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WOUNDED WARRIOR PROJECT®

WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

LEGISLATIVE HEARING
ON
S. 1342, National Green Alert Act of 2021; S. 1779, Veterans Preventive Health Coverage Fairness Act; S. 1937, DOULA for VA Act of 2021; S. 1944, Vet Center Improvement Act of 2021; S. 2283, REACH for Veterans Act; S. 2386, Veteran Peer Specialist Act of 2021; S. 2533, MAMMO for Veterans Act; S. 2720, Veterans' Prostate Cancer Treatment and Research Act; S. 2787, A bill to amend title 38, United States Code, to clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs, and for other purposes; S. 2852, Long-Term Care Veterans Choice Act; Servicemembers and Veterans Empowerment and Support Act of 2021 (discussion draft)

OCTOBER 20, 2021

Chairman Tester, Ranking Member Moran, and distinguished members of the Senate Committee on Veterans' Affairs – thank you for allowing 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 Committee.

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 200,000 registered post-9/11 warriors and family members, 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.

S. 1342, the *National Green Alert Act of 2021*

Public safety and concern for at-risk individuals are the cornerstones 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 Green Alert Act of 2021* would help provide federal guidance to states interested in implementing similar 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 (VA), 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 in the future. The broad range of perspectives invited to serve on the committee will help ensure well-rounded consideration of issues 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.[1] 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

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

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 – takes 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 Senator Maggie Hassan 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

S. 1779, 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 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 most recent version of the 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 Senator Tammy Duckworth for her work on this topic.

S. 1937, the *DOULA for VA Act of 2021*

While the experience is unique for each woman, pregnancy undoubtedly brings about changes in physical, emotional, and mental health for all who choose to become mothers. This consideration is particularly important for women veterans who show high rates of mental health conditions like anxiety, depression, and PTSD.[2] Studies have shown that PTSD symptoms are predictors of adverse pregnancy outcomes like preterm births, postpartum depression, and the perception of a difficult pregnancy.[3] In dealing with these and other pregnancy-related issues, some turn to doulas for additional assistance.

The role of a doula is to provide continuous physical and emotional support to women during pregnancy, childbirth, and the postpartum period. Doulas have been associated with better pregnancy and birthing outcomes, an effect which is largely attributed to findings that the uninterrupted "emotional, physical, and informational support doulas give to women during the birthing process [account] for the reduced need for clinical procedures during labor and birth, fewer birth complications, and more satisfying experiences during labor, birth, and postpartum."[4]

While doula services are not currently covered uniformly across federal insurers like Medicaid and TRICARE, benefits for these services are becoming more common. States including Minnesota, Oregon, Indiana, New Jersey, and Wisconsin, and Nebraska all cover doula services in some respect through state Medicaid programs. In addition, TRICARE is

[2] The 2020 *Annual Warrior Survey* found that 86 percent of women veterans report anxiety, 83 percent report depression, and 80 percent report PTSD; survey available for download and review at https://www.woundedwarriorproject.org/mission/annual-warrior-survey.
[3] Nillni, Yael I., et al. "The Impact of Posttraumatic Stress Disorder and Moral Injury on Women Veterans' Perinatal Outcomes Following Separation From Military Service." JOURNAL OF TRAUMATIC STRESS, vol. 33, no. 3, 2020, pp. 248–56. Crossref, doi:10.1002/jts.22509.
[4] Gruber, Kenneth J., et al. "Impact of Doulas on Healthy Birth Outcomes." THE JOURNAL OF PERINATAL EDUCATION, vol. 22, no. 1, 2013, pp. 49–58. Crossref, doi:10.1891/1058-1243.22.1.49.

undertaking a pilot program to offer access to doulas, as directed by Section 746 of the *National Defense Authorization Act for Fiscal Year 2021* (P.L. 116-283).

