and accuracy of the clinical information used to calculate these quality measures. In addition, GAO found that aside from a small subset of information, the majority of the measures that VA reports are not easily accessible or understandable, ultimately concluding that “VA cannot ensure that its website is functioning as intended in helping veterans make informed choices about their care.”<sup>4</sup>

The *VA Quality Health Care Accountability and Transparency Act* does not impose additional reporting requirements on VA but intends rather to improve accessibility of this information for veterans and veteran-serving organizations. The bill requires regular updates to the “Access and Quality in VA Healthcare” webpage, as well as direct linkage to the site from the VA’s main homepage and those of each individual VA Medical Center. To improve data accuracy, the legislation also institutes an annual audit to identify deficiencies in the information reported as well as recommendations for improvement.

Wounded Warrior Project understands that transparency and communication foster a more trusting, well-informed population and ultimately improved care outcomes. WWP supports the *VA Quality Health Care Accountability and Transparency Act* and its effort to better arm veterans with the tools, knowledge, and power to make the health care decisions that best fit their needs. Although not part of this piece of legislation, we also encourage VA to consider setting a standard time for publishing quality data more frequently than every two or three quarters. We thank Rep. Ruben Gallego for recognizing the value in clear, quality-centered data collection and for leading this initiative to improve it.

## **H.R. 2797, the *National Green Alert Act of 2021***

Public safety and concern for at-risk individuals are cornerstones of support for alert systems that serve a range of purposes from awareness to protection. AMBER Alert systems have been established in all 50 states to assist locating missing children, and 37 states have created Silver Alert systems to help mobilize the public to find elderly individuals with Alzheimer’s disease, dementia, or a mental disability. A growing number of states – 36 as of June 2019 – have launched Blue Alert systems to help law enforcement speed up the apprehension of violent criminals who kill or seriously injure local, state, or federal law enforcement officers.

In this context, states including Wisconsin, Delaware, and Texas have extended similar efforts to help locate veterans and Service members who have gone missing. The *National*

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<sup>4</sup> U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-17-741, VA HEALTH CARE QUALITY: VA SHOULD IMPROVE THE INFORMATION IT PUBLICLY REPORTS ON THE QUALITY OF CARE AT ITS MEDICAL FACILITIES (2017).

*Green Alert Act of 2021* would help provide federal guidance to states interested in implementing these systems by establishing a federal committee to develop best practices and provide technical assistance to states to establish Green Alert systems. These systems would be activated when a veteran with a history of mental health issues, including neurocognitive disorders, suicide attempts or impulses, or substance use disorder goes missing. Key stakeholders from federal agencies including the Department of Justice, Department of Health and Human Services, the Department of Veterans Affairs, and the Department of Transportation would be represented on the committee, as would veterans and veteran service organizations.

Wounded Warrior Project is pleased to support the *National Green Alert Act of 2021*, but that support is grounded in facts not seen in the legislation. States are permitted to establish Green Alert systems with or without federal support or guidance, and we believe that the development of best practices would be beneficial to those systems already in existence and those that may come. The broad range of perspectives invited to serve on the committee will help ensure a well-rounded discussion that should address questions such as how to file a missing persons report, what criteria should be considered for activating an alert, what mechanisms should be used to disseminate an alert, what audiences should be targeted, and how long alerts should last. Veteran and Service member privacy concerns should also be considered.

Our support for the *National Green Alert Act of 2021* should not, however, be construed as support for a national Green Alert system. An important issue to consider is the effect that such a system – or even prolific growth in state alert systems – would have on public perception of veterans. A recent report published by Cohen Veterans Network revealed that many Americans still hold misconceptions about the prevalence of PTSD in the veteran community.<sup>5</sup> This study showed that two-thirds (67%) of Americans believe the majority of veterans experience PTSD, while three in four (74%) believe the majority of combat veterans experience PTSD. One in four believes most people with PTSD are violent or dangerous. Broadcasting the experience of veterans – and not others – who may be suffering mental health challenges to the public could deepen these perceptions if they are not handled appropriately.

