

LEGISLATIVE HEARING ON H.R. 4062, H.R. 4465,  
H.R. 4505, AND DRAFT LEGISLATION

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HEARING  
BEFORE THE  
SUBCOMMITTEE ON HEALTH  
OF THE  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES  
ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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**LEGISLATIVE HEARING ON H.R. 4062, H.R. 4465,  
H.R. 4505, AND DRAFT LEGISLATION**

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**THURSDAY, MAY 27, 2010**

U.S. HOUSE OF REPRESENTATIVES,  
COMMITTEE ON VETERANS' AFFAIRS,  
SUBCOMMITTEE ON HEALTH,  
*Washington, DC.*

The Subcommittee met, pursuant to notice, at 10:02 a.m., in Room 334, Cannon House Office Building, Hon. Michael Michaud [Chairman of the Subcommittee] presiding.

Present: Representatives Michaud, Teague, Rodriguez, Brown of South Carolina, and Boozman.

**OPENING STATEMENT OF CHAIRMAN MICHAUD**

Mr. MICHAUD. I would like to call the Subcommittee to order. It is my understanding we have votes as early as 11:00 or 11:30, so we will get started, and Mr. Brown is on his way down. I would ask unanimous consent that my full statement be submitted for the record. Without objection, so ordered.

I would like to thank everyone for coming today. Today's legislative hearing is an opportunity for Members of Congress, veterans, the U.S. Department of Veterans Affairs (VA), and other interested parties to provide their views and discuss the legislation that has been introduced within this Subcommittee's jurisdiction in a clear and orderly fashion. This is an important part of the legislative process that will encourage frank and open discussion of new ideas.

We have five bills before us, which address a number of important issues. First, we have a radiation safety bill that requires proper training of all employees at VA hospitals. Second, we have a bill that will require the VA to consider children under legal guardianship of veterans when determining the veterans' copayment amount for medical treatment. And we also have a bill that would allow Gold Star Parents access to a State Veterans Home if they have had any children who died while serving in the armed forces. Then finally we have two draft pieces of legislation on improving VA's outreach to veterans and another bill that would allow VA to provide hearing aids to World War II veterans.

I want to thank our first panel for coming here today to discuss this legislation, as well as the draft legislation that we will hear afterwards. On the first panel we have Representative Adler from New Jersey, Representative Thornberry from Texas, and Representative Kissell from North Carolina. And we will start with Mr. Kissell and his legislation.

[The prepared statement of Chairman Michaud appears on p. 23.]

**STATEMENTS OF HON. LARRY KISSELL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA; HON. MAC THORNBERRY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS; AND HON. JOHN ADLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY**

**STATEMENT OF HON. LARRY KISSELL**

Mr. KISSELL. Thank you, Mr. Chairman, and to my friends and colleagues on this Subcommittee. I thank you for the opportunity to come to you today to talk about H.R. 4465. And in light of time and recognizing that we need to move on, and in talking to the Chairman earlier that maybe the language of our bill might be a little bit confusing. But the intent is not, I am going to stick, Mr. Chairman, with the intent.

In today's society, if we ever did have a nuclear family and structured a certain way, certainly today that has changed. We know that for many reasons grandparents and great-grandparents are involved, and oftentimes in their late stages of life, in raising their grandchildren or great-grandchildren. We have a particular case in our district where a couple aged in their seventies, on low income, fixed income, had a situation within their family where they took legal guardianship of their great-grandchildren 5 years ago. They still have that legal guardianship. The children are now 5 and 10 years old, and once again these are their great-grandchildren.

In all ways, by the Internal Revenue Service (IRS), the schools, in all ways within society they are recognized as the legal guardians of these children. But however, with the VA rules when it comes to figuring copays and the income versus dependents, they are not given consideration for these being dependents and, therefore, they do have to pay a copay. Very clearly, if these children were recognized as being the dependents that they are, once again in all other aspects of society but with this, then they would not have to pay the copayment. With such fixed income we are asking within H.R. 4465 that this legal guardianship with grandparents and great-grandparents or other relationships be recognized for our veterans. If they have legal guardianship for more than 1 year, we ask that it be recognized that this is a dependency and it should be taken into account.

We recognize this will not affect many people. The Congressional Budget Office has said that this will not affect many people. But the ones it will affect, we feel that we need to make this change in recognition for their status, and in trying to take care of some of our children in whatever way it came to them. And I thank you, Mr. Chairman, and the Committee for the opportunity to discuss this with you.

[The prepared statement of Congressman Kissell appears on p. 23.]

Mr. MICHAUD. Thank you very much, Mr. Kissell. Mr. Thornberry.

**STATEMENT OF HON. MAC THORNBERRY**

Mr. THORNBERRY. Thank you, Mr. Chairman. And I do appreciate you having this hearing. I appreciate Dr. Snyder, who introduced this legislation, H.R. 4505, with me, and I appreciate your cosponsorship of it as well.

With your permission I would like to make my full statement with some attachments part of the record.

Mr. MICHAUD. Without objection, so ordered.

Mr. THORNBERRY. And then I would just summarize. Mr. Chairman, as you know there are 137 State Veterans Homes in all 50 States around the country, and they serve something over 28,000 veterans and dependents.

We all know of Gold Star Parents and think of Gold Star Parents as someone who has lost a child in the military. But for the purposes of being admitted to one of these State Veterans Homes the definition of a Gold Star Parent is you have to have lost all your children. So theoretically, you could have had three of your children die in the military, if you have one still surviving you are not eligible. And so what this bill does, it just changes that definition and says a Gold Star Parent is someone who has lost a child in the military, and would then be eligible for one of these State Veterans Homes. That is the basis of what this legislation does.

Now, these State Veterans Homes have an occupancy rate that is about 86 percent, 87 percent, so there is room for additional people. The admissions criteria is still run by the States. So the States will decide if you have a veteran who wants to get in, and a Gold Star Parent, they still make that decision. But it just, this bill would just eliminate that Federal regulation that makes it very difficult for any parent to get into one of these State Homes.

I might mention that the Consolidated Appropriations Act of 2010 asked the VA to study this issue and figure out how much it would cost to allow a Gold Star Parent who has lost a child to get in one of these homes. VA came back and said, "It is not going to cost us anything so there is no use for us to do a study on it." But they did say in their response that legislation is required to change this, indicating they cannot do it with a regulatory change, the burden is on our shoulders to make a change. And so this bill is supported by the American Legion, the National Association of State Veterans Homes, and other who I think you will hear from. I know of no opposition to it, Mr. Chairman. I think it is a basic issue of fairness. When you have capacity, you have some folks who would like to be admitted to these homes, to just remove this really Federal restriction that makes no sense, I think, to any of us. And I would appreciate the Committee's consideration of it.

[The prepared statement and attachments of Congressman Thornberry appear on p. 24.]

Mr. MICHAUD. Thank you very much. Mr. Adler.

**STATEMENT OF HON. JOHN ADLER**

Mr. ADLER. I thank you, Chairman Michaud, and Ranking Member Brown, and Members of the Subcommittee for the opportunity to testify on behalf of H.R. 4062. The need for H.R. 4062 came from a very serious matter that occurred at the Philadelphia Veterans Affairs Medical Center. Starting in 2003, the brachytherapy pro-

gram at the Philadelphia VA was operated by a rogue doctor who botched approximately 86 percent of the prostate cancer treatment procedures he was contracted to perform on our veterans. These multiple failures, which went undetected year after year, highlighted significant problems in the VA's oversight system. The VA failed until 2008 to catch this pattern of failure.

H.R. 4062, the "Veterans' Health and Radiation Safety Act," is a comprehensive piece of legislation that seeks to remedy many of the mistakes that led to the problems surrounding the brachytherapy program at the Philadelphia VA Medical Center. This bill has three major components. First, the bill mandates that the VA conduct an evaluation of all of the low volume programs that are currently operating in its medical facilities to ensure that they are meeting their safety standards. The brachytherapy program at the Philadelphia VA was not subjected to independent peer review due to the fact that it was such a low volume program, serving only 116 patients over a 6-year period. Because of this lack of oversight errors that should have been caught and rectified, were allowed to continue for 6 years unnoticed.

Second, H.R. 4062 requires that every VA employee and independent contractor working in a VA medical facility be trained in what constitutes a medical event, as that term is defined by the Nuclear Regulatory Commission (NRC), as well as when such an event should be reported, and to whom. Over the course of the 6-year period in which the brachytherapy program at the Philly VA was in operation, 86 percent of the patients were subjected to reportable medical events. However, because many of the medical personnel in the program, including the independent contractors, were not trained in what constitutes a medical event as that term is defined by the NRC, or to whom such an event should be reported, these errors were allowed to continue, and our veterans remained susceptible to substandard medical care for far too long.

Lastly, this bill requires the Secretary to evaluate all medical services provided pursuant to a contract with a nongovernment entity. Such evaluations shall include independent peer reviews of such medical services, and written evaluations of a independent contractor's performance by that contractor's supervisors. The bill also states that before a contract for medical services can be renewed, the above evaluations must be conducted. In Philly one of the problems was that year after year that contracts were renewed every 6 months without any review by anybody, and this doctor continued to hurt good veterans.

The veterans who sought treatment for prostate cancer at the Philadelphia VA did not receive the quality of care they deserve. Such mistreatment of our veterans is not only unacceptable, it violates the bond our country made with them when they agreed to fight for our safety and security. It is my hope that H.R. 4062 will ensure that the failures that occurred at the Philadelphia VA will never happen again.

I thank the Chairman, and the Ranking Member, for letting me speak on this bill.

[The prepared statement of Congressman Adler appears on p. 28.]



Mr. MICHAUD. Thank you very much. And once again I would like to thank all three of you for bringing forward these very important pieces of legislation. Having reviewed them, and pending the next couple of panels, I think we can actually work on all three of them, because I think all three are very important, I look forward to working with my Ranking Member Mr. Brown to see how we can move forward these pieces of legislation. I have no questions. Mr. Brown.

**OPENING STATEMENT OF HON. HENRY E. BROWN, JR.**

Mr. BROWN OF SOUTH CAROLINA. Thank you, Mr. Michaud. I apologize for being late. We had about 35 businessmen from Canada come by my office at 10:00 for a tour. And, you know, Canada is a big trading partner with us. And so, I am sorry I am late.

But let me just make a brief statement. Thank you all for coming today. When we honor the bravery and service of our military members and veterans, we must also honor the sacrifice and selflessness of their families. I do not think the loss of a child, whether one or many, can be differentiated, and I thank Mac for introducing his legislation. We look forward to further proceedings on these bills. Thank you.

[The prepared statement of Congressman Brown appears on p. 23.]

Mr. MICHAUD. Thank you. Mr. Teague, do you have any questions or opening statement?

**OPENING STATEMENT OF HON. HARRY TEAGUE**

Mr. TEAGUE. Yes. Chairman Michaud, thank you. Ranking Member Brown, thank you for allowing me a few moments to speak on my draft legislation, the "World War II Hearing Aid Treatment Act" and its importance to the veterans of our country.

While many look back at World War II as one of the most significant events that the United States and humanity was ever involved in, it has only been recently as many of yesterday's soldiers are passing away that we as a country have really reflected on its importance and what it meant to us as a Nation. I do not know why that is. I do not know why it has taken so long to recognize the sacrifices that were made in North Africa, Europe, and the Pacific Theater. Maybe it is because those individuals never wanted to make a big fuss over what they had done. They were just doing their job.

As the son of a World War II veteran, my father talked about the War occasionally. It was not something he bragged on. Instead, it was something that he would mention as part of his story. It was just a part of what he was supposed to do. He felt it was his duty to go when called. Maybe that is why we have taken so long to recognize the many sacrifices of this War, because those that fought it were humble and did not want to make a big deal about it.

What I do know is that, as was said by President Clinton, "when these men and women were young they saved the world." That is no exaggeration. That is not just us saying something to be nice. That is the truth. Now we are losing World War II veterans at a faster rate than any other veteran group. It is important that we

make sure that we are doing all that we can to honor these men and women now while they are still with us.

I believe that the "World War II Hearing Aid Treatment Act" is one of the ways we can do that. It will authorize the Secretary to furnish a hearing aid device to any veteran who served in the active military, naval, or air service during World War II, and who is being diagnosed with a hearing impairment. It is a simple act that can ensure that we are taking care of these historic veterans that did so much for us. Thank you, Mr. Chairman. That concludes my statement.

Mr. MICHAUD. Thank you, Mr. Teague. Mr. Rodriguez, do you have any questions, or a statement? If not, once again I want to thank all three of you for coming today and I look forward to working with you as we markup these pieces of legislation. So once again, thank you very much.

I would like to call the second panel forward, and while they are coming forward I will introduce them. It is Barry Searle, who is the Director of the Veterans Affairs and Rehabilitation Commission for the American Legion; Eric Hilleman from the Veterans of Foreign Wars (VFW); Rick Weidman, who is with the Vietnam Veterans of America (VVA); and Tim Embree, who is with the Iraq and Afghanistan Veterans of America (IAVA). I want to thank all four of you for coming this morning, and look forward to your testimony. We will start with Mr. Searle.

**STATEMENTS OF BARRY A. SEARLE, DIRECTOR, VETERANS AFFAIRS AND REHABILITATION COMMISSION, AMERICAN LEGION; ERIC A. HILLEMANN, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES; RICHARD F. WEIDMAN, EXECUTIVE DIRECTOR FOR POLICY AND GOVERNMENT AFFAIRS, VIETNAM VETERANS OF AMERICA; AND TIM EMBREE, LEGISLATIVE ASSOCIATE, IRAQ AND AFGHANISTAN VETERANS OF AMERICA**

**STATEMENT OF BARRY A. SEARLE**

Mr. SEARLE. Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to present the views of the American Legion on legislation and proposed legislation important to veterans.

H.R. 4062, the "Veterans' Health and Radiation Safety Act," this legislation would require the Secretary of Veterans Affairs to ensure that all employees at a VA hospital where radioactive isotopes are used in the administration of medical services receive appropriate training on what constitutes a medical event and when to whom a medical event should be reported. It would require specific evaluations and peer review of all medical services provided under contract with a nongovernment entity. The American Legion's System Worth Saving Task Force annually conducts site visits at the VA medical centers nationwide to assess quality and timeliness of VA health care. During task force visits, we have found that turnover of personnel and shortage of personnel require renewed emphasis on standardized procedures, quality review, and individual training as well as documentation of that training. As technologies

continue to change and treatments and procedures continue to develop, it is critical that the VA staff delivering care be properly trained and are accountable. The American Legion supports not only the specified training and accountability highlighted in H.R. 4062 but also the standardization of all patient care delivered across the VA system.

H.R. 4505, expansion of State Home care for parents of veterans who died while serving in the armed forces. The legislation permits a State Home to provide VA nursing home care to parents who suffered the loss of a child who died during service in the armed forces. The American Legion believes that a commitment is made not only by servicemembers who commit to the service of their country but also family members who must say goodbye to their loved ones. The American Legion believes that when a servicemember is killed in the line of duty and a dependent parent is deemed medically eligible for nursing home admission, that parent should be entitled to VA Nursing Home Care. We believe the current regulation imposes too high a threshold of suffering on surviving parents when it requires that all children must have died in the service while on active duty. We understand that currently the occupancy rate of the nursing homes remains at approximately 85 percent nationally. It is felt that the number of parents who would utilize the opportunity is small enough to not significantly impact occupancy. The American Legion supports H.R. 4505.

H.R. 4465, the determination of attributable income for veterans with children. This legislation would direct the VA Secretary, when examining a veteran's attributable income, to treat as a dependent child of such a veteran any other person who is placed in the legal custody of the veteran and has not attained 21, or has not attained age 23 and is enrolled in a full-time course of study, or is incapable of self-support due to mental or physical incapacity. The American Legion supports H.R. 4465.

Proposed legislation, the "World War II Hearing Aid Treatment Act." The American Legion recently adopted a resolution acknowledging current advances in scientific research, which require review of prior and potential environmental threats to servicemembers. It is understood that past acceptable norms in environmental exposure for noise have been found to be unacceptable in today's environment. Especially in the case of World War II veterans the state of the art for working environment protection of servicemembers had not evolved to the current levels. The fact of service and exposure to these environmental exposures would imply the potential for hearing loss. The American Legion supports this proposed legislation to furnish World War II veterans with hearing aids.

We would further submit, for the Subcommittee's consideration, the fact that environmental issues for hearing loss were in existence through the Vietnam War. It was not until recently that significant efforts have been made to protect the hearing of servicemembers. The American Legion suggests expanding this bill to cover veterans for the Korean and Vietnam War eras also.

Improved "VA Outreach Act of 2010," the American Legion has testified concerning improvements VA could make to further outreach to veterans. VA continues to make progress to improve its

outreach to program veterans. Currently the VA in many cases informs veterans service organizations (VSOs) on system improvements accomplished. VSOs in turn advise veterans on these efforts. This partnership between VA and the VSOs in informing veterans is critical to the success in the VA's outreach program.

However, issues remain with the VA's outreach to veterans. Earlier this month the American Legion testified that the VA continues to struggle with informing veterans of entitlements such as efforts to assist transitioning servicemembers through the Benefits Delivery at Discharge Program, and the Transition Assistance Programs. In particular, Reserve component members released from active duty mobilizations at times are rubber stamped and returned home with little or no understanding of what entitlements they have earned due to their honorable service. The American Legion also understands that policies developed at Central Office with the best of intentions are for the most part executed at the discretion of the director at the local level, and therefore, vary in local implementation. For example, VA has a veteran employment hiring program policy to recruit veterans as outlined in Secretary Shinseki's Memorandum dated 21 October, 2009. However, the American Legion has seen a variation of hiring from about 25 percent to 79 percent. We feel this variation is due to the Director's emphasis on outreaching to veterans.

Many veterans are moving to rural and extremely rural areas. Nevertheless, these veterans have earned the right to receive information and updates on changes that impact their earned benefits. While the VA has made efforts to become more user friendly we continue to hear, especially from older veterans, that the system requires documentation that is still too complicated.

We are concerned that the VA does not consistently utilize this proven partnership between veterans service organizations and the VA to optimize outreach to veterans. The establishment of a VA Advisory Committee on Outreach as proposed in draft legislation requiring representation from members of the VSO community and reporting to the VA Secretary will enhance VA's outreach program and ultimately better serve America's veterans. The American Legion supports the outreach to veterans, and in particular Improved VA Outreach Act of 2010. Thank you.

[The prepared statement of Mr. Searle appears on p. 29.]

Mr. MICHAUD. Thank you, Mr. Searle. Mr. Hilleman.

#### **STATEMENT OF ERIC A. HILLEMAN**

Mr. HILLEMAN. Thank you, Mr. Chairman, Ranking Member Brown, Members of the Subcommittee. On behalf of the 2.1 million men and women of the VFW and our auxiliaries, it is my pleasure to be here representing them before you today. Due to the number of bills before this Committee today, I would like to limit the bulk of my remarks to two bills and briefly comment on the remaining bills.

