



STATEMENT FOR THE RECORD

MILITARY OFFICERS ASSOCIATION OF AMERICA

On

Pending Legislation

115th Congress

SENATE COMMITTEE on VETERANS' AFFAIRS

August 1, 2018

CHAIRMAN ISAKSON, RANKING MEMBER TESTER, and members of the Committee on Veterans' Affairs, the Military Officers Association of America (MOAA) is pleased to submit its views on pending legislation under consideration.

MOAA does not receive any grants or contracts from the federal government.

EXECUTIVE SUMMARY

On behalf of the 350,000 members of MOAA, the largest military service organization representing the seven uniformed services, including active duty and Guard and Reserve members, retirees, veterans, and survivors and their families, thank you for your commitment and enduring support of our nation's servicemembers and veterans and their families.

MOAA offers our position on the following bills.

- **H.R. 299, *Blue Water Navy Vietnam Veterans Act of 2018***
- **S. _____, *Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018***
- **Discussion Draft on Transition Assistance Reform**
- **S. 1596, *BRAVE Act of 2017***
- **S. 1952, *VA Financial Accountability Act of 2017***
- **S. 1990, *Dependency and Indemnity Compensation Improvement Act of 2017***
- **S. 2748, *BATTLE for Servicemembers Act***
- **S. _____, *Grant Program on Provision of Suicide Prevention Services for Veterans***
- **S. _____, *Modernization of Medical Records Access for Veterans Act***
- **S. 514, *No Hero Left Untreated Act***

MOAA takes no position on: S. 3148; S. _____, VA Hiring Enhancement Act; S. 5418, Veterans Affairs Medical-Surgical Purchasing Stabilization Act; S. 2881, Mare Island Naval Cemetery Transfer Act; and S. 2485, Medal of Honor Surviving Spouses Recognition Act.

PENDING LEGISLATION

H.R. 299, *Blue Water Navy Vietnam Veterans Act of 2018*. MOAA supports this legislation. MOAA has always supported restoring the presumption of herbicide exposure to Blue Water Navy Veterans. MOAA further supports the extension of the presumption to veterans who served on the Korean DMZ from Sept. 1, 1967, to Aug. 31, 1971, as well as benefits to children born with spina bifida of veterans who served in Thailand during the Vietnam conflict.

MOAA is disappointed that the only way found to fund these benefits was raising VA home loan fees. This places the financial burden solely on the 1 percent of the U.S. population who served their nation in time of conflict and relieves the remaining 99 percent of our nation's population of bearing any financial responsibility or liability. Those who sacrificed will continue to sacrifice and subsidize a solution to resolve the toxic exposure of veterans who provided our nation's security and defense.

MOAA is grateful the legislation includes a provision proposed by MOAA to use a portion of these funds toward a report on a follow-up study on certain Gulf War illnesses. It is clear the reason Vietnam veterans have had exceptional difficulty in obtaining VA benefits for their conditions was the direct result of the failure of the Department of Defense to accurately and adequately maintain records of toxic exposures. MOAA asks for this committee to work collaboratively with the Committee on Armed Services to ensure future generations of veterans are not placed in the same predicament.

S. _____, *Veterans Dental Care Eligibility Expansion and Enhancement Act of 2018*. MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements of this bill.

It is well established that dental health correlates to overall health and affects vital functions such as overall nutrition. According to studies, cost barriers are the biggest burden to obtaining dental services and the burden is considerably higher than it is for other health care services¹. Many disabled veterans are unable to either afford paying for the cost of private dental care out-of-pocket or they lack access to dental insurance, so they go without. MOAA supports a pilot program to determine the overall health improvements made in veterans' health given access to dental care, particularly in rural areas.

MOAA believes the cost of the initiative could be reduced by making the pilot program smaller and still be able to assess overall health improvements. Any pilot program, however, should include rural areas.

Discussion Draft on Transition Assistance Reform. MOAA supports this draft bill.

