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**WOUNDED WARRIOR PROJECT
STATEMENT FOR THE RECORD
SENATE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

ON

S. 123, S. 221, S. 318, S. 450, S. 514, S. 524, S. 711, S. 746, S. 785, S. 805, S. 850, S. 857, S. 980, S. 1101, S. 1154, DRAFT BILL - JANEY ENSMINGER ACT OF 2019, DRAFT BILL - A BILL TO AMEND TITLE 38, UNITED STATES CODE, TO EXTEND THE AUTHORITY OF THE SECRETARY OF VETERANS AFFAIRS TO CONTINUE TO PAY EDUCATIONAL ASSISTANCE OR SUBSISTENCE ALLOWANCES TO ELIGIBLE PERSONS WHEN EDUCATIONAL INSTITUTIONS ARE TEMPORARILY CLOSED, AND FOR OTHER PURPOSES.

May 22, 2019

Chairman Isakson, Ranking Member Tester, and distinguished members of the Senate Committee on Veterans' Affairs – thank you for inviting Wounded Warrior Project (WWP) to testify on these important issues.

Wounded Warrior Project's mission is to honor and empower wounded warriors. Through community partnerships and free direct programming, WWP is filling gaps in government services that reflect the risks and sacrifices that our most recent generation of veterans faced while in service. Over the course of our 15-year history, we have grown to an organization of nearly 700 employees in more than 25 locations around the world, delivering over a dozen direct-service programs to warriors and families in need.

Through our direct-service programs, we connect these individuals with one another and their communities; we serve them by providing mental health support and clinical treatment, physical health and wellness programs, job placement services, and benefits claims help; and we empower them to succeed and thrive in their communities. We communicate with this community on a weekly basis and are constantly striving to be as effective and efficient as possible.

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





S. 123 — Ensuring Quality Care for Our Veterans Act

According to the 2018 WWP Survey¹, 68.4 percent of WWP’s alumni reported using the Department of Veterans Affairs (VA) as their primary health care provider². Additionally, through the delivery of direct services provided to over 125,000 registered alumni, WWP teammates frequently encourage warriors eligible for VA medical benefits to enroll in the Veterans Health Administration (VHA). In contrast, the 2018 WWP Survey also indicates that 43.7 percent of the warriors who chose not to utilize the VA as their primary care provider do so because there is a perception that higher quality care is available outside of the VA. This perception contradicts an April 2018 RAND study which stated:

“VA hospitals performed on average the same as or significantly better than non-VA hospitals on all six measures of inpatient safety, all three inpatient mortality measures, and 12 inpatient effectiveness measures, but significantly worse than non-VA hospitals on three readmission measures and two effectiveness measures. The performance of VA facilities was significantly better than commercial HMOs and Medicaid HMOs for all 16 outpatient effectiveness measures and for Medicare HMOs, it was significantly better for 14 measures and did not differ for two measures. High variation across VA facilities in the performance of some quality measures was observed, although variation was even greater among non-VA facilities³.”

While we know via the recent RAND study that VA is performing on average at the same level or significantly better than non-VA hospitals, there are always ways to improve. One such improvement is to ensure that no medical providers are practicing with revoked licenses. The *Ensuring Quality Care for Our Veterans Act* aims at ensuring veterans seeking care at VA medical facilities are not being seen by providers who are practicing with a revoked license. It is our understanding that the VA has conducted a thorough review of all providers and has taken the appropriate human resource measures to ensure providers who have had their license revoked are no longer employed. Additionally, the VA has taken actions to address internal hiring practices in order to ensure providers with a revoked license are not considered for employment in accordance with VA policies. Furthermore, S.123 requires the VA to contract with a non-Federal entity to conduct a third party-clinical review of the care provided by those who were found to be practicing with a revoked license. If any previously provided care is deemed to be substandard, VA would be required to notify the veteran. If such instance exists, WWP requests VA implement a process for patient notification of those deemed to have received substandard care and how, if appropriate, VA will address medical needs.

Wounded Warrior Project supports the intent of S. 123 and recommends VA submit a report to Congress providing the results of the original review. For VA providers found to have practiced with a revoked license,

¹ The 2018 WWP survey is the tenth iteration of our organization’s annual poll of registered warriors (“alumni”). The 2018 edition received over 33,000 completed surveys.

² <https://www.woundedwarriorproject.org/media/183005/2018-wwp-annual-warrior-survey.pdf>

³ <https://www.rand.org/news/press/2018/04/26.html>



WWP supports a third party-clinical review to ensure veterans seen by these providers did not receive substandard care. This would help VA combat the narrative that VA care is substandard and reinforce their commitment to quality care.