H.R. 4505, a bill to enable State Veterans Homes to furnish nursing home care to parents whose children died while serving in the armed forces. The VFW is proud to support this legislation, which would authorize State-run nursing homes to accept surviving parents of a child who died while serving in the armed forces. Current

law requires that a parent must have lost all of their children to military service to qualify for nursing home care. The VFW believes the care of a Gold Star Parent is a sacred trust, and this bill would provide a critical benefit at a time when they may need the long-term care State Homes offer. We ask Congress to act quickly to enact this legislation.

The next bill is the draft bill, "World War II Hearing Aid Treatment Act." The VFW admires the goal of this legislation, but cannot support it as written. Millions of Americans participated in combat in World War II, where over 416,000 were killed, and hundreds of thousands were wounded. Almost everything about modern warfare involves loud and often incredibly loud noise. Acoustic trauma is a major cause of hearing loss. Those who fought in the island campaigns of the Pacific, North Africa, Normandy, and the Battle of the Bulge, or flew through the flak and fighter filled skies over Germany and France were exposed to incredibly loud noises that left damage throughout their lives.

However, training for and fighting a war in terms of noise exposure is virtually identical in younger veterans, who trained and fought in every other war from Korea, Vietnam, to the current conflicts in Iraq and Afghanistan. The Institute of Medicine (IOM) studied hearing loss in the military. Essentially they said servicemembers are exposed to a wide range of noise, from occupational, i.e. trucks, generators, planes, to acoustic trauma, machine gun fire, artillery, and improvised explosive devices. Their recommendations focused on prevention in the military. But they suggested, "given the likely occurrence of maximum noise included hearing loss at 6,000 hertz, include the measurement of hearing thresholds at 8,000 hertz in all audiograms to allow for detection of the noise notch pattern of hearing loss associated with noise exposure."

The military widely recognizes that servicemembers are exposed to potential hearing damage throughout their training and average duties. In addition to exchange of gunfire, mortars, and explosions, and those associated with combat, the Army has rated and recognizes the basic acoustic trauma that is caused by machinery, equipment, and weapons as well. For example, a basic Humvee produces between 75 to 100 decibels of noise, while a mortar operator endures 180 decibels of noise with every mortar fired. The VFW cannot support this legislation between the only factual difference World War II veterans' exposure to noise and that of every other generation are the age of the veterans.

H.R. 4062, Veterans' Health and Radiation Safety Act, the VFW supports the legislation that would amend title 38 of the U.S. Code to make certain improvements in the administration of medical facilities within the Department of Veterans Affairs.

H.R. 4465, to amend title 38 of the U.S. Code to direct the Secretary of the VA to take into account dependent children when determining a veteran's financial status when receiving hospital care or medical services. The VFW supports this legislation to allow certain dependents to be counted in determining earnings threshold for the purposes of seeking services with VA.

Finally, draft bill Improved VA Outreach Act of 2010, the VFW supports this Act which would improve outreach within the Department of Veterans Affairs by coordinating the efforts among the Sec-

retary of Public Affairs, the Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery Administration.

Thank you, Mr. Chairman. This concludes my testimony, and I am happy to answer any questions this Committee may have.

[The prepared statement of Mr. Hilleman appears on p. 32.]

Mr. MICHAUD. Thank you. Mr. Weidman.

#### **STATEMENT OF RICHARD F. WEIDMAN**

Mr. WEIDMAN. Mr. Chairman, thank you for the opportunity for Vietnam Veterans of America to present our views here today.

In regard to H.R. 4062, "Veterans' Health and Radiation Safety Act," one would think that this piece of legislation would not be needed but clearly demonstrated by the situation at Philadelphia VA Medical Center, it is. VVA is generally in favor of anything that promotes greater reporting and is accompanied by greater accountability for quality assurance by the VA health care system. And in this particular instance you can code the metrics into VistA, and do so without additional burdens on the clinician, which takes away from patient-centric care. And so we favor this legislation at this point. And to add to the analysis of the annual report would also add something that we do not talk about very often.

The size of the staff at the VA has swollen enormously since 1994. But the staff, numbers of staff working for the Congress and for the Committees on both sides of the Hill is less today than it was in 1994. And you need the organization capacity here to be able to go through all of the reporting mechanisms that you put in place, to be able to absorb that information and assimilate it, and work with the Members of the Committee to help them understand what situations need more close monitoring and oversight hearings. And so we would just put in a pitch for, and we will reiterate that to the Speaker and to the Republican Leader as well.

H.R. 4505, which authorizes the VA Secretary to authorize VA State Nursing Homes to take in Gold Star Parents is something we are very much in favor of. Of all weeks in the year, this is the most appropriate week that we all should be thinking about Gold Star Families. Not just the moms and dads, but also the spouses and the children who are left behind, as well as siblings. We very much favor this. The Gold Star Manor in California cannot possibly handle most of the folks whose sons, primarily, and daughters are not around to care for them in their later years. And so this is a needed step. It is not a heavy lift. And we very much favor early passage.

The draft to Improve VA Outreach Act of 2010, we do favor this. VA's testimony this morning, written statement says it is redundant. But gosh, we cannot see it. There is so little outreach and education of the veterans' community as to what are the benefits and services available to them, and what are the long-term health care risks that result from military service depending on what branch did you serve in, when did you serve, where did you serve, that we at VVA started Veterans Health Council. VVA, it is [www.veteranshealth.org](http://www.veteranshealth.org). And we are partnered with a number of other organizations, more than 50 organizations, primarily medical societies, like the American Academy of Ophthalmology, American

Psychiatric Association, disease advocacy groups, like American Diabetes Association, Men's Healthcare Network, and other veterans service organizations like National Association of Black Veterans, the United Spinal Cord Association, Veterans First Project, and National Association of Uniformed Services, in order to do outreach directly to those folks. We have given out over 100,000 brochures and are getting about 5,000 hits a month on our Web site because people are not getting that information in a succinct form from VA, one. Two, is to do the outreach through the U.S. Department of Health and Human Services (HHS). The reason why that is so important is we have to reach out to civilian medicine. Less than 20 percent of the VA population eligible, potentially eligible, uses the VA medical system as their primary health care system. We have to reach that 80 percent outside in order that they understand what is available to them. So we are very much in favor of this.

Last but not least, I see I am out of time, the WWHAT bill, which is, love the name. But we would like to commend you. The IOM study that was cited before that was September 2005 that looked in depth basically said there was no recordkeeping, there was no longitudinal study of any human beings, much less military veterans of World War II. Therefore, trying to prove that you were exposed to those kinds of noises in World War II, they are all octogenarians now, and nonagenarians. It is time to give them a hearing aid to improve the quality of their lives in the time that they have left. In regard to other comments about including the Korean War, we would concur with that, as well as other military service. But the bill as it is, we favor.

Thank you very much, Mr. Chairman, for the opportunity.

[The prepared statement of Mr. Weidman appears on p. 33.]

Mr. MICHAUD. Thank you very much, Mr. Weidman. And Mr. Embree.

#### **STATEMENT OF TIM EMBREE**

Mr. EMBREE. Thank you, sir. Mr. Chairman, Ranking Member, and Members of the Subcommittee, on behalf of Iraq and Afghanistan Veterans of America's 180,000 members and supporters, I would like to thank you for inviting us to testify before your Subcommittee today.

My name is Tim Embree. I am from St. Louis, Missouri. I served two combat tours in Iraq with the United States Marine Corps Reserve. This legislation being considered today will profoundly affect veterans of all generations and their families. We appreciate this opportunity offer our feedback.

IAVA proudly supports the Improved VA Outreach Act of 2010. Too many men and women discharging from the military are not enrolling in the Department of Veterans Affairs for their well earned benefits. Currently, the burden is on the veteran to seek out their benefits within a passive VA. This is unacceptable. The VA must develop a relationship with the servicemembers while they are still in the military, not after the servicemember has traded in his uniform for a t-shirt and blue jeans. The VA should learn from successful college alumni associations. Those folks did not wait until graduation day to find their newest members. They greeted on the 1st day of freshman year, and repeatedly engaged them

throughout their education with planned activities and social events. The VA should do the same.

They should greet servicemembers once they complete basic training and build on that relationship throughout the servicemember's time in uniform. When a person leaves the service the VA should create a regular means of communicating with them about events, new programs, and opportunities. The VA must aggressively promote VA programs to veterans who have not yet accessed their Department of Veterans Affairs benefits. If I have half as many letters and emails from the VA as I do from my college alumni association that would be a good start.

To transfer the VA from reactive to proactive, IAVA believes the Department of Veterans Affairs must invest in aggressive, modern, and innovative outreach. This is not happening now and veterans are clearly suffering as a result. IAVA was disappointed when there were only a few brief mentions of outreach activities in the President's VA budget submission, none of which were for a dedicated outreach campaign. We believe the VA must include a distinct line item for outreach within each VA appropriation account. This line item should fund outreach programs such as the Operating Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) outreach coordinators, mobile Vet Centers, and the VA's new social media presence on *Facebook* and *Twitter*.

The VA's current outreach campaign is disappointing. When the VA announced it had placed ads on more than 21,000 buses nationally in order to spread the word about the suicide prevention lifeline, we were initially enthusiastic. But then we saw the ad. We saw another missed opportunity. The VA bus ad had over 30 small print words. The average bus ad is limited to five to 10 words. In the short time when a bus passes, a veteran would have to go by the bus repeatedly to even read the hotline number.

IAVA has run one of the largest nongovernmental outreach campaigns in history. We have partnered with the Ad Council and some of the world's best advertising firms. We have learned a lot about the best ways to communicate complex and series issues through television and print, and we are ready to work with the VA to share our expertise.

The Improved VA Outreach Act will help the VA take their current outreach efforts to a whole new level. This bill requires the VA to effectively coordinate outreach efforts among the different parts of the Department, as well as other agencies offering services to returning servicemembers. To work closely with HHS in order to promote community health centers. These community health centers may be the only medical facility a rural vet can reasonably access without spending a full day riding in a car or bus. To set up an outreach committee tasked with coordinating efforts, which currently are being done on an ad hoc basis among many of the VA's separate departments, and to submit a 2-year plan fully explaining their outreach activities.

To bring America's next generation of veterans into the VA to receive the benefits they have earned will require an unprecedented VA outreach program. The Improved VA Outreach Act of 2010 is the first step in getting us there.



Stories about veterans leaving VA facilities sicker than when they entered cast a cloud over the confidence veterans place in the system charged with their care. Therefore, IAVA endorses H.R. 4062, the "Veterans' Health and Radiation Safety Act." Improper use of medical equipment, especially radioactive isotopes, can lead to unexplained illness, cancer, and even death. The VA was recently issued the largest fine by the Nuclear Regulatory Commission for misuse of radioactive isotopes in the treatment of nearly 100 veterans in Philadelphia. H.R. 4062 mandates the proper oversight of these treatments so veterans can be confident in the safety of the care they receive.

It is common sense to support of Gold Star Parents, who have given so much to our Nation. That is why IAVA supports H.R. 4505. This bill expands access for Gold Star Parents to State Nursing Homes. H.R. 4505 changes the requirements to include Gold Star family members who have no remaining sons or daughters, but have lost one of their children in service to their country.

IAVA is proud to continue working with this Committee on the many issues facing today's veterans. Thank you very much for your time today and I look forward to answering any questions you may have.

[The prepared statement of Mr. Embree appears on p. 36.]

Mr. MICHAUD. Thank you very much, Mr. Embree. Mr. Brown, do you have any questions for the panel?

Mr. BROWN OF SOUTH CAROLINA. Thank you, Mr. Chairman, no I do not. I appreciate the input on these bills. I know we are pretty much in agreement, except maybe on the hearing aid issue. And we will certainly look forward to further discussion on that. Thank you all for being here.

Mr. MICHAUD. Mr. Teague.

Mr. TEAGUE. No, I do not have any questions at this time. And for the sake of speed, we will save them for later. Thank you.

Mr. MICHAUD. Mr. Boozman.

Mr. BOOZMAN. No, I also do not have any questions. Again, we appreciate your guys' hard work, and all that you represent, and giving us your opinion regarding this. So thank you very much.

Mr. MICHAUD. Mr. Rodriguez.

Mr. RODRIGUEZ. Yes, let me also just take this opportunity to thank you and maybe inquire about one comment. The 84 percent vacancies in the nursing home, is this nationwide? Because I know in Texas we only have about six or seven of them, and we do not have too many nursing homes for veterans. I am not sure if we even have any vacancies. Does anybody want to make any comments on that? I know we usually have a waiting list.

Mr. SEARLE. Yes, sir. Those come from VA's numbers themselves that they reported on average that that is where their numbers are. There are some homes that are less. But on a national average it is about an 84 percent occupancy rate in the nursing homes.

Mr. RODRIGUEZ. Yes, because I know in Texas we never had them until just in the last decade or so, perhaps the last two decades. I do not have any in my district, and in my previous district, I only had one. Okay, thank you.

Mr. MICHAUD. Thank you. I have a question for everyone on the panel, and which some of you touched upon in your testimony. VA

states in their written testimony that they do not support H.R. 4062, the "Veterans' Health and Radiation Safety Act," because they either met or are working to meet the recommendations provided in the May 2010 Inspector General (IG) report. What is your response to VA's rationale for not supporting this legislation? And can you explain whether you believe the VA has made sufficient progress in improving the handling of radioactive isotopes at the VA medical facilities? I know some of you have touched upon this question in your opening remarks. Mr. Searle, do you want to start?

Mr. SEARLE. Again, through our System Worth Saving Task Force we have gone to the various medical centers. We have found that there are, and we can forward to you in detail some of the results, but we have found that there is a turnover of personnel, and that the training of the personnel needs to be standardized and it needs to be reinforced. Because new personnel with the activities that are going on need to be reinforced.

Mr. HILLEMAN. Mr. Chairman, thank you for this question. In the mind of the VFW it is a confidence issue. Here we had an incident where a number of veterans were harmed by medical procedures that they trusted, doctors that they had faith in. And that faith has been undermined. So Congress taking action to ensure that an event like this never happens again is something we strongly support. Not only that, but the reporting mechanisms in the bill will help to ensure that the steps VA is already taking are followed through on. Thank you, sir.

Mr. WEIDMAN. Much of what happens in this room and with the distinguished Members of this Committee that you focus on are things that all you have to do is have common sense and VA would already be doing. And in some instances they do not have the authority to move forward, but in many others they do. And this is one of those instances. Clearly, there has not been put in place the metrics to measure this systemwide and to report on it. And once again, as I said in both our written statement and in the oral statement, it can be designed to have metrics that are not onerous on the service providers that will allow VA to know what is going on at X, Y, and Z service delivery point.

The biggest problem within the VA systemwide, and certainly with in the medical health care system, is what you measure and how do you measure it, and how well do you measure it? It is the quality assurance that is the primary failure of this system. To know where there are deficiencies, one, and two, holding people accountable at the supervisory and management level has been lacking, in our view, for a very long time and that is where we need to go with this system. To ensure that we are getting the bang for the buck, we have had over a third increase in the health care budget in the last 4 years. And the question is whether or not we are getting the bang for the buck. We are not convinced that we are yet, but it is certainly possible. But it is going to take a lot of oversight on a bipartisan basis but this Committee and we encourage you to do that. And this is one more step in that road.

Mr. EMBREE. Mr. Chair, thank you for the question. Actually, this kind of ties into the VA outreach. Right now from the OIF and OEF era veterans, it is tough enough to get these folks into the VA

system, for them to learn about the VA system. And to learn about the quality of VA health care. VA health care is very, very good. Unfortunately, when situations like this arise where it breaks down the trust, and it hurts the appearance of the VA health, then we need to fix that right away. And there needs to be strong oversight. And we need to restore confidence in this system. And that helps with the outreach to these young veterans that are now coming from the battlefields of Afghanistan and Iraq.

So it is so important for programs like this to have strong oversight to instill confidence in the new veterans that are now trying to come into the system. Because we want to bring these new veterans into the system, but we want them to have confidence in the system that we are trying to convince them to enter.

Mr. MICHAUD. Great. Once again, I want to thank each of you for your testimony this morning. I look forward to working with you as we move forward with the legislation that we heard this morning. And I am sure there will probably be additional questions that staff will submit to you in writing. So once again, thank you very much.

I would like to ask the third panel to come forward. And while they are coming forward, the third panel includes Dr. Jesse, who is the Acting Principal Deputy Under Secretary for Health with the VHA. He is accompanied by Walter Hall, who is the Assistant General Counsel to the VA. I want to thank you both for coming this morning. And we will turn it over to Dr. Jesse.

**STATEMENT OF ROBERT JESSE, M.D., PH.D., ACTING PRINCIPAL DEPUTY UNDER SECRETARY FOR HEALTH, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY WALTER A. HALL, ASSISTANT GENERAL COUNSEL, OFFICE OF GENERAL COUNSEL, U.S. DEPARTMENT OF VETERANS AFFAIRS**

Dr. JESSE. Yes, good morning Mr. Chairman and Members of the Subcommittee. It is a pleasure to appear before you for the first time today as Acting Principal Deputy Under Secretary for Health. I am accompanied by Mr. Walter Hall, the Assistant General Counsel. We appreciate the opportunity to testify on five pending bills and offer VA's views.

H.R. 4062, the "Veterans' Health and Radiation Safety Act," would require VA to submit an annual report to Congress on low volume programs, require employees working at VA hospitals where radioactive isotopes are used to receive training in recognizing medical events, and require VA to provide frequent evaluations of nongovernment medical service contractors. While we appreciate the intent of H.R. 4062, there are a number of reasons why VA does not support it at this time.

Mr. Chairman, we all acknowledge the lapses that occurred at a brachytherapy program at one of our facilities and as a result the Office of the Inspector General has issued a report with five recommendations. VA has taken specific actions to comply with all of these recommendations, which are detailed in my written statement. Consequently, we believe we have addressed most of Congress' concerns that are reflected in H.R. 4062. We have other issues with the legislation that are specifically related to termi-

nology, the scope of the legislation, and reporting requirements, and these are also expanded in my written testimony.

VA would like to work with the Committee to better understand the intent of H.R. 4465, which would change the attributable income for the purposes of determining eligibility. On its face the bill benefits only a small population, namely those persons placed in the legal custody of a veteran as a result of a court order. Such persons would be considered children under more generous criteria than the veteran's natural children. If this differentiation was not Congress' intent, and it does not appear that it is, VA is ready to work with the Committee to develop a proposal that would achieve its objective.

VA supports H.R. 4505, which would permit a State Home constructed with VA's resources to provide services to the parents of veterans if any of the parents' children died while serving in the armed forces. The legislation provides for fair and more equitable treatment of all parents whose son or daughter died while on active military duty. There are not additional costs to the VA for this.