Military spouses experience some of the same issues servicemembers face when transitioning out of the military; one of the most common being finding employment. After having a résumé filled with gaps in employment and multiple moves, spouses often need the same professional-development advice servicemembers need and receive through the Transition Assistance Program (TAP). Additionally, it is vital spouses are equally informed on veterans' benefits that not only affect the servicemember but also their families. Often, spouses of service members handle family matters such as health care and financial decisions, which are impacted by transition. TAP addresses these changes, and it is important spouses, especially those who handle these benefits for their families, are able to receive the information and ask questions from the TAP instructors. MOAA is pleased to see discussion on including military spouses in TAP, whereas previously spouses could attend only if space was available.

MOAA understands the intent behind the waiver provision for members who might not benefit from attending the program. The waiver provision, however, does not contain a way for the member to express a desire or ability to attend the program even though he or she might be eligible for a waiver. The waiver is dictated by the services upon entire groups who are "unlikely to face major readjustment . . . to civilian life" with no option for the member to override the waiver. This

¹ Wall T, Guay A. *The per-patient cost of dental care, 2013: a look under the hood*. Health Policy Institute Research Brief. American Dental Association. March 2016. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0316_4.pdf

is problematic, as individuals within those groups might, nonetheless, have circumstances that would present them with such challenges and have no way of accessing the program. MOAA recommends, for groups or classifications designated by the service secretaries as being waived from the program, that individual members have a way to opt into the program nonetheless. The program, after all, is meant to benefit the member, not the service, so the ultimate decision to waive off should reside with the member and not the service.

For members “possessing specialized skills” who are unable to attend the program “to support the imminent deployment of a unit,” MOAA would like the program to be made available to them within a year of their separation from service. The November 2017 Government Accountability Office report titled “Transitioning Veterans; DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program,” noted over one-third (37 percent) of servicemembers surveyed did not attend TAP at all, not even the core curriculum portion, because they were not released from their duties due to having mission-critical skills. Having over one-third of transitioning servicemembers unprepared for their follow-in careers is simply unacceptable. Allowing these servicemembers to participate within a year of separating from service would ensure they still are able to receive the training and assistance in a fashion that does not compromise the mission.

MOAA further recommends the inclusion of information specific to women veterans in the program. A Department of Veterans Affairs (VA) employee recently shared a sentiment that MOAA has heard echoed both from women veterans and the VA: “Women veterans are still coming to us in the VA not even knowing how to apply for all the benefits they rate. They need to be educated prior to leaving service to ensure we can effectively assist them once they get here.” Data and experience have identified areas where women veterans have unique experiences and needs following transition, yet women veterans still are bypassing the VA or are arriving there unaware of what they should be doing to access the women-specific benefits and services available to them in the department. This indicates a failure in the agencies communicating about the benefits and resources for women veterans.

S. 1952, Department of Veterans Affairs Financial Accountability Act of 2017. MOAA supports this legislation.

The VA Financial Accountability Act introduced by Sens. Jon Tester (D-Mont.), John McCain (R-Ariz.), Jerry Moran (R-Kan.), and Tim Kaine (D-Va.) would improve the oversight and accountability of VA financial processes.

The bill provides a sense of Congress as to what a normal or standard budget process should look like for the VA in seeking future appropriations:

- The process should be grounded in sound actuarial analysis based on accurate demand data for forecasting.
- The regular budget process should be the norm.
- Requests for supplemental appropriations should be used sparingly and for unforeseen demand or natural occurrences.

More specifically, the VA would be required to contract with an independent third party to: review and audit financial processes and reporting structures, including actuarial and estimation models

and develop recommendations for financial system improvements. The secretary of the VA then would submit a plan for implementing the report recommendations to both the Senate and House Committees on Veterans' Affairs. One individual within the Office of the Secretary would be responsible for monitoring the status and implementation of the recommendations.

The secretary also would be required to notify Congress not later than 45 days in advance of a request for supplemental appropriation for budgetary issues outside of the standard budget process. The VA chief financial officer (CFO) would be required to provide a statement with supporting materials to the committees assuring financial projections submitted with the president's annual budget request is sufficient to provide benefits and services in the department. Additionally, the CFO must certify responsibility for internal controls and collaboration with department financial officers of all facilities and components when submitting the VA's annual budget.