S. 221 — Department of Veterans Affairs Provider Accountability Act

The *Department of Veterans Affairs Provider Accountability Act* would require VA to report employees who had major adverse actions taken against them for conduct or performance to the National Practitioner Data Bank and the employee’s applicable licensing board. Like S.123, this bill proposes to hold VA health care providers accountable for substandard care and substandard conduct, both of which negatively impact the veteran experience. VA would be required to report such actions 30 days after the date on which such major adverse action is carried out.

While WWP appreciates the intent of S.221, what remains unclear is how VA providers’ appeals will be considered, or how employment status will be affected by reports to the National Practitioner Data Bank. Additionally, WWP recommends expanding on the language “major adverse action” to clearly define when an employee should be reported. WWP recommends expanding on this piece of legislation to address these concerns.

Wounded Warrior Project supports S.221.

S. 318 — VA Newborn Emergency Treatment Act

The *VA Newborn Emergency Treatment Act* proposes to provide clear authority for VA to cover the costs of medically necessary emergency transportation services for newborn babies of certain women veterans. This bill would alleviate payment issues that arise when a female veteran mother does not travel with her newborn child.

As women continue to be one of the fastest-growing veteran populations, it is crucial to recognize that VA benefits must be aligned and be responsive to those who rely on VA for maternity care. Unlike their civilian counterparts, these women may have service-connected disabilities that place them at higher risk for pregnancy complications, including pre-term labor or low-birth weight newborns. In such situations, it is critical for VHA to be able to link these mothers and their children with specialized and intensive services when necessary – a step that can require emergency transportation if a particular VA facility cannot provide such care internally.

In order to address these concerns and a lack of clarity in current law, WWP supports the *VA Newborn Emergency Treatment Act*.



S. 450 — Veterans Improved Access and Care Act of 2019

During the February 27, 2019, House Veterans' Affairs Committee hearing on the future for the VA, Secretary Wilkie expressed concern with the 49,000 vacancies across the Department. Of these vacancies cited at that time, 42,790 were within the VA health care system, with 24,800 in the medical and dental fields. Secretary Wilkie indicated that the Department is prioritizing staffing efforts based on greatest needs, with particular effort focused on staffing primary care, mental health, and women's health. *"Primary health because newer veterans are used to urgent care, mental health because suicide is an epidemic, and women's health because that demographic is growing⁴."*

S. 450 requires the VA to carry out a pilot program to assess the feasibility and advisability of expediting the process of the VHA for onboarding new medical providers with a goal to reduce the length of time it takes to onboard medical providers to no more than 60 days.

Wounded Warrior Project supports S. 450.

S. 514 — Deborah Sampson Act

The National Center for Veterans Analysis and Statistics predicts that over the next 25 years the total veteran population will decline by an average of 1.8 percent per year; however, that decline will be driven by declines in the male veteran population. Over that period, the female veteran population is estimated to grow by an average of 0.6 percent per year as the male population declines by 2.2 percent per year⁵. At a time when female veterans already represent 11.6 percent of OEF/OIF/OND veterans and approximately 10 percent of the current veteran population, the VHA system must evolve to meet the needs of a unique and growing demographic.

Nearly 16 percent of WWP registered alumni are women and we are acutely aware of the need for programs and services tailored to their needs. In FY18, female warriors registered with WWP had significantly higher participation rates than men in nearly all program areas, particularly WWP Talk⁶ and our Physical Health & Wellness programming. In this context, WWP supports the *Deborah Sampson Act's* pursuit of female-specific services and its intent to eliminate barriers to care.

⁴ 2019-02-27 Full Committee Hearing: VA 2030 A Vision for the Future of VA https://www.youtube.com/watch?v=aByF4NT_06k

⁵ Source: https://www.va.gov/vetdata/docs/Demographics/VetPop_Infographic_2019.pdf

⁶ WWP Talk is a helpline for WWP alumni, family members, and caregivers that provides emotional support over the telephone. Participants speak with the same helpline support member each week, developing an ongoing relationship and a safe, non-judgmental outlet to share thoughts, feelings, and experiences



Wounded Warrior Project supports the S.514 initiatives found in Section 101 (reintegration and readjustment services), Section 202 (financial assistance for housing), and Section 404 (female-veteran-specific training for community providers), among others; however, we would support a review of current VA initiatives for female veterans in order to ensure the necessity of new legislation. For example, VA has already implemented a text messaging capability for the Women Veterans Call Center (Section 102) and developed an internet website to provide information on services available to women veterans (Section 503).