Wounded Warrior Project supports the *DOULA for VA Act*, a bill to pilot the expansion of VA's Whole Health program to measure the impact of doula support services on birth and mental health outcomes of pregnant veterans. In our own programming, WWP utilizes a total wellness framework, providing support to veterans in all aspects of their lives through by integrating both clinical and non-clinical services. We understand that effective care and support can come from many sources and seek to maximize each. In a similar fashion, we believe that integrating doulas into a holistic health care team may help women veterans to maintain their physical, emotional, and mental health during pregnancy. WWP thanks Senator Cory Booker for his work on this important matter concerning the health of women veterans.

S. 1944, the *Vet Center Improvement Act of 2021*

In 2017, the Veteran Health Administration's (VHA) Readjustment Counseling Service (RCS) implemented new counselor productivity expectations governing time management and visit volume. Under these new expectations, counselors are expected to spend 50 percent of their work time with clients, directly providing services, and are expected to achieve an average of 1.5 visits for each hour they provide direct services. VHA RCS officials have also commenced efforts to implement a staffing model that will provide criteria for assessing Vet Center staffing needs, including whether additional counselors are needed.

In September 2020, the Government Accountability Office (GAO) published a report[5] assessing these changes and identified several areas of concern. GAO found that, due to new expectations, counselors at several Vet Centers now spend less time with clients and see clients less frequently. Additionally, counselors are incentivized to conduct more group counseling sessions, for which some clients may not be ready. GAO also found RCS's planned staffing model to be lacking; specifically, GAO identified that the model did not involve key stakeholders in the development process; narrowly focuses on the workload of counselors, excluding directors' needs; includes incomplete data; and does not adjust for factors which may impact counselors' bandwidth, such as large geographic responsibilities. Based on these findings, GAO provided recommendations, including that the VHA evaluate the new Vet Center productivity expectations for counselors and develop and implement a staffing model that incorporates key practices and is responsive to changing veterans' needs.

In response to GAO's recommendations, the *Vet Center Improvement Act* provides directives that VA solicit feedback regarding any potential effects of the productivity expectations – both positive and negative – on client care, that GAO audit this feedback at least once each year, and that VA implement needed changes accordingly. Further, this legislation

[5] U.S. GOV'T ACCOUNTABILITY OFFICE, Report on "VA Vet Centers: Evaluations Needed of Expectations for Counselor Productivity and Centers' Staffing" (September 2020), available at https://www.gao.gov/assets/gao-20-652.pdf

requires that VA develop and implement a Vet Center staffing model which adheres to GAO's key practices and develop a plan to continuously assess and update this staffing model. In addition to directly addressing all of GAO's recommendations, the *Vet Center Improvement Act* includes additional provisions for improvement. These include: creating a working group to assess the quality of care and access to care for veterans; standardizing descriptions of Vet Center position responsibilities; reviewing Vet Center infrastructure to examine what future investments are needed; and creating a pilot program to provide grants to combat food insecurity and provide necessary heating and cooling assistance to veterans and their families.

In fiscal year 2019, RCS's 300 Vet Centers provided approximately 1.9 million visits to more than 300,000 individuals. These Vet Centers provide crucial mental health services, including readjustment counseling. Therefore, productivity expectations for counselors and the Vet Center staffing model must be designed accordingly to best serve veterans' needs. Wounded Warrior Project supports the *Vet Center Improvement Act* and thanks Senator Jack Reed for championing this effort.

S. 2283, the *Revising and Expediting Actions for the Crisis Hotline (REACH) for Veterans Act*, or the *REACH for Veterans Act*

On September 8, 2021, VA released its annual report on veteran suicide prevention. This report revealed that in 2019, there were 6,261 veteran suicide deaths.[6] Despite a 7.2 percent overall decrease in the age- and sex-adjusted veteran suicide mortality rate from 2018 to 2019, the suicide rate among veterans in 2019 was 52.3 percent higher than for non-veteran U.S. adults. In response, VA has pledged to continue prioritizing suicide prevention and implementing its ten-year vision to end veteran suicide. The agency's strategic plan contains many initiatives and efforts, including increasing awareness of the role of the Veterans Crisis Line in providing services and support to veterans in crisis.[7]