MOAA, like lawmakers, recognizes VA fiscal problems cannot continue to be fixed by adding more money to the budget, particularly during fiscally constrained times. Implementation of the Choice Program and ongoing funding crises in recent years have brought to light a number of problems associated with VA financial, data management, and forecasting systems. MOAA supports the VA Financial Accountability Act and believes the audit and certification provisions in the bill are long overdue and a much needed move in the right direction to get the VA's fiscal house in order.

S. 1596, BRAVE Act of 2017. MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements of this bill.

The BRAVE Act would correct a long-overdue shortfall that places an unnecessary burden on surviving families. In 2017, the average funeral cost over \$8,000². The current VA reimbursement rate of \$300 for veterans not dying of a service-connected disability amounts to less than 4 percent of the costs a surviving family may incur. The current reimbursement rates for the family of a veteran dying of a service-connected cause amounts to 25 percent of the total potential cost. Using the Consumer Price Index to increase these amounts periodically is a logical solution to attempting to alleviate some of the burden that results from these low reimbursement amounts.

S. 1990, Dependency and Indemnity Compensation Improvement Act of 2018. MOAA is supportive of this legislation, pending modification. We request Congress provide the associated funding needed to support the legislative requirements of this bill.

The Dependency and Indemnity Compensation Improvement Act would make important changes to Title 38: It would change the computation of Dependency and Indemnity Compensation (DIC); it would reduce from 10 years to five the number of years a veteran must be rated permanently disabled for a survivor to become eligible for DIC; and it would reduce from 57 to 55 the age at which a surviving spouse may remarry and retain DIC.

The Dependency and Indemnity Compensation Improvement Act would change the computation of DIC to 55 percent of the rate of pay for a 100-percent-disabled veteran. Changing the formula for how DIC is calculated would make the benefit more in line with that of other federal programs.

² National Funeral Directors Association, *Statistics*, available at <http://www.nfda.org/news/statistics>

The change would provide approximately \$300 more per month for qualified survivors.

MOAA commends the desire to increase DIC payments. The increase in tax-free compensation would be a welcomed addition to qualified survivors. However, the bill, as currently written, omits an important provision contained in previous military survivor bills. MOAA would like to see the following language incorporated into the bill:

(g) In the case of an individual who is eligible for Dependency and Indemnity Compensation under this section who is also eligible for benefits under another provision of law by reason of such individual's status as the surviving spouse of a veteran, then, notwithstanding any other provision of law (other than section 5304(b)(3) of this title), neither a reduction nor an offset in benefits under such provision shall be made by reason of such individual's eligibility for benefits under this section.

The bill also lowers the number of years a veteran must be rated 100 percent disabled for a survivor to qualify for DIC. MOAA supports a graduated scale of benefits after five years of being rated permanently and totally disabled for surviving spouses of veterans.

The bill also would lower from 57 to 55 the age at which a surviving spouse may remarry and retain DIC benefits. The change would align DIC with other federal programs. MOAA supports this change.

As members of the committee know, the Survivor Benefit Plan (SBP) and DIC are benefits paid for two distinct reasons. SBP is a voluntary, member-purchased annuity provided by DoD, allowing a continuation of a portion of military retired pay upon the death of the servicemember. DIC is a VA-paid monetary benefit for eligible survivors whose sponsors died of a service-connected injury or disease. MOAA remains steadfast believing the only way to end the unfair treatment of survivors of military retirees and those killed in the line of duty is to repeal SBP-DIC offset.

S. 2748, BATTLE for Servicemembers Act. MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements.

The November 2017 Government Accountability Office report titled "Transitioning Veterans; DOD Needs to Improve Performance Reporting and Monitoring for the Transition Assistance Program," noted that participating in the two-day additional classes offered through TAP was thwarted by "lack of commander support" and that 57 percent of the installations that GAO spoke to stated "commanders and direct supervisors were less inclined to allow servicemembers to attend these classes because they were considered optional." The lack of opportunity by these servicemembers to participate in such an important transition program element defies the intent and institutional rigor dedicated to transition programs in the first place.