Additionally, we wish to bring attention to Section 502 which requires VA to submit a report to Congress on the availability of prosthetics made for women veterans, including an assessment of the availability of such prosthetics at each VA medical facility. Although well intentioned, this section is extremely broad and may not be specific enough to meet congressional intent. VA Prosthetic and Sensory Aids Service (PSAS) is the largest and most comprehensive provider of prosthetic devices and sensory aids in the world⁷. According to VA lexicon, the term “prosthetic device” may suggest images of artificial limbs, but in actuality, it refers to any device that supports or replaces a body part or function. In order to get a true understanding of the scope of “prosthetic” devices for female veterans, WWP recommends a report include the following elements:

- 1) list of all devices the VA classifies as prosthetic devices.
- 2) once a list is compiled; identify whether each device is gender neutral or manufactured to be gender specific,
- 3) for gender-neutral devices, identify whether adequate sizing is available for female veterans,
- 4) assess whether all VA facilities are adequately resourced to meet the demand of female veteran needs,
- 5) for facilities with low demand, identify what procedures are in place to expedite the acquisition or manufacture of devices for female veterans.

S. 524 — Department of Veterans Affairs Tribal Advisory Committee Act of 2019

The *Department of Veterans Affairs Tribal Advisory Committee Act of 2019* proposes to give a voice to the American Indian Veteran population – a population that faces unique issues that are not always understood by the country – by establishing the Department of Veterans Advisory Committee on Tribal and Indian Affairs. This committee would help VA identify evolving issues that are specific to American Indian veterans and communicate these issues directly to the Secretary of Veterans Affairs.

American Indians and Alaska Natives serve in the military at a higher rate than members of other racial groups. Due to the unique challenges they face in receiving VA medical and benefits assistance, it is necessary in allowing this group of veterans a voice in order to raise their concerns to the highest level of authority at the VA.

⁷ https://www.prosthetics.va.gov/psas/About_PSAS.asp



Given that 5.3 percent of WWP alumni identify as American Indian or Alaska Native, we recognize that this population has a different set of challenges in accessing care and benefits. At times, this population is located many miles from VA Medical Centers and often lack coordinated care for long-term treatment. A recent U.S. Government Accountability Office (GAO) report recommended that VA strengthen oversight and coordination of health care for this population⁸. The proposed Veterans Advisory Committee can help VA address all recommendations in the March 21, 2019, GAO study as well as any additional deficiencies yet to be discovered.

Wounded Warrior Project supports S.524.

S. 711 — *Care and Readiness Enhancement (CARE) for Reservists Act of 2019*

The *CARE for Reservists Act of 2019* proposes to extend VA mental health care resources to the National Guard and Reservists. With particular emphasis on Vet Centers to help meet demand, the CARE for Reservists Act acknowledges that VA – in consultation with the Department of Defense (DoD) – can help remove barriers to care that exist for a population that interacts with the military health system differently than their active duty counterparts.

As VA and DoD work together in their collective pursuit to reduce veteran and military suicides, the CARE for Reservists Act addresses critical risk factors that can help connect at-risk National Guard and Reservists with mental health care. According to the DoD Suicide Event Report for Calendar Year 2016, the suicide mortality rates for the Reserve Component (22.0 deaths per 100,000 reservists) and the National Guard Component (27.3 deaths per 100,000 members of the Guard population) were both higher than the suicide mortality rates for the Active Component (21.1 deaths per every 100,000 Active Duty Service members). Moreover, the average at-risk Guardsman is between the ages of 17 and 24 – an age consistent with VA data that reflects a higher rate of suicide among younger veterans (ages 18 to 34) than any other age cohort.

Permitted VA is adequately staffed and resourced to handle an influx of National Guard and Reservist patients, a concern addressed in Section 5, WWP supports the *CARE for Reservists Act of 2019* and its intent to lend VA resources to help National Guard and Reservists successfully readjust to civilian life.

S. 746 — *Department of Veterans Affairs Website Accessibility Act of 2019*

Wounded Warrior Project remains vigilant in addressing the needs of those with severe physical and cognitive injuries. According to the DoD & VA Extremity and Amputation Center of Excellence, as of March 2019, there have been a total of 1,724 battle injured amputees treated in Military Treatment Facilities. A large

⁸ <https://www.gao.gov/assets/700/697736.pdf>



portion of those patients were treated following high-impact or blast-related injuries – injuries that often include immediate or eventual visual impairment. Additionally, the 2018 WWP Survey reflects that 41.2 percent of the 33,067 warriors who completed the survey self-reported to have a traumatic brain injury (TBI). This population includes those with severe TBI who experience significant cognitive issues.

