Statement of Tom Porter
Legislative Director
of
Iraq and Afghanistan Veterans Of America
before the
House Veterans' Affairs Committee

October 24, 2017

Chairman Roe, Ranking Member Walz, and Members of the Committee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 400,000 members, thank you for the opportunity to share our views on the legislation and legislative proposals being discussed today. I will focus our testimony on the proposals on community care and Choice program and the draft to address the Veterans Crisis Line.

Community Care and Choice Programs

The *Veterans Choice, Accountability and Access Law of 2014,* which was enacted in August 2014, was charged with providing a framework for designing the Veterans Health Administration (VHA) of the future. This legislation was introduced after the Phoenix VA scandal exposed similar problems with VA medical centers around the country. IAVA is proud of the work that we have done with our VSO partners, the VA, and Congress working to ensure that veterans have access to the timely and quality health care they deserve.

Since the 2014 law was passed, IAVA's primary position on this issue has remained unchanged: Reforming VHA into a truly 21st century health care system will require significant coordination between VA, the Administration, Congress, VSO partners, and the veterans we all serve. This coordination must be done in a bipartisan, veteran-centric manner that understands transformative change requires resources. It must focus on a holistic view of the future of VA health care, addressing how to best support and improve VA facilities and care while supplementing with support from the community. It is only in this way that we can work towards a veterans health care system that provides timely access to high-quality and comprehensive care. We will

also stand by our brothers and sisters in the VSO community, especially Paralyzed Veterans of America (PVA) and Disabled American Veterans (DAV), whose members will be most impacted by any changes.

IAVA believes that in order for the VA community care programs, which includes Choice, to adequately assist in building this 21st century veterans healthcare system, certain components must be present in the next iteration of the Choice program. These components include a dynamic in which community providers are led by the VA primary care providers managing the veterans' care. Non-VA community care should be fully integrated to fill gaps and expand access, not displace VA.

Such a model can be beneficial to both VA and community providers, mentoring community providers to develop a cultural competency for the injuries that veterans present with and providing support to the VA so it can ensure all veterans seeking care are accessing it in a timely manner. Of note, a 2014 RAND report found that most community-based mental health providers are not well prepared to take care of the special needs of military veterans and their families.

Further, IAVA believes the 40-mile and 30-day standards are arbitrary access standards; Decisions about when and where veterans can receive medical treatment should be clinical - between the veteran and his or her doctor.

Overall, IAVA believes that the VA provides a model of care that is uniquely positioned to treat the physical, psychological, social and economic aspects of a veterans health. Such a model can benefit from the experience of the private sector, but cannot be replaced by the private sector as it is not positioned to replicate this unique model.

Such sentiments are reflected in IAVA's membership. According to our most recent member survey, 54 percent of respondents oppose full privatization of the VA.

Our latest member survey found that 82 percent of respondents are enrolled in VA health care. Ninety percent of those enrolled sought VA health care in the last year. Our members rely on VA health care, with 28 percent using VA health care exclusively, and 38 percent using it in combination with other health care.

While IAVA is supportive of improving the Choice Program, IAVA members have given the program very mixed reviews. Only 20 percent of IAVA member respondents have actually used the program. Of those that have used the program, 37 percent rated the Choice program as "above average" or "excellent," while a concerning 28 percent rated it as "below average" or "poor."

As more veterans transition from active duty and as we face the challenges of physical

and mental injuries, we need to be assured that a first-rate system of care is in place.

IAVA appreciates the work that the House Veterans Affairs Committee (HVAC) has invested in the interest of improving the VA Choice Act through the draft legislation *"to establish a permanent Veterans Choice Program,"* as well as the VA's work on its draft proposal, the *"Veteran Coordinated Access and Rewarding Experiences (CARE) Act."* These proposals are good starting points toward strengthening and consolidating the VA's community care programs and improving veterans' access to the care they deserve. While more work is still needed on these proposals, IAVA is encouraged by the directions that leaders within Congress and the VA have taken.

We are encouraged that both measures would end the arbitrary 30/40 rule for veterans' eligibility for access to community care programs. Any final legislation must ensure the veteran has timely access to quality care either within or outside the VA as a result of a decision made between the veteran and his or her VA primary care physician.