The Veterans Crisis Line (VCL) serves as a lifeline for all veterans, Service members, National Guard and Reserve members, and their family and friends. Following two incidents in 2018 and 2019 that resulted in a veteran suicide and a veteran homicide, respectively, the VA Office of Inspector General (OIG) conducted health care inspections to evaluate allegations regarding delayed and insufficient VCL responses to these two callers. VA OIG published

[6] OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, *2021 National Veteran Suicide Prevention Annual Report* (September 2021), available at https://www.mentalhealth.va.gov/docs/data-sheets/2021/2021-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-9-8-21.pdf

[7] OFF. OF MENTAL HEALTH AND SUICIDE PREVENTION, U.S. DEP'T OF VET. AFFAIRS, *National Strategy for Preventing Veteran Suicide 2018–2028,* available at https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf

corresponding reports in November 2020[8] and April 2021[9], which contain a total of 19 recommendations related to their findings.

The *REACH for Veterans Act* would codify several of the key recommendations from these two OIG reports through several VA requirements related to staff training, quality review and management, and responder guidance for high-risk calls. In addition, it would establish an extended safety planning pilot program at the VCL, establish a Crisis Line Facilitation pilot program to make veterans more comfortable utilizing VCL services, and authorize funding for the VA Mental Illness, Research, Education, and Clinical Centers (MIRECC) to conduct research on the VCL's effectiveness and areas for growth. Lastly, this bill requires VA to solicit feedback from veterans service organizations (VSOs) on how to alert members of the Armed Forces, veterans, and their family members about the upcoming transition to 9-8-8 as the new, national three-digit suicide hotline, in order to ensure that members of the military and veterans community are aware of and prepared for the change, which is expected to take effect by July 2022.

VA's forecasting modeling projects that the transition to 9-8-8 will increase VCL call volume significantly. The VCL has begun preparing for this increased demand by adding 460 new positions to its organizational chart and beginning the hiring process for these positions.[10] As new hires are onboarded, the *REACH for Veterans Act* contains timely provisions to improve and strengthen the VCL by requiring that VA contract with an external organization to review the training for VCL staff on assisting callers in crisis; increasing the use of silent monitoring to two calls per responder per month and establishing benchmarks for staff performance; mandating an annual root cause analysis study for all VCL callers who died by suicide; and requiring VA to develop enhanced guidance for VCL callers with substance use disorders and at risk for overdose.

The *REACH for Veterans Act* will not only help shore up VCL weaknesses, but also ensure that the crisis line is prepared for the sharp increase in call volume which is expected to occur following 9-8-8 implementation. WWP supports this comprehensive suicide prevention legislation, and thanks Chairman Jon Tester and Ranking Member Jerry Moran for their leadership to help ensure that the VCL is poised to provide quality care in a timely manner for veterans in crisis.

[8] OFFICE OF INSPECTOR GENERAL, U.S. DEP'T OF VET. AFFAIRS, *Deficiencies in the Veterans Crisis Line Response to a Veteran Caller Who Died* (November 2020), available at https://www.va.gov/oig/pubs/VAOIG-19-08542-11.pdf

[9] OFFICE OF INSPECTOR GENERAL, U.S. DEP'T OF VET. AFFAIRS, *Insufficient Veterans Crisis Line Management of Two Callers with Homicidal Ideation, and an Inadequate Primary Care Assessment at the Montana VA Health Care System in Fort Harrison* (April 2021), available at https://www.va.gov/oig/pubs/VAOIG-20-00545-115.pdf

[10] *2021 National Veteran Suicide Prevention Annual Report,* 15.