According to DoD’s Vision Center of Excellence, eye and head trauma, or exposure to a blast, can result in immediate and longer-term vision loss and dysfunction that can be difficult to initially detect, making those affected with TBIs more prone to vision problems in the future⁹. Research also notes more than 75 percent of all TBI patients experienced short- or long-term visual dysfunction, including double vision, sensitivity to light, and inability to read print, among other cognitive problems¹⁰. As veterans rely more on internet access and use of smart devices and computers, the likelihood of a veteran or a service member with a physical or cognitive disability relying on or utilizing an electronic or information technology web-based system to seek their care or communicate with VA is extremely likely. As VA introduces new technologies or modifies old systems, it must recognize the potential of inadvertently removing accessibility features that were once in place. The VA must ensure that website developers follow industry-standard accessibility guidelines to ensure compatibility with screen reading software utilized by visually impaired persons. Additionally, as VA executes the implementation of the MISSION Act and the electronic health record management system, which will have a robust external facing platform, it must do so with thoughtful consideration of end users who may have visual or cognitive deficiencies.

The *Department of Veterans Affairs Website Accountability Act of 2019* would direct VA to conduct a study regarding the accessibility of VA websites to determine is whether such websites are accessible to individuals with disabilities in accordance with Section 508 of the *Rehabilitation Act of 1973* (29 U.S.C. 794d). WWP supports this legislation and encourages Congress to continue to exercise oversight once the study has been completed.

S. 785 — Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019

Suicide prevention is the Department of Veterans Affairs’ highest clinical priority, and among the greatest challenges, WWP is trying to address in the community we serve. Congress has an important role to play in improving access to mental health care and supporting the development of a comprehensive network of education and support that can protect against isolation and veteran suicide. WWP encourages a wide-ranging approach anchored in evidence-based treatment and research. This foundation should support private and non-profit sector partnerships that keep VA at the center of care and strengthen holistic approaches to wellness –

⁹ DoD Vision Center of Excellence. Vision Problems Associated with TBI

¹⁰ DoD Armed Forces Health Surveillance Center, Medical Surveillance Monthly Report (MSMR), vol. 18, no. 5, “Eye Injuries, Active Component, U.S. Armed Forces 2000–2010,” May 2011, 2–7.



important tenets that are captured by the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*.

This bill contains 35 provisions that span from transition to community grants and incorporate proposals affecting clinical care and non-clinical support. Given the immense gravity and importance of ensuring that our community works collectively and more effectively to improve access to care and prevent veteran suicide, we believe it is critical to move forward with as much concurrence as possible on legislative solutions that unite our community's efforts. In this spirit, we offer our perspective on key proposals that we believe can make the biggest impact based on organizational experience.

In Focus: Section 101 – This section would extend VA health care eligibility to transitioning veterans for a full year after their separation or discharge from the Armed Services. WWP supports this provision as it aligns with Joint Action Plan for Executive Order 13822 and the cross-agency recommendation and goal of providing immediate and continuous access to VA health care for all transitioning service members during the first 12 months post-transition – a time when suicide prevention efforts can align with heightened risk.

As highlighted by DoD's Defense Suicide Prevention Office, service members transitioning out of DoD are at a higher risk of suicide within the first 90 days of separation – a trend consistent over a 14-year period. Over that period, approximately 50 percent of suicide deaths occurring in the first three months of separation happened within the first 17 days of separation. As Congress continues to work with the executive branch to improve and monitor military-to-civilian transition, WWP supports Section 101 as a primary tool to help mitigate suicide risk for transitioning service members.

In Focus: Section 201 – This provision would create a new grant program aimed at organizations that provide and coordinate mental health services for veterans not receiving care at VA. As our community strives to reach more veterans and connect them to the care and services they need, not just to survive but to thrive, this initiative to empower community-based organizations through partnerships with VA is critically important. While WWP would defer to the judgment of Congress and VA on the specific composition of how grants are awarded, we can provide firsthand perspective on our approach to grantmaking and the impacts those grants have on ensuring healthy military-to-civilian transitions.

While WWP has many successful direct programs serving needs of warriors and their families, we alone cannot meet every need this generation of wounded service members and veterans face. WWP knows no one organization can fully meet veterans' needs. To this end, we proudly partner with other organizations to help our nation's veterans. Since 2012, WWP has granted \$80.9 million to 158 other veteran and military service organizations. In FY 2018 alone, we executed 38 grants to organizations totaling more than \$13.6 million in additional impact to support our warriors and their families. These efforts reflect the value that comes with working with others to harness subject matter expertise, reach a greater number of injured veterans, and provide a more comprehensive network of support.



Our approach to grants and partnerships has evolved over time and currently reflects leading research in the military-veteran community. Together with the Henry Jackson Foundation (HJF), and partners from the public and private sectors, WWP has funded a longitudinal study of transitioning veterans to better understand the components of well-being and the factors necessary for ensuring a healthy military-to-civilian transition. Findings from this study – The Veterans Metrics Initiative – suggest there are four components of well-being: Social Relationships; Health; Finances; and Vocation. Our investments for direct services and programming are considered and categorized on this evidence-based criteria, and we engage WWP’s metrics team to measure our collective work and outcomes.

