

Veterans' Health Care

VFW's Concerns:

With 145 medical centers, 1,235 community-based outpatient clinics, and a total of nearly 1,700 points of care, the Department of Veterans Affairs (VA) health care system is tasked with providing timely and high-quality health care to more than nine million veterans, their families, and survivors. According to the results of seven surveys conducted over the past four years, VFW members have made it clear they prefer to receive their health care through VA. They report receiving high-quality, full continuum of care at VA facilities, but access remains a concern. The recently passed *VA MISSION Act of 2018* will address access concerns, but will succeed only if VA receives adequate resources to properly implement it.

A recent suicide data report by VA found veterans total 18 percent of adult suicides in the United States, with an average of 20 veterans who die by suicide every day. Of those veterans, only six are actively enrolled in VA. The majority of veterans who die by suicide are 50 years of age or older.

There is substantial evidence from comprehensive studies that concludes cannabinoids are effective for treating chronic pain, chemotherapy induced nausea and vomiting, sleep disturbances, multiple sclerosis spasticity symptoms, and fibromyalgia. Yet, there is minimal federal research that has been conducted regarding medical cannabis. VA must conduct research on the safety and efficacy of cannabis for medical purposes. It is imperative that VA providers are fully educated and understand the potential impact of cannabis use for those who receive legal prescriptions from outside VA.

Veterans who rely on VA are, by and large, required to pay a copayment for preventive medicines. Current law for non-VA care requires private insurers to provide preventive medicines at no cost to patients. This inequity between VA and the private sector limits veterans' access to potential life-saving medications, such as breast cancer prevention drugs.

The military estimates that 14,900 service members experienced some kind of sexual assault in 2016. Further estimates show 6,900 of those individuals were men. Yet, male survivors not only report and seek legal assistance at alarming low rates, they also seek health care at alarmingly low rates for health ailments that result from sexual trauma. Empirical studies have found much of this has to do with the stigmas associated with male sexual trauma.

Women veterans currently make up approximately ten percent of the veteran population and are the fastest growing cohort within the veteran community. Since 9/11, women veterans have nearly doubled in population size. Over the years, VA has made progress in gender-specific health care for women, but there is still much that needs to be done.

Current eligibility for VA nursing homes requires a veteran to be 70 percent service-connected or higher. This greatly limits veterans' access to much needed long-term care.

VFW's Solutions:

- Congress must provide VA with the budget and assets necessary to properly implement the *VA MISSION Act of 2018*.
- Congress must provide VA the resources and authorities it needs to expand suicide prevention outreach and education.
- Congress must pass H.R. 5520 and S. 2796 to conduct research on medicinal cannabis at VA.
- Congress and VA must continue expanding peer-to-peer counseling and provider training for sexual assault survivors, and conduct an outreach campaign to destigmatize male-on-male sexual assault survivors in need of assistance.
- Congress must pass H.R. 1100 or S. 1161 to remove the VA copayment requirement for preventive medicine and provide equity between VA, DOD, and the private sector.
- Congress must pass H.R. 93 to ensure gender-specific services are continuously available at every VA clinic.
- Congress must expand eligibility for VA nursing homes to all veterans who are eligible for VA health care.