



National Veterans Affairs and Rehabilitation Commission

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**STATEMENT OF
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 VETERANS AFFAIRS AND REHABILITATION COMMISSION
 THE AMERICAN LEGION
 BEFORE THE
 SUBCOMMITTEE ON HEALTH
 COMMITTEE ON VETERANS' AFFAIRS
 UNITED STATES HOUSE OF REPRESENTATIVES
 ON
 "THE VETERANS HEALTH ADMINISTRATION'S FISCAL YEAR 2011 BUDGET
 REQUEST"**

FEBRUARY 23, 2010

Mr. Chairman and Members of the Subcommittee:

Thank you for this opportunity to present The American Legion's views on the Department of Veterans Affairs (VA) Veterans Health Administration's (VHA) Fiscal Year (FY) 2011 Budget Request. To date, the VHA provides integrated health care services to eligible veterans through 153 medical centers, 755 Outpatient Clinics, and 232 Vet Centers in all 50 states, including the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. In 2009, Congress enacted Public Law 111-81, the "Veterans Health Care Budget Reform and Transparency Act" which requires VA to submit this request for advance appropriations with its President's budget submission each year.

The American Legion proposes the following budgetary recommendations for selected programs within the VA Veterans Health Administration for FY 2011:

Program	FY 10 Funding	President's Request	Legion's Request
Medical Services	\$37.7 billion	\$40.5 billion	↓
Medical Support and	\$4.9 billion	\$5.3 billion	↓

Compliance			
Medical Facilities	\$4.9 billion	\$5.7 billion	↓
Medical Care Total	\$48.1 billion	\$51.5 billion	\$48 billion (includes medical and prosthetics research)
Major Construction	\$1.2 billion	\$1.2 billion	\$2 billion
Minor Construction	\$703 million	\$467.7 million	\$1.5 billion
Medical and Prosthetics Research	\$581 million	\$590 million	\$700 million
Medical Care Recovery Fund	(\$3 billion)	(\$3.4 billion)	*

* Third-party reimbursements should supplement rather than offset discretionary funding.

Improving Mental Health Care

VA recently stated that the 2011 budget request will continue to improve the quality, access, and value of mental health care provided to veterans. VA's budget provides approximately \$5.2 billion for mental health, an increase of \$410 million, or 8.5 percent, over the 2010 enacted level. In addition, VA says this will expand inpatient, residential, and outpatient mental health programs with an emphasis on integrating mental health services with primary and specialty care.

The American Legion supports this increase in funding and contends that appropriate increases in mental health should be frequently evaluated due to the influx of men and women service members diagnosed with Post-Traumatic Stress Disorder (PTSD) and traumatic brain injury (TBI), depression, and substance use disorders.

Meeting the Medical Needs of Women Veterans

VA reported that the 2011 budget request will provide \$217.6 million to meet the gender-specific health care needs of women veterans. The delivery of enhanced primary care for women veterans remains one of the Department's top priorities. The number of women veterans is growing rapidly and women are increasingly reliant upon VA for their health care.

The American Legion believes the provision of funding to ensure women veterans receive complete, comprehensive care will minimize many issues facing them and their families, to include PTSD, Depression, Substance Abuse, and other disorders.

Delivery of Medical Care

According to VA, the 2011 budget request provides \$51.5 billion for medical care, an increase of \$4 billion, or 8.5 percent, over the 2010 level. VA says this level will allow them to continue providing timely, high-quality care to all enrolled veterans.

VA states their total medical care level is comprised of funding for medical services (\$40.5 billion), medical support and compliance (\$5.3 billion), medical facilities (\$5.7 billion), and resources from medical care collections (\$3.4 billion). VA also stated that the 2011 budget will reduce the number of homeless veterans and expand access to mental health care, as well as accomplish other outcomes that improve veterans' quality of life, including:

- Providing extended care and rural health services in clinically appropriate settings;
- Expanding the use of home telehealth;
- Enhancing access to health care services by offering enrollment to more Priority Group 8 veterans and activating new facilities; and,
- Meeting the medical needs of women veterans.

During FY 2011, VA anticipates treating nearly 6.1 million unique patients, a 2.9 percent increase over 2010. Among the total to be treated are over 439,000 veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom.

