VETERANS OF FOREIGN WARS.

STATEMENT OF

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VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

**H.R. 485, H.R. 712, H.R. 1647, H.R. 2676, H.R. 2677, H.R. 2942, H.R. 2943. H.R. 3083, and Draft Legislation**

WASHINGTON, DC June 20, 2019

Chairman Takano, Ranking Member Roe, and members of this committee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this committee.

**H.R. 485, Veterans Reimbursement for Emergency Ambulance Services Act**

This legislation would decouple ambulance reimbursement from reimbursement for emergency room health care services. The VFW supports this bill and has a recommendation to improve it.

The Department of Veterans Affairs (VA) emergency transportation reimbursement process is cumbersome and tends to take unreasonably long. VA must first adjudicate a claim for emergency room care before VA pays for the emergency transportation. In order to have a claim for emergency room services approved, VA must confirm the veteran experienced an emergency, whether the veteran has received VA health care within the past 24 months, if there is an acceptable reason a VA medical facility was not used, and whether the veteran notified VA of the emergency within 72 hours. When the emergency is for a non-service-connected condition, the veteran is required to exhaust all other health care insurance options before VA can cover the cost of transportation.

Veterans who believe they are experiencing an emergency must not be delayed or deterred from contacting 9/11 for emergency assistance because they are concerned VA will refuse to cover the cost of emergency transportation and leave them with crippling health care debt. This bill would rightfully authorize VA to pay claims for emergency room transportation without having to first process a claim for emergency health care.

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This legislation would require that a veteran be taken to the closest and most appropriate medical facility as a prerequisite for reimbursement of emergency transportation costs. Ambulance services typically take patients to the nearest emergency room. VA must make certain emergency transportation services are doing their best to take veterans to VA hospitals when possible. Since veterans who are facing an emergency typically do not have the opportunity to influence where they are taken, the VFW would recommend this committee strike the requirement that they be taken to the "closest and most appropriate" medical facility. Doing so would ensure veterans are not forced to pay emergency room reimbursement bills out-of-pocket because VA and the ambulance service disagree on what constitutes closest and most appropriate.

**H.R. 712, VA Medicinal Cannabis Research Act of 2019**

This legislation would require VA to conduct a double-blind scientific study on the efficacy of medicinal cannabis. The VFW is proud to support this important bill and thanks this committee for its consideration.

Prescribed use of opioids for chronic pain management has unfortunately led to addiction for many veterans, as well as for many other Americans. VA uses evidence-based clinical guidelines to manage pharmacological treatment of post-traumatic stress disorder, chronic pain, and substance use disorder because medical trials have found them to be effective. To reduce the use of high-dose opioids, VA must expand research on the efficacy of non-traditional medical therapies, such as medicinal cannabis and other holistic approaches.

Medicinal cannabis is currently legal in 33 states and the District of Columbia. This means veterans are able to legally obtain cannabis for medical purposes in more than half the country. For veterans who use medical cannabis and are also VA patients, they are doing this without the medical understanding or proper guidance from their coordinators of care at VA. Many states have conducted research for mental health, chronic pain, and oncology at the state level. States that have legalized medicinal cannabis have also seen a 15-35 percent decrease in opioid overdose and abuse. A comprehensive study by the National Academy of Sciences and the National Academic Press also concluded that cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia — all of which are prevalent in the veteran population. While VA has testified that it has the authority to study Schedule 1 drugs, it has failed to do so and veterans are tired of waiting for VA. This bill would prevent VA from further delaying needed research.

VFW-Student Veterans of America Fellow Christopher Lamy, an Army veteran and Louisiana State University law school student, focused his semester-long research project and advocacy effort on this important bill. Chris' research discovered that veterans experience chronic pain at 40 percent higher rates than non-veterans and if not properly treated, such chronic pain often leads to depression, anxiety, and decreased quality of life. Chris also found that states with medicinal cannabis programs have, on average, a 25 percent lower rate of death from opioid overdose than states without such programs.

Veterans Health Administration (VHA) Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, provides protections for veterans who use medicinal cannabis. However, Chris found that veterans who discuss their use of medicinal cannabis with their doctors are ostracized and have their medications changed or discontinued. The fear of reprisal for medicinal cannabis prevents veterans from disclosing information to their VA health care providers, which can lead to problems caused by drug interactions. This legislation would prohibit VA from making eligibility determinations for benefits based on participation in the study. To ensure veterans who participate in the study do not have their VA health care negatively impacted, the VFW recommends this committee amend the bill to prohibit VA from denying or altering treatment for veterans who participate in the study. Doing so would provide veterans peace of mind.

**H.R. 1647, Veterans Equal Access Act**

This legislation would authorize VA doctors to provide recommendations for participation in state-approved medicinal marijuana programs. The VFW agrees with the intent of this legislation, but cannot offer its support at this time.

The VFW agrees that veterans who rely on the VA health care system must have access to medicinal cannabis, if such therapies are proven to assist in treating certain health conditions. Without such evidence, VA would not have the authority to prescribe or provide medicinal cannabis to veterans. The VFW believes it is unacceptable for VA providers to recommend a treatment that they are unable to provide veterans and force patients to pay for the full cost of such care. If VA recommends a treatment plan, it must be able to provide required therapies or prescriptions. That is why the VFW supports H.R. 712, which would enable veterans to participate in medical cannabis research without having to bear the full cost of treatment.

**H.R. 2676, VA Survey of Cannabis Use Act**

The VFW supports this legislation, which would require VA to commission surveys of veterans and health care providers to measure cannabis use by veterans.