As a community of service organizations, we each focus on complementary initiatives across missions (sometimes, generations) and together we are forging partnerships, providing cross-referrals and providing a stronger, expanded network of support. We must all work together to serve those who need us most throughout their care continuum. When assessing potential partnerships, WWP evaluates existing and potential partners based on how a program complements WWP by:

- **Filling a gap in WWP direct services** by providing a program or service WWP does not offer;
- **Augmenting WWP direct services** by doubling down on services that are in high demand;
- **Amplifying messaging** around issues affecting post-9/11 wounded/ill/injured veterans, caregivers, and their families;
- **Building relationships and collaboration** with organizations serving veterans and families;
- **Growing small organizations with potential** that can have the ability to scale and offer innovative programming

In sum, WWP supports Section 201 and its implicit recognition that community-based organizations can extend VA’s reach across the country and into the lives of veterans who are not currently connected to the system. A strong network of clinical care and community support is a protective factor in suicide prevention.

In Focus: Section 205 – This section would commission a study on the feasibility and advisability of providing certain complementary and integrative health treatments such as yoga, meditation, acupuncture, and chiropractic care, at all VA medical facilities, either in person or through telehealth when applicable. Section 205 would also permit VA to provide these treatments. While we would defer to VA and Congress to determine the appropriate timing of implementing such a study and practice, WWP endorses the utility of complementary and integrative health treatments in a holistic approach to mental health care.

To illustrate this point, WWP’s signature Warrior Care Network is an innovative program and partnership between WWP and four national academic medical centers (AMCs): Massachusetts General Hospital, Emory Healthcare, Rush University Medical Center, and UCLA Health. Warrior Care Network delivers specialized clinical services through innovative two- and three-week intensive outpatient programs that integrate evidence-based psychological and pharmacological treatments, rehabilitative medicine, wellness, nutrition, mindfulness training, and family support with the goal of helping warriors thrive, not just survive.



Through these two- to three-week cohort-style programs, participating warriors receive more than 70 direct clinical treatment hours (e.g. cognitive processing therapy, cognitive behavioral therapy, and prolonged exposure therapy) as well as additional supportive intervention hours that incorporate many (and more) of the complementary therapies listed in Sections 205 and 206. Warriors in the program receive approximately 16 hours of complementary services during treatment. Available therapies at each AMC include acupuncture, massage, yoga, art therapy, and equine therapy. These services are provided in both individual settings and in groups that include warriors and family members. Each instance of supportive therapy is documented and overall trends are used to develop future complementary therapy offerings in the WCN program.

Providing warriors with best in class care that combines clinical and complementary treatment is still only part of the Warrior Care Network's holistic approach to care. While AMCs provide veteran-centric comprehensive care, aggregate data, share best practices, and coordinate care in an unprecedented manner, a Memorandum of Agreement (MOA) between WWP and VA has been structured to further expand the continuum of care for the veterans we treat. In February 2016, VA signed this MOA with WWP and the Warrior Care Network to provide collaboration of care between the Warrior Care Network and VA hospitals nationwide. Four VA employees act as liaisons between each site and VA, spending 1.5 days per week at their respective sites to facilitate coordination of care and to meet with patients, families, and care teams. Each VA liaison facilitates national referrals throughout the VA system as indicated for mental health or other needs, but also provides group briefings about VA programs and services, and individual consultations to learn more about each patient's needs. In November 2018, that MOA was renewed with a growing commitment from VA – VA has created full-time billets for liaisons at each AMC to enhance their contribution to the partnership. All told, this first-of-its-kind collaboration with VA is critical for safe patient care and enables successful discharge planning. At WWP, we believe cooperation and coordination like this can serve as a great example of “responsible choice” in the VA health care system.

Warriors who complete the Warrior Care Network program are seeing results. Prior to treatment, over 83 percent of patients reported PTSD symptoms at the severe to moderate range based on the PCL-5 clinical assessment, with the aggregate average being 51.1 (severe PTSD). Following treatment in the intensive outpatient programs, PTSD symptoms decreased 19.4 points to 31.7 (minimal PTSD)¹¹. A similar pattern was seen for symptoms of depression, with a mean score of 16.0 at intake and a decrease to 10.2 at follow-up on the PHQ-9 assessment. These changes translate into increased functioning and participation in life, based on the decrease of psychological distress caused by severe to moderate levels of PTSD and depression.