The first draft bill under consideration is the Improved VA Outreach Act of 2010. I am pleased to report that VA is already meeting the intent of the legislation. VA recently created a National Outreach Office in the Office of Public and Intergovernmental Affairs, which is responsible for ensuring the effective coordination of outreach activities across all VA sectors. In addition, VA has five advisory committees on homeless veterans, minority veterans, women veterans, readjustment, and rural health that provide outreach direction in their annual reports to the Secretary and to Congress. VA has already established a work group to better coordinate services between Indian Health Service and VA, and is working on a memorandum of agreement to improve that coordination.

The final bill on the docket today is a draft bill that would expand eligibility for hearing aids to all veterans of active duty service in World War II, even if those veterans are not otherwise entitled to compensation under title 38 of the United States Code. We currently have authority to provide hearing aids to veterans with service-connected hearing loss as well as to veterans whose hearing loss is not service-connected but is so severe that it impedes their communication and participation in their medical care.

While hearing loss can be frustrating and dangerous, especially for older adults, VA does not support the legislation as it would result in inequitable treatment of non-World War II veterans with hearing loss. The legislation would also create special benefits for veterans needing hearing aids in relation to veterans needing other prosthetic appliances that are equally crucial to the veterans, well being and quality of life. The discretionary cost of this legislation would be approximately \$14.8 million in the 1st year, \$350 million over 5 years, and \$509.7 million over 10 years.

This concludes my statement, Mr. Chairman. I would be pleased at this time to answer any questions you or other Members of the Subcommittee may have.

[The prepared statement of Dr. Jesse appears on p. 38.]

Mr. MICHAUD. Thank you very much, doctor. I have a question concerning the facts that you just stated, about all the veterans who are eligible for hearing aids. There are approximately 2.4 mil-

lion World War II veterans who are service-connected. You mentioned even those that might not be service-connected still access hearing aids?

Dr. JESSE. Yes, sir.

Mr. MICHAUD. How did you come up with that outrageous number? The cost?

Dr. JESSE. I would have to go back through the math of all that. But we can certainly get that to you for the record.

Mr. MICHAUD. I would hope so, and I would hope that it is very explicit, because that math does not seem to add up. Once you exclude those veterans who are not service-connected, it just does not add up. There are currently, as I mentioned, I think 2.4 million World War II veterans. How many are non-service-connected out of that amount? Do you know that number off the top of your head?

Dr. JESSE. I do not know that number, no sir.

[The VA subsequently provided the following information:]

According to VA's latest official estimate of the veteran population, VetPop2007, approximately 2.0 million World War II Veterans were alive in September 2010. In FY 2010, 11 percent (217,449) of World War II Veterans received disability compensation benefits.

Mr. MICHAUD. Because I think once we exclude those veterans who are non-service-connected, I think we can have a better idea. I believe a hearing aid costs approximately, \$6,000? Or less? I am not sure of the exact number. But I question very much the fiscal note on this legislation.

As another issue, one of the frustrations that I know a lot of us have, including the VSOs at both the national level and the State level, is the difficulty of trying to get veterans to sign up for VA health care. Part of it is due to some mistrust about the quality of service that veterans might receive when they go to the VA. I think the other part is, quite frankly, they do not know what they are eligible for. And it is confusing. To give you a good example from my neck of the woods; when Great Northern Paper Company filed bankruptcy and closed their doors, the drug companies actually offered some programs within their respective companies on how the members or individuals could access prescription drugs at low or no cost. The problem was there were over 300-some odd programs between all of the drug companies. There were 11 or 12 pages of applications you would have to fill out. And if you are unemployed, you are not going to do that. However, with the efforts of Senator Snowe and myself, we were able to get the drug companies to narrow the application down to four questions, and the computer system figured out which programs they were eligible for. That is manageable.

There must be a way where VA can help educate or encourage veterans to participate in the VA. For instance, working with the IRS to simplify something that the IRS or social security can send out to taxpayers to see whether they qualify for VA benefits. I think between the IRS and social security you are going to be able to hit the bulk of the American population. And there has to be a way for VA to do more of that type of outreach. Have you thought about anything in that regard?

Dr. JESSE. A couple of things. One of the major roles of the Office of Public and Intergovernmental Affairs was to really begin at the

VA level to not just address this but to actually coordinate all of the other activities that are going on. I actually take to heart the comment about college alumni, and how they try and engage people earlier on. And I think that the real key to outreach is to start before they get discharged from the military, even to the point that they are enlisting, to understand that there are clear benefits that come along with this commitment to serve their country. And, at the time of separation from the service, to be much more robust in ensuring that the veterans understand their benefits. A lot of effort is going on now in coordinating this with the U.S. Department of Defense, including coordinating some of the discharge exams with the eligibility exams for VA, and the attempt to make sure that these are coordinated. This is the first impression many of these veterans will get of VA. And then those delays, any issues there, may actually turn people off. And we are spending a tremendous amount of energy to work in that regard as well.

Mr. MICHAUD. Those are good efforts. I appreciate Secretary Shinseki's and Secretary Gates' efforts to work for those who are newly sworn in to the military. I think that those efforts are going to work. But we also have a huge amount who have already gone through the process. And we have to look at trying to get those individuals into the VA system. I think one area where we can have the biggest outreach impact on the American people is either through the IRS, social security, or through HHS for those who are on Medicare or Medicaid. I think there definitely has to be a real concerted effort to get individuals into the system. I can understand that there is some reluctance in doing that because ultimately that would mean that there would be more cost to the VA, and Congress would probably have to appropriate more funding to take care of those individuals. But that is what we are here for, to take care of the veterans.

Dr. JESSE. Well, absolutely, sir. And it is really our explicitly stated goal that we want to be the health care system that they want to belong to, and we feel this is very important.

Mr. MICHAUD. Thank you. Mr. Boozman.

Mr. BOOZMAN. Thank you, Mr. Chairman. In regard to H.R. 4062, the IG came out I think with five things that they feel like needed to be implemented. I guess the question I would have, do you agree with those five? Do you have some concerns about them? If so, what? If not, how are we doing in regard to implementing the five things that they suggest?

Dr. JESSE. Well actually, we agree with all five of those recommendations. We have been working diligently to get all those components in place and, you know, very much appreciate their input in identifying the problems and moving those forward. Most of these, I think, are well along the way. It will take some time to get all of these components in place. But we, you know, we agreed on the, Dr. Petzel, the Under Secretary, had agreed to their recommendations, and we are moving forward.

Mr. BOOZMAN. And so we do have a timeline that we are moving towards to get implementation?

Dr. JESSE. Yes, in the sense that we have, you know, we do have a meeting with the NRC.

Mr. BOOZMAN. Kind of yes and no?

Dr. JESSE. Well, have we set an exact date for this piece and this piece and this piece? The answer is no. But we—

Mr. BOOZMAN. This is something I think, Mr. Chair that we might ask you all to maybe come up with a timeline so that we can—

Dr. JESSE. Certainly.

Mr. BOOZMAN [continuing]. Check in periodically as to what is happening in that regard.

Dr. JESSE. We would be glad to do that.

[The VA subsequently provided the following information:]

The Department of Veterans Affairs (VA) Office of Inspector General (OIG), in VA OIG Report 09–02815–143, published May 3, 2010, identified five recommendations to improve brachytherapy treatment of prostate cancer at the Philadelphia VA Medical Center and other VA Medical Centers.

**Recommendation 1:**

“VHA’s National Director of Radiation Oncology Programs should have sufficient resources, to ensure that VHA provides one high quality standard of care for the prostate brachytherapy population. To achieve this end, VHA should standardize, to a practical extent, the privileging, delivery of care, and quality controls for the procedures required to provide this treatment.”

VA issued standard procedures for training, written directives and clinical requirements in January 2009 and implemented them in May 2009. All service chiefs, medical physicists, and Radiation Safety Officers (RSO) in prostate brachytherapy program completed mandatory training in January 2009. The Veterans Health Administration (VHA) finished adapting Radiation Oncology (RO) guidelines from the American College of Radiology (ACR) in September 2009. On September 27, 2010, VA’s Radiologic Physics Center awarded a contract for medical physics quality assurance. VA’s National Health Physics Program (NHPP) completed its annual inspections of seed implant programs in August 2009, January 2010, and September 2010. The inspections for all active programs in this annual cycle should be complete by February 2011. VA continues to track and monitor progress to ensure all RO programs are ACR inspected and accredited; as of September 2010, 22 facilities have received ACR site surveys, 10 of these facilities have received accreditation, 8 facilities submitted ACR applications, and 6 of 22 facilities deferred pending corrective action plan approval. By December 2010, VA will expand National Cancer Institute Radiation Policy Council medical physics quality assurance coverage to all RO programs, including an inspection of linear accelerators every year and on-site peer review of physics practice every 3 years.

**Recommendation 2:**

“VHA should take the steps required to ensure that patients who received low radiation doses in the course of brachytherapy be evaluated to ensure that their cancer treatment plan is appropriate.”

VA reviewed all 114 brachytherapy cases and notified and reevaluated under-dosed Veterans for possible additional treatment by the Philadelphia VA Medical Center (VAMC). VA referred 18 patients to the VA Puget Sound Health Care System for the placement of additional seeds. VA referred patients to Puget Sound if the patients had completed their brachytherapy treatment within the past year of discovery and had been considered to have been under-dosed. Eight Veterans were identified as needing additional treatment, and these Veterans received treatment consisting of a second procedure to boost areas of low dose implantation at the Puget Sound facility. Seven of the eight Veterans are being followed by the Philadelphia VAMC, and the eighth is being followed by the Erie VAMC. The remaining 10 Veterans did not have a second prostate brachytherapy procedure as VA determined it was not necessary or the Veteran refused this treatment. VA continues to provide health care to these Veterans.

Each Veteran is seen every 6 months for followup cancer care. The Philadelphia VAMC’s RO Service performs these evaluations, and continues to

provide ongoing evaluations for 5 years of cancer-free survival, after which the primary care clinic follows the Veteran at least annually for the lifetime of the Veteran.

**Recommendation 3:**

“VHA should review the controls that are in place to ensure that VA contracts for health care comply with applicable laws and regulations, and where necessary, make the required changes in organization and/or process to bring this contracting effort into compliance.”

All VA facilities are required to ensure contractors comply with applicable regulations and standard procedures. VA established this requirement in standard procedures and implemented it in May 2009. VA is revising VA Directive 1663, “Health Care Resources Contracting—Buying,” based on section 8153 of title 38, United States Code, to clarify some areas of the previous directive. The goal is to define the requirements so that contracting officers will be able to comply in a timely manner. Service Area Training Officers will be working with the Contracting Officer’s Technical Representatives (COTR) to establish a more formal program and to develop specialized COTR training by types of contracts. While the rewrite of VA Directive 1663 is ongoing, all new contracts are consistently being reviewed and all areas of concern are being addressed prior to the solicitation to ensure the contracts are technically sufficient. The National RO Program Office reviews all solicitations for RO contracts before the contract begins. Beginning in December 2010, standard language for RO contracts, including quality assurance programs, will be posted on VHA’s Procurement and Logistics Office intranet Web site.

VHA supports the Veterans Affairs Acquisition Academy (VAAA) in implementing the newly developed Medical Sharing (1663) course. This Academy will begin holding a Medical Sharing Training Class in fiscal year (FY) 2011.

**Recommendation 4:**

“Senior VA leadership should meet with Senior NRC leadership to determine if there is a way forward that will ensure the goals of both organizations are achieved.”

VA’s Under Secretary for Health and National Director for Radiation Oncology met with the Nuclear Regulatory Commission (NRC) Chairman and officials on June 8, 2010. VA’s National Director for Radiation Oncology presented VHA’s position on the proposed medical events rules at the NRC Commission Meeting on Part 35, Proposed Rule on Medical Events Definitions, on July 8, 2010. The Commissioners disapproved the proposed rule and have requested VHA and other stakeholders to assist in this process. VA is working with a group of experts representing the relevant professional societies to help NRC staff draft new rules concerning medical events.

**Recommendation 5:**

“VHA should work with the OIG to develop a list of documents that should routinely be provided to the OIG when an outside agency is notified of a (possible) untoward medical event.”

VHA has surveyed its program offices to compile a list of events that are possibly reported to other agencies, and discussions are ongoing in regard to coordinating the reporting of incidents to OIG.

Mr. BOOZMAN. Are there provisions in the bill that go beyond the actions that you are currently taking?

Dr. JESSE. The provision in the bill that goes beyond the actions we are currently taking, and the one that I think has the greatest concern to us, is one that is, I think maybe is a little bit lost in the definition. But there is a requirement that we review all medical services contracts weekly. We have looked, and that does not specifically refer just to nuclear medicine related contracts. So as we look at that, and not including contracts related to the Community-Based Outpatient Clinics, and other things along those lines,



we currently have just under 1,000, I think 971 medical services contracts. If we review them weekly, that is 50,000 reports a year. Which I think would basically pull our people away from doing clinical work and we would be a reporting agency.

Mr. BOOZMAN. Okay.

Dr. JESSE. So I think, you know, that piece is probably one of the greatest concerns. The other is the terminology related to training of all personnel in nuclear related, what are called reportable medical events. Currently, all personnel who work in nuclear medicine receive that training. And that is where that training needs to be. To say that we would have to train all medical center employees would be a huge burden, a huge cost, and probably not productive. Those are the main concerns we have.

Mr. BOOZMAN. And that would be different from the typical hospital setting? Or the typical setting in, out there in the private sector versus the—

Dr. JESSE. Oh, the private sector? I think what we do is in line with what happens in the private sector, yes. It is the people who work in nuclear medicine and with these patients that are trained and recognize that.

Mr. BOOZMAN. Right. Very good. One more thing, H.R. 4505 is seeking to modify a regulation. Is that something that VA could look and do without—

Dr. JESSE. Yes, sir. We have actually discussed that. We could change that through regulation—

Mr. BOOZMAN. And I guess my comment is would you be willing to look at it, and kind of come back and—

Dr. JESSE. No, absolutely, we would be very glad to do that. The one, as I understand it, if we do it through regulation it will take about a year. If it is done through legislation it could be facilitated. But either way, we fully support this. We think this is a gap in current regulations.

Mr. BOOZMAN. Right.

Dr. JESSE. We think it needs to be corrected, and our preference would be to correct it as expediently as possible.

Mr. BOOZMAN. Good. Well maybe you and us working with Mr. Thornberry can figure out what is the best way to pursue it.

Dr. JESSE. We would be happy to.

Mr. BOOZMAN. Okay. Thank you, Mr. Chair.

Mr. MICHAUD. Thank you very much, and I appreciate that. And having dealt with the VA, particularly on the nursing home issues, the length of time that it takes them to go through the regulatory process would be a concern. And I agree with Representative Thornberry that we should look to work with VA on this. But I think we ought to try to deal with that as soon as possible, and I know the regulatory process sometimes does not work that swiftly. And sometimes that outcome might not be what we want, either.

Mr. BOOZMAN. Will the gentleman yield? No, I agree. If we can get a statement from VA and a strong statement from the Committee, then perhaps we can go ahead and get that done.

Mr. MICHAUD. Great. Thank you. I have no further questions. I want to thank you both for coming. I want to thank you both for your testimony. I look forward to working with you, and I am sure

there will be some additional questions as we move forward with the two draft pieces of legislation and the three bills that we have before us today. Thank you for your continued service working with our veterans and your employees. We still have a ways to go. As you heard from the previous panel, there are some concerns with the perception of what VA is doing and not doing, and I look forward to working with you to make sure that we do have and improve on the system we currently have today. So once again, I want to thank both of you for coming today. If there are no further questions, I will close this hearing. Thank you.

Dr. JESSE. Thank you, sir.

[Whereupon, at 11:05 a.m., the Subcommittee was adjourned.]

## A P P E N D I X

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### **Prepared Statement of Hon. Michael H. Michaud, Chairman, Subcommittee on Health**

I would like to thank everyone for coming today.

Today's legislative hearing is an opportunity for Members of Congress, veterans, the VA and other interested parties to provide their views on and discuss introduced legislation within the Subcommittee's jurisdiction in a clear and orderly process. This is an important part of the legislative process that will encourage frank discussions and new ideas.

We have five bills before us today which address a number of important issues. First, we have a radiation safety bill that requires proper training of all employees at VA hospitals where radioisotopes are used to provide medical care. Next, we have a bill which requires the VA to consider children under the legal guardianship of a veteran when determining the veteran's co-payment amount for medical treatment. We also have a bill which would allow gold star parents access to the state veterans homes if they had any child who died while serving in the Armed Forces. Finally, we have draft legislations on improving the VA's outreach to veterans and the provision of hearing aids to World War II veterans.

I look forward to hearing the views of our witnesses on the bills before us today.

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### **Prepared Statement of Hon. Henry E. Brown, Jr., Ranking Republican Member, Subcommittee on Health**

Thank you, Mr. Chairman, and thank you for holding this legislative hearing.

I am pleased to be here and eagerly anticipate consideration of the five bills before us that cover a variety of issues regarding our veterans.

I want to thank all of the Members who have sponsored these bills and taken the time to participate in our hearing today.

I am particularly interested in hearing about H.R. 4505, which was introduced by my friend and colleague from Texas, Mac Thornberry.

In order to receive VA per diem payments, a State Veterans Home must maintain an occupancy rate of 75 percent veterans. However, veteran spouses or parents who have lost all of their children due to military service are also eligible for admission, if allowed by State policy. H.R. 4505 would permit a State Home to also provide services to a parent if one of their children died while serving in the Armed Forces.

When we honor the bravery and service of our military members and veterans, we must also honor the sacrifice and selflessness of their families. And, I do not think the loss of a child—whether one or many—can be differentiated. I thank Mac for introducing this legislation.

As we continually attempt to improve services and increase the well-being of our veterans, it is vital that we continue to work together and have candid discussions about the best ways to improve services and move forward with legislation to benefit our veterans. And, I look forward to hearing more about all of the bills on our calendar this morning.

I want to thank our witnesses for being here and in the interest of moving forward with our discussion, I yield back the balance of my time.

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### **Prepared Statement of Hon. Larry Kissell, a Representative in Congress from the State of North Carolina**

Chairman Michaud and Ranking Member Brown, thank you for your invitation to this hearing and allowing me to share with you the importance of H.R. 4465. As I am sure all Congressional members experience in their various states and dis-

tricts, our constituents' concerns come in a wide range of shapes and sizes. Some of these concerns require major legislation to address the issues, while others may require incremental changes to bring relief to those hurting the most.

As our Nation's socio-economic dynamic changes, we as a Congress must ensure we address the emerging needs of our veterans. This Committee does an outstanding job of identifying needs and providing legislation to honor those who served our Nation. Today I present to you H.R. 4465. This bill provides assistance to the growing number of veterans who are accepting custody of additional dependents.

H.R. 4465 acknowledges the efforts of veterans who accept legal custody of a child that is not their own. This bill amends the current law so that the VA considers children placed in the legal custody of a veteran as dependents when determining if a veteran must pay a co-payment for medical treatment. Although not all veterans are required to pay co-payments, those that do receive additional consideration based on their household income and number of dependents. Dependent children are defined as biological, adopted, and step-children. The current law does not address veterans who voluntarily assume the parenting role for a child and receive full custody from the courts.