Protecting veterans who may be at risk for suicide after disconnecting from their family and friends is a laudable goal, but WWP recommends that the *National Green Alert Act of 2021* – or the committee it seeks to establish – take due care to ensure that public perception of veterans' mental health is considered in the best practices and guidance that may be provided to states in the future. Preventing suicide and other mental health crises remains a top priority for WWP and others, but we believe that legislation like this with conceivably broad public application should take steps to preserve and expand work being done on stigma reduction, education, and awareness. We thank Rep. Chris Pappas for introducing the *National Green Alert Act of 2021* and look forward to continuing our advocacy to support connecting veterans to the mental health care and support they need.

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<sup>5</sup> Press Release, Cohen Veterans Network, From Symptoms to Treatment, New Survey Reveals Americans' Strong Misconceptions About PTSD (June 3, 2021) (available at <https://www.cohenveteransnetwork.org/wp-content/uploads/2021/06/Press-Release-Americans-Mental-Health-Pulse-Survey-PTSD-FINAL-1.pdf>).

## **H.R. 3452, the *Veterans Preventive Health Coverage Fairness Act***

High-quality preventative health care can prevent or delay the onset of disease, foster better overall health and well-being, and help to reduce health care costs. Yet, despite these benefits, many veterans face financial barriers to accessing preventative health care. Veterans receiving health care from VA often pay more in out-of-pocket costs for essential preventative health medications, services, and hospital care than those who use private insurance. Preventative health medications include vitamin supplements, certain breast cancer prevention medicines, and products to quit smoking, while preventative services encompass immunizations, cancer screenings, mental health screenings, screening for intimate partner violence, behavioral counseling, and breastfeeding support and supplies.

Although preventative prescription medications and services are covered without cost sharing by nearly all private insurance companies after the *Affordable Care Act* (P.L. 111–148), veterans receiving health care through VA are required to make copayments for many of these same essential health services. Under current law, veterans are required to pay for each 30-day supply of medication furnished on an outpatient basis for the treatment of a non-service-connected disability or condition. In addition, with the exception of certain home health services and education on the use of opioid antagonists, veterans are liable to pay for medical services and hospital care as determined by VA.

The *Veterans Preventive Health Coverage Fairness Act* seeks to address this by amending 38 U.S.C. § 1722(a)(3) to eliminate copayments for medication that is part of a preventative health service and amending 38 U.S.C. § 1710 to eliminate copayments for hospital and medical care related to preventive health services provided by VA. This legislation would also amend 38 U.S.C. § 1701(9) to expand the definition of preventative health services to include any items listed with a grade of “A” or “B” by the United States Preventive Services Task Force, such as breast, lung, and colon cancer screenings; screenings for diabetes and high blood pressure; screening for vitamin deficiencies during pregnancy; screening for depression; and tobacco cessation counseling. It would also expand the definition to cover a set of standard vaccines recommended by the Advisory Committee on Immunization Practices and preventive care and screenings for women as provided in the *2017 Health Resources and Services Administration Preventive Services Guidelines*.

Wounded Warrior Project supports the *Veterans Preventive Health Coverage Fairness Act*. By eliminating copayments for preventative medication, services, and hospital care, this legislation would make health care more affordable for veterans and bring it into alignment with what is offered through most private insurance options. Lowering costs will also increase access to preventative medications and services, which will help safeguard veterans against serious illness and disease. Veterans deserve access to high-quality health care at an affordable rate that provides equal coverage as those using private insurance. WWP thanks Rep. Lauren Underwood for her work to on this important topic.

## **H.R. 3027, the *Veterans Improved Access to Care Act***

Opportunities to increase access to care, modernize VA systems and assets, and improve VA's care and services for veterans are generally contingent on a qualified and committed VA workforce. VA has taken the important first step of recognizing the critical nature of this issue, committing a significant portion of its *2018-2024 Strategic Plan* to workforce development planning. In its own words, "VA will modernize its human capital management capabilities to empower and enable a diverse, fully staffed, highly skilled workforce that consistently delivers world-class services to veterans and their families."<sup>6</sup> Though an admirable commitment, VA's workforce is still well-below its full capacity.

According to the VA Office of the Inspector General (OIG), 132 out of 140 (94 percent of) medical facilities reported severe occupational staffing shortages, most commonly in the clinical fields of psychiatry, primary care, and nursing.<sup>7</sup> These shortages contribute to an overall VHA vacancy rate of nearly 13 percent.<sup>8</sup> While VA made strides to streamline its hiring authorities during the COVID-19 public health emergency, the scope and importance of human capital require innovative, impact-driven solutions that support a talent pipeline in the long-term.