It is also worth noting that, although effective if completed, many who begin evidence-based mental health treatment (cognitive processing therapy and prolonged exposure) in non-intensive outpatient (IOP)

¹¹ Note: A change in score greater than 5 is indicative of clinically significant change rather than statistical change.



formats – including highly controlled and selective clinical trials¹² – discontinue care before completion. While drop-out rates in those formats are between 30 and 40 percent¹³, the IOP model used by Warrior Care Network has a completion rate of 94 percent. When combined with clinically significant decreases in mental health symptoms, this figure is illustrative of the successful approach the Warrior Care Network has taken – and patients agree. Ninety-six percent (96.3 percent) of warriors reported satisfaction with clinical care received, and 94 percent of warriors indicate they would tell another veteran about WCN, a possible indication of reduced mental health stigma.

As WWP and its partner AMCs remain committed to pioneering this innovative approach to treat warriors with moderate to severe PTSD, we support further research – and potential expansion of VA authority(ies) to provide similar care – into the efficacy of combining complementary and integrative treatments with evidence-based treatments to deliver first-class mental health care to veterans. For these reasons, we support Section 205.

In Focus: Section 305 – This provision would install a Precision Medicine for Veterans Initiative at VA in order to identify and validate brain and mental health biomarkers. Section 305 places an emphasis on biomarkers for PTSD, TBI, anxiety, and depression – challenges that face a significant portion of warriors who reach out to WWP for help.

According to results of the 2018 WWP Survey, and for the fourth year in a row, post-traumatic stress disorder (PTSD) was the most frequently reported health problem from service (78.2 percent), followed closely by depression (70.3 percent), anxiety (68.7 percent), and even sleep problems (75.4 percent), an issue frequently linked to mental health challenges. Accordingly, mental health programs are WWP’s largest programmatic investment – in 2018, WWP spent \$63.4 million on our mental health programs.

Wounded Warrior Project’s investments to address these challenges extends beyond programming, and our interest in biomarker research aligns with the intent behind Section 305. Specifically, WWP supports work being performed and funded by Cohen Veteran Bioscience (CVB) to fast-track the development of diagnostic tests and personalized therapeutics for the millions of veterans and civilians who suffer the devastating effects of trauma to the brain. Recent research published in *Science Translational Medicine* and funded in part by CVB, identifies a PTSD brain imaging biomarker¹⁴. This biomarker is important because it may help determine which people with PTSD will respond to PTSD first-line treatment of behavioral therapy, and which individuals

¹² Imel, Z., Laska, K., Jakupcak, M., Simpson, T. (2013). Meta-analysis of Dropout in Treatments for Post-traumatic Stress Disorder. *Journal of Consulting and Clinical Psychology*, 81(3), 394-404.

¹³ Kehle-Forbes, S., Meis, L., Spoont, M., Polusny, M. (2015). Treatment Initiation and Dropout From Prolonged Exposure and Cognitive Processing Therapy in a VA Outpatient Clinic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 107–14.; Gutner, C., Gallagher, M., Baker, A., Sloan, D., Resick, P. (2015). Time Course of Treatment Dropout in Cognitive-Behavioral Therapies for Posttraumatic Stress Disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*, 8(1), 115–21.

¹⁴ Amit Ekin et al. “Using fMRI connectivity to define a treatment-resistant form of post-traumatic stress disorder.” *Sci. Transl. Med.* 11, eaal3236 (2019).



with PTSD who don't respond to first-line treatment may respond to other options. This personalized approach may help connect people to the right PTSD treatment sooner.

Wounded Warrior Project supports continued research and collaboration into biomarkers for mental health and traumatic brain injury treatment. VA would be an integral partner to work already being done in the community and as such, we support Section 305.

In Focus: Section 406 – This provision focuses on identifying transition and mental health programing operated by the Department of Veterans Affairs and the Department of Defense and establishing a Joint DoD/VA National Intrepid Center of Excellence Intrepid Spirit Center in a rural or highly rural area. These agencies share common goals to increase efficiencies, eliminate redundancies, and improve health care outcomes. WWP supports the establishment of a center focused on mental health that would foster collaboration in treatment, research, and prevention initiatives. At its core, research would permit for the quantification of successful treatment modalities, ultimately leading to the creation of a successful clinical model (i.e., clinical intervention hours, clinical interventions to use and supportive services) that could be shared and duplicated at different locations.

S. 805 — *Veteran Debt Fairness Act of 2019*

The *Veteran Debt Fairness Act of 2019* addresses issues related to VA's debt collection practices. Historically, VA has been reputed to be an aggressive debt collector. The agency has a history of practices that include withholding disability benefits payments and sending incurred debts to aggressive third-party debt collection agencies.