I am not sure of the number of veterans that are accepting these roles. When CBO scored the bill they reported only a few veterans would be affected and the bill would have an insignificant effect on spending pending appropriations. I became aware of the problem after Robert and Miriam Preiser approached me. The Preisers have been married for 13 years. Robert is 70 and Miriam is 79 years old. Between the two of them they have 10 children, 24 grandchildren, and 17 great-grandchildren. They are on a fixed income. Because of his 2 year tour in the Army about 60 years ago, Robert receives a great deal of his care through the Veterans Administration.

About 5 years ago a number of unfortunate events resulted in Child Protective Services assuming custody of two of the Preiser's great grandchildren, a 5 year old boy and a 2.5 month old girl. I will not go into the details of the case, but ultimately CPS determined the parents were not fit to raise the children. The Preisers immediately stepped in and volunteered to become the children's guardian. After about a year of court proceedings, the courts granted the Preisers full custody.

The Internal Revenue Services, the courts, the local school district, Child Protective Services, and other state and federal entities consider the children as dependents. The IRS allows the Preisers to claim the children as dependents due to the court documents they possess. If you choose to proceed with this bill and it eventually passes, it will ensure that the VA considers children in the legal custody of a veteran are considered as dependents when determining if the veteran must pay a co-payment for medical treatment.

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#### **Prepared Statement of Hon. Mac Thornberry, a Representative in Congress from the State of Texas**

I appreciate the opportunity to testify before the Subcommittee today on H.R. 4505.

There are 137 State Veterans Homes located in all 50 States and in Puerto Rico that provide hospital and skilled nursing care to approximately 28,500 veterans and dependents. State Veterans Homes are institutions that many of our veterans and their dependents have relied upon for nearly 150 years.

Gold Star Parents are parents who have lost a son or daughter who died while serving our country in the military. However, to be eligible for admission to a State Veterans' Home, a Gold Star Parent must have lost *all* of his or her children while in military service. State Veterans' Homes must deny admission to a Gold Star Parent if they have any surviving children.

H.R. 4505 would allow State Veterans Homes to admit the parents of servicemembers who died while serving our Nation to VA Nursing Homes. My legislation would permit admission into a State Veterans' Home to *any* parent who lost at least one son or daughter while serving our Nation to protect our freedoms and way of life.

Those we ask to fight and die in our wars should have the assurance that their families will be cared for by their country.

Losing a child to war is a stunning and life altering event, which is why I am pushing for this bipartisan legislation to become law in the coming weeks.

Additionally, the financial impact to the Federal Government will be minimal, since the VA does not pay a per diem to state homes for Gold Star Parents. In our

conversations with state officials, they expect that the impact to state budgets would be minimal as well.

The Consolidated Appropriations Act of 2010 required the VA to conduct a feasibility study to identify the potential impact of providing State Veterans' Home care to Gold Star Parents. The VA determined that such feasibility study would be useless because there would be no additional cost to the VA by providing this service.

The bill is supported by the American Legion and the National Association of State Veterans Homes, and I know of no opposition.

In closing, I appreciate your consideration of this bill and ask for your support to ensure that Gold Star Parents are able to receive the support they need. I look forward to answering any questions you might have about my bill.

Again, thank you for holding this hearing and allowing me to testify.

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**Department of Veterans Affairs (VA)  
Report to Congress on State Home Care**

**Issue:** The Joint Explanatory Statement accompanying Public Law 111-117, Transportation, Housing and Urban Development and Related Agencies Appropriation Act, 2010, urges the Department to undertake a feasibility study to identify any potential impacts of permitting State Home Care facilities to provide services to non-Veterans who have had a child die while serving in the Armed Forces, as long as such services are not denied to a qualified Veteran seeking those services. The Department is directed to report back to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on what steps, if any, have been taken to undertake the feasibility study and any findings, should the study be completed.

**Background Information:**

General eligibility requirements for admission to a State Veterans Home: Veterans in need of skilled nursing care and who have a general honorable military discharge are given admission priority. Spouses, surviving spouses, and Gold Star parents in need of skilled nursing care are also eligible for admission, if allowed by state policy. VA is prohibited by law from exercising any supervision or control over the operation of a State Veterans Home, including setting admission criteria. Admission requirements are determined exclusively by the state. The states also establish and manage operating procedures, personnel practices, and other operational matters.

**Discussion:**

- VA Medical Centers of jurisdiction and State Veteran Homes must comply with the 75 percent Veteran residency rule (title 38 U.S.C. 8131-8137), i.e., State Homes are required to maintain an occupancy rate of 75 percent Veterans to be eligible for VA per diem payments.
- Admission requirements for State Veterans Homes are determined exclusively by the state.
- Current authority does not allow VA per diem payments for services provided in a State Veterans Home to Gold Star parents or any other non-Veteran residents.
- The Veterans Health Administration believes it is feasible to permit State Home Care facilities to provide services to non-Veterans who have had a child die while serving in the Armed Forces, as long as such services are not denied to qualified Veterans seeking those services. Legislative authority would need to be enacted.
- There would likely be some financial impact on the states to support non-Veterans in State Veterans Homes.

**Recommendation:**

A feasibility study is not required because there would be no additional cost to VA by permitting State Home Care facilities to provide services to non-Veterans who have had a child die while serving in the Armed Forces.

Veterans Health Administration  
April 2010

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The American Legion  
Washington, DC.  
*January 26, 2010*

Honorable Mac Thornberry  
U.S. House of Representatives  
2209 Rayburn House Office Building  
Washington, DC 20515-4313

The American Legion fully supports your proposed legislation to enable State Veterans' Homes to furnish nursing home care to parents *any of whose children* died while serving in the Armed Forces of the United States. Such parents are respectfully referred to as Gold Star parents.

Currently, Gold Star parents may receive care in a State Veterans' Home *only* if they have lost *all* of their children in service to the country. The loss of a single servicemember brings much grief and sadness to a grateful nation. The American Legion believes this benefit was granted with good intention, but unrealistic expectations of personal sacrifice. As a nation at war, to maintain such a standard for an earned benefit is unacceptable. The pain of loss for parents of an only child is just as unbearable as the loss for parents with more than one child.

Thank you Representative Thornberry for offering legislation that would extend the heartfelt gratitude of a grieving nation to parents of a fallen hero. The American Legion fully supports your proposed legislation to address this injustice. The American Legion appreciates your continued leadership in addressing the issues that are important to veterans, members of the Armed Forces, and their families.

Sincerely,

Steve Robertson  
*Director, National Legislative Commission*

Texas General Land Office  
Austin, TX.  
*January 26, 2010*

Honorable Mac Thornberry  
U.S. House of Representatives, District 13  
2209 Rayburn House Office Building  
Washington, D.C. 20515-4313

Dear Congressman Thornberry:

I am writing you to express my complete support of S.1450, a bill to allow the parents of service-members who died while serving the Nation access to VA Nursing Homes. Currently, an individual is allowed admission into a State Veterans Home if the individual is an eligible veteran, the spouse of an eligible veteran, or a Gold Star parent. The problem that arises is the way the term "Gold Star parent" is currently defined in the Code of Federal Regulations (CFR) administered by the VA. According to the CFR, Gold Star parents are eligible for admission to State VA Nursing Homes if they have lost *all* of their children who were serving our country on active duty military service. This legislation would rectify this and permit admission into a State VA Nursing Home to any parent that lost at least one son or daughter, while fighting to protect our freedoms and way of life.

As chairman of the Texas Veterans Land Board, I oversee our Texas State Veteran Nursing Home program where we provide skilled nursing care to over 1,000 Texas veterans and their family members in one of our seven facilities. As most people are aware, State Veterans Homes were founded for wounded and homeless veterans following the American Civil War and have become institutions that many of our veterans and their dependents have come to rely on for nearly 150 years. Currently there are 137 State Veterans Homes located in all 50 States and in Puerto Rico that on a daily basis provide hospital, skilled nursing, rehabilitation, long-term, dementia and Alzheimer's, domiciliary, respite, end of life, and adult day health care, to approximately 28,500 veterans and dependents.

I believe that it is only fair that the parents who lost a son or daughter in military service have access to these first class facilities. This legislation is strongly supported by the National Association of State Veterans Homes.

Please join me in supporting our parents who have given more than we as a nation could ever ask of them by changing the definition of a Gold Star Parent.

If you have any additional questions, please contact my federal liaison Jim Darwin at 512-463-2623 or email at jim.darwin@glo.state.tx.us.

Sincerely,

JERRY PATTERSON, Commissioner  
*Texas General Land Office*

**National Association of State Veterans Homes**

**RESOLUTION 2010-2**

**SUPPORT FOR ADMISSION TO STATE VETERANS HOMES OF ANY PARENT WHOSE CHILD PERISHED WHILE SERVING ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES**

**WHEREAS**, State Veterans Homes were founded for soldiers and sailors following the American Civil War, and have ably served veterans and some of their immediate dependents and survivors for nearly 150 years; and

**WHEREAS**, currently there are 140 State Veterans Homes in all States and in Puerto Rico, on a daily basis providing hospital, skilled nursing, skilled rehabilitation, long-term care, dementia and Alzheimer's care, domiciliary care, respite care, end of life care, and Adult Day Health Care to 28,500 veterans and dependents; and

**WHEREAS**, Title 38, United States Code, authorizes State Veterans Homes to care for non-veteran residents, but only to the extent that non-veteran residents constitute no more than twenty-five percent of bed capacity at Such State Veterans Homes; and

**WHEREAS**, Title 38, Code of Federal Regulations, defines eligible non-veteran residents of State Veterans Homes as immediate dependents and survivors of veterans with antecedent residence in State Veterans Homes, and parents, all of whose children died while serving in active military service to the United States; and

**WHEREAS**, recognizing the contemporary trend of the all-volunteer military force, the wide array of career paths available to American citizens, and modern asymmetrical wars and military conflicts that require both periodic and episodic deployments to combat engagements throughout the world, a post-World War II policy that requires all of a parent's children to have perished in war as a precondition of eligible residence of a parent in a State Veterans Home under Title 38, United States Code, as interpreted in its Code of Federal Regulations, is unwarranted and exhibits an exclusionary intent toward parents who have suffered irreparable loss of a child, or children, who served their Nation in uniform.

**NOW, THEREFORE, BE IT RESOLVED**, that the National Association of State Veterans Homes (NASVH) supports an amendment to Title 38, Code of Federal Regulations, or in absence of such revision, amendment to Title 38, United States Code, to authorize admission to State Veterans Homes of any parent whose child perished in active military service to the United States; and fully supports the legislative objectives of the National Association of State Veterans Homes (NASVH) to receive from VA a per diem payment that equals 50 percent of the national average cost of providing care in a State Veterans Home.

<input type="checkbox"/>	<b>Adopted</b>
<input type="checkbox"/>	<b>With Change</b>
<input type="checkbox"/>	<b>Rejected</b>

COLLEEN RUNDELL, M.S., LNHA  
President

National Association of State Veterans Homes

Dated this \_\_\_ day of \_\_\_\_\_, 2010



**Prepared Statement of Hon. John Adler, a Representative in  
Congress from the State of New Jersey**

I would like to thank Chairman Michaud, Ranking Member Brown, and Members of the Subcommittee for the opportunity to testify on behalf of H.R. 4062, the *Veterans' Health and Radiation Safety Act*. This Subcommittee has been integral in ensuring that the health care needs of our veterans are being met. I commend you on your leadership.

The need for H.R. 4062 came from a very serious matter that occurred at the Philadelphia Veterans Affairs Medical Center. Starting in 2003, the brachytherapy program at the Philadelphia VA Medical Center was operated by a rogue doctor who botched approximately 86 percent of the prostate cancer treatment procedures he was contracted to perform on our veterans. These multiple failures, which went undetected year after year, highlighted significant problems in the VA's oversight system. The VA failed until 2008 to catch this pattern of failure.

Upon learning of these glaring oversights, I became outraged that the brave men who so selflessly served our country had been subjected to such poor treatment and were neglected by a hospital and system created to protect them.

H.R. 4062, the *Veterans' Health and Radiation Safety Act* is a comprehensive piece of legislation that seeks to remedy many of the mistakes that led to the problems surrounding the brachytherapy program at the Philadelphia VA Medical Center.

This bill has three major components centered on increasing oversight and ensuring reform throughout the VA Health Care System.

First, my bill mandates that the VA conduct an evaluation of all of the low-volume programs that are currently operating in its medical facilities to ensure that they are meeting their safety standards. The brachytherapy program at the Philadelphia VA Medical Center was not subjected to independent peer review due to the fact that it was such a low volume program, serving only 116 patients over a 6-year period. Because of this lack of oversight, errors that should have been caught and rectified were allowed to continue for 6 years unnoticed.

Second, H.R. 4062 requires that every VA employee and independent contractor working in a VA medical facility be trained in what constitutes a "medical event," as that term is defined by the Nuclear Regulatory Commission, as well as when such an event should be reported and to whom. The bill also provides that if a VA hospital has failed to administer such training, the use of radioactive isotopes at that VA medical facility may be suspended by the Secretary.

Over the course of the 6-year period in which the brachytherapy program at the Philadelphia VA was in operation, 86 percent of the patients were subjected to "reportable medical events." However, because many of the medical personnel in the program, including the independent contractors, were not trained in what constitutes a "medical event," as that term is defined by the NRC, or to whom such an event should be reported, these errors were allowed to continue and our veterans remained susceptible to substandard medical care for far too long.

Lastly, my bill requires the Secretary to evaluate all medical services provided pursuant to a contract with a non-government entity. Such evaluations shall include independent peer reviews of such medical services and written evaluations of an independent contractor's performance by that contractor's supervisor. The bill also states that before a contract for medical services can be renewed, the above evaluations must be conducted.

One of the biggest problems that occurred at the Philadelphia VA was the lack of oversight and supervision VA officials had over the independent contractors they contracted with to provide medical services in their brachytherapy department. What is particularly troubling is that these contracts were re-upped every 3 to 6 months with little to no scrutiny as to the performance of the independent contractors. It is my hope that this provision in the bill will increase oversight throughout the VA Health care system.

The veterans who sought treatment for prostate cancer at the Philadelphia VA Hospital did not receive the quality health care their selfless service to our country earned them. Such mistreatment of our veterans is not only unacceptable; it violates the bond our country made with them when they agreed to fight for the safety and security of this Nation. It is my hope that H.R. 4062 will help ensure that the failures that occurred at the Philadelphia VA Medical Center will never happen again within the VA.

I would again like to thank Chairman Michaud, Ranking Member Brown, and Members of the Subcommittee for allowing me the time to testify on this important matter. I would be happy to answer any questions you might have.



**Prepared Statement of Barry A. Searle, Director, Veterans Affairs and  
Rehabilitation Commission, American Legion**

Mr. Chairman, Ranking Member and Members of the Subcommittee:

Thank you for the opportunity to present the views of The American Legion on H.R. 4062: The Veterans' Health and Radiation Safety Act; H.R. 4505: Expansion of State Home Care for Parents of Veterans Who Died While Serving in the Armed Forces; H.R. 4465: Determination of Attributable Income for Veterans with Children; and two pieces of proposed legislation: "Improve VA Outreach Act of 2010" and "The World War II Hearing Aid Treatment Act".

**H.R. 4062—Veterans' Health and Radiation Safety Act**

This legislation would require the Secretary of Veterans Affairs to report annually to Congress on the low-volume (treating 100 patients or less) programs at each VA medical facility. It would further direct the Secretary to ensure that all employees at a VA hospital where radioactive isotopes are used in the administration of medical services receive appropriate training on what constitutes a medical event and when and to whom a medical event should be reported. It would prohibit such isotopes from being used at a VA hospital where such training is not provided. Finally, H.R. 4062 would require the Secretary to carry out specified evaluations and peer reviews of all medical services provided under contract with a non-government entity.

The American Legion's "System Worth Saving" Task Force annually conducts site visits at VA Medical Centers nationwide to assess the quality and timeliness of VA health care. In preparing for these visits, The American Legion team researches Government Accountability Office (GAO) reports, VA's Office of Inspector General (VAOIG) reports, and news articles relating to potential breakdowns in a system that we consider, "The Best Care Anywhere."

During The American Legion "System Worth Saving" Task Force visits, and in our research, we have found that turnover of personnel and the shortage of personnel at most facilities require renewed emphasis on standardized procedures, quality review and individual training, as well as documentation of that training. Further, The American Legion believes that VA must maintain proper oversight of medical care, utilization of facilities and resources in order to ensure veterans receive the highest quality of care.

In a May 2010, VAOIG report concerning the review of Brachytherapy Treatment of Prostate Cancer at Philadelphia, PA and other VA Medical Centers, a recommendation was made for VHA to "standardize to a practical extent, the privileging, delivery of care, and quality controls for the procedures required to provide treatment." As technologies continue to change and treatments and procedures continue to develop, it is critical that VA staff delivering care be properly trained and are accountable. H.R. 4062, "Veterans' Health and Radiation Safety Act," continues and enhances protections for veterans through required reporting, training, and evaluation of services provided by Veterans' Health Administration (VHA). The American Legion supports not only the specified training and the accountability highlighted in H.R. 4062, but also the standardization of all patient care delivered across the VHA system.

**The American Legion supports H.R. 4062.**

**H.R. 4505—Expansion of State Home Care for Parents of Veterans Who Died While Serving in the Armed Forces**

This legislation would authorize the Secretary of Veterans Affairs to permit a state home to provide VA nursing home care to parents who suffered the loss of a child who died while serving in the Armed Forces.

The American Legion is well known for its long history of advocating on behalf of veterans and their families. We believe firmly that a commitment is made not only by the servicemembers who raise their hand in service to this country, but also their family members who must say good bye to their loved ones who head into combat to protect the freedoms of this Nation. President Lincoln, during his Second Inaugural Address made the statement that would later become the mission of VA, "To care for him who shall have borne the battle and for his widow, and his orphan." The American Legion strongly believes that when a servicemember is killed in the line of duty and a dependent parent is deemed medically eligible for nursing home admission, that parent be entitled to VA nursing home care. Currently, Title 38 Code of Federal Regulations (CFR) imposes too high a threshold of suffering on surviving parents when it requires that all children must have died while serving on active duty. H.R. 4505 amends section 51.210(d) of Title 38, CFR, to provide serv-

ices to “a non-veteran any of whose children died while serving in the Armed Forces.”

The American Legion at its 2009 Convention approved a resolution which recommends amending section 51.210(d) Title 38, CFR, “To authorize admission to State Veterans Homes the parents of any servicemember who perished while on active military service to the United States.”

Additionally, in January 2010, The American Legion sent letters to Members of Congress to express full support of this legislation. The American Legion believes the original intent and wording of section 51.210(d) of Title 38, CFR, was granted with good intention. But unrealistic expectations of personal sacrifice exist when requiring that all children of a parent must die in the service to this Nation in order to qualify for admission to a nursing home.