VFW members tell us that medicinal cannabis has helped them cope with chronic pain and other service-connected health conditions. Conducting a scientific survey of veterans and health care providers would assist in identifying the current landscape of medicinal cannabis use and measure its effectiveness. The VFW is pleased the survey would require anonymity, but it does not preclude VA from affecting the employment status of health care providers who participate in the surveys or prevent VA from denying or altering treatment or benefits for veterans who participate in the surveys. The VFW urges this committee to prohibit VA from doing so, which would ensure the fear of reprisal does not affect participation in the surveys.

**H.R. 2677, to provide training in the use of medical cannabis for all VA primary care providers**

The VFW supports this legislation, which would require VA to train its primary care providers on the use of medical cannabis. While VA health care providers are precluded from prescribing medical cannabis, it is important for them to understand its use and how it affects their patients.

**H.R. 2942, to direct the Secretary of Veterans Affairs to carry out the Women's Health Transition Training pilot program through at least fiscal year 2020**

The VFW supports this legislation, which would track participation in VA health care and Transition Assistance Program (TAP) courses developed specifically for transitioning women service members. The VFW believes more information about what programs within VA are being used and where there needs more attention is vital to improving the transition process for women veterans. The United States (U.S.) Air Force currently operates a pilot program which adds a voluntary program to the end of the TAP classes for women veterans. This bill would require VA to participate in the additional workshop for women veterans to help guide them toward VA health care and benefits.

**H.R. 2943, to make all fact sheets of the VA in English and Spanish**

This legislation would require all VA fact sheets to be published in English and Spanish. The VFW agrees that VA must address all barriers to access, including language barriers, but VA must first evaluate the need before it can devote time and resources to translating and publishing its outreach material in different languages.

The VFW represents veterans who live throughout the world and use VA health care and benefits. The VFW has posts in Cambodia, Saipan, France, Germany, Guam, Italy, Japan, Korea, Panama, Philippines, Puerto Rico, Taiwan, Thailand, and Australia. The primary language used by VFW members who reside in those U.S. territories or countries may not be English. The VFW also has many members who reside in the United States, but prefer to use their native language, such as veterans who were born in foreign countries, Native Americans, or Pacific Islanders.

Yet, VFW members have not indicated that fact sheets or outreach material written in English present a barrier for accessing the care and benefits they have earned. That is why the VFW cannot support this bill. To validate the need, this committee should commission a review of language barriers to accessing VA care and benefits before requiring VA to devote time and resources to translate and publish its fact sheets in Spanish.

**H.R. 3083, AIR Acceleration Act**

The VFW fully supported the Asset Infrastructure Review (AIR) portion of the *VA MISSION Act of 2018.* The intent of the review is to fully examine the physical infrastructure of VA's health care system and determine what changes are needed to continuously deliver high-quality care. We would, however, be very concerned with expediting the timeline for the AIR commission

without further knowledge of the ongoing market area assessments and allowing for proper implementation of the new Veterans Community Care Program.

Secretary Robert L. Wilkie has stated VA would like to move up the timeline of the review because of the market assessments, but he has not provided veterans service organizations information regarding the outcomes of these assessments. Additionally, a significant change to community care was recently implemented, which is estimated to impact the landscape and demand on the VA health care system. It is vitally important VA implements AIR correctly. The VFW warns Congress not to rush the AIR process, because it may cause irrevocable harm to the care and benefits America provides its veterans.

**Discussion Draft to improve the work-study allowance program administered by the Secretary of Veterans Affairs**

The VFW supports the intent of this legislation, which is to improve and streamline the VA work-study program. This is a vital tool student veterans use to supplement their income. The VFW agrees that improvements are urgently needed to ensure veterans who use this program receive timely work-study payments.

VA's outdated paper-based payment process is negatively affecting students who have to wait several weeks or months to receive payments they need to make ends meet. This legislation would change how VA processes claims by authorizing the school to directly pay program beneficiaries. This would align the VA work-study program with a similar program administered by the Department of Education. The VFW recommends that VA analyzes the similarities and differences of the two work-study programs to glean best practices to improve the delivery of benefits, including alternative ways of delivering payments to student veterans.

However, we cannot support changing the current business practice. Instead, the VFW urges this committee to require VA to evaluate and address barriers that delay work-study payments to ensure bureaucratic processes do not impact the financial well-being of student veterans.

**Specially Adapted Housing Discussion Draft**

The VFW supports this draft legislation to expand the VA Specially Adaptive Housing Grant Programs (SAH), which help veterans with service-connected disabilities to live independently in a barrier-free environment by providing critical housing adaptations. The accessibility provided through this program greatly increases the quality of life for such veterans, but to qualify, the individual must endure a lengthy and cumbersome process.

This draft bill would allow for more eligible veterans to utilize this life-enhancing benefit and would also increase the maximum amount of each grant. The VFW is pleased this bill would quadruple the number of applicants VA is able to approve annually from 30 to 120. However, we do not think there is a need for a cap on the number of veterans who can use this important program. Every veteran who needs to adapt their home because of service-connected disabilities must have the opportunity to receive an SAH grant.

Common issues veterans face when seeking SAH grants are the timeliness of approvals and the difficulty in finding contractors who are familiar with the SAH grant process. In some cases, the approval may take months, which makes completing activities of daily living difficult. We are encouraged to see this bill would prioritize the application of those veterans who are seriously ill. Veterans with illnesses that progress quickly, such as amyotrophic lateral sclerosis, must be granted an opportunity to adapt their homes as soon as possible.

Mr. Chairman, this concludes my statement. I am happy to answer any questions you or the members of the committee may have.