S. 2386, the *Veteran Peer Specialist Act of 2021*

Peer Specialists are VA employees in recovery from mental illnesses and substance abuse disorders who help other veterans to engage in mental health and substance use treatment. Veteran peer specialists use their own experiences with recovery to help and support the mental health needs of their fellow veterans. Peer support services can encourage veterans to share their experiences and discuss coping skills, improve veterans' relationships with their health care provider, and strengthen veterans' engagement with their course of treatment.[11]

In 2018, Section 506 of the *VA MISSION Act* expanded the peer specialist program to 30 primary care sites nationwide. In that time, VA peer specialists in patient-aligned care teams have been associated with increased participation and engagement in care. The *Veteran Peer Specialist Act of 2021*, would amend the *VA MISSION Act* and expand the peer specialist program to all VA medical centers. During the five-year period following enactment of this bill, the program would be initiated at an additional 25 medical centers per year until the program is carried out at each medical center of the Department. Two peer specialists would be assigned at each facility, and facilities in rural and underserved areas would receive first priority. This legislation would also ensure that female peer specialists are hired and made available to support female veterans and prioritizes diversity by striving to hire peer specialists in demographic percentages that reflect the racial and ethnic demographic percentages of the overall veteran population. Annual reports to Congress by VA will include an assessment of the benefits of the program as well as an assessment of the effectiveness of peer specialists in engaging with health care providers in the community.

Wounded Warrior Project has witnessed the value of peer support firsthand; our Alumni Program and peer support groups help combat veteran isolation by fostering connection. Although different in nature than VA's peer specialist program's clinical context, WWP's Alumni Program has facilitated more than 160,000 engagements through more than 14,000 events and programs designed to build connection and camaraderie among those we serve. We believe these engagements are a key reason why so many warriors believe that there are people they can depend on to help if they really need it (79.9%) despite often feeling isolated from others (37% versus 63% who hardly ever or sometimes feel isolated).

As many veterans still struggle to access appropriate mental health resources, WWP supports the *Veteran Peer Specialist Ac*t so that all veterans can benefit from the support and strength a peer specialist provides. Following VA's October 13, 2021, testimony on House companion legislation before the House Committee on Veterans' Affairs, Subcommittee on Health, our only recommendation is to increase the funding authorization in Section (2)(b). WWP thanks Senator Richard Blumenthal for his work on this issue.

[11] Matthew Chinman, Kevin Henze & Patricia Sweeney, *Peer Specialist Toolkit: Implementing Peer Support Servicers in VHA*, U.S. DEP'T OF VET. AFFAIRS, available at https://www.mirecc.va.gov/visn4/docs/Peer_Specialist_Toolkit_FINAL.pdf

S. 2533, the *Making Advances in Mammography and Medical Options for Veterans Act*, or the *MAMMO for Veterans Act*

One in eight women veterans in the VA health care system develop breast cancer in their lifetimes.[12] Mammograms are the best tools available for providing early detection of breast cancer, sometimes three years before it can be felt.[13] Despite the potential life-saving capability that mammograms provide, WWP has found that many women veterans in rural locations face difficulty accessing mammograms due to a lack of Community Care Network providers and VA equipment. This issue was brought to light during WWP's Women Warriors Initiative roundtable discussions, with rural women veterans relaying that distance to a mammography facility was their primary reason for not receiving an annual mammogram.[14]

The *MAMMO for Veterans Act* would broadly improve access to and quality of mammography for women veterans, with a specific focus on rural women veterans. Among its key provisions are the development of a strategic plan to enhance breast cancer screening services, a pilot program to provide telemammography to primarily-rural veterans, and a VA OIG report on the quality and accessibility of VA's current mammography options. This strategic plan for Mammography Services would include information on the evolving needs of women veterans, geographic disparities in access to mammography, the use of digital breast tomosynthesis (3D imaging), and the needs of male veterans who require breast cancer screenings. The pilot program would provide telemammography services for veterans living in states where VA does not offer in-house services; under this provision, women veterans would be able to receive mammograms at a number of federal health care facilities, such as rural health clinics, Federally Qualified Health Centers, community-based outpatient clinics, etc., and then have their images sent to a centralized VA telemammography center for interpretation by expert radiologists. The VA OIG report would study accessibility of mammography screenings through VA and the Community Care Network, quality of screenings and the use of 3D mammography, timeliness of results, and the performance of the VA Women's Breast Oncology System of Excellence.