The *Veterans Improved Access to Care Act* would increase the reporting requirements initially imposed by the *VA MISSION Act* – which calls for a quarterly update on staffing levels and vacancies – to include more detailed information about the duration of the hiring process. In addition, the legislation would establish a pilot program to (1) explore options to expedite the onboarding process for new VHA medical providers, and (2) reduce the duration of the hiring process to 60 days or fewer.

Wounded Warrior Project supports H.R. 3027, the *Veterans Improved Access to Care Act* and its mission to address staffing shortages that inhibit VA's ability to provide consistently high-quality care with minimal wait times. Creating a stable, efficient pipeline of professional talent not only ensures the highest-quality care for our nation's veterans, but improves the timeliness, accessibility, and effectiveness of the care they have earned. We are grateful for Rep. Jason Crow's efforts to enhance this fundamental element of VA care.

## **H.R. 3674, the *Vet Center Support Act***

VA Readjustment Counseling Centers, otherwise known as Vet Centers, provide a range of social and psychological services to combat veterans, Active Duty Service members, including National Guard and Reserve components, and their families. These centers play a key role in the veterans' mental health care landscape by providing community-based professional readjustment counseling, employment counseling, marriage counseling, military sexual assault counseling, bereavement counseling, substance abuse referrals, VA medical benefit referrals, and

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<sup>6</sup> U.S. DEP'T OF VET. AFFAIRS, FY 2018-2024 STRATEGIC PLAN, <https://www.va.gov/oei/docs/va2018-2024strategicplan.pdf> (last visited July 12, 2021).

<sup>7</sup> OFF. OF INSPECTOR GEN., U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FOR FISCAL YEAR 2020, <https://www.va.gov/oig/pubs/VAOIG-20-01249-259.pdf> (last visited July 12, 2021).

<sup>8</sup> *Investing in a Better VA: Examining the Role of Infrastructure in Veterans' Access to Care and Benefits: Hearing Before the H. Comm. On Vet. Affairs*, 117th Cong. (2021) (testimony of Brett Simms, Executive Director of Asset Enterprise Management), available at <https://docs.house.gov/meetings/VR/VR00/20210527/112708/HHRG-117-VR00-Wstate-SimmsB-20210527-U1.pdf>.

VBA benefits referrals. The help veterans and their families through many of the major adjustments in lifestyle that often occur after a veteran returns from combat.

Within the United States, Minnesota, Virginia, Kentucky, and Arkansas have ratios of one Vet Center to 100,000 or more veterans residing in that state. Minnesota contains three Vet Centers for over 312,000 veterans; Kentucky contains two Vet Centers for over 295,000 veterans; Arkansas contains two Vet Centers for over 222,000 veterans; and Virginia contains five Vet Centers for over 730,000 veterans. Ratios like these stand out when considering that between 11% and 20% of Iraq and Afghanistan veterans are affected by PTSD, alongside about 12% of Gulf War veterans and roughly 15% of Vietnam War veterans.<sup>9</sup> While many states have built additional Vet Centers during the past decade to address the growing needs of this eligible veteran population, some states, such as Minnesota, have not gained a new Vet Center in over a decade.

The *Vet Center Support Act* authorizes a report on access to VA mental health care in Minnesota, Virginia, Kentucky, and Arkansas. The report would cover assessments of VA's ability to provide readjustment counseling, the feasibility of establishing additional Vet Centers, and the feasibility of increasing staff at existing Vet Centers; an analysis of staffing shortages at Vet Centers; and an outreach strategy for using mobile Vet Centers to reach veterans in underserved areas.

Wounded Warrior Project supports the *Vet Center Support Act*. This legislation would help many transitioning combat veterans, Service members, and their families, who are experiencing barriers to accessing mental health and readjustment services. *The Vet Center Support Act* would identify gaps in intervention, care, and treatment to ensure that this key program in VA's continuum of mental health care is poised to deliver necessary care in the future. WWP thanks Rep. Dean Phillips for his work on this issue.