**The American Legion supports H.R. 4505.**

**H.R. 4465—Determination of Attributable Income for Veterans with Children**

This legislation would direct the VA Secretary, when examining a veteran’s attributable income for purposes of determining whether a veteran is unable to defray the necessary expenses of hospital, nursing home, and domiciliary care, to treat as a dependent child of such veteran any unmarried person who:

1. Is placed in the legal custody of the veteran for at least 12 consecutive months;
2. Either has not attained age 21, has not attained age 23 and is enrolled in a full-time course of study at an institution of higher learning, or is incapable of self-support due to mental or physical incapacity;
3. Is dependent on the veteran for over one-half of the person’s support; or
4. Resides with the veteran, unless separated to receive institutional care.

The American Legion believes a pension is an earned and defined benefit for a veteran through their honorable service to the Nation. We do not believe that pension should be reduced or offset based upon other income earned by the dependent children of a veteran.

**The American Legion supports H.R. 4465.**

**Proposed Draft Legislation—“World War II Hearing Aid Treatment Act”**

The American Legion recently adopted a resolution acknowledging current advancements in scientific research to review prior and new potential environmental threats to servicemembers. It was resolved that, “The American Legion’s comprehensive policy on environmental exposures be an all inclusive policy and vigorously support the liberalization of the rules relating to the evaluation of studies involving exposure to any environmental hazard.”

It is understood that past acceptable norms of environmental exposure for noise, for example weapon’s qualification in basic training conducted without proper hearing protection, have been found to be unacceptable in today’s environment. These instances could lead to the possibility of a service connection for hearing loss if claimed. Also, especially in the case of WWII veterans the “state of the art” for working environmental protection of servicemembers had not evolved to the current levels. The fact of service and exposure to these environmental exposures would imply the potential for hearing loss.

Furthermore, the only measure of assessing hearing loss on separation from service in this era was the so-called “Whisper Test,” which has been found insufficient to measure actual hearing loss by both medical experts and the courts. As VA’s procedures for adjudication of benefits claims rely heavily on the status of hearing at separation, these inadequate exams unfairly prejudice the system against the veterans who clearly suffered traumatic noise exposure during their service. The fact that hearing loss can have a gradual onset and is not always immediately detectable after traumatic noise further contributes to the difficulties that veterans of earlier eras face in becoming service connected for their loss.

The bill could potentially save VA development time related to determining the etiology of hearing loss conditions and could alleviate some of the workload contributing to the claims backlog.

**The American Legion supports this proposed legislation to furnish WWII veterans with hearing devices.**

We would further submit for this Subcommittee’s consideration the fact that environmental noise exposure issues that this proposed legislation is attempting to address were in existence through the Vietnam War and that it was not until relatively recently that significant efforts were made to protect the hearing of service-

members. Therefore, The American Legion recommends this Subcommittee consider expanding the bill to cover veterans from the Korean and Vietnam War eras also.

#### **“Improve VA Outreach Act of 2010”**

In May 2008, The American Legion testified concerning improvements VA could make to improve outreach to veterans. VA had made progress at that time and continues to make progress to improve its outreach program to veterans. Currently, in the case of the Veterans’ Benefits Administration (VBA), efforts have been made to inform and involve Veterans’ Service Organizations (VSOs) in finding solutions to improve the claims process. VSOs, in turn, advise veterans on efforts made by VA to assist them. This partnership between VA and VSO’s in informing veterans is critical to the success of VA’s outreach program.

However, while VA has made improvements in outreach significant issues remain and there is much work to be done. Earlier this month, The American Legion testified that VA continues to struggle with informing veterans of entitlements. The joint efforts of the Department of Defense (DoD) and VA to assist transitioning service-members through the Benefits Delivery at Discharge (BDD) program and the Transition Assistance Program (TAP) briefings are laudable. Progress is being made, but outreach efforts vary both in quality and effectiveness. In particular, Reserve component members released from active duty mobilizations are often rubber stamped and returned to their home station with little or no understanding of what entitlements they have earned due to their honorable service.

The American Legion understands that policies developed at VA Central Office, with the best of intentions, are for the most part executed at the discretion of the Regional Office Director or the Veterans Integrated Service Network (VISN) Director; and therefore, vary in local implementation. For example, VA has a veteran employment hiring program policy to recruit veterans, as outlined in Secretary Shinseki’s Memorandum dated 21, October 2009. However, The American Legion has seen a wide variation in hiring of veterans at the Regional Office level. The variation ranges from about 25 percent to 79 percent depending on the Regional Office. We feel that this is due to the discretion given to the Regional Office Director in interpreting the policy. It further depends on that individual’s emphasis on hiring veterans. We do not believe that there is a substantial difference in qualified veterans in one area as compared to another. The American Legion feels that a greater amount of accountability for success in outreach to veterans to identify opportunities for employment should be required for the subordinate offices in VA.

Many veterans are moving to rural and extremely rural areas. Nevertheless, these veterans have earned the right to receive information and updates on changes that impact their earned benefits. While VA has made efforts to become more “user friendly” we continue to hear, especially from older veterans and those in rural areas, that the system and required documentation is still too complicated.

The American Legion urges strong improvements to outreach. In addition to upgrading our Web site [www.legion.org](http://www.legion.org) to make it more user friendly, **The American Legion Magazine** and the Web site have regular updates on such issues as the new Post-9/11 GI Bill and recent changes to veterans’ entitlements. Additionally, The American Legion’s Veterans’ Affairs and Rehabilitation Commission publishes periodic “Bulletins” based on VA information, which are utilized by the Department (State) Service Officers to further assist with VA’s outreach to veterans. As a recent example, a “Bulletin” was distributed after receiving a request for information from VA concerning “brown water Navy veterans” concerning vessels that were in inland waters of Vietnam and whose crews may be impacted by Agent Orange.

The American Legion is also assisting VA to improve its outreach to Priority Group 8 veterans. This endeavor is focused on advising veterans of new regulations that allow VA to enroll certain Priority Group 8 veterans who have been previously denied enrollment in the VA health care system because their income exceeded VA’s income thresholds.

These successful partnerships between VA and VSOs continue to benefit the veteran population. This demonstrates that extended VA outreach has an immediate impact on the lives of veterans, and VA must not lag behind in the modernization and scope of their own outreach to veterans.

The establishment of a VA Advisory Committee on Outreach as proposed in the draft legislation, with representation from members of the VSO community reporting to the VA Secretary, will enhance VA’s outreach program and ultimately better serve America’s veterans. Requiring an analysis of the recommendations of the Advisory Committee, as part of the strategic plan submitted to Congress, will enhance the value of these recommendations.

**The American Legion supports all reasonable efforts toward improving outreach to veterans and The Improved VA Outreach Act of 2010, in particular.**

As always, The American Legion thanks this Subcommittee for the opportunity to testify and represent the position of the over 2.5 million veteran members of this organization and their families. This concludes my testimony.

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**Prepared Statement of Eric A. Hilleman, Director, National Legislative Service, Veterans of Foreign Wars of the United States**

MR. CHAIRMAN AND MEMBERS OF THE SUBCOMMITTEE:

On behalf of the 2.1 million men and women of the Veterans of Foreign Wars of the U.S. and our Auxiliaries, I want to thank you for the opportunity to testify at today's legislative hearing.

**H.R. 4062, *Veterans' Health and Radiation Safety Act***

VFW supports legislation that would amend Title 38, United States Code, to make certain improvements in the administration of medical facilities within the Department of Veterans Affairs.

Section II mandates that VA conduct annual reporting to Congress on low volume programs, treating less than 100 patients a year. Section III demands adequate training for employees and contractors on appropriate reporting of medical services and programs where the use of radioactive isotopes is present. Section IV requires all contractors and contracting offices to adhere to rigorous guidelines when using this method of health care treatment.

The use of radioisotopes at VA hospitals has increased the levels of risk to patients who undergo these potentially life-saving treatments and tests. Diagnostic techniques in nuclear medicine allow a non-invasive method of detecting and evaluating most cancers. Further, some cancerous growths can be controlled or eliminated by irradiating the detected growth.

VFW asks Congress and VA to strongly demonstrate that safety and training are provided to all employees, contractors, and non-government entities who are employed at VA where radioactive isotopes are used. We believe this bill is the correct step toward this goal.

**H.R. 4465, to amend Title 38, United States Code, to direct the Secretary of VA to take into account dependent children when determining the veteran's financial status when receiving hospital care or medical services**

The VFW supports this legislation to allow certain dependents to be counted in determining earnings thresholds for the purpose of seeking benefits and services at VA.

This legislation requires VA to recognize children placed in the legal custody of the veteran as a result of a court order. Under the bill, in order for the child to be counted as eligible, they must be in the custody of the veteran for at least 12 consecutive months, require support at least 50 percent of the time, and/or be under the age of 21 (or 23 if enrolled as a full-time student). Currently, children placed in the legal custody of a veteran are not counted for the purposes of health care categories or qualification for pension or benefits. VFW believes H.R. 4465 will correct that inequity and passing it is the right thing to do.

**H.R. 4505, to enable State homes to furnish nursing home care to parents, whose children died while serving in the Armed Forces**

VFW supports this legislation, which would authorize state-run nursing homes to accept the surviving parents of a child who died while serving in the armed services. The VFW believes the care of all Gold Star parents is a sacred trust and this bill would provide a critical benefit at a time when they may need long-term care. We ask Congress to enact this legislation quickly.

**Draft Bill, *World War II Hearing Aid Treatment Act***

VFW admires the goal of this legislation but cannot support it as written. Millions of Americans participated in combat where nearly 300,000 were killed and 671,000 were wounded. Almost everything about modern warfare involves loud, often incredibly loud, noise. Acoustic trauma is a major cause of hearing loss. Those who fought in the island campaigns of the Pacific, North Africa, Normandy, the Battle of the Bulge to the River Elbe, or flew through the flak and fighter filled skies of France and Germany were exposed to incredible amounts of hearing damaging noise. How-

ever, their experiences in training for and fighting a war are, in terms of noise exposure, virtually identical to their younger brothers and sisters who trained and fought in every other war from Korea to Vietnam to the current conflicts in the Middle East.

We cannot support this legislation because the only factual difference between their exposure to noise and that of all veterans is that they are older. We believe the bill is inequitable as it discriminates against other veterans based on age. We would be happy to work with the Committee on clarifying hearing aid benefits for all veterans.

**Draft Bill, Improved VA Outreach Act of 2010**

The VFW supports the *Improved VA Outreach Act of 2010*. This bill aims to improve outreach activities within the Department of Veterans Affairs by coordinating the efforts among the offices of the Secretary, Public Affairs, Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration.

In order to increase the effectiveness of VA outreach, it also directs the Secretary to annually review activities performed by VHA, VBA, state veterans agencies, county veterans agencies, VSOs and other federal departments (referred to in section 6306), to include the National Guard and Reserve component bureaus under Section 561 of Title 38, CFR

The VFW has always encouraged and supported increased awareness of benefits and services provided by VA to veterans. We believe that *all* veterans and their survivors should have access to up-to-date information about services and benefits for which they may be eligible. However, a key component missing in the language of this bill is training. We believe that effective outreach can only be achieved through the proper training of individuals performing outreach activities. We also note that since any successful initiative will result in increased claim submissions to VA, funding for VBA adjudication must keep pace with increases in the number of claims filed as a result of greater outreach.

We applaud sections 4 and 5, which establish an advisory committee to provide a biennial report on outreach activities. The Committee will bring together various experts in veterans' issues to make recommendations on how to improve VA benefits, services and programs. Reaching out to Federal, state and local stakeholders encourages the sharing of best practices and helps VA in identifying the needs of eligible veterans and their families. This is especially critical now with many injured servicemembers returning from the current conflicts unaware of their benefits.

Mr. Chairman, Members of the Committee, this concludes my testimony. I would be happy to address any questions you may have. Thank you.

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**Prepared Statement of Richard F. Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America**

Mr. Chairman, Ranking Member Miller, Distinguished Members of the House Veterans' Affairs Subcommittee on Health and honored guests, Vietnam Veterans of America (VVA) thanks you for the opportunity to present our views regarding H.R. 4062, H.R. 4505, the draft legislation on Outreach, and the draft legislation entitled the WHAT Act. With your permission, I shall keep my remarks brief and to the point.

**H.R. 4062 Veterans' Health and Radiation Safety Act**

*Requires the Secretary of Veterans Affairs to report annually to Congress on the low-volume (treating 100 patients or less) programs at each medical facility of the Department of Veterans Affairs (VA); and, Directs the Secretary to ensure that all employees at a VA hospital where radioactive isotopes are used in the administration of medical services receive appropriate training on what constitutes a medical event and when and to whom a medical event should be reported. Prohibits such isotopes from being used at a VA hospital where such training is not provided; and, requires the Secretary to carry out specified evaluations and peer reviews of all medical services provided under contract with a non-government entity.*

The recent events at the Philadelphia VA Medical Center where veterans were harmed over an extended period by clinicians and technicians who were not properly trained have quite naturally caused great concern in the veterans' community about both efficacy and safety.

The provisions of H.R. 4062 will take sensible and prudent steps to require the VHA to ensure that quality assurance mechanisms are in place so that those who

are engaged in nuclear medicine activities anywhere within the Veterans Health Care system are properly trained, understand proper reporting of untoward incidents and record keeping with a view toward quality assurance in general, have proper supervision, have in place written procedures for quality assurance, and require periodic peer reviews to ensure that the treatments provided are at the proper dosing to actually work, but not so high as to cause the individual being treated harm.

VVA always favors sensible reporting that does not place undue burdens on the practicing clinician at the service delivery level. If the VHA sets up proper metrics all of the reporting that is necessary to accomplish the objective in this case (and most others) can be programmed to pick up the salient data on the VistA electronic health care records system. Therefore, requiring that a synopsis of activity over the course of a year, as well as an analysis of the program, be included in the VA's Annual Report is a potentially useful step. VVA does not generally favor more staff for the sake of more staff in any branch of government, but it is key that the Committees on Veterans Affairs on both sides of the Hill have the organizational capacity to dig into the Annual Report, the Strategic plan for VA, and other key reporting mechanisms to be able to assist the distinguished Members of this Committee to hold the VA much more accountable than it has been in the past.

VVA favors passage of H.R. 4062.

**H.R. 4505**, *Authorizes the Secretary of Veterans Affairs (VA) to permit a state home to provide VA nursing home care to parents who had any children who died while serving in the Armed Forces.*

It is fitting that this proposed legislation should come for a hearing this week preceding Memorial Day. Of all weeks in the year, this is when we should all be thinking about the terrible price of freedom in lives lost early, cut down in the early prime of life by virtue of service to country.

Each of the young people lost early left a web of bother and sister war fighters, as well as family and friends for whom the loss is particularly harsh. This is especially true for the Gold Star parents, the mothers and fathers who have lost their son or daughter in military service to country. What this proposed bill would do is give the Secretary of Veterans Affairs the authority to permit states who wish to do so to provide any needed care to these Gold Star Mothers and Gold Star fathers.

VVA certainly hopes that most states, if not all, would choose to provide such care as needed to these fine Americans who have suffered a loss so great that most of us cannot even imagine how great the pain must be. When they age their son or daughter is not there to care for them as the years take their toll. It is incumbent on the rest of us in our society to then step up and fill the void left by the early death of our comrade in arms. Insofar as possible those of us in veterans service organizations should and do step up to assist Gold Star families, and particularly gold star mothers. Supporting this move to cover nursing care as needed is the minimum we can and should do, as this is something that is beyond the span of control of the things we already do for and with the families.

VVA strongly supports early passage of this legislation.

#### **Draft to Improve VA Outreach Act of 2010 Legislation**

The fact is, only 20 percent of veterans actively use the VA for their health care, and even many of these are not familiar with the health care and other benefits to which they are entitled by virtue of their service. What of the other eighty percent who never go to a VA regional office or medical center? Most of them are, quite simply, ignorant of these benefits—ignorant because they are uninformed. And they are uninformed because the VA has not in the past even tried to do a concerted, coordinated, comprehensive job of reaching out to them.

VVA believes the VA has both a legal responsibility and an ethical obligation to reach out to all veterans and their families to inform them of the benefits to which they are entitled, and of the possible long-term health risks and problems they may experience due to where and when they served. Populating kiosks in VA medical centers with booklets and pamphlets is fine for those who make it to a VA medical facility. However, these do not get into the hands of either the very poor who do not use the system or the better off who do not need to use the system.

What is needed is a real strategic plan, one that will employ TV and radio ads, billboards, and public service announcements, as well as cooperative efforts with civilian organizations and entities in a coordinated effort, yet one that adapts to regional and local realities. The proposed legislation would mandate such a comprehensive plan. What VVA suggests is requiring the Secretary of Veterans Affairs to establish a separate account for the funding of the outreach activities of the De-

partment. This would establish a separate subaccount for the funding of the out-reach activities of each element of the Department of Veterans Affairs.

The way to make things happen at the VA is to make sure that they plan for it, and then require that they specifically provide the line item budget for it, and then to monitor the dickens out them to ensure that it is done, and done correctly.

VVA has specifically started a project called the **Veterans Health Council** ([www.veteranshealth.org](http://www.veteranshealth.org)) because the VA does such a poor job of informing veterans and their families as to the wounds, maladies, injuries, diseases, and other adverse health risks they may be subject to depending on what branch of the military they served, when and where they served, their military occupational specialty, and what actually happened to them while in military service. The primary mission of the VHC is to partner with medical societies, professional medical organizations, disease advocacy groups, other veterans organizations, and interested parties to inform civilian medicine about these special health risks of veterans, so they can provide better care to the their patients, and so we can educate the veteran and their families through their civilian provider.

While we are making some progress with the work of the **Veterans Health Council**, we are under no illusion that we have or are likely to ever have the resources or the reach to get this job done correctly. But at least we have started, whereas the VA has not done so. This bill would require them to start doing what they should have been doing all along.

VVA strongly favors early passage of this much needed legislation.

#### **Draft World War II Hearing Aid Treatment WHAT Act Legislation**

The dangers and risks of military service to hearing, because of the loud noises that are so prevalent in every branch of the military, have been so well known for so long that we have tended to either ignore this important subject or to joke about aspects of it with wry military humor. Until recently we have not seriously looked at the very serious medical conditions of irreversible damage to one of the five basic human senses that is so often resulting from military service.

Earlier in this decade the Congress, led by the Members on this distinguished Subcommittee, mandated that VA contract with the Institute of Medicine of the National Academy of Sciences to take a comprehensive look at the damage to hearing as well as the generally thought of as being closely associated with hearing loss, but equally debilitating condition of tinnitus. That mandate led to a project of the little known but quite extraordinary Medical Follow Up Agency (MFUA) convening a panel of experts and conducting a consensus study that resulted in a report being issued in September of 2005.