The *MAMMO for Veterans Act* includes additional provisions to improve VA's mammography services. This comprehensive legislation mandates that VA upgrade all mammography equipment for the use of 3D breast imaging; conduct a study on the usage and accessibility of mammography services for veterans with physical disabilities, including paralysis and spinal cord injuries; and conduct a study on the availability of BRCA genetic testing for veterans diagnosed with breast cancer to align BRCA gene testing best practices with those utilized by national cancer centers. In addition, the *MAMMO for Veterans Act* would establish a partnership between VA and the National Institutes of Health's (NIH's) National

[12] OFFICE OF INSPECTOR GENERAL, U.S. DEP'T OF VET. AFFAIRS, "VA creates National Women Veterans Oncology System of Excellence in fight against breast cancer" (October 2020), available at https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5549
[13] "What Is a Mammogram?", Breast Cancer, U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION, (September 20, 2021), available at https://www.cdc.gov/cancer/breast/basic_info/mammograms.htm
[14] *Women Warriors Initiative Report*, Wounded Warrior Project, (2021), available at https://www.woundedwarriorproject.org/media/tt0ftq4a/wwp-women-warriors-initiative-report-2021.pdf

Cancer Institute to increase veteran participation in clinical research trials and generate a joint VA-Department of Defense (DoD) report focused on ongoing research and health care collaborations between the agencies, particularly breast cancer-related partnerships.

Wounded Warrior Project supports the *MAMMO for Veterans Act.* This legislation is well-aligned with WWP's women veteran priorities, particularly with respect to expanding access to gender-specific care and optimizing telehealth. As this Committee knows well, rural veterans often struggle to reach timely and convenient health care. As the number of women veterans continues to grow, VA must be prepared to adapt its offerings to meet the health care needs of this population, especially those in underserved or hard-to-reach areas. This population is deserving of the most innovative and effective research, treatment, and prevention opportunities, and proximity to services must not negatively impact the decision to seek care. The *MAMMO for Veterans Act* would help ensure that these warriors have access to quality health care and would identify additional accessibility challenges through its reporting components. Wounded Warrior Project thanks Chairman Tester and Senator John Boozman for championing this vital effort to improve access to lifesaving care for women veterans.

S. 2720, the *Veterans' Prostate Cancer Treatment and Research Act*

Each year, VA diagnoses and treats approximately 50,000 veterans for cancer. Of those, 41 percent are for prostate cancer, making it the most commonly diagnosed cancer at VA.[15] In 1996, the National Academies of Science, Engineering, and Medicine found an association between prostate cancer and Agent Orange exposure, and veterans who suffered this exposure are considered to be at high risk for developing the disease. More research is needed to determine whether a scientific link exists between prostate cancer and other military toxic exposures, such as burn pits and high doses of radiation that military pilots and certain other occupations may experience.

The *Veterans' Prostate Cancer Treatment and Research Act* would make improvements to prostate cancer care at VA by requiring the establishment of an interdisciplinary clinical pathway for all stages of the disease, from early detection to end of life care. The bill defines a clinical pathway as, "a health care management tool designed around research and evidence-backed practices that provides direction for the clinical care and treatment of a specific episode of a condition or ailment." The clinical pathway would be organized under the VA National Surgery Office, in consultation with the VA National Program Offices of Oncology, Research and Development, and Primary Care. VA would be authorized to collaborate with other federal agencies as well, to include the National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Department of Defense, and others. VA would also incorporate feedback from veterans who were treated for prostate cancer at VA facilities as well as experts in multi-disciplinary cancer care and clinical research. The bill also

[15] U.S. DEP'T OF VET. AFFAIRS, *Shoulder to Shoulder: Defeating Cancer, National Oncology Program*, available at https://www.cancer.va.gov/CANCER/docs/NOP_Brochure_vFinal_DIGITAL.pdf

requires VA to submit a plan to Congress to provide continuous funding to the VA Office of Research and Development to support prostate cancer research designed to position VA as a national resource for prostate cancer detection and treatment.

Prostate cancer is a serious disease that significantly impacts the veterans' population, and WWP believes that the establishment of a collaborative clinical pathway would improve the detection and treatment of this condition at VA. We support the *Veterans' Prostate Cancer Treatment and Research Act* and thank Ranking Member Moran and Chairman Tester for their leadership on the matter.