### **H.R. 3693, the *Department of Veterans Affairs Continuing Professional Education (CPE) Modernization Act or the VA CPE Modernization Act***

The VA health system continues to face challenges in the recruitment and retention of qualified clinicians. A Fiscal Year 2020 VA OIG report found that 132 of the 139 Veterans Health Administration (VHA) facilities reported severe occupational staffing shortages.<sup>10</sup> Some of these challenges are rooted in VA's competitive disadvantages with the private sector related to salaries and opportunities for professional development.

Under current law, VA will reimburse physicians and dentists for up to \$1,000 per year for expenses incurred on continuing professional education (CPE). This allowance only applies to physicians and dentists who are board-certified, and no other VA clinicians are eligible for any type of CPE allowance.

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<sup>9</sup> NAT'L CTR. FOR PTSD, U.S. DEP'T OF VET. AFFAIRS, [https://www.ptsd.va.gov/understand/common/common\\_veterans.asp](https://www.ptsd.va.gov/understand/common/common_veterans.asp) (last visited July 12, 2021).

<sup>10</sup> OFF. OF INSPECTOR GEN., U.S. DEP'T OF VET. AFFAIRS, OIG DETERMINATION OF VETERANS HEALTH ADMINISTRATION'S OCCUPATIONAL STAFFING SHORTAGES FOR FISCAL YEAR 2020, <https://www.va.gov/oig/pubs/VAOIG-20-01249-259.pdf> (last visited July 12, 2021).



The *VA CPE Modernization Act* would address this by amending 38 U.S.C. § 7411 to increase the allowance for physicians and dentists from \$1,000 to \$4,000 per year and to establish an allowance of \$2,000 per year for nurses, physician assistants, dental hygienists, psychologists, social workers, licensed professional mental health counselors, and other types of VA clinicians. Further, this legislation would eliminate the requirement for board certification and provide VA the ability to adjust these amounts in the future, based on inflation.

The amount of money that VA is authorized to reimburse clinical employees for their professional education expenses has not risen in 30 years. WWP supports the *VA CPE Modernization Act*, which would provide this crucial and overdue increase to reimburse clinical employees for expenses associated with tuition, courses, and travel. This allowance increase will help VA better compete with other employers to attract, recruit, and retain talented medical staff. WWP thanks Chairwoman Brownley for her leadership to support VA health care workers and ensure veterans receive the best possible treatment.

### **H.R. \_\_\_\_, the *VA Infrastructure Powers Exceptional Research (VIPER) Act***

In addition to VA's four core missions of providing health care, benefits, and memorial services to our nation's veterans and assisting in responses to national emergencies, it also performs the critical role of conducting medical research. Over the course of nearly 100 years, VA research has led to scientific breakthroughs in the development of medications, treatment, and prosthetics. While VA research focuses on health issues that specifically affect veterans, the medical field at large and the American public benefit from this important work. In order to ensure that VA research efforts are fully supported, it is critical that they have the ability to attract and retain high quality investigative teams that are supported by modern information technology (IT) systems.

If enacted, the *VIPER Act* would amend 38 U.S.C. § 7401(3), which grants authority for VA to appoint certain personnel deemed necessary for the health care of veterans, to include statisticians, economists, informaticists, and data scientists. It would also direct the Government Accountability Office (GAO) to conduct a study on the amount of time dedicated for research for VA clinicians and scientific and professional personnel appointed by VA. This study would include a review of VA's policies and practices regarding the time dedicated for research as well as an assessment of the effects of these policies on recruitment and retention; productivity; efficient use of resources; and veterans' health. This legislation would dedicate \$42 million for VA research IT and \$100 million for research infrastructure. Additionally, it would allow VA to enter into transaction agreements regarding research, systematic investigation, or a demonstration, if the Secretary determines that a procurement contract, grant agreement, or cooperative agreement is inappropriate. Finally, it would exempt VA from requirements under the *Paperwork Reduction Act* (PRA) (44 U.S.C. §§ 3501-3521).

The special appointment and pay authorities under title 38 allow VA to be competitive with other employers when seeking to recruit and retain certain health care professionals and expanding those policies to include research professionals would ensure that VA research programs are staffed with high-quality scientists. The required GAO study would provide

valuable information to ensure that VA clinicians' time is well-balanced between research and patient care. While VA is currently operating with an IT budget of over \$4.8 billion, a dedicated funding stream would provide greater certainty for VA research IT and infrastructure.

