

# A Time for Change: Assessing the Need to Modernize Veteran Eligibility for Care

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### Statement of

Patrick Murray, Director National Legislative Service Veterans of Foreign Wars of the United States

### Before the

United States House Of Representatives Committee On Veterans' Affairs

With Respect To

"A Time for Change: Assessing the Need to Modernize Veteran Eligibility for Care" Washington, D.C.

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

First, the VFW would like to thank Ranking Member Roe for his years of service and leadership as both the Chairman and Ranking Member of the House Committee on Veterans' Affairs. We welcome every opportunity to improve or streamline access to health care and benefits for the millions of men and women who have served our country. The VFW believes eligibility is an important issue as it directly affects our members and other veterans who wore the uniform.

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While we believe the overall system can be improved upon, the VFW cannot support H.R. 7469, *Modernizing Veterans' Healthcare Eligibility Act* at this time. We understand the Department of Veterans Affairs' (VA) eligibility standards may not be perfect and could be improved or streamlined, but we do not think a complete overhaul of the system is called for at this point. We also do not think a proposed commission is the way to accomplish that goal. Commissions like the one described in this proposal are needed when subject matter experts are required. The VFW feels if changes are needed for eligibility, there is more than enough knowledge and expertise between veterans' stakeholders, Congress, and veteran health providers that an expert commission is unnecessary.

Commissions are best established when the objective has an identifiable problem. This legislation lacks the Asset and Infrastructure Review (AIR) Commission's data results, knowledge of system-wide stress due to the surge of unemployed veterans seeking care with the Veterans Health Administration (VHA), and programs' outcome measures in their infancy phase. Additionally, the proposed goal is too vague.

The *VA MISSION Act of 2018* created the AIR Commission to gather data on VHA facilities, the veterans they serve, and veterans' needs in the catchment areas. The VFW supported the establishment of a commission to assess the physical infrastructure of VA, and its areas that need growth or resizing. This AIR Commission was necessary because the entire veteran community does not have in-depth knowledge or expertise regarding infrastructure needs. The results will provide a valuable assessment and insight into the capability and capacity of VHA, which could lead to future discussions on eligibility for health care. 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.

According to VHA's COVID-19 Response Report, as of July 2019 nine million veterans are enrolled in VA health care, and approximately 6.3 million veterans used VHA services between October 2018 and June 2020. Due to the COVID-19 pandemic, the unemployment rate continues to rise, and individuals have lost their private insurance. Veterans are forced to seek other means for health care coverage. This surge of patients will further increase VHA's workload and add stress to an already overwhelmed system. This is an ongoing issue and may continue for the foreseeable future until this pandemic has passed. We do not think major changes to VHA should occur until final assessment of the increased patient population is made.

It is also vital these veterans do not fall through the cracks of a system that is created to help them. When veterans apply for enrollment, they are asked about service-connected conditions, current employment status, previous calendar year gross annual household income, and additional demographic and geographic information. This information is used to place a veteran into the appropriate priority group. However, the form can be confusing and may not accurately portray the veteran's current situation, which can cause delays in care, incorrect priority group placement, or ineligibility due to their previous income. The VFW urges VA to fast track the applications of these veterans who recently become unemployed so they may receive treatment quickly and have access to health care.

Multiple pieces of legislation allowed for significant changes to VHA enrollment eligibility to help bridge the VA health care gap for veterans regardless of their priority group. The VFW-supported both the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of* 2019 (P.L. 116-171) and H.R. 8247, *the Veterans Comprehensive Prevention, Access to Care and Treatment (COMPACT) Act*, as they both align with our resolutions and legislative priorities to urge Congress to dedicate adequate resources to address suicide prevention and mental health treatment. Time is needed to evaluate outcomes of these programs, studies, and reports to gauge their effectiveness before there is an overhaul of VHA's priority group system.

The VFW would prefer to see a proposal with a specific directive, with examples such as diminished or expanded eligibility, or consolidating priority groups. We think the mission of the proposed commission is not sufficiently defined, which could lead to creating solutions for problems that do not exist. The VFW welcomes the discussion to improve care and access to care by modifying existing eligibility requirements, especially for emergency situations, but does not think the entire system needs an overhaul.

VHA's mission is to improve veterans' health and well-being through exceptional health care. Veterans are relying on the system to provide that care for the sacrifices they made for their county. The VFW is consistently supportive of efforts to streamline or expand eligibility so as many veterans receive quality care as possible, however, this particular proposal is a little too vague for the VFW to support at this time.

Chairman Takano, and Ranking Member Roe, this concludes my testimony. Thank you for the opportunity to present the VFW's input today. I look forward to engaging in further discussion with you or any members of the committee on these issues.

# Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2020, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.