S. 2787, A bill to amend title 38, United States Code, to clarify the role of doctors of podiatric medicine in the Department of Veterans Affairs, and for other purposes.

Section 502 of the *VA MISSION Act of 2018* (P.L. 115-182) improved pay and leadership opportunities for VA podiatrists to remedy inequalities between lower-extremity specialists and other specialty care physicians, provide equity with the private sector, and address VA's podiatrist shortage. While the *VA MISSION Act* elevated VA podiatrists to the level of other medical doctors, VA's Office of the Under Secretary for Health still only includes a Director of Podiatric Service, a position on par with the Director of Pharmacy Service and Director of Dietetic Service.

Senator Bill Cassidy's legislation would address this issue by requiring that the Office of the Under Secretary for Health replace the role of Director of Podiatric Service with a Podiatric Medical Director. Anyone who fills this position must be a qualified podiatric medicine doctor and must be paid in the same category as physicians and dentists. WWP supports this legislation to clarify the role of podiatric doctors and thanks Senator Cassidy for his work on this matter.

S. 2852, the *Long-Term Care Veterans Choice Act*

Through years of service to severely wounded warriors, WWP has learned that provision of personalized care and support options, including at home and in the surrounding community, can be critical to maintaining better quality of life. One alternative to traditional nursing homes is VA's Medical Foster Home (MFH) program. This program provides non-institutional, long-term, supportive care for veterans who are unable to live independently and prefer a family setting; in MFHs, caregivers provide daily assistance to a small group of individuals, both veterans and non-veterans.

While this program ultimately combines the provision of nursing-home level care and supervision in a homelike setting, the cost of participating can be a limiting factor for many. Conventional nursing homes are covered under VA benefits for eligible veterans, but veterans in MFHs need to pay out of pocket for housing and parts of their care, often totaling between

$2,500 and $3,000 per month[16]. Many veterans can apply various benefits to help cover the cost, but federal legislation to eliminate that burden would make this a more attractive option.

The *Long-Term Care Veterans Choice Act* would amend 38 U.S.C. § 1720 to authorize VA to enter into contracts and agreements with medical foster homes to expand veterans' access to the MFH program. If enacted, VA would cover the cost of care of the MFH program for up to 900 veterans per day. This legislation also requires that VA create a system to monitor and assess how many veterans request to be placed in an MFH, how many are denied, and how many veterans receiving care at a medical foster home pay at their own expense. VA will submit a report on its findings to examine the impact of changes to the MFH program and ensure that care is being provided to veterans as intended.

In addition to helping to ensure that eligible veterans may utilize MFHs without being deterred due to cost, this program provides cost-saving potential for VA as well. Through the *Long-Term Care Veterans Choice Act*, more veterans may elect to receive their care at MFHs; the cost of these non-institutional MFH services is significantly lower than the price of traditional nursing home services, which are approximately $7,000 per month. While nursing homes will continue to a better option for some, the *Long-Term Care Veterans Choice Act* provides a cost-saving mechanism without reducing care and support to the veteran.

WWP supports the *Long-Term Care Veterans Choice Act* to provide VA more flexibility to better meet veterans' needs in a clinically appropriate and veteran-centric setting. We would like to thank Senator Krysten Sinema for introducing this important bill, which offers an attractive option for younger veterans who prefer not to live at nursing home facilities that may not feel age appropriate. Providing necessary long term support services (LTSS), to include sufficient amounts of those services, to veterans who are relying on them earlier in life is a WWP priority. WWP is meeting that priority through services like our Independence Program, and we would offer two key facts for the Committee to consider as it continues to drive critical improvements, such as those provisions within the *Long-Term Care Veterans Choice Act,* to VA LTSS.