The provision authorizing VA to enter into transaction agreements would clarify a practice already in place and was included as a legislative proposal in VA's budget submission for fiscal year 2022 (FY22). The PRA was enacted to address concerns that the federal government was requiring businesses, individuals, and other entities too much time filling out forms. The law limits the response burden on the public and it applies to nearly all federal agencies.<sup>11</sup> While the National Institute of Health (NIH), another research arm of the federal government, has a clinical exemption from requirements of the PRA<sup>12</sup>, the *VIPER Act* as written would provide a broad exemption from the PRA, to include all the department's data collection activities and the requirement for a public comment period when VA seeks to make changes to forms.

While WWP recognizes the importance of VA research programs and supports provisions of the *VIPER Act* that would give VA additional tools to recruit and retain investigators, and bolster funding dedicated to research IT and infrastructure, we do not believe that it is necessary to provide broad exemption for VA from the PRA for all collection activities. We recommend amending the language to clarify that only VA clinical research activities would be exempted from the PRA, offering parity with NIH. With this change, WWP would fully support the *VIPER Act*.

**H.R. \_\_\_\_, legislation to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years.**

Section 201 of the *Choice Act* (P.L. 113-146) required VA to enter into contracts with the private sector to conduct an Independent Assessment of VA health care, medical services, and other health care furnished in VA medical facilities. This independent assessment covered 12 topics and required that private sector entities participating in the assessment submit a report on their findings and recommendations. The resulting integrated *Independent Assessment* report was published in September 2015. This report has served as a vital reference point as VA has endeavored to modernize its systems, improve efficiency and timeliness, and provide veterans with greater choice.<sup>13</sup>

Although the *Independent Assessment* data set presented a comprehensive picture of VA's health care delivery systems and managements processes and has subsequently guided improvements, the data collected represents a snapshot from 2014. No further assessments and reports of this scale have been conducted, and there is no schedule for routine audits. As time

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<sup>11</sup> MAEVE P. CAREY, CONG. RESEARCH SERV., IF 11837, THE PAPERWORK REDUCTION ACT AND FEDERAL COLLECTIONS OF INFORMATION: A BRIEF OVERVIEW (2021).

<sup>12</sup> See OFF. OF MGMT. ASSESSMENT, NATIONAL INSTITUTES OF HEALTH, 1825 – INFORMATION COLLECTION FROM THE PUBLIC, <https://policymannual.nih.gov/1825#EF66B1D3> (last visited July 12, 2021).

<sup>13</sup> CHIEF STRATEGY OFF., U.S. DEP'T OF VET. AFFAIRS, SECTION 201 OF THE VETERANS ACCESS, CHOICE, AND ACCOUNTABILITY ACT (VACAA), <https://www.va.gov/HEALTHPOLICYPLANNING/section1.asp> (last visited July 12, 2021).

passes, the information gathered in the *Independent Assessment* becomes more outdated and less applicable.

Ranking Member Bergman's legislation would address this by requiring VA to enter into a contract with a private sector entity to conduct an independent assessment of hospital care, medical services, and other health care furnished by VA every ten years. The first assessment must be completed by December 31, 2024. These decennial assessments would follow the framework of *Choice Act* § 201 and would examine many of the same subjects, including the projected demographics and unique health care needs of VA's patient population; VA medical facilities' systems for scheduling appointments; VA medical facilities' staffing levels and productivity; VA IT strategies for delivering health care; VHA business processes; VA's process for carrying out construction and maintenance projects; and VA leadership competency with respect to culture, accountability, and performance management. In addition to the topics covered in the 2014 *Independent Assessment*, the assessment prescribed in this legislation would address the performance of medical and prosthetic research and the provision of assistance in disaster response and emergency situations.