#### **Noise-Induced Hearing Loss and Tinnitus Associated with Military Service from World War II to the Present**

Type:	Consensus Study
Topics:	Veterans Health ( <a href="http://www.iom.edu/Global/Topics/Veterans-Health.aspx">http://www.iom.edu/Global/Topics/Veterans-Health.aspx</a> )
Boards:	Medical Follow-Up Agency <a href="http://www.iom.edu/About-IOM/Leadership-Staff/Boards/Medical-Follow-Up-Agency.aspx">http://www.iom.edu/About-IOM/Leadership-Staff/Boards/Medical-Follow-Up-Agency.aspx</a>

#### **Activity Description**

A congressionally mandated study by the Institute of Medicine assessed noise-induced hearing loss and tinnitus associated with military service from World War II to the present, the effects of noise on hearing, and the availability of audiometric testing data for active duty personnel.

The expert committee was charged with providing recommendations to the Department of Veterans Affairs (VA) on the assessment of noise-induced hearing loss and tinnitus associated with service in the Armed Forces. The Committee was asked to

- review staff-generated data on compliance with regulations regarding audiometric testing in the services at specific periods of time since World War II,
- review and assess available data on hearing loss,
- identify sources of potentially damaging noise during active duty,
- determine levels of noise exposure necessary to cause hearing loss or tinnitus,
- determine if the effects of noise exposure can be of delayed onset,
- identify risk factors for noise-induced hearing loss, and
- identify when hearing conservation measures were adequate to protect the hearing of servicemembers.

Staff of the Medical Follow-up Agency identified populations of veterans from each of the armed services (Army, Navy, Air Force, Marine Corps, and Coast Guard) and from each of the time periods from WWII to the present. The service medical records of a sample of these individuals were obtained and reviewed for records of audiometric surveillance (including reference and termination audiograms).

The Committee's final report, *Noise and Military Service: Implications for Hearing Loss and Tinnitus*, was released in September 2005. That report can be accessed at the link below:

<http://www.iom.edu/Reports/2005/Noise-and-Military-Service-Implications-for-Hearing-Loss-and-Tinnitus.aspx>

Essentially what this report detailed is what we already knew and what was not known, because there were no significant longitudinal studies of humans and audionomic hearing loss, much less such studies of military personnel. Moreover, the study confirmed that there was little if any attention made to protecting the hearing of military personnel until the 1970s, and even then the efforts were minimal and usually restricted to highly controlled training situations (e.g., the rifle ranges used in basic training). For obvious reasons, soldiers in combat situations were (and are today) unlikely to wear hearing protective gear because it does not allow them to be at the highest state of situational awareness of the enemy or potential enemies (i.e., what you can't hear can and will hurt/kill you).

World War II veterans are now in their eighties and nineties. It is clear that there are no good records to research to prove service connection for hearing loss for these men and women who still survive today. It is as likely as not that many, if indeed not most, of them first suffered damage that led to greater hearing loss than they would have otherwise experienced started in military service. For most who experience hearing loss today being able to have access to use of decent hearing aids and devices is perhaps the one single thing that would improve the quality of life for the most of these veterans. It is long past the time when these folks should be subjected to the adversarial system of proving service connection to the satisfaction of VBA personnel (and it *is* adversarial, despite the assertions of VBA officials). We urge you to pass this legislation to provide the hearing devices to these men and women who need and want them without cost on a no fault basis, without making them have to prove a nexus in military service more than sixty 5 years ago.

VVA commends the Chairman, Ranking Member, and the other distinguished Members of this Committee for moving to assist these men and women with early passage of the WHAT act.

I shall be glad to answer any questions you might have. Again, I thank you on behalf of the Officers, Board, and members of VVA for the opportunity to speak to this vital issue on behalf of America's veterans.

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#### **Prepared Statement of Tim Embree, Legislative Associate, Iraq and Afghanistan Veterans of America**

Mr. Chairman, Ranking Member, and Members of the Subcommittee, on behalf of Iraq and Afghanistan Veterans of America's one hundred and eighty thousand members and supporters, I would like to thank you for inviting us to testify before your Subcommittee. My name is Tim Embree. I am from St Louis, MO and I served two tours in Iraq with the United States Marine Corps Reserves. The legislation being considered today will profoundly affect veterans of all generations and their families. We appreciate this opportunity to offer our feedback.

##### ***Executive Summary:***

Three bills being considered today will positively affect our members and their families so IAVA supports them. The "Improve VA Outreach Act" addresses the need for a concerted VA effort to reach out to veterans and their families to promote the services and benefits available to them. H.R. 4062, the "Veterans' Health and Radiation Safety Act," insures the safety of veterans receiving specialized treatments involving radioactive isotopes. H.R. 4505 expands access for gold star parents to state nursing homes.

##### ***Full Testimony:***

##### **H.R. XXXX, Improve VA Outreach Act of 2010**

IAVA proudly supports the "Improve VA Outreach Act of 2010." Too many men and women, discharging from the military, are not enrolling in the Department of Veterans Affairs (VA) for their well earned benefits. Currently, the burden is on them to seek out their benefits, within a passive VA. This is unacceptable. It is long



overdue for the VA to aggressively recruit veterans and their families into VA programs.

“The VA could be more aggressive in contacting OIF/OEF veterans and at least talking to them before the veteran has a mental health crisis. They need to be proactive instead of reactive.”—IAVA Member

The VA must develop a relationship with the servicemember while they are still in the military, not after the servicemember has traded their uniform for a t-shirt and jeans. The VA should learn from successful college alumni associations, which do not wait until graduation day to find their newest members. Instead, they greet them on the first day of freshman year and stay with them throughout school with engagement activities and social events. The VA should do the same: greet servicemembers as they complete basic training and build on that relationship throughout the servicemember’s time in uniform.

When a person leaves the service, the VA should create a regular means of communicating with them about events, new programs and opportunities. And the VA must reach out to aggressively promote VA programs to veterans who have not yet accessed their VA benefits. If I got half as many letters and emails from the VA, as I do from my college alumni association, that would be a great start.

To transform the VA from “reactive” to “proactive,” IAVA believes the VA must invest in aggressive, modern, innovative outreach. This is not happening now—and veterans are clearly suffering as a result. IAVA was disappointed that there were only a few brief mentions of outreach activities in the President’s VA budget submission; none of which were for a dedicated outreach campaign. We believe the VA budget must include a distinct line item for outreach within each VA appropriation account. This line item should fund successful outreach programs such as the OEF/OIF Outreach Coordinators, Mobile Vet Centers and the VA’s new social media presence on Facebook and Twitter.

The VA’s current outreach campaign is disappointing. When the VA announced that it had placed ads on more than 21,000 buses nationally,<sup>1</sup> to spread the word about the suicide prevention lifeline, we were initially enthusiastic; an image of the ad is below. When we saw the ad, it was clearly a failure. The ad has over 30 small print words; the average bus ad is limited to 5–10 words. In the short time in which a bus passes, a veteran would have to go by the bus repeatedly to even read the hotline number.



IAVA has run one of the largest non-governmental outreach campaigns in history, through a partnership with the Ad Council and some of the world’s best advertising firms. We have learned a lot about the best ways to communicate complex and serious issues through television and print. We are ready to work with the VA and share our expertise.

The “Improve VA Outreach Act” will help the VA take their current outreach efforts to a whole new level. It requires the VA to:

1. Effectively coordinate outreach efforts among the different parts of the department as well as other agencies offering services to returning servicemembers;

<sup>1</sup> <http://www1.va.gov/opa/pressrel/pressrelease.cfm?id=1707>.

2. Work closely with the Department of Health and Human Services to promote community health centers. These community health centers may be the only medical facility a rural veteran can reasonably access without spending a full day riding in a car or bus;
3. Set up an outreach committee tasked with coordinating efforts which currently are being done on an ad hoc basis among many of the VA's separate departments; and
4. Submit a 2-year plan fully explaining their outreach activities.

To bring America's next generation of veterans into the VA, to receive the benefits they have earned, will require an unprecedented VA outreach program. The "Improve VA Outreach Act of 2010" is the first step in getting us there.

**H.R. 4062, Veterans' Health and Radiation Safety Act (Adler)**

IAVA endorses H.R. 4062, the Veterans' Health and Radiation Safety Act. Improper use of medical equipment, especially radioactive isotopes, can lead to unexplained illness, cancer and even death. The VA was recently issued the second largest fine by the Nuclear Regulatory Commission for misuse of radioactive isotopes in the treatment of nearly 100 veterans in Philadelphia. Stories about veterans leaving VA facilities sicker than when they entered casts a cloud over the confidence veterans place in the system charged with their care. H.R. 4062 mandates the proper oversight of these treatments so veterans will be confident in the safety of the care they receive.

**H.R. 4465, Adjusting veterans financial status based on the number of their dependents (Kissell)**

IAVA does not take a position on H.R. 4465 because it appears to be duplicative of current law. This bill requires the VA to take into consideration that veterans seeking care in a state nursing home may have children and therefore the veteran's "attributable income" should be adjusted accordingly, when deciding whether a veteran can pay for nursing home care. Section 1722 of title 38 establishes this eligibility and already accounts for each dependent a veteran might have by increasing the "attributable income" threshold for free care for each dependent the veteran has. If H.R. 4465 somehow expands or clarifies the definition of dependent, IAVA would gladly support it.

**H.R. 4505, Authorizing state homes to provide services to gold star parents (Thornberry)**

IAVA supports H.R. 4505, and stands with Gold Star mothers (or whoever carries weight from that community) which expands access for gold star parents to state nursing homes. Previously, a gold star family member would only be eligible for these services only if all their sons and daughters died in combat. This bill changes that requirement to include a gold star family member, who has no remaining sons and daughters, but has lost one of their children in the service of their country. It is a common-sense way to support our Gold Star parents—who have given so much for our Nation.

**H.R. XXXX, World War II Hearing Aid Treatment Act (Teague)**

IAVA supports the draft legislation known as the "WHAT Act—WWII Hearing Aid Treatment Act." We believe that any veteran with a diagnosed hearing impairment, whether they served in Baghdad or Normandy, should have access to free hearing aid devices from the VA. Again, this seems like common sense.

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**Prepared Statement of Robert Jesse, M.D., Ph.D., Acting Principal Deputy  
Under Secretary for Health, Veterans Health Administration,  
U.S. Department of Veterans Affairs**

Mr. Chairman, thank you for inviting me here today to present the Department of Veterans Affairs' (VA) views on pending legislation. Accompanying me this morning is Assistant General Counsel Walter A. Hall. We appreciate the Committee's support of Veterans and VA, and we appreciate being able to comment on these bills as we both work to improve the benefits provided to those who served.

**H.R. 4062**

H.R. 4062, the "Veterans' Health and Radiation Safety Act," would require VA to submit an annual report to Congress on low-volume programs (defined as programs that treat 100 patients or fewer annually) at VA medical facilities. The report would have to include the Secretary's evaluation and findings with respect to such pro-

grams. Additionally, H.R. 4062 would require that employees working at VA hospitals where radioactive isotopes are used receive training on recognizing and reporting medical events. Hospitals failing to provide this training would be prohibited from using radioactive isotopes for a period of time determined by the Secretary. Lastly, VA would be required to evaluate non-government medical services contractors through weekly independent peer reviews, written evaluations, and other evaluations VA determines are appropriate. A contracting officer must review and consider the results of these evaluations before VA renews any contracts with non-government medical service contractors.

Mr. Chairman, we all are aware of a very unfortunate lapse that occurred at a brachytherapy program at one of our facilities. We testified about this incident before this Committee on July 22, 2009. On May 3, 2010, the Office of the Inspector General (OIG) issued a report on this incident with five recommendations. Specifically, OIG recommended that the Veterans Health Administration (VHA) standardize, to a practical extent, the privileging, delivery of care, and quality controls for the procedures required to provide this treatment. This has been accomplished. Standardized procedures have been developed and site visits have verified they are uniformly in place at all facilities and steps have been taken to ensure that patients who received low radiation doses in the course of brachytherapy be evaluated to ensure that their cancer treatment plan is appropriate. We have contacted all Veterans that were potentially impacted for follow-up testing and monitoring at other VA and private facilities and are reviewing the controls that are in place to ensure that VA contracts for health care comply with applicable laws and regulations, and where necessary, will make the required changes in organization and/or process to bring this contracting effort into compliance. A template that outlines basic requirements for all contracts is currently in development.

The report also recommended that senior VA leadership meet with senior Nuclear Regulatory Commission (NRC) leadership to determine if there is a way forward that will ensure the goals of both organizations are achieved. VA is currently working to arrange this meeting. Finally, the report recommended that VHA should work with the OIG to develop a list of documents that should routinely be provided to the OIG when an outside agency is notified of a possible untoward medical event. VHA will work closely with OIG to meet this recommendation.

We appreciate the intent of H.R. 4062 but for a number of reasons we do not support it. First we note that section 2 requires the Secretary to submit annual reports to Congress on low volume programs. However, the definition of a "program" is not clear. Any treatment "program" could be defined so narrowly that no facility treats 100 patients or more a year in a particular program, or so broadly that almost every program includes more than 100 patients annually. Moreover, treatment quality is not always related to patient volume or patient volume just within a given VA facility. Many VA facilities have on staff specialist providers who also work elsewhere in the community. When you combine all care provided by a specialist, the volume can be, and many times is, significantly more than can be accounted for just within VA workload. In addition, standard credentialing, privileging, and review of quality of care are required at every facility regardless of the size of a program.

All procedures that are performed and all medical care provided at all VA facilities involve quality assessment (QA) and oversight. The first procedure each year has precisely the same QA requirements as the last, whether the annual procedure total is 5, 50 or 500. Further, each procedure is performed by a fully credentialed and privileged physician. Instead of the requirement to provide an annual report on "low volume" programs, we would like to work with Congress to identify what information would be useful for Congress to receive on an annual basis. The mandatory training that would be required by section 3 would apply to all VHA staff and would not be limited to staff directly involved in the use of radioactive materials. The NRC regulations already require all staff involved in the use of radioactive materials to have training and further require that facilities provide evidence of that training. Competency and training requirements for staff are based upon their defined duties and risks associated with those duties. In VHA, radiation safety training and education are provided annually, through the VA Learning Management System, to all staff involved in the use or handling of radioactive material. This includes all contract staff or physicians working in VA Nuclear Medicine services as a condition of their authorization to practice at a VA medical center. The definition of a medical event and reporting requirements are taught to and reviewed annually with all Nuclear Medicine technologists and physicians. VA's National Health Physics Program provides a mechanism to ensure that the training provided is completed as required by VA policy. In addition, VA currently supports and trains all staff in reporting any untoward events or potential events consistent with guidance provided by the

National Center for Patient Safety and the facility safety programs. As a result, many of the requirements of section 3 are duplicative of current VA policy.

The requirement in section 4 to obtain weekly independent peer review of all medical services provided pursuant to a contract, and written evaluations of the services carried out by the supervisor or manager of the employee providing the services, are excessive and would add unwarranted cost in staff time spent procuring and developing the reports. The requirement to undertake peer reviews each week may be ineffective if there are an insufficient number of procedures to carry out a statistically valid review. The requirement for additional reporting and oversight of all medical services provided by contract, most of which have not reported adverse events, would be a waste of resources. Given current VA procedures related to peer review and reporting, some of the provisions in this bill are not necessary. We are available to meet with Committee staff to discuss these issues in more detail.

While VA appreciates the Committee's focus on this issue, we believe with the above regulatory requirements, safeguards, and training, these additional measures are not necessary. We are still developing costs for this bill and will provide them for the record.

#### **H.R. 4465**

This bill would amend 38 U.S.C. 1722, which describes how VA determines that Veterans are considered unable to defray the expenses of necessary care for purposes of determining eligibility for health care under 38 U.S.C. 1705 and 1710. Section 1722 states that the term "attributable income" is determined in the same manner that eligibility for pension is determined under 38 U.S.C. 1521. H.R. 4465 would amend section 1722 to provide that the term "attributable income" is determined in the same manner that eligibility for pension is determined under section 1521 *except that* the Secretary shall treat as a child an unmarried person who is placed in the legal custody of the Veteran for a period of at least 12 consecutive months; either has not attained the age of 21, has not attained the age of 23 and is enrolled in a full time course of study at an institution of higher learning approved by the Secretary, or is incapable of self support because of a mental or physical incapacity that occurred while the person was considered a child of the Veteran; is dependent on the Veteran for over one-half of the person's support; and resides with the Veteran unless separated to receive institutional care as a result of disability or incapacitation or under such other circumstances as the Secretary may prescribe by regulation.

VA would like to work with the Committee to better understand the intent of this legislation. On its face it would affect only a person placed in the legal custody of a Veteran as a result of an order of a court and would count the person as a child of a Veteran until age of 21 unless he or she is a full-time student or incapacitated. Currently all other persons (other than full-time students or those who are incapacitated) are not considered children once they reach 18 years of age. Thus, the effect of the bill would be that persons placed in the legal custody of a Veteran by a court would be considered children under more generous criteria than the Veteran's natural children. The purpose of this differentiation is unclear.

If the intention is to extend the broader criteria (the age 21 cut-off) to all children of Veterans, the language should be clarified. Moreover, all conditions in the bill as it is drafted are conjunctive so that it may also be read to provide that only persons placed in the custody of a Veteran by a court shall be treated as a child.

VA currently neither tracks nor has access to databases that would provide numbers of individuals, or Veterans (either currently enrolled or potential users of VA health care) with a child (or children) as defined in the proposed legislation. Thus, we are unable to determine the potential financial impact the passage of this legislation would have upon VA health care enrollment, expenditures, and first and third party collections.

#### **H.R. 4505**

Pursuant to VA regulations (38 CFR 51.210), state homes constructed with VA grants are required to maintain an occupancy rate of 75 percent Veterans to be eligible to receive VA per diem payments. The only non-Veterans who are authorized to reside at state homes are either spouses of Veterans or parents of Veterans if *all* of their children have died while serving in the armed forces of the United States. H.R. 4505 would require that in administering section 51.210, VA permit a State home to provide services to the parents of Veterans if *any* of the parents' children died while serving in the armed forces.

VA supports this bill. There should be no additional costs to VA.

#### **Draft Legislation—Improve VA Outreach Act of 2010**

Section 2 of the draft outreach bill would require VA to establish and maintain procedures to effectively coordinate outreach activities of VA between internal departments, Federal, state and local agencies, and Veterans Service Organizations (VSOs). This bill would require VA to annually review the procedures in place to conduct these activities and modify them as needed. Section 3 would require VA to consult with the Department of Health and Human Services (HHS) regarding outreach to Veterans who receive medical care through HHS community health centers or facilities of the Indian Health Service (IHS). Section 4 would establish an advisory committee on outreach comprised of representatives from VSOs, individuals with expertise in Veterans' issues, marketing, branding, advertising, and communication, and representatives from State and county Veterans agencies. The Committee would also include representatives from the Center for Minority Veterans, Center for Women Veterans, VHA, Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA) to serve as ex-officio members. Terms of service and pay for the Committee members would be decided by the Secretary. The Committee's responsibilities would include providing advice to the Secretary on outreach matters, reviewing the strategic plan for outreach, preparing biennial reports for the Secretary, and providing the Secretary with any other reports that the Committee considers appropriate. The Federal Advisory Committee Act would apply to this committee.