First, veterans under the age of 65 are using VHA's Geriatrics and Extended Care (GEC) programs at a high and increasing rate. In 2020, 27 percent of GEC program users were veterans under the age of 65.[17] That figure represents a 10 percent increase over 2019, when veterans under age 65 accounted for 16.7 percent of GEC program users.[18] Across all VA long term programs from fiscal year 2014 through 2018, the number of veterans who served on or after

[16] Mitch Mirkin, "No Place Like Home: Studies on VA Medical Foster Homes Show Good Outcomes for Vets," OFFICE OF RESEARCH & DEVELOPMENT, U.S. DEP'T OF VET. AFFAIRS (Oct. 3, 2019), available at www.research.va.gov/currents/1019-Studies-on-VA-medical-foster-homes-show-good-outcomes-for-Vets.cfm

[17] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2022 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-187, available at https://www.va.gov/budget/docs/summary/fy2022VAbudgetVolumeIsupplementalInformationAndAppendices.pdf (last visited July 12, 2021).

[18] U.S. DEP'T OF VET. AFFAIRS, FISCAL YEAR 2021 BUDGET SUBMISSION, Medical Programs and Information Technology Programs at VHA-92, available at https://www.va.gov/budget/docs/summary/archive/FY-2021-VA-BudgetSubmission.zip (last visited July 12, 2021).

9/11 and received long-term care has increased at a faster rate than the overall number of veterans who received this care.[19]

Second, veterans under the age of 65 are more likely to have been the beneficiaries of modern life-saving military medicine and technology during their time in service. Improvements in combat casualty care including better use of tourniquets, quicker blood transfusions, and faster prehospital transport times have saved the lives of many who would have been lost in previous wars, including those most critically injured, who experienced a three-fold increase in survival rates from 2001 to 2017.[20] Many of those who survived due to these advances in medical technology and battlefield care were very seriously wounded and will be challenged by lifelong physical disabilities or mental health conditions. Thus, this increased survival rate will continue to contribute to the need for LTSS services that are responsive to a community of younger veterans who will require more intensive care and case coordination over a longer period.[21] WWP again thanks the Committee for its consideration of the needs of this population.

Discussion Draft, the *Servicemembers and Veterans Empowerment and Support Act*

In recent years, VA has made impressive strides to expand its services catered to Military Sexual Trauma (MST) survivors and improve accessibility of care to all who experienced sexual trauma during military service, regardless of service-connection or other limiting factors. However, the complex nature of MST requires VA to consistently modernize and expand its treatment options for veterans in need of support. As this legislation recognizes, more can be done to ease access to benefits and care for MST survivors.

The *Servicemembers and Veterans Empowerment and Support Act* proposes a number of reforms intended to reduce the emotional and evidentiary burden of VBA's claims process, improve the accuracy and efficiency of such process, streamline communication between VHA and VBA, and enhance treatment options for MST survivors. WWP is pleased to see the Committee take a comprehensive approach to this issue, and we are confident that many of the proposals in this legislation will make real and lasting change. In our statement today, however, WWP will focus our comments and recommendations on the provisions which most closely reflect our priorities and expertise.

Sections 206 and 207 of this draft legislation would take steps to improve the quality of VBA training and accuracy of MST-related claims processing by requiring reviews on both topics, the latter of which to be performed annually. The discussion around these measures occurs at a timely moment. A report from the VA Office of Inspector General (OIG) identified

[19] U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-20-84, VA Health Care: "Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand" (2020).
[20] JT Howard, RS Kotwal, CA Stern, et al. *Use of Combat Casualty Care Data to Assess the US Military Trauma System During the Afghanistan and Iraq Conflicts, 2001-2017*. Surgery. Published online 2019, *available at* https://jamanetwork.com/journals/jamasurgery/article-abstract/2729451.
[21] Ben Barry, *Battlefield Medicine: Improving Survival Rates and 'The Golden Hour,'* INT'L INST. FOR STRATEGIC STUDIES, (Apr. 16, 2019) available at www.iiss.org/blogs/military-balance/2019/04/battlefield-medicine.

that, despite supposed implementation of previous recommendations, accuracy of MST-related claims determinations worsened since 2018. This report found that 57 percent of denied MST-related claims from October 1 – December 31, 2019, were not properly processed. This error rate represents more than a failure of VBA governance, it directly impacts the emotional and financial health of MST survivors.