Wounded Warrior Project supports this legislation to ensure VA continues to collect and study the most current information on its patient population and medical facilities. Routinely gathering this data will allow VA to focus on veterans' demographic changes, including generational shifts, to ensure VA's health system is keeping pace with the changing needs of this population. The periodic reports, provided by private entities, will also identify areas the Department is lacking and provide recommendations to enable VA to make improvements based on best practices in the private sector. This data-driven method will help VA to remain a leader in health care by pushing VA to continually study and improve the quality of its delivery and management processes. WWP thanks Ranking Member Bergman for his work to establish a mechanism to ensure VA's remains a leader in providing high quality service.

## **H.R. \_\_\_\_, legislation to clarify and improve the Program of Comprehensive Assistance for Family Caregivers**

Supporting our nation's military and veteran caregivers is one of the most effective ways to improve the health and wellbeing of wounded, ill, and injured Service members and veterans. Without the support of 5.5 million military and veteran caregivers who provide billions of dollars in service value each year, VA would face insurmountable costs related to home-based care and supports. Until the *VA MISSION Act* (P.L. 115-182 §§ 161-63), VA provided a monthly stipend and health care benefits only to caregivers of veterans seriously injured in the line of duty on or after September 11, 2001. WWP was pleased to support expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to all generations of veterans and we remain committed to ensuring an effective and efficient program for all who participate.

Draft legislation being considered would address shortcomings in PCAFC expansion to all eras and the adoption of new regulations that changed eligibility criteria. First, the bill seeks to expedite PCAFC expansion to veterans who were injured after May 7, 1975, but before September 11, 2001. If VA had met statutory deadlines established in *VA MISSION Act* § 162,

this cohort of veterans and caregivers should have reasonably expected to become eligible for PCAFC by October 2, 2021. Under current circumstances and delays, the projected start of expansion to this cohort is October 2, 2022. Second, this draft bill would order VA to submit a quarterly report to Congress on PCAFC denials based on a determination that PCAFC participation would not be in an eligible veteran's best interest. VA does not currently provide such information to Congress which creates gaps in information about why some severely wounded veterans may be turned away from the program.

Lastly, the draft bill would clarify that medical determinations (eligibility and tier determinations) made within PCAFC will be subject to VA's clinical appeals process, and that these decisions may not be appealed to the Board of Veterans' Appeals. Ambiguity about the proper appellate route for adverse decisions was at issue in *Beaudette v. McDonough*, wherein the Court of Appeals for Veterans Claims (CAVC) held that such claims could be appealed to the Board and acknowledged the right to appeal for a class of veterans and caregivers who have received an adverse PCAFC decision, exhausted the administrative review process within the VHA, and have not been afforded the right to appeal to the Board.

Wounded Warrior Project supports this draft legislation but offers suggestions for improvement and additional consideration. Regarding expedited expansion, we support expediting expansion because veterans that would have otherwise been eligible in October 2021, should not have to continue to wait an additional year to receive the benefits they have earned. We encourage Congress to work with VA and veteran service organizations to maintain a clear understanding of VA's current speed and progress processing new applications, conducting reassessments for legacy participants, and average turnaround time between application submission and eligibility decision. Turnaround times consistently going beyond 90 days may be an indication that inviting "Phase 2" applicants could be problematic and encourage Congress to ensure VA is adequately resourced as they expand eligibility. Similarly, while we understand that VA is still striving to reach full staffing for PCAFC needs, Caregiver Support Coordinators and Patient Care Advocates remain hard to reach in some individual circumstances. We encourage VA to increase efforts in hiring and training Caregiver Support Coordinators and Patient Care Advocates to account for growth of the PCFAC program.

Regarding VA reports on denials, WWP supports the draft legislation as written but would recommend expanding this subparagraph to generate more data on eligibility determinations by category. In our public comment responding to VA's March 6, 2020 Notice of Proposed Rulemaking on PCAFC<sup>14</sup>, we raised concerns – rooted in significant data gathered in our *Annual Warrior Survey*<sup>15</sup> – that new criteria for higher tiers would be untenable for many deserving veterans. In response, VA stated that it does not track or maintain data on how many then-current participants qualify for PCAFC based on inability to perform activities of daily living (ADLs) as opposed to those who require supervision, protection, or instruction. VA also noted that it would begin tracking how a veteran becomes eligible for PCAFC (either through inability to perform ADLs or requiring supervision), and would verify WWP concerns against

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<sup>14</sup> Available at <https://www.regulations.gov/docket/VA-2020-VHA-0010>.

