STATEMENT OF

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TO THE

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO
H.R. 2792, DISABLED VETERANS SERVICE DOGS AND HEALTH CARE IMPROVEMENT ACT OF 2001 AND OTHER PENDING HEALTH-RELATED LEGISLATION

WASHINGTON, DC SEPTEMBER 6, 2001

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.7 million members of the Veterans of Foreign Wars of the United States and its Ladies Auxiliary, I would like to express our thanks for the opportunity to communicate our positions as they pertain to the following legislation:

H.R. 2792
Disabled Veterans Service Dog and Health Care Improvement Act of 2001

Section 2 of this bill would authorize the Secretary of Veterans Affairs to provide service dogs for disabled veterans. Trained service dogs have proven to be useful, cost-effective, assistive tools in helping individuals with disabilities meet both personal and social needs. Currently, the Department of Veterans Affairs (VA) is only authorized to provide guide dogs to blinded veterans with service-connected disabilities.

It is our position that all disabled veterans suffering from spinal cord injury or dysfunction or other chronic impairment that substantially limits mobility deserve an enhanced quality of life through the independence that a trained service dog can provide. It is for this reason that the Veterans of Foreign Wars (VFW) fully supports section 2 to expand and provide service dogs to disabled veterans.

Section 3 seeks to amend VA's responsibility under the Veterans' Health Care Eligibility Reform Act of 1996, PL 104-262, to maintain the capacity to provide specialized treatment and rehabilitative needs of disabled veterans, including veterans that require specialized services such as spinal cord dysfunction, blindness, amputations, and mental illness at the 1996 level.

The VFW supports the language that would require the VA to maintain capacity within each geographic service area of the Veterans Health Administration or Veterans Integrated Service Network (VISN). Equal access to specialized services should continue to be a priority.

We, however, are opposed to the concept that capacity be determined by the annual amount of dollars expended for care of veterans receiving specialized care and rehabilitative services. Instead, we offer that capacity to provide services can only be truly measured by the number of beds available or dedicated to those specific specialized services and the number of Full-Time Employee Equivalents (FTEE) trained and

equipped to handle veterans who require specialized care. Only then can VA's ability to maintain capacity under PL 104-262 be adequately measured.

Extending the annual report requirement through 2004 is essential to maintaining oversight and compliance and enjoys our full support.

Section 4 would increase the income threshold for veterans' health care eligibility to reflect locality cost-of-living variations. The current income threshold utilized by the VA to establish eligibility is $23,688 for a veteran with no dependents regardless of geographic location. This policy is somewhat arbitrary when you consider that a veteran who earns $23,688 while residing in New York City does not possess the same purchasing power that a veteran, say, residing in Tucson, Arizona would enjoy. The VFW believes that this is an inherent inequity that places undue burden on certain veterans and we support this legislation designed to create a more equitable income threshold by taking into account geographic cost-of-living variations.

Sections 5 and 6 both attempt to establish pilot programs: one would coordinate ambulatory community hospital care; the other would contract hospitalization and fee basis ambulatory care. The VFW understands the reality that not every veteran enjoys equal access to inpatient facilities and we support expanded access for veterans residing in rural areas. We also support VA's obligation to contract out care when services are not available within VA.

These sections of the bill, however, would shift VA's responsibility to provide quality health care to a private sector third party that has no accountability to the VA with the VA picking up the bill or the co-payment. We oppose both of these sections and we challenge the Veterans Health Administration (VHA) to develop new models of direct health-care delivery.

Section 7 would consolidate and recodify existing VA authority to provide services to non-veterans. The VFW supports this administrative change.

Section 8 seeks to extend VA's authority to collect per diem nursing home and hospital co-payments from certain veterans, and to collect third-party payments for the treatment of non-service connected disabilities of veterans with service-connected disabilities. The VFW favors this extension because these funds have proven to be a vital supplement to annual appropriations.

H.R. 1435
Veterans' Emergency Telephone Service Act of 2001

As we have previously testified before the House Veterans Affairs' Subcommittee on Benefits on July 10, 2001, we support this legislation that would authorize the Secretary of VA to award grants to companies for purposes of providing a national toll-free hotline to provide information and assistance to veterans.

H.R. 1136
To amend title 38, United States Code, to require Department of Veterans Affairs pharmacies to dispense medications to veterans for prescriptions written by private practitioners, and…

The VFW does not support this proposed legislation that would authorize the VA to dispense medications to veterans for prescriptions written by private practitioners. The VA is not a pharmacy like CVS or Walgreens. It is a health care system that provides a high standard and continuity of care. In order to ensure that veterans receive this level of care, it is imperative that they regularly see a VA physician. Aside from the potential budget implications posed by the highly inflatable cost of pharmaceuticals, the VA's responsibility for the care of the veteran, once again, would be shifted to a private third-party that cannot be held accountable by the VA or Congress.

Thank you once again for the opportunity to present our views. This concludes my testimony, Mr. Chairman, and I would be happy to answer any questions at this time.