Thus, WWP supports the annual review process that this legislation would implement for MST-relation claims. We make one minor suggestion: Section 207 requires a full review of all MST-related claims submitted in the year prior when the accuracy rate is found to be under 90 percent. WWP recommends that any such review prioritize MST-related claims that were previously denied ensuring any subsequent remediations are focused on veterans in greatest need.

Under Section 302 of the *Servicemembers and Veterans Empowerment and Support Act*, VA would be required to send a communication to a veteran who submits an MST-related claim with information on VHA and VBA MST Coordinators, the types of services MST survivors may be eligible for, and information to reach the Veterans Crisis Line. This provision is intended to improve veterans' awareness and access to support services – namely, mental health support – during the claims process. This is a concept for which WWP strongly supports.

We understand that the benefits process may trigger an emotional response for many veterans; its thorough nature requires veterans to reiterate traumatizing experiences, often to multiple providers or representatives. While filing a benefits claim may be emotionally challenging, it also represents an opportunity to connect veterans to meaningful mental health care. In FY 2021, WWP's Benefits team provided over 300 referrals to our suite of mental health programming, illustrating how WWP works to integrate emotional and mental health support into the claims process. We recognize that the intent of Section 302 is aligned with this goal and offer the following as context and recommendation for improvement.

Section 302 language only requires VA to send a "communication" to a veteran who submits an MST-related claim. WWP recommends enhancing this effort to reflect a more personalized model, such as wellness checks via phone. Doing so may allow VA to reach MST survivors in a timelier manner and provide referrals or recommendations to services that meet their individual needs. Written communication, on the other hand, puts an additional burden on MST survivors to find their own resources during a time when they may be under emotional stress.

In addition, WWP recommends that the scope of Section 302 be expanded to cover additional pain points along the claims timeline. The submission of a claim is, indeed, a critical moment. However, other potentially re-traumatizing events include: writing a personal statement describing the trauma; the phone screening prior to a medical examination; the compensation and pension examination; the day a decision is rendered, regardless of the outcome; the Board of Veterans' Appeals (BVA) hearing, and any subsequent examinations it

requires. While we recognize that it may not be feasible to conduct outreach after each of these events, we include them to illustrate the importance of maintaining an ongoing dialogue with MST survivors. For the purposes of this draft legislation, WWP recommends that personalized outreach be conducted after compensation and pension examinations and after BVA hearings.

Section 304 of the *Servicemembers and Veterans Empowerment and Support Act* would create a pilot program to provide intensive outpatient mental health care to MST survivors who face wait times for inpatient mental health care longer than 14 days.

Wounded Warrior Project has been connecting veterans with intensive outpatient treatment since 2015 through our Warrior Care Network program. We have witnessed firsthand the significant impact that this type of care can have on veterans. In the two-to-three week treatment programs WWP facilitates through four Academic Medical Center partners across the country, participating warriors receive more than 70 hours of direct PTSD treatment in addition to complementary alternative therapies. Originally designed to address symptoms of moderate to severe PTSD and/or TBI, Warrior Care Network expanded to incorporate curriculums tailored to MST. MST-specific cohorts are delivered through Rush University Medical Center and help survivors to connect with their veteran peers, develop resiliency, and ultimately heal from past trauma. VA has personnel on site as well to help facilitate any necessary care coordination, record transfers, or provide education on resources in the veteran's home area.

If enacted, WWP offers our full support to VA in developing an effective intensive outpatient treatment program for MST survivors. We are grateful to the Committee for recognizing the potential of this treatment pathway to improve timeliness and effectiveness of mental health care delivery, and WWP is pleased to offer our expertise as this initiative develops.

While we have provided comments on only a few of the provisions included in the *Servicemembers and Veterans Empowerment and Support*, WWP would like to endorse this legislation as a whole. We thank Chairman Tester for acting as a champion for MST survivors, and for supporting these crucial reforms to VA benefits and services.

CONCLUSION

Wounded Warrior Project thanks the Committee and its distinguished members for allowing 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 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.