The American Legion agrees with the VA's 2011 budget request on the deliverance of medical care. We also applaud Congress on the approval of funding to adequately accommodate OEF/OIF and Vietnam veterans as well as veterans from other areas.

Extended Care and Rural Health

VA's budget request for FY 2011 contains \$6.8 billion for long-term care. VA also reported that \$250 million has been allotted to continue strengthening access to health care for 3.2 million enrolled veterans living in rural and highly rural areas through a variety of avenues, including new rural health outreach and delivery initiatives and expanded use of home-based primary care, mental health, and telehealth services. VA intends to expand use of cutting edge telehealth technology to broaden access to care while at the same time improve the quality of our health care services.

The American Legion supports VA's actions in providing access to care with new facilities as well as technologies. However, due to the vast number of rural venues, we urge that oversight be provided to ensure funding reaches these areas.

Expanding Access to Health Care

In 2009, VA opened enrollment to Priority Group 8 veterans whose incomes exceed last year's geographic and VA means-test thresholds by no more than 10 percent. Our most recent estimate is that 193,000 more veterans will enroll for care by the end of 2010 due to this policy change.

In FY 2011, VA will further expand health care eligibility for Priority Group 8 veterans to those whose incomes exceed the geographic and VA means-test thresholds by no more than 15 percent compared to the levels in effect prior to expanding enrollment in 2009. This additional expansion of eligibility for care will result in an estimated 99,000 more enrollees in 2011 alone, bringing the total number of new enrollees from 2009 to the end of 2011, to 292,000.

Home Telehealth

For FY 2011, VA has also allotted \$163 million in home telehealth. The Secretary says they are taking greater advantage of the latest technological advancements in health care delivery which will allow VA to closely monitor the health status of veterans and improve access to care for veterans in rural and highly rural areas. In total, the VA home telehealth program cares for approximately 35,000 veteran patients.

The American Legion concurs with the allotment of funding for the Home Telehealth program because it will serve to provide more access to care for veterans residing in rural and highly rural areas and reduce travel for health care.

Establishing a Virtual Lifetime Electronic Record

According to VA more than 150,000 active and Reserve component service members leave active duty annually. This transition relies on the transfer of paper-based administrative and medical records from the Department of Defense (DoD) to the veteran, the VA or other non-VA health care providers. VA agrees this paper-based transfer carries risks of errors or oversights and delays the claim process.

The VA is currently building a fully interoperable electronic records system that will provide every member of our armed forces a Virtual Lifetime Electronic Record (VLER), which will enhance the timely delivery of high-quality benefits and services by capturing key information from the day they put on the uniform, through their time as veterans, until the day they are laid to rest. The Secretary of VA also stated VA has \$52 million in IT funds in 2011 to continue the development and implementation of this Presidential priority.

The American Legion agrees with the establishment of the VLER. As with many programs, we remain adamant that proper oversight be placed on the implementation of this record. The storing of such records is extremely vital to the health and welfare of each and every veteran.

The Capital Asset Realignment for Enhanced Services (CARES) initiative identified approximately 100 major construction projects throughout the VAMC system, DC, and Puerto Rico. Approximately five years have passed since the CARES initiative. In addition, more women and men service members are transitioning from active duty to VA and presenting with multiple illnesses, such as PTSD and mild TBI. Meanwhile, the average age of VA's facilities is approximately 45 years. The American Legion's 2009 "A System Worth Saving" publication reports "space availability" as one of the major overall challenges.

The American Legion hereby urges Congress to assess the abovementioned areas they funded for FY 2011, as well as the number of service members and current veterans they anticipate to visit a VA medical facility to receive medical care. We contend this action will shed light on the actual need of each VA facility in their sincere effort to accommodate America's veterans.

Conclusion

Mr. Chairman and Members of the Subcommittee, The American Legion appreciates the commitment of this Subcommittee, and remains fully committed to working with you to ensure all of this nation's veterans are provided with timely access to the quality health care they deserve, are entitled to receive. It is imperative we remain vigilant in our efforts to adequately accommodate them as they continue to adjust to the civilian community.

Thank you for allowing me the opportunity to present the views of The American Legion to you today.