Changing the two-day classes from an opt-in model to a member opt-out model has the potential to minimize this level of command interference and to reinforce the importance of the program to a transitioning servicemember's future career.

S.____ , Grant Program on Provision of Suicide Prevention Services for Veterans. MOAA supports this legislation and requests Congress provide the associated funding needed to support the legislative requirements.

The bill requires the secretary of Veterans Affairs to establish a program to award grants to persons to provide and coordinate the provision of suicide prevention services for veterans transitioning from service in the armed forces who are at risk of suicide and for their families, and for other purposes. It augments existing VA programs and is a natural extension of those resources.

The bill is comprehensive in its attempt to capture the key functional requirements to provide suicide prevention services for veterans and their families. The focus and priority is placed on veterans and families who live away from any VA medical center and are located in more rural or tribal areas, which MOAA supports given the sparsity of resources in those areas. MOAA would like the legislation to emphasize that this legislation will not compete with or be a replacement for existing VA suicide prevention services, but is intended only as a compliment to what VA provides.

It is anticipated that programs selected will have a history of providing these services along with the relevant programmatic and professional credentialing. A brief review of grants and activities of SAMSHA (Substance Abuse and Mental Health Services Administration) shows a wide variety of public/private and community partnership activities and programs and certified community behavioral health clinics. Given the existing precedent in other areas, veterans should be allowed to benefit from such arrangements, as well.

MOAA specifically appreciates including services for families under grant uses as family members feel the direct impact of the mental health of their veteran and this, in turn, can influence their own mental health.

S.____, Modernization of Medical Records Access for Veterans Act. MOAA does not support this legislation.

This bill would direct the VA to carry out, in at least one Veterans Integrated Services Network (VISN), a pilot program for at least a 12-month period during which veterans enrolled in the VA's patient enrollment system will use a portable medical records storage system to store and share with VA health care providers and community health care providers records of their individual medical histories. This is specified to be similar in nature and characteristics to a standard credit card. The bill also prohibits new appropriations in carrying out this pilot.

MOAA is supportive of a system that would enable veterans who receive care from non-VA providers to be able to consolidate their VA and non-VA records in an effective and efficient manner. This is important to ensure continuity of care and accuracy of treatment. MOAA does not support, however, the express prohibition on new appropriations to carry this initiative out. Unfunded mandates have the significant potential to harm other VA programs from which the funds are extracted. Further, MOAA has supported the implementation of the current VA electronic health record initiative and believes that a solution for needs such as these could be

satisfied through that system if properly implemented.

S. 514, No Hero Left Untreated Act. MOAA supports this legislation.

This legislation would establish a pilot program within the VA on a promising neurological treatment option for mental trauma called magnetic EEG/EKG-guided resonance therapy, also known as Magnetic eResonance Therapy (MeRT). This is an individualized non-pharmaceutical, non-invasive neuromodulation procedure that applies magnetic stimulation to restore proper brain function. To date, open label trials and placebo-controlled, double-blind studies indicate over 400 veterans have reported a marked improvement in symptoms associated with PTS, TBI, MST, chronic pain, and opiate addiction. One study done at Tinker Air Force Base, after four weeks of testing, specifically concluded, “Transcranial MeRT is a promising adjuvant treatment modality to help veterans suffering from PTSD.”

MOAA believes there is sound research to support a pilot on 50 veterans. MOAA also notes the bill prohibits new appropriations to carry out the pilot program. Although MOAA generally objects to unfunded mandates, the fact this pilot is limited to 50 veterans and only requires VA to provide “access to” the treatment vice directly rendering the treatment, MOAA believes the cost will be negligible.

MOAA thanks the committee for considering these important pieces of legislation, and we look forward to working with members of Congress in making the necessary changes listed above and to move the bills quickly through the Congress for final passage.