Sections 1 and 2 of S. 805 would require VA to update their information technology (IT) system to allow veterans to update dependency information. Although we find that VA currently has this function, we are interested in seeing if VA can make this more user friendly, and not have veterans who have adopted, stepchildren, or those who have dependent children in college be penalized for needing to submit documents that the automated system often fails to recognize. This will help address overpayments to veterans who have changes in the dependency status. Additionally, VA will be required to electronically notify the veteran that a debt has been established. This is critical as many veterans have noted that they never received the physical letter notifying them that a debt has been incurred. Section 3 of this bill would require VA to conduct an annual audit for debt errors on at least 10 percent of all debts created. Additionally, this section would allow veteran 120 days to contest a debt, allowing the veteran time to address possible debt errors before the VA starts the collection process.

These proposed changes, especially to the IT system, would facilitate faster dependency claim processing times. Also, the definitions of what constitutes a lawful debt will directly affect countless warriors, especially Reservists and National Guard, who often end up accumulating debt due to their failure to complete



and return, or have VA acknowledge the submission of a VA Form 21-8951, Notice of Waiver of VA Compensation or Pension to Receive Military Pay and Allowances when they are activated.

Wounded Warrior Project is pleased to see language in this legislation that would limit the number of funds the VA can deduct from a veteran's disability payment to 25 percent. We would also recommend defining "reasonable efforts" on page 6, line 17, regarding efforts made to notify a veteran of their rights. WWP is encouraged by S. 805 and supports this legislation.

S. 850 — *Highly Rural Veteran Transportation Program Extension Act*

For veterans who live in highly rural areas, transportation to VA facilities can be a major barrier in obtaining VA health care. The *Highly Rural Veteran Transportation Program Extension Act* would amend section 307(d) of the *Caregivers and Veterans Omnibus Health Services Act of 2010* to add one additional year to a program that provides grants to Veterans Service Organizations for transportation to VA facilities. The grant amount may not exceed \$50,000, and a total of \$3,000,000 is appropriated each fiscal year.

The 2018 WWP Survey indicates that 29.2 percent of veterans who do not use VA as their primary health care provider cited that it was due to their distance from a VA care center¹⁵. In this context, WWP feels that any program that helps transport veterans to and from a facility is imperative in addressing barriers to receiving care.

Wounded Warrior Project supports this legislation.

S. 857 — *A bill to amend title 38, United States Code, to increase the amount of special pension for Medal of Honor recipients, and for other purposes*

This bill would increase the special pension given to Medal of Honor recipients from \$1,000 a month to \$3,000 a month. The Medal of Honor special pension has not been increased since 2002 via Public Law 113-66 which increased the pension from \$600 to \$1000. Medals of Honor recipients are frequently asked to attend speaking events to help promote national pride in the military. They often pay the cost of attending these events by using their pension for out-of-pocket expenses. This legislation aims to help offset these expenses by increasing the pension amount.

Wounded Warrior Project is proud to support S. 857.

¹⁵ <https://www.woundedwarriorproject.org/media/183005/2018-wwp-annual-warrior-survey.pdf>



S. 980 — Homeless Veterans Prevention Act of 2019

According to our 2018 survey, 5.6 percent of responding warriors were homeless or living in a homeless shelter during the past 24 months of taking the survey. Additionally, those that were homeless showed varied rates regarding how long they were homeless:

“Among them [homeless veterans], 26.4 percent were homeless for less than 30 days, 49.1 percent were homeless for 1-6 months, 12.9 percent were homeless for 7-12 months, and 11.4 percent (10.1% in 2017) were homeless for 13-24 months. Female warriors showed somewhat higher rates of homelessness over the past 24 months than males (7.1% for females vs. 5.3% for males). Homelessness among female warriors was 7.2% in 2017 and 6.1% in 2016.”¹⁶”

There are an estimated 50,000 homeless veterans in the U.S., and another 1.4 million considered at-risk of homelessness¹⁷. Additionally, one of the most notable deficiencies for this population is legal assistance¹⁸. Legal assistance is critical in helping veterans access healthcare, veteran disability benefits, and housing vouchers. This legislation will authorize VA to fund pro-bono lawyers and community legal clinics to help homeless veterans understand their rights. Additionally, S. 980 will authorize VA dental care for homeless veterans, increase resources for very low-income veteran families, and authorize per-diem payments to furnish care to dependents of certain homeless veterans.

Wounded Warrior Project supports the majority of the sections in S. 980 but recommends removing Section 8, on page 8. This section would repeal a required annual report on assistance available to homeless veterans. While this information is duplicative of similar studies at the Department of Housing and Urban Development (HUD), WWP feels that homeless veterans are more likely to search for information through the Department of Veterans Affairs over the Department of HUD.

Additionally, Section 6, on page 7, of S. 980, conflicts with Section 202 in S. 514, the *Deborah Sampson Act*, in that both provisions amend Section 2044 of Title 38 but at different dollar amounts. We recommend the committee deconflict these two sections if both pieces of legislation were to move forward.