Also significant in both proposals is the consolidation of the various community care programs into one, which eliminates many confusing layers of duplicative bureaucracy, which have sown confusion amongst the veteran population.

We appreciate that both measures establish a standardized claims process and system of payments to ensure the VA remains on sound financial footing with its health care providers. However, If a provider finds it too difficult to do business with the VA and they discontinue that relationship because of those problems, veterans lose access to care. IAVA is concerned that with the VA now facing challenges of paying claims in a timely fashion, how will the Department keep to new stringent deadlines under the legislation of 30 or 45 days, depending on the method of submission?

Another key omission is how the VA will meet new technological and infrastructure needs to make these aggressive changes and enhance access to care. These needs should be significant, so we will look forward to seeing how the legislation addresses these needs as it progresses.

While the HVAC draft has no mention of how the new measures will be funded, the VA draft would round down cost-of living adjustments (COLA) - a misguided provision that IAVA has stood with other VSOs to strongly oppose. We encourage the VA and Congress to look for better ways to fund VA benefits instead of reducing disability payments for those veterans most in need.

The VA must also take concrete and aggressive steps to focus more on the needs of our increasing population of women veterans, including supporting and implementing provisions in the *Deborah Sampson Act* (H.R. 2452) championed by IAVA and 16 of our fellow VSOs. Our #SheWhoBorneTheBattle legislative, media, and grassroots campaign champions this legislation to update VA programs and services and urges the change of its motto to be gender inclusive.

IAVA realizes that consolidating and improving the VA community care and Choice programs is a challenge, and that these draft measures represent only the beginning of this process, but working together we can strengthen the VA in order to provide the highest quality care for veterans. IAVA looks forward to continuing to work alongside this committee, Secretary Shulkin and our VSO partners to evaluate and implement changes necessary to best achieve this goal.

Veterans Crisis Line Study

IAVA has partnered with the Veterans Crisis Line since 2012 to both ensure our members are aware of the critical services the Crisis Line offers, as well as to provide crisis support to clients who are seeking support from IAVA's Rapid Response Referral Program (RRRP). IAVA recognizes the life-saving services the VCL offers every day, and our RRRP program has referred nearly 200 clients to the VCL to date. It is a vital resource for our community, and we are committed to ensuring that it continues to fulfill its mission to provide 24/7, world class, suicide prevention and crisis intervention services to veterans, service members, and their family members.

IAVA supports the intent of the draft legislation *"To direct the Secretary of Veterans Affairs to conduct a study on the Veterans Crisis Line."* VCL and programs like it must strive to collect data to continually assess and improve their impact. IAVA has been concerned that this is not happening to the extent that it can be. Section 2 of the *Clay Hunt SAV Act*, requiring a third party independent evaluation of VA mental health and suicide prevention programs, is intended to address this very concern. This legislation adds a level of specificity to such an assessment, prescribing specific data to analyze. However, the VCL has an added challenge in its self-assessments in that it must first and foremost preserve the anonymity of its callers while also assessing its impact. Thus, it is IAVA's belief that any legislation requiring VCL to record and report out data on its activity also ensure that the anonymous nature of the VCL is not compromised.

While we agree with the intent of this legislation, we believe that it might be too prescriptive in nature and could have unintended consequences. We also strongly believe that any legislation requiring further assessment of the VCL should involve a collaborative effort between VA, Congress, the VSO community, and researchers and focus not only on past data, but more importantly chart out how best to assess VCL in the future.

Again, IAVA appreciates the opportunity to express our views to this committee.

Biography of Tom Porter

Tom Porter has served as Legislative Director for Iraq and Afghanistan Veterans of America (IAVA) since 2015. In this role, Tom leads IAVA's Capitol Hill efforts to advocate for our nation's veterans, while also serving as a media spokesman for IAVA priorities. Prior to joining IAVA, Porter was Vice President at Morgan Meguire, LLC, a federal government relations firm, since 2004. He was successful in achieving goals on behalf of a nationwide client base through aggressive and bi-partisan advocacy before Congress and federal agencies. He also served nine years on the staffs of three senior Members of Congress.

Porter is also a Commander in the U.S. Navy Reserve and a veteran military public affairs officer with service on four continents, including deployments to Afghanistan and the Arabian Gulf. He is a California native and holds a B.A. in Political Science from California State University, San Bernardino.