Section 5 would require the Secretary to submit to Congress a biennial strategic plan for outreach activities, including plans to identify and inform Veterans and dependents of available benefits and services; plans to enroll or register eligible Veterans; and goals, objectives, tasks, and performance measures for the above-mentioned plans. The strategic plan would be sent to the Advisory Committee on Outreach for recommendations prior to being submitted to Congress.

Because the bill would require duplication of existing programs, VA does not support it. We note that the requirements set forth in section 2 are already being met. VA recently created the National Outreach Office in the Office of Intergovernmental Affairs, Office of Public and Intergovernmental Affairs. This new office is responsible for ensuring the effective coordination of the outreach activities of the Department between and among the Office of the Secretary, the Office of Public and Intergovernmental Affairs, VHA, VBA, NCA, staff offices, and external stakeholders. Further, VA already has a workgroup established to better coordinate services between IHS and VA and is working on a memorandum of agreement to improve collaboration.

We believe Section 4, while well-intended, would be redundant. There are currently five advisory committees that provide outreach direction in their annual reports to the Secretary and Congress. These committees include the Advisory Committee on Homeless Veterans, the Advisory Committee on Minority Veterans, the Advisory Committee on the Readjustment of Veterans, the Veterans' Rural Health Advisory Committee, and the Advisory Committee on Women Veterans. Finally, pursuant to 38 U.S.C. 6302, VA is already required to develop a biennial plan on outreach activities.

The annual discretionary cost of this bill would be approximately \$400,000.

#### **Draft Legislation—World War II Hearing Aid Treatment Act**

VA currently has authority to provide hearing aids to certain Veterans receiving VA health care. Specifically, 38 U.S.C section 1717(c) authorizes VA to provide them to any Veteran who is profoundly deaf and is entitled to compensation on account of hearing impairment. This draft bill would extend eligibility for hearing aids to all Veterans of active-duty service in World War II, even if those Veterans are not otherwise entitled to compensation under title 38, United States Code.

Hearing loss can be frustrating and dangerous, especially for older adults. Further, the added effects of hearing loss and aging can combine to create a significant communication handicap and negatively impact the ability to communicate effectively. The negative effect of stress and communication difficulties can contribute to poor quality of life. In addition, untreated hearing loss among the older adult population is linked to emotional and social consequences such as depression and social isolation. Use of hearing aids has been shown to be effective for hearing loss remediation and is an important element of life quality for all of our Veterans with hearing loss.

VA does not support the draft legislation because we currently have authority to provide hearing aids to Veterans with service-connected hearing loss. In addition to the statutory authority found section 1717(c), 38 USC 1707(b) authorizes the Secretary to provide sensori-neural aids in accordance with guidelines prescribed by the Secretary. These guidelines are found in 38 CFR 17.149 and list a number of dif-

ferent categories of Veterans who are eligible for hearing aids, including Veterans with significant functional or cognitive impairment evidenced by deficiencies in activities of daily living and Veterans with hearing impairments resulting from the existence of another medical condition for which the Veteran is receiving VA care. VA also believes the legislation would cause inequitable treatments of non-World War II Veterans with hearing loss. Furthermore, the legislation would create unequal benefits for hearing aids in relation to other prosthetic appliances that are also crucial to Veterans' well-being and quality of life.

The discretionary cost of this legislation would be approximately \$14.8 million in the first year, \$350 million over 5-years and \$509.7 million over 10 years. This concludes my statement, Mr. Chairman. I would be happy to entertain any questions you or the other Members of the Committee may have.

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**Statement of Adrian Atizado, Assistant National Legislative Director,  
Disabled American Veterans**

Mr. Chairman and Members of the Committee:

Thank you for inviting the Disabled American Veterans (DAV) to submit our views for the record of this important hearing of the Subcommittee on Health. DAV is an organization of 1.2 million service-disabled veterans, and devotes its energies to rebuilding the lives of disabled veterans and their families.

Mr. Chairman, the DAV appreciates your leadership in enhancing Department of Veterans Affairs (VA) health care programs that many service-connected disabled veterans rely upon. At the Committee's request, the DAV is pleased to present our views on the bills pending before the Committee today.

**H.R. 4062, the Veterans Health and Radiation Safety Act**

Section 2 of this measure would require an annual report on low volume patient programs—specifically, programs with fewer than 100 participants in a calendar year—at all VA medical facilities.

Section 3 of the bill would require the VA to ensure that all health care employees, including contract employees, receive appropriate training related to the use of radioactive isotopes and on what constitutes a medical event and to whom it should be reported should such an event occur. Failure to provide such training would require the VA to stop the use of radioactive isotopes at a VA facility until such time the Department deems appropriate.

Section 4 mandates VA to establish specific requirements such as independent peer review of such services, written evaluations by the manager of the employee providing such services and evaluation review prior to extension of any existing contracts with non-government entities.

The genesis of this bill appears to be the recent finding by the VA Office of the Inspector General (OIG) related to application of prostate brachytherapy in the treatment of prostate cancer patients at the Philadelphia, Pennsylvania VA Medical Center, when the wrong strength of implanted radioactive seeds was discovered.

The OIG made five recommendations, with all of which the Veteran Health Administration (VHA) Under Secretary for Health concurred:

1. VHA's National Director of Radiation Oncology Programs should have sufficient resources, to ensure that VHA provides one high quality standard of care for the prostate brachytherapy population. To achieve this end, VHA should standardize, to a practical extent, the privileging, delivery of care, and quality controls for the procedures required to provide this treatment.
2. VHA should take the steps required to ensure that patients who received low radiation doses in the course of brachytherapy be evaluated to ensure that their cancer treatment plan is appropriate.
3. VHA should review the controls that are in place to ensure that VA contracts for health care comply with applicable laws and regulations, and where necessary, make the required changes in organization and/or process to bring this contracting effort into compliance.
4. Senior VA leadership should meet with Senior U.S. Nuclear Regulatory Commission leadership to determine if there is a way forward that will ensure the goals of both organizations are achieved.
5. VHA should work with the OIG to develop a list of documents that should routinely be provided to the OIG when an outside agency is notified of a (possible) untoward medical event.

DAV has no specific resolution with respect to H.R. 4062, the Veterans Health and Radiation Safety Act; however, we concur with the OIG that proper training, oversight and following all mandates and established procedures for radiation therapies are necessary for VA and non-VA contracted health personnel to ensure patient safety. We ask the Committee to provide oversight to ensure VA carries out all of the recommendations made by the OIG in this case and we have no objection to passage of H.R. 4062 to ensure Congress is properly informed about smaller, "low volume" VA treatment programs and that proper training of health personnel administering radioactive isotope treatment is mandated along with appropriate training for identifying and reporting a medical event that could be harmful to veteran patients.

**H.R. 4505—To enable State homes to furnish nursing home care to parents any of whose children died while serving in the Armed Forces**

Mr. Chairman, H.R. 4505 would empower State Veterans homes to furnish nursing home care to parents, any of whose children died while serving in the armed forces. Parents who lose a child to a military death are normally and generally referred to as "Gold Star Parents." In this instance, nevertheless, their losing fewer than "all" of their children to military deaths serves as a bar to their admissions to State Veterans homes under the non-veteran eligibility standards both in the law and in the regulations.

This bill would require the Secretary of Veterans Affairs to amend existing regulations (title 38, Code of Federal Regulations, Chapter 1, Part 51, Paragraph 51.210(c), with the following policy:

"In administering section 51.210(d) of title 38, Code of Federal Regulations, the Secretary of Veterans Affairs shall permit a State home to provide services to, in addition to non-veterans described in such subsection, a non-veteran any of whose children died while serving in the Armed Forces."

Mr. Chairman, DAV does not have a national resolution from our membership on the specific matter entertained by this bill; however, we believe the current statutory eligibility limitation on non-veteran admissions to State Veterans homes (not to exceed 25 percent of operating bed capacity, or 50 percent of that capacity in the case of a home that was constructed by a State without federal matching funds) is a sufficient guard to ensure that veterans receive proper priority for admission to State home residence. Therefore, while DAV would offer no objection to the passage of this bill in its current form, we ask the Committee to consider amending the bill further to subject this non-veteran population to the same limitation that applies to other non-veterans who are eligible for admission to State Veterans homes.

**Draft Bill—Improve VA Outreach Act of 2010**

Section 2 of this bill would require VA to establish, maintain, and annually review procedures for ensuring the effective coordination of the outreach activities within VA, state and county veterans agencies, veterans service organizations, Department of Labor, National Guard Bureau, and each of the reserve components of the Armed Forces.

Section 3 would amend title 38, United States Code, § 6306 to require VA to consult with the Department of Health and Human Services to seek to better serve veterans who receive medical care through community health centers or through facilities of the Indian Health Service.

Section 4 would establish an 11-member VA Advisory Committee on Outreach with ex officio members from the Department's Centers for Minority Veterans and Women Veterans, VHA, the Veterans Benefits Administration and the National Cemeteries Administration. The Committee would be required to provide a report to Congress with an analysis of and recommendations to improve VA's strategic plan for outreach.

Section 5 of this measure would amend title 38, United States Code, § 6302 by changing the required biennial plan to a strategic plan for outreach activities and for such plan to be reported to Congress. Rather than a summary of outreach plans VA is undertaking, the strategic plan would be a single outreach plan that includes the goals, objectives, tasks and performance measures for implementation. In addition, the strategic plan is to identify and inform eligible veterans and dependents not enrolled for benefits and services provided by the Department, and to enroll or register veterans eligible for VA benefits and services. Consultation by VA with outside entities for the purposes of developing the biennial plan would be substituted with the Department's consideration of the Advisory Committee on Outreach's analysis and recommendations of the strategic plan required under Section 4 of this draft bill.

As this Subcommittee is aware, VA has a statutory mandate to perform outreach activities to certain categories of veterans. For example, title 38, United States Code, § 2022 requires VA's Mental Health and Readjustment Counseling Service to conduct joint outreach efforts to veterans at risk of homelessness. Title 38, United States Code, §§ 7722 and 7727 require the Veterans Benefits Administration to conduct outreach activities, which include sending letters to separating servicemembers, distributing full information about veterans' benefits to veterans and their dependents, and outreach to assist claimants with the preparation and presentation of claims for benefits.

Public Law 108-454, the Veterans Benefits Improvement Act of 2004, requires VA to prepare and submit to Congress a report containing a detailed description of the Department's outreach efforts to inform members of the uniformed services and veterans (and their family members and survivors) of the benefits and services to which they are entitled and the current level of awareness of those benefits and services. The report is also to include the results of a national survey to ascertain servicemembers' and veterans' level of awareness of VA benefits and services and whether they know how to access those benefits and services.

While this law did not address the lack of an annual strategic plan from VA to conduct its outreach activities, Public Law 109-233 added Chapter 63 to Part IV of title 38 to ensure all veterans, especially those who have been recently discharged or released from active military service, are provided timely and appropriate assistance to aid and encourage them in applying for and obtaining such benefits and services in order that they may achieve a rapid social and economic readjustment to civilian life and obtain a higher standard of living for themselves and their dependents. In addition, the outreach services program authorized in Chapter 63 is for the purpose of charging the Department with the affirmative duty of seeking out eligible veterans and eligible dependents and providing them with such services.

This law requires a biennial plan for outreach activities by VA to identify and notify eligible veterans and dependents not enrolled for benefits and services provided by the Department. In addition, a biennial report to Congress is required that includes implementation of the biennial plan, recommendations for the improvement of VA outreach activities, and incorporation of the recommendations of the report mandated by Public Law 108-454.

DAV has had the opportunity to review the December 1, 2008, VA biennial outreach activities report to Congress. Clearly VA is conducting numerous outreach activities to veterans of all eras and has a special emphasis on veterans of Operations Enduring and Iraqi Freedom. However, we note the report lacks an overarching plan as well as any parameters or statistical evidence to determine whether outreach efforts, individually or collectively, are achieving the desired results. Strategic planning is essential for successful business operations and a full understanding of the veteran population is an important element in providing education and outreach.

The mission of VA would be incomplete and its programs would be ineffective if it only passively received applications from those who may by chance learn of benefits available to them. When veterans and their programs are brought together, utilization is optimized, economies of scale are attained, program goals are achieved, and program outcomes are improved. An essential part of VA's mission is therefore to seek out and educate veterans about the special programs created for their benefit, and incidentally, the ultimate benefit of society. Thus, VA must maintain, and adjust based on experience, an active, ongoing, and systematic project to create awareness among potentially eligible veterans of the special benefits and services provided for them. This bill would reinforce the authority and congressional mandate for VA outreach and would benefit veterans suffering from service-related disabilities who may be unaware of the range of benefits and services available to them. DAV has no resolution from our membership to support this draft bill; however, its purpose appears beneficial, and we have no objection to the Committee's favorable consideration.

#### **Draft Bill—To provide hearing aid devices to veterans of World War II**

Section 2 of this draft bill would allow the VA to provide a hearing aid device to any World War II era veteran diagnosed with a hearing impairment regardless of whether the veteran is entitled to VA compensation benefits.

Prior to enactment of the Veterans' Health Care Eligibility Reform Act of 1996, Public Law 104-262, VA's authority to furnish prosthetic devices and appliances to veterans on an outpatient basis was very limited. The law significantly changed the eligibility of veterans to receive hospital care and outpatient medical services, including prosthetics, medical equipment, and supplies to any veteran otherwise re-



ceiving health care services from VA. Unfortunately, sensori-neural aids, which are a type of prosthetic device including eye glasses and hearing aids, were not included when providing prosthetic devices and appliances by VA was expanded.

Section 103(a) of Public Law 104-262 provides that VA could furnish needed sensori-neural aids only in accordance with guidelines promulgated by the Secretary.<sup>1</sup> Subsequently, the Department published regulations (38 CFR § 17.149) in the Federal Register establishing such guidelines. In 2002, the VHA issued Directive 2002-039 to establish uniform policy for the provision of hearing aids and eye-glasses. This directive was revised on October 28, 2008 as VHA Directive 2008-070.

Current VHA policy on the prescription and provision of hearing aids (and eye-glasses) is to furnish such sensori-neural aids to the following veterans:

1. Those with a compensable service-connected disability;
2. Those who are former prisoners of war;
3. Those awarded a Purple Heart;
4. Those in receipt of benefits under title 38, United States Code 1151;
5. Those in receipt of increased pension based on the need for regular aid and attendance or by reason of being permanently housebound;
6. Those who have a visual or hearing impairment that resulted from the existence of another medical condition for which the veteran is receiving VA care, or which resulted from treatment of that medical condition;
7. Those with a significant functional or cognitive impairment evidenced by deficiencies in activities of daily living, but not including normally occurring visual or hearing impairments; and
8. Those visually or hearing impaired so severely that the provision of sensori-neural aids is necessary to permit active participation in their own medical treatment.

Moreover, VA will furnish needed hearing aids to those veterans who have service-connected hearing disabilities rated 0 percent if there is organic conductive, mixed, or sensory hearing impairment, and loss of pure tone hearing sensitivity in the low, mid, or high-frequency range or a combination of frequency ranges which contribute to a loss of communication ability; however, hearing aids are to be provided only as needed for the service-connected hearing disability.

Clearly, veterans in Priority Groups 1-5 are eligible for hearing aids. Nonservice-connected veterans (Priority Groups 6, 7, and 8) must receive a hearing aid evaluation prior to determining eligibility for hearing aids to establish medical justification for provision of these devices. These veterans must be enrolled or exempt from enrollment for VA health care and the device must be determined to be necessary to permit the veteran's active participation in their own medical treatment.

Hearing impairment is the most common body system disability in veterans. It is apparent that section 103(a) of Public Law 104-262 is aimed at reducing the cost of providing sensori-neural aids. Top-of-the-line hearing aids are costly, but that is always true of the newest technology. Conversely, the cost of hearing aids employing older technology has actually decreased over the years. For example, in 1996 when Public Law 104-262 was enacted, a top of the line two-channel digital aid cost \$2,500. The equivalent two-channel behind the ear hearing aid today can be purchased for \$495. For VA in 2008 (using six companies on contract for different technology), the average cost for hearing aid devices it has furnished was \$355, whereas in the private sector, the cost per aid was \$1,500 to \$2,500.

In 2008, there were nearly 520,000 veterans that had a VA disability for hearing loss. While changes in eligibility for hearing aid services, along with the aging population, contributed to a greater than 300 percent increase in the number of hearing aids dispensed from 1996 to 2006, the cost of hearing aid devices has decreased. DAV has no resolution from our membership to support this draft bill; however, its purpose appears beneficial.

Mr. Chairman, this concludes my statement. Thank you for allowing the DAV to present its views before the Subcommittee today.

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#### **Statement of Paralyzed Veterans of America**

Chairman Michaud and Members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views concerning pending legislation. PVA appreciates the effort and cooperation this Sub-

<sup>1</sup>38 U.S.C. 1707(b).

committee demonstrates as they address the problems of today's veterans and the veterans of tomorrow.

**H.R. 4062, the "Veterans' Health and Radiation Safety Act"**

PVA supports H.R. 4062, the "Veterans' Health and Radiation Safety Act," which would require an annual report on low volume programs at the Department of Veterans Affairs (VA) medical facilities and establish a requirement for training of employees and contractors wherever radioactive isotopes are used.

Under the provisions of this legislation, the Department of Veterans Affairs (VA) will be required to ensure training is provided in the proper handling and use of radioactive isotopes in VA facilities. While PVA does not believe Congress should be in the business of legislating good medical practice, the incidents at VA facilities demonstrate that there sometimes is a need for directed guidance. Radioactive materials can never be taken for granted and ensuring VA employees, and more specifically their contractors, are required to have adequate and appropriate training is clearly necessary. PVA also thinks it is wise to have contracting officers review contracts prior to extension or renewal to ensure these requirements are met. The dangerous nature of radioactive materials makes this critical for both the safety and health of the employees and the veterans they serve.

**H.R. 4465, a bill to properly determine a veteran's financial status**

PVA supports H.R. 4465 to properly account for a veteran's children when determining financial status. While this may seem like a minor issue, it can have a tremendous impact on those that this legislation will affect.

In today's society, more and more extended families are taking responsibility for children. Grandparents and sometimes great grandparents are taking care of the children of their children. Invariably these "new" parents are older, often with much lower income, and are gaining custody of these children and providing for a family.

While the Internal Revenue Service (IRS) recognizes the financial challenge custody of these children can create when determining financial status, VA does not. The IRS considers someone a dependent when a person has custody of the child. Social Security includes grandchildren in its definition of a child, making them eligible for dependent benefits. But for VA, a dependent is identified as the biological, adopted, or step-child of a veteran only. If a veteran has sole custody of a child and is enrolled in the VA, PVA believes that the child should be considered when calculating the financial status of the veteran. While the veteran could go through the burdensome adoption process, this expense will create only greater challenges for the custodial parents and it should not be necessary. The challenge of a grandparent or great grandparent taking on the care of a child is significantly difficult already and VA should not add to that burden. Additionally, PVA supports consistency across Federal Agencies when considering similar benefit calculations.