<sup>15</sup> The 2020 *Annual Warrior Survey* is available for download and review at <https://www.woundedwarriorproject.org/mission/annual-warrior-survey>.

that data, and consider future adjustments<sup>16</sup>. We remain committed to our position that accessible data regarding eligibility for PCAFC would greatly benefit future applicants for PCAFC, as well as assist with advocacy related to the program. Without this data, it is difficult to determine the weight VA might place upon one category over another, thus making tier determinations ambiguous and difficult to define.

Lastly, we support the draft bill provision on the appeals process but also recommit to our longstanding interest in improving the quality of that process. Despite efforts to improve transparency and create uniformity, veterans and their caregivers still report that PCAFC denial letters provide only vague detail and rationale for adverse decisions. Opportunities to present private medical evidence are insufficient in some cases, and the chance to directly present arguments in formal or informal settings would be beneficial for veterans and caregivers who believe – in the absence of more specificity in denial letters – that the best and most persuasive medical evidence is not being adequately considered. In addition, we caution the Subcommittee to consider that this provision may serve to deny the *Beaudette* class of veterans and caregivers from the opportunity to have their claims reviewed by the Board.

Wounded Warrior Project commends Ranking Member Bergman for taking action to improve PCAFC and we look forward to collaborating on legislation that will assist veterans and their caregivers.

### **H.R. 4233, the *Student Vet Centers Eligibility Act***

Vet Centers were established by Congress in 1979 following the Vietnam War to serve veterans and members of the Armed Forces who served in combat operations or an area at a time during which hostilities occurred in that area. They provide crucial mental health services, including readjustment counseling. Over the past 40 years, Vet Center eligibility has been extended to veterans of subsequent conflicts; in 2003, Vet Center eligibility was extended to veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT).

Vet Centers continue to serve combat veterans as well as other veterans and members of the Armed forces including those who: provided direct emergency medical or mental health care; engaged in combat by remotely controlling an unmanned aerial vehicle; and served on active service in response to a national emergency or major disaster. Student veterans who choose to pursue their educational goals after leaving service qualify to receive Vet Center services if they meet any of the eligibility criteria. However, for those who are ineligible, VA provides a comprehensive range of mental health resources, including counseling and additional support at VA facilities.

The *Student Vet Centers Eligibility Act* would amend 38 U.S.C. § 1712A to provide Vet Center readjustment counseling and related mental health services to any veteran or member of the Armed Forces who is using a VA education program. This legislation also requires the GAO

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<sup>16</sup> Programs of Comprehensive Assistance for Family Caregivers Improvements and Amendments under the VA MISSION Act of 2018, 85 Fed. Reg. 46,234 (July 31, 2020).

to submit a report assessing the mental health needs of veterans pursuing a course of education using covered educational assistance benefits as well as VA's efforts to address their mental health needs.

While WWP is supportive of ensuring that all transitioning veterans receive the care they need, Vet Centers have traditionally been an earned benefit for the combat veteran population. Access to this limited mental health care resource has been an integral part of ensuring that this population receives proper counseling and support. Due to the limited capacity of Vet Centers, WWP is concerned that opening Vet Centers to the population of those using education benefits could lead to greater difficulty scheduling appointments and longer wait times.

Section 202 of the *VA MISSION Act* establishes the Asset and Infrastructure Review (AIR) Commission, which will provide a full review of VA's facilities to assess how the Department is serving veterans and what improvements can be made. WWP supports exploring whether Vet Centers should become more fully integrated with the VA health system and believes the forthcoming recommendations by the AIR Commission may provide important information related to this topic. WWP thanks Ranking Member Mike Bost for his continued leadership and work on behalf of transitioning veterans and would support revisiting this issue after the release of the AIR Commission's report.

## **CONCLUSION**

Wounded Warrior Project thanks the Subcommittee on Health and its distinguished members for inviting our organization to submit this statement. We are grateful for and inspired by this Committee's proven dedication to our shared purpose to honor and empower our nation's warriors. Your efforts to provide interventions to meet the growing needs of women veterans and support quality mental health care will certainly have a strong impact on the post-9/11 generation. We are proud of all of the work that has been done and look forward to continuing to partner on these issues and any others that may arise.