

S. HRG. 110-171

HEARING ON PENDING HEALTH CARE LEGISLATION

HEARING BEFORE THE COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE ONE HUNDRED TENTH CONGRESS FIRST SESSION

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previous position. Two years is often insufficient time for symptoms related to PTSD and other mental illnesses to manifest. In many cases, it takes years for such symptoms to present themselves and many servicemembers do not immediately seek care. Five years would provide a bigger window to address these risks. We face a growing group of recently discharged veterans and this legislation will help smooth their transition to civilian life.

I thank the witnesses from VA and other organizations for coming today to share their views. Because the number of measures before us this morning is unusually large and a number of them have been added to the agenda only recently, witnesses may not have had an opportunity to review them and formulate positions. Therefore, the Committee will hold the record of this hearing open for two weeks so that witnesses can submit supplemental views on any legislative item.

It is important that we have your input well in advance of our markup, which is scheduled for late next month. I look forward with all of you in the days ahead to move the Committee's agenda forward.

[The prepared statement of Senator Akaka follows:]

PREPARED STATEMENT OF HON. DANIEL K. AKAKA, CHAIRMAN,
U.S. SENATOR FROM HAWAII

Aloha and good morning. I welcome everyone to the Committee's hearing on pending health legislation. The Committee has quite a docket of legislation to review, so I will make my opening remarks quite brief so that we can get started.

As I said at our last legislative hearing, I am thankful for Members' interest in the needs of veterans and their families and the range of attempts to tackle some of the most pronounced issues. That said, I know that our witnesses had quite a load to carry in order to give us views on the various bills.

The Committee has done much oversight work and held various hearings, and the legislation before us is a culmination of those activities. Ranking Member Craig and I heard the testimony of witnesses at our March 27th hearing on seamless transition and care for veterans with traumatic brain injuries. We used that testimony to develop bipartisan legislation on TBI, which takes a comprehensive approach to providing the best possible care for veterans with this devastating injury.

I want to speak very briefly about some of the items on the agenda.

First, I introduced legislation again this Congress to extend the period of eligibility for VA health care for combat service from two to five years. It is my view that doing so will help ensure that returning servicemembers receive the care they need from VA in the five years immediately following separation or deactivation, without having to meet strict eligibility rules. The changes S. 383 would make will contribute to the "seamless" transition of military personnel from active duty to veteran status.

While the Administration has opposed this legislation in the past, I am delighted that the obvious growth in the diagnoses for mental health conditions has prompted a reconsideration of the previous position. Two years is often insufficient time for symptoms related to PTSD and other mental illnesses to manifest. In many cases, it takes years for such symptoms to present themselves, and many servicemembers do not immediately seek care. Five years would provide a bigger window to address these risks. We face a growing group of recently discharged veterans, and this legislation will help smooth their transition to civilian life.

Second, S. 117, The Lane Evans Veterans Health and Benefits Improvement Act of 2007, introduced by Senator Obama, is a fitting tribute to the former Ranking Member of the House Committee on Veterans' Affairs. The legislation, among other things, would make combat-theater veterans eligible for a VA mental health evaluation within 30 days of the veteran's request. Such a request could be made up to five years after the date of the veteran's discharge or release from active military service.

S. 479, The Joshua Omvig Veterans Suicide Prevention Act, would require the Secretary to develop and implement comprehensive programs to reduce suicide among veterans. The bill is named after Joshua Omvig, a young veteran who com-

Question 5. Please provide written clarification on eligibility for National Guard members and Reservists.

Response: Reservists and National Guard members activated for Federal service who completed the period for which they were called to active duty qualify for VA health care, but generally must be enrolled to receive services, just like any other veteran.

Reservists and National Guard members who served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force after November 11, 1998, are eligible for enrollment in Priority Group 6 unless otherwise eligible for enrollment in a higher priority group. All Reservists and National Guard members are eligible for free health care services for conditions potentially connected to combat service for 2 years following separation from active duty.

Veterans who enroll with VA under this authority will retain enrollment eligibility even after their 2-year post discharge period ends under current enrollment policies. At the end of that 2-year period, VA reassesses the veteran's information (including all applicable eligibility factors) and makes a new enrollment decision. If the veteran was in Priority Group 6 and no other eligibility factors apply, the veteran will continue enrollment in either Priority Group 7 or Priority Group 8, depending on income level, and will be required to make applicable copayments.

Note: For veterans who do not enroll during the 2-year post-discharge period, eligibility for enrollment and subsequent care is based on other factors, including a compensable service-connected disability, VA pension status, catastrophic disability determination, or the veteran's financial circumstances. Combat veterans are strongly encouraged to apply for enrollment within 2 years of release from active duty to take advantage of the special eligibility conditions for combat veterans, even if no medical care is currently needed.

Additional information for VA health care benefits is available at: <http://www.va.gov/healtheligibility/>, <http://www1.va.gov/environagents/docs/SVABENEFITS.pdf>, and <http://www.seamlesstransition.va.gov/res-guard.asp>.

Chairman AKAKA. Thank you very much for your testimony, Dr. Cross.

Before I ask any questions, I call on Senator Brown for any comments.

Senator Brown. I have no opening remarks.

Chairman AKAKA. Thank you, Senator Brown.

Dr. Cross, I am delighted that this Administration is now supporting the idea of extending the window for easy access to care for separating servicemembers from two to 5 years. Can you please elaborate on how you see the extension of this window enabling VA to better serve younger veterans, especially those with mental health issues?

Dr. CROSS. Yes, sir, I can. By extending this time period, sir, we will be able to provide with very little enrollment issues access to care for all the combat veterans that are returning to us for a period of 5 years. I think your concern and our concern was that sometimes the need for care, the symptoms, particularly perhaps related to PTSD, may not show up within that time period. The individual may not feel the need to come see us.

This would extend that time period to make sure that if those symptoms arise, we have an easy mechanism automatically allowing them access to care without copays for anything related to their combat service. We think that this is a positive thing to do and we will work with you to support that.

Chairman AKAKA. Thank you. Dr. Cross and Mr. Hall, I note that VA has offered no legislative proposals concerning veterans' health care. Am I to infer that there is nothing the Administration needs from Congress? I believe Congress has valuable input to offer and that we serve veterans best by working together, and I just wanted to mention the lack of by request legislation from VA. We