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PENDING HEALTH CARE AND BENEFITS LEGISLATION

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS UNITED STATES SENATE

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

OCTOBER 6, 2015

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C O N T E N T S

OCTOBER 6, 2015

SENATORS

	Page
Isakson, Hon. Johnny, Chairman, U.S. Senator from Georgia	1
Blumenthal, Hon. Richard, Ranking Member, U.S. Senator from Connecticut	1
Rounds, Hon. Mike, U.S. Senator from South Dakota	20
Tester, Hon. Jon, U.S. Senator from Montana	22
Boozman, Hon. John, U.S. Senator from Arkansas	24
Moran, Hon. Jerry, U.S. Senator from Kansas	25
Tillis, Hon. Thom, U.S. Senator from North Carolina	27
Sullivan, Hon. Dan, U.S. Senator from Alaska	27

WITNESSES

Feinstein, Hon. Dianne, U.S. Senator from California	2
Letters for the record are included in the Appendix	81
Donnelly, Hon. Joe, U.S. Senator from Indiana	3
Shaheen, Hon. Jeanne, U.S. Senator from New Hampshire	5
Lynch, Thomas, M.D., Assistant Deputy Under Secretary for Health Clinical Operations, Veterans Health Administration, U.S. Department of Veterans Affairs; accompanied by Vincent Kane, Special Assistant to the Secretary; and Jennifer Gray, Staff Attorney, Office of General Counsel	7
Prepared statement	8
Additional views	12
Response to posthearing questions submitted by Hon. Richard Blumenthal	19
Augustine, Lauren, Legislative Associate, Iraq and Afghanistan Veterans of America	30
Prepared statement	32
Celli, Louis, Jr., Director, National Veterans Affairs and Rehabilitation Division, The American Legion	34
Prepared statement	36
Harig-Blaine, Elisha, Principal Housing Associate, (Veterans and Special Needs), National League of Cities	39
Prepared statement	41
Appendix A–C	44
Norris, David B., National Legislative Vice-Chairman, Department of California, Veterans of Foreign Wars of the United States	48
Prepared statement	49

APPENDIX

Hagel, Hon. Lawrence B., Chief Judge, U.S. Court of Appeals for Veterans Claims; prepared statement	57
Kirch, Darrell G., M.D., President and Chief Executive Officer, The Association of American Medical Colleges (AAMC); letter	58
Atizado, Adrian M., Deputy National Legislative Director, Disabled American Veterans (DAV); prepared statement	60
Scott, Gregory C., President & CEO, New Directions for Veterans; letter	64
Rauber, Diane Boyd, Esq., Director of Legislative and Regulatory Affairs, National Organization of Veterans' Advocates, Inc. (NOVA); prepared statement	67
Stichman, Barton F., Joint Executive Director, National Veterans Legal Services Program (NVLSP); prepared statement	68

Page

Paralyzed Veterans of America (PVA); prepared statement 70
Morosky, Aleks, Deputy Director, National Legislative Service, Veterans of Foreign Wars of the United States (VFW); prepared statement 72
Lieu, Rep. Ted W., U.S. Member of Congress from California; letter 75
Peck, Stephen, MWS, President & CEO, United States Veterans Initiative (U.S.VETS); letter 77
Ward, Orlando, Executive Director of Public Affairs, Volunteers of America—Greater Los Angeles; letter 79

LETTERS SUBMITTED BY SENATOR DIANE FEINSTEIN

Blumenfield, Bob, Councilmember, Third District, City of Los Angeles; letter . 81
Cragg, Jim, Director, Green Vets LA; letter 82
Napolitano, Janet, President, University of California; letter 83
Toebben, Gary, President & CEO, Los Angeles Area Chamber of Commerce; letter 85
Koretz, Paul, Councilmember, Fifth District, City of Los Angeles; letter 86
Bonin, Mike, Councilmember, Eleventh District, City of Los Angeles; letter 87
Garcetti, Eric, Mayor, City of Los Angeles; letter 88
Roman, Nan, President and CEO, The National Alliance to End Homelessness; letter 89
Block, Gene D., Chancellor, University of California, Los Angeles (UCLA); prepared statement 90
Gideon, Melanie, MHSA, Director, UCLA Health—Operation Mend, Executive Advisor, UCLA Health Sound Body Sound Mind; letter 91
Allen, Ben, Senator, 26th District, California State Senate; letter 93
Blecker, Michael, Executive Director, Swords to Plowshares; letter 94
Guest, Joseph "Nick", Adjutant/Quartermaster, Veterans of Foreign Wars, Department of California; letter 95
Members of the Board of Supervisors, County of Los Angeles; letter 96

PENDING HEALTH CARE AND BENEFITS LEGISLATION

TUESDAY, OCTOBER 6, 2015

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 2:30 p.m., in room 418, Russell Senate Office Building, Hon. Johnny Isakson, Chairman of the Committee, presiding.

Present: Senators Isakson, Moran, Boozman, Heller, Rounds, Tillis, Sullivan, Blumenthal, Brown, and Tester.