Wounded Warrior Project supports S. 980 with the above amendments.

¹⁶ <https://www.woundedwarriorproject.org/media/183005/2018-wwp-annual-warrior-survey.pdf>

¹⁷ *The Invisible Battlefield* (2016)

¹⁸ The Veterans Administration annual Community Homeless Assessment, Local Education, and Networking Groups (CHALENG) survey (2016)



S. 1101 — *Better Examiner Standards and Transparency for Veterans Act of 2019*

In 2018, it was revealed that a Logistic Health Incorporated (LHI) physician performing medical disability examinations (MDE) had previously pled guilty to seven counts of fraud and that their medical license was revoked. Currently, Public Law 104-275 allows contract physicians to perform examinations in a state other than their state of licensure if the physician meets the statutory description of physician meeting the following requirements: (1) has a current unrestricted license to practice, (2) is not barred from practicing in any State; and (3) is performing authorized duties for the VA under a contract¹⁹. Under VA's current interpretation of the law, only physicians that are operating across state lines are required to meet the above three requirements thereby opening a loophole that allows physicians that have revoked licenses to perform MDEs if they are not practicing outside their state of licensure.

The *Better Examiner Standards and Transparency for Veterans Act of 2019* would close this loophole and prohibit contract health care providers who have had their licenses revoked in any state from performing MDEs. Additionally, it would require VA to ensure that only licensed health care providers are conducting MDEs and require VA to submit a yearly report to Congress on the outcomes of third-party contractors administering MDEs.

Wounded Warrior Project agrees with the provisions in the legislation that relates to closing this obvious loophole. Wounded Warrior Project supports S. 1101 but recommends looking at lines 1 through 8 on page 4 and expanding on the intent to minimize the second and third order effects of this proposal.

S. 1154 — *Department of Veterans Affairs Electronic Health Record Advisory Committee Act*

Wounded Warrior Project believes the electronic health record modernization (EHRM) will provide efficiencies and greater quality inpatient and prescription data, all of which will lead to greater quality of care, identify high-risk patients related to suicide and opioid abuse, and a greater quality of life. With an investment of \$16 billion and an implementation timeline of 10 years, successful implementation will deliver – for the first time – a uniform platform to manage records and provide seamless capabilities across DoD and VA. WWP believes Congress needs to exercise vigilant oversight of the implementation process to ensure high levels of interoperability and data accessibility between VA, DoD, and commercial health partners. Just as important, key stakeholders must also remain vigilant to ensure the VA takes account the voices of all stakeholders and veterans. Equally important to implementation is ensuring the VA is considering an ever-changing IT environment to ensure EHR “modernization” does not become outdated or obsolete.

¹⁹ <https://www.congress.gov/104/plaws/publ275/PLAW-104publ275.htm>



The *Department of Veterans Affairs Electronic Health Record Advisory Committee Act* would establish a VA Advisory Committee on Implementation of Electronic Health Record, which acts as an independent, third-party oversight entity that will ensure that on-the-ground stakeholders have a voice.

Wounded Warrior Project supports S. 1154.

Draft — Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act
Draft Janey Ensminger Act of 2019

The *Janey Ensminger Act of 2019* would require the Center for Disease Control and Prevention's Agency for Toxic Substance and Disease Register (ATSDR) conduct scientific analysis and review of scientific literature that may be relevant to those affected by contaminated water in North Carolina's Camp Lejeune between 1953 to 1987. Although ATSDR has found that service members, including their families, suffered from increased risk of cancers and other health risks due to contaminated water at Camp Lejeune, VA has failed in accepting ATSDR's findings for health care treatment. The scientific analysis that ATSDR would conduct will include a list of illnesses and conditions that are prevalent due to exposure to toxic substances at Camp Lejeune, NC, which will be critical in ensuring there is no delay in health care assistance.

WWP has placed toxic exposure issues as one of its top 2019 legislative priorities. This advocacy does not only include toxic exposures during military service while deployed but also to those affected stateside and the families of service members.

Wounded Warrior Project supports this legislation.

Draft — A bill to amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed, and for other purposes

This draft legislation will increase the time limit an institution of higher learning can be temporarily closed and still allow their student veterans to draw from their GI Bill Basic Allowance for House stipend from 4 weeks to 8 weeks. When a school is affected by a national disaster, student veterans are sometimes required to attend classes online because the school campus is temporarily closed. When this happens, the student's Basic Allowance for House (BAH) is reduced to 50 percent of the national average. This legislation will minimize the hardship of a natural disaster by ensuring that student veterans continue receiving appropriate BAH payments for a reasonable amount of time.

Wounded Warrior Project supports this draft bill.