**H.R. 4505, a bill to furnish nursing home care to parents of children who died serving in the armed forces**

PVA supports H.R. 4505 to furnish nursing home care to parents of children who died serving in the armed forces. This legislation corrects an injustice that requires parents to lose all their children before being eligible for State Veterans Home residency. While this may have made sense in the past when children often remained home with their parents to tend the farm or family business, it does not make sense in today's mobile economy.

**The "Improve VA Outreach Act of 2010"**

PVA welcomes legislation to improve outreach to our Nation's veterans. There are still many veterans who may not realize they are eligible for VA benefits. This particularly includes women veterans who are traditionally underserved, and those veterans that may erroneously believe that because they did not serve in combat that they are not eligible for VA benefits. The Secretary should make every effort to reach out to these veterans, especially homeless veterans and those suffering in poverty who may be significantly helped by VA services. However, this outreach cannot simply be an empty slogan or program that allows VA to proclaim how much they are doing to reach veterans.

PVA is concerned that this legislation may be headed in that direction. It is unfortunate that Congress must direct VA to "establish and maintain procedures for ensuring the effective coordination of outreach activities of the Department between and among" Federal agencies. This is a basic task that VA should be doing and

should have been doing since its inception, and while PVA welcomes the creation of the Advisory Committee on Outreach, establishing a committee is often a way to demonstrate action when no actual action is taking place. This committee is meant to advise the Secretary on outreach matters, but this advisory process is already available through meetings the Secretary has with various congressionally chartered Veterans Service Organizations (VSO). We are not sure that a formal committee will improve this function.

Formalizing this process may provide a stronger voice to the Advisory Committee and its membership. The requirement that the Advisory Committee conduct “an analysis of the strategic plan” and make recommendations “for improving the plan” is welcome, but if the Secretary chooses to ignore these recommendations, he can. The Secretary is only required to submit a “summary of all reports and recommendations of the Committee” to Congress and this summary can be slanted in any way the Secretary sees fit. If Congress truly wishes the Secretary to consider recommendations of the Advisory Committee, this committee should request testimony from the Advisory Committee itself or the members represented on the Committee, at the time of the Secretary’s report. It can be expected that Congressional Committees may request testimony in the event of significant disagreements with the Secretary, but by compelling testimony in the legislation it sends the message that the Advisory Committee should be heeded and not simply serve as a sounding board or one more empty gesture.

PVA supports all efforts of VA to reach out to its constituents. With the ever increasing number of veterans from the wars in Afghanistan and Iraq, and the increasing age of veterans from previous conflicts, greater needs are being created. It is the hope of PVA that this outreach program can be an effort that will truly reach those who are in need. But this will not happen if sufficient resources are not committed to the effort. Simply establishing an Advisory Committee will not do it and PVA implores the Secretary to do more.

**Draft Legislation to “authorize the Secretary to provide hearing aid devices to veterans of World War II”**

PVA does not support the legislation to authorize the Secretary to provide hearing aid devices to veterans of World War II as currently written. PVA believes that if a veteran is enrolled in the VA health system that they should be eligible for a hearing aid. This would simply be another service provided to enrollees. However, PVA does not believe that a World War II veteran should be able to bring in a hearing aid prescription from their private doctor and have VA supply the device. PVA expressed similar objections in the past to non-VA prescriptions being filled by a VA pharmacist. PVA would support the legislation if it were clarified to clearly state its intent to provide for those who are enrolled in the VA health care system. In addition, PVA is concerned that the costs associated with this new benefit be supported with newly appropriated funds. The VA should not be expected to supply this new service with current appropriations which could have detrimental effects on care provided to other veterans.

**Statement of Vivianne Cisneros Wersel, Au.D. Chair, Government Relations Committee, Gold Star Wives of America, Inc.**

The members of Gold Star Wives of America are the widows<sup>1</sup> of military service-members who served during World War II, the Korean War, the Vietnam War, the Gulf War, the wars in Iraq and Afghanistan and in the periods between these wars. Our husbands died on active duty and/or as the result of a service connected cause.

We are those to whom Abraham Lincoln referred when he made the government’s commitment “. . . *to care for him who shall have borne the battle, and for his widow, and his orphan.*”

**H.R. 4505**

H.R. 4505 would grant nursing home care in state veterans’ homes to the parents of those who died while serving the Armed Forces of the United States.

**Gold Star Wives of America (GSW) believes that this legislation needs to be amended to include:**

<sup>1</sup> Although widowers are more than welcome in GSW, GSW’s membership is primarily widows. Use of the word widows or other gender specific language is meant to include widowers.

- **The widows of those who died while serving in the Armed Forces**
- **The parents and widows of those who died of a service connected cause**

Many of these parents, wives and widows have spent or will spend much of their lives as the caregivers of severely disabled veterans. If anyone deserves nursing home care in a Department of Veterans Affairs (VA) or VA subsidized nursing home, it is the parents, wives and widows who have provided care to severely disabled servicemembers and veterans.

The recent bill which provides for benefits to caregivers included only the caregivers of those who were injured in Iraq and Afghanistan. The caregivers of veterans from previous war eras were not included in these benefits.

Survivor benefits during earlier war eras were less than adequate. Many of the widows from the World War II and Korean War eras receive Dependency and Indemnity Compensation (DIC) and \$200–\$300 in Social Security. Many of these widows live on \$1500 a month or less and are financially challenged.

Some of the widows of the Vietnam era receive only DIC and are not entitled to Social Security Widows' Pension because their husbands died very young and had not accumulated enough quarterly work credits for them to receive a Social Security Widows' Pension. (This oversight also needs to be fixed.)

Congress has not been able to fund H.R. 2243, the bill to increase DIC or H.R. 775, the bill to repeal the DIC offset to SBP for widows who have not remarried.

As a result of this lack of funding many of our widows are in significant financial need now and they would have no means to pay for nursing home care should the need arise.

As an alternative to providing care for parents, wives, and widows in a VA or VA subsidized nursing home, Congress should consider providing subsidized long term care insurance. Long term care insurance would be far less expensive and would allow these proposed beneficiaries to obtain nursing home care while remaining in their own communities close to friends and family. An exception might be made so that if a veteran is already in a nursing home, his family members would be eligible for care in the same VA or VA subsidized nursing home.

Subsidized long term care insurance would also relieve the burden to the VA of providing care to additional family members when the VA is already staggering under the current burden of caring for veterans.

***“Taking care of survivors is as essential as taking care of our Veterans and military personnel. By taking care of survivors, we are honoring a commitment made to our Veterans and military members.”—Secretary of Veterans Affairs Eric Shinseki***

**MATERIAL SUBMITTED FOR THE RECORD**

Committee on Veterans' Affairs  
 Subcommittee on Health  
 Washington, DC  
*June 14, 2010*

Hon. Eric K. Shinseki  
 Secretary  
 U.S. Department of Veterans Affairs  
 810 Vermont Avenue, NW  
 Washington, DC 20240

Dear Secretary Shinseki:

Thank you for the testimony of Dr. Robert Jesse, Acting Principal Deputy Under Secretary for Health and Walter A. Hall, Assistant General Counsel, at the U.S. House of Representatives Committee on Veterans' Affairs Subcommittee on Health Legislative Hearing on H.R. 4062, H.R. 4505, H.R. 4465, and Draft Legislation entitled, the "Improve VA Outreach Act of 2010," and the "World War II Hearing Aid Treatment Act," which took place on June 9, 2010.

Please provide answers to the following questions by Monday, July 26, 2010, to Jeff Burdette, Legislative Assistant to the Subcommittee on Health.

1. Dr. Jesse testified that the definition of a low volume "program" in H.R. 4062 is unclear so that it can be narrowly defined to include all facilities or no facility. Please explain further by providing some specific examples of how VA can potentially define a "program".
2. VA's testimony requested clarification on H.R. 4465. It is my understanding that the goal of H.R. 4465 is to help veterans who receive pension for non-service connected disability and are in priority group 5. For this sub-group of veterans, their medical co-payments are reduced by the number of dependents they have. The current law narrowly defines dependents to include biological, step, and adopted children. This bill would newly include children who are under the guardianship of the veteran. This means that the veteran can have a higher income level and not exceed the VA national income threshold, which means free VA prescriptions and travel benefits, as well as free VA health care for the veteran. In light of this information, are you able to share VA's position on this bill?
3. The Gold Star Wives of America submitted a statement for the record recommending that H.R. 4505 be amended to make eligible for state nursing home care widows of individuals who died while serving in the Armed Forces, as well as parents and widows of those who died of a service-connected cause. Would VA continue to support this bill if it were amended to include the Gold Star Wives' recommendations? Please explain.
4. VA states that the draft legislation on outreach is largely duplicative of existing efforts. We've also heard our VSO panel testify about the need to greatly improve VA's current outreach efforts. Given this clear need and if the draft legislation is duplicative, what other legislative authorities can help VA be more successful in outreaching to our veterans?
5. VA estimates the cost of the draft hearing aid bill as \$350 million over 5 years and \$510 million over 10 years. Please explain the underlying assumptions that you used to develop this cost estimate. In other words, how many beneficiaries and cost per hearing aid did VA assume in this estimate?

Thank you again for taking the time to answer these questions. The Committee looks forward to receiving your answers by Monday, July 26, 2010.

Sincerely,

MICHAEL H. MICHAUD  
*Chairman*

**Committee on Veterans' Affairs**  
**U.S. House of Representatives**  
**Post-Hearing Questions for the Honorable Robert A. Petzel, M.D., Ph.D.**  
**Under Secretary for Health, U.S. Department of Veterans Affairs**  
**From the Honorable Michael H. Michaud**  
**H.R. 4062, H.R. 4505, H.R. 4465, and Draft Legislation entitled,**  
**the "Improve VA Outreach Act of 2010" and the "World War II**  
**Hearing Aid Treatment Act"**  
**May 27, 2010**

**Question 1:** Dr. Jesse testified that the definition of a low volume "program" in H.R. 4062 is unclear so that it can be narrowly defined to include all facilities or no facility. Please explain further by providing some specific examples of how VA can potentially define a "program."

**Response:** H.R. 4062 defined a low volume program as a program that treats 100 patients or fewer during a calendar year. Clinical programs within the Veterans Health Administration (VHA) provide a wide range of services comprised of clinical assessments, treatments, and procedures. In most cases this is aligned around a medical specialty or a subspecialty provider that has received training to provide a variety of assessments, treatments or procedures based upon his or her training and education. As Dr. Jesse stated, this can be a clinical offering that is within a single VA Medical Center, a Veterans Integrated Service Network (VISN), or at the national level. VA believes a better approach is to use a definition to be "a group of practitioners who collaborate closely to perform a procedure or collection of procedures that require the same skill sets."

VA does however, believe it best to address the concern presented in H.R. 4062 through VA's existing credentialing and privileging process. After initial credentialing, which focuses on the identified clinician's training and experience, each individual medical center is required to complete privileging of the provider. The privileging process includes both experience in performing an identified procedure and a review of the clinical outcomes. This process requires a review every 2 years for cause. The overall number of procedures performed within VA may not be the best predictor of competency, as many VA providers also perform procedures within community and academic settings, which may be included in the re-privileging process. The overall number of procedures performed may be extended to the person's overall performance at various clinical sites.

The overall review of the quality of care provided by an individual clinician requires both evidence of continued experience and the overall results of his or her clinical outcomes. Defining the overall competency of the individual and outcomes of a system-wide performance of procedures or treatments requires much more than volume triggers; VA must and does take into consideration quality outcomes and risk-adjusted factors.

The following are examples:

An Imaging Program consists of general and specialty procedures, including neuroradiology, interventional procedures, and nuclear medicine. At the facility level, each individual clinical service may be a separate program (nuclear medicine and radiology, for example).

Radiation Oncology Program may include a variety of treatment and services such as external beam treatments, prostate brachytherapy seed implant services, and other brachytherapy treatments.

Cardiology Program may include outpatient evaluations, procedures clinics, cardiac invasive procedures (catherization), and open heart surgery.

**Question 2:** VA's testimony requested clarification on H.R. 4465. It is my understanding that the goal of H.R. 4465 is to help Veterans who receive pension for non-service connected disability and are in priority group 5. For this sub-group of Veterans, their medical co-payments are reduced by the number of dependents they have. The current law narrowly defines dependents to include biological and adopted children, and stepchildren. This bill would newly include children who are under the guardianship of the Veteran. This means that the Veteran can have a higher income level and not exceed the VA national income threshold, which means free VA prescriptions and travel benefits, as well as free VA health care for the Veteran. In light of this information, are you able to share VA's position on this bill?

**Response:** The effect of the bill would be that persons placed in the legal custody of a Veteran by a court would be considered children under more generous criteria than the Veteran's natural children; the purpose of this differentiation is unclear.

If the intention is to extend the broader criteria (the age 21 cut-off) to all children of Veterans, we suggest clarifying the language. In addition, all conditions in the bill as drafted are conjunctive and could be interpreted to read that only persons placed in the custody of a Veteran by a court shall be treated as a child. VA is available to work with Committee Staff to provide clarity and technical assistance.

**Question 3:** The Gold Star Wives of America submitted a statement for the record recommending that H.R. 4505 be amended to make eligible for state nursing home care widows of individuals who died while serving in the Armed Forces, as well as parents and widows of those who died of a service-connected cause. Would VA continue to support this bill if it were amended to include the Gold Star Wives' recommendation? Please explain.

**Response:** Current law limits state home beds to spouses and parents if all of their children have died while serving in the Armed Forces of the United States. Historically, the reason for permitting spouses was to make it possible for the Veteran to continue to live with the spouse if both required nursing home care. Spouses living in a state home at the time of death of a Veteran may continue to live in the home. The proposal by the Gold Star Wives to make widows of individuals who died while serving in the Armed Forces eligible for admission to State Veterans Homes would treat those spouses more equitably. Since VA does not pay a per diem to the state for any non-Veteran residents of State Veterans Homes, this proposal would not have any effect on VA's costs. Accordingly, VA has no objection to the proposal.

**Question 4:** VA states that the draft legislation on outreach is largely duplicative of existing efforts. We've also heard our VSO panel testify about the need to greatly improve VA's current outreach efforts. Given this clear need and if the draft legislation is duplicative, what other legislative authorities can help VA be more successful in outreaching to our Veterans?

**Response:** VA already has adequate legislative authority to conduct outreach to all Veterans and is aggressively working towards that end. VA is taking steps to align and synchronize its outreach efforts across VA business lines to ensure outreach activities employ clear, accurate, consistent, and targeted messages to inform Veterans and their families of the benefits and services available to them.

VA has established an outreach office within the Office of Public and Intergovernmental Affairs (OPIA) and is in the process of hiring staff. The office will promote uniform messaging across the Department, reduce cost, and share the fiscal responsibility of researching, analyzing, and measuring our efforts. The three Administrations and Staff Offices will continue to execute outreach activities, but the overall Department outreach strategy will be coordinated across all organizations by OPIA.

As a result, OPIA will ensure necessary and valuable information is delivered timely to Veterans and their families; will leverage technology and partnerships with our stakeholders; will unify outreach messages and measure tangible outcomes nationwide. VA will report the success of these activities to Veterans, Congress, stakeholders, and the American public. The outreach office is expected to be fully functional by the end of the year.

**Question 5:** VA estimates the cost of the draft hearing aid bill as \$350 million over 5 years and \$510 million over 10 years. Please explain the underlying assumptions that you used to develop this cost estimate. In other words, how many beneficiaries and cost per hearing aid did VA assume in the estimate?

**Response:** VA's earlier estimate of the draft bill included baseline costs for the WWII veterans who are already eligible under current law. Excluding these baseline costs, the draft bill would cost \$40 million over 5 years and \$56 million over 10 years. Under the draft bill, VA estimates that 13,260 additional World War II (WWII) Veterans will utilize hearing aids at the end of 5 years, and 2,508 additional WWII Veterans will utilize hearing aids at the end of 10 years. The cost assumed for hearing aids was \$729 (per pair) at the end of 5 years, and \$757 (per pair) at the end of 10 years.

These projections are based on historical facts that VA has provided hearing aids to more than 700,000 WWII Veterans who were eligible for hearing aids in accordance with VA policy. This Veteran population will decrease over time, and more than half will have hearing loss based on published epidemiological studies. Not all WWII Veterans with hearing loss will seek VA hearing aid services.

The following assumptions are based on VA data and Veteran health utilization information:

- Average Veteran receives 2 hearing aids at a time (current average contract cost is \$349 each = \$700 rounded);
- Hearing aids are replaced on average every 4 years;
- First 2 years hearing aids are under warranty with no repair or replacement cost;
- One repair per 4 year life span of hearing aids; average repair cost is \$102 in 2010 (per VA Remote Order Entry System data);
- Consumer Price Index inflation factors for repairs and hearing aid cost;
- 710,000 WWII Veterans currently are in receipt of hearing aids;
- Half of WWII Veterans have sufficient hearing loss requiring hearing aids;
- 20 percent of eligible WWII Veterans meeting hearing aid loss criteria and not in receipt of VA hearing aids will request VA hearing aids at some time;
- Half of the 20 percent of eligible WWII Veterans who request hearing aids will do so within the first year; and
- New requests in outlying years will be 50 percent of the new requests for the previous year.

**Table 1. 10-year cost projections based on current VA data and WWII Veteran population**

FY	WWII Veteran Population	Hearing Aid Users	New Hearing Aid Users	Hearing Aid Cost/Pair	Hearing Aid Total Cost	Average # of Repairs	Repair Cost	Repair Cost Total	Total Cost
2011	1,517,404	567,900	21,200	\$700	\$14,840,000	0	\$102	\$0	\$14,840,000
2012	1,294,133	493,315	10,600	\$700	\$7,420,000	0	\$102	\$0	\$7,420,000
2013	1,091,800	419,685	5,300	\$700	\$3,710,000	0	\$102	0	\$3,710,000
2014	1,034,727	401,351	2,650	\$729	\$1,931,850	14,380	\$106	\$1,524,280	\$3,456,130
2015	855,070	334,446	13,260	\$729	\$9,666,540	7,021	\$106	\$744,226	\$10,410,766
<b>5-YR</b>					<b>\$37,568,390</b>			<b>\$2,268,506</b>	<b>\$39,836,896</b>
2016	697,806	274,909	6,420	\$729	\$4,680,180	3,427	\$106	\$363,262	\$5,043,442
2017	562,022	223,007	3,107	\$729	\$2,265,003	1,461	\$106	\$154,866	\$2,419,869
2018	446,469	176,342	1,320	\$757	\$999,240	6,958	\$110	\$765,380	\$1,764,620
2019	349,623	137,630	5,510	\$757	\$4,171,070	3,204	\$110	\$352,440	\$4,523,510
2020	269,721	106,016	2,508	\$757	\$1,898,556	1,474	\$110	\$162,140	\$2,060,696
<b>10-YR</b>					<b>\$51,582,439</b>			<b>\$4,066,594</b>	<b>\$55,649,033</b>