OPENING STATEMENT OF HON. JOHNNY ISAKSON, CHAIRMAN, U.S. SENATOR FROM GEORGIA

Chairman ISAKSON. I call this Senate Committee to order. I would like to give a little pre-announcement. In the interest of everybody on the panel, all three distinguished Senators, as well as our audience and our Committee, as soon as we have eight members present, we are going to go into executive session so we can act on the nomination of Michael Michaud. So, if you do not mind, I will interrupt you for a brief time once we get to eight—if we get to eight—during your testimony.

We are pleased today to have three Members of the Senate to discuss legislation that they have proposed to the Senate. We also have two distinguished panels who will comment on their legislation as well as other legislation. We are delighted that you are here, and as I said, we are going to use this meeting also for a markup whenever we get to a quorum of eight, with at least one minority member part of the eight. We will have our vote on Mike Michaud and send that on to the floor. I appreciate the Ranking Member's and all the members' cooperation in moving as quickly as we can on Mike because it is important that we get his nomination sent to the entire Senate.

The bills we have today are about: our land use in West Los Angeles, our veterans' benefits in terms of mental health, access to mental health, and many other provisions that are important to our veterans. I look forward to the testimony of all our Senators. I look forward to the testimony of our Committee Members.

I will now recognize Senator Blumenthal for any remarks he has.

STATEMENT OF HON. RICHARD BLUMENTHAL, RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. In the interest of our colleagues' time, I just want to thank you for being here. These measures that you

have proposed are very worthwhile, and we look forward to your testimony.

Thank you.

Chairman ISAKSON. Each member will get 5 minutes. It is the Committee's tradition not to ask questions, so as soon as you have made your testimony, if you would like to be excused, you are welcome to.

Senator Feinstein, we are delighted to have you. You will be first.

STATEMENT OF HON. DIANNE FEINSTEIN, U.S. SENATOR FROM CALIFORNIA

Senator FEINSTEIN. Thank you very much, Mr. Chairman, Ranking Member Blumenthal, and Members on both sides of the aisle. I am going to speak today on the Los Angeles Homeless Veterans Leasing Act, a bill I introduced with Senator Boxer. I would like to thank David Norris from the California chapter of the Veterans of Foreign Wars for traveling to Washington to testify in support of our proposal.

This bill would allow a facility, which is a very large facility—it is 388 acres on Wilshire and San Vicente. On the north side of Wilshire is a veterans' cemetery, and on the south side of Wilshire is a very large complex, including a hospital, several buildings, a UCLA baseball diamond, and many other things. It is rundown. It needs help.

Now, the majority of veterans, the largest number of veterans in America, actually live in Los Angeles. There are 300,000 of them, and more than 4,000 have no place to go. They are, in fact, homeless. Ten percent of the veterans in this country live in Southern California. Simply put, we need to get things right at the West L.A. VA.

I would like to briefly recap the history. Every VA facility in the country has the leasing authority provided in my bill except for the West L.A. VA. In 2007, Congress took that authority away after it became clear that leases were being granted to commercial entities that were not serving veterans. This included everything from a movie lot to a laundry facility. The problem led to a 2011 lawsuit, which was settled earlier this year.

Now, thanks to the leadership of VA Secretary Bob McDonald, we are back on the right track. Since he has taken over, we have spoken many times about the issues L.A. veterans face. He has put an excellent new team together. I met with them in Los Angeles last month and was thoroughly briefed.

I believe we now have a path forward to make sure the campus fulfills its obligation to serve the veterans, and here is why: this land is a grant from a former Senator by the name of Jones and the Bandini family in 1888. The grant said it has to be used exclusively for veterans. So, at a certain time, facilities were rented out like a Fox studio back lot to: UCLA for a baseball stadium; a laundry; and a rental car business. Well, that is not for veterans.

This enhanced lease would enable the VA to partner with and thereby access about $600 million of the State of California's money, which has been specifically earmarked for veterans, on that facility. At present, that cannot be done.

So, it is an essential tool to implement the new Master Plan, and it will allow the Department to build housing more quickly and more affordably than it would be able to through the traditional VA construction process.

I also want to thank this Committee. You authorized funds for the first building for homeless vets. They now have 55 units. We have $35 million for the second building, and the thrust here is to allow nonprofits to come in for the specific purpose of building veterans housing.

So, I am hopeful that—let me just point a couple of things out. New leases must be consistent with the Master Plan. The Office of Inspector General will regularly report on any new leases and land-use agreements. If the VA is not in compliance, new leases will be prohibited. The VA must submit a report to Congress 45 days before entering into any new lease agreement.

I truly believe—and I have worked on this for 10 years now—that this plan will help turn the page and ensure that we are doing everything we possibly can for veterans in Los Angeles going forward.

Mr. Chairman, I would like to insert letters of support from local officials, homeless advocacies, and veterans groups into the hearing record.

Chairman ISAKSON. Without objection.

Senator FEINSTEIN. Thank you very much for this courtesy.

[The letters are found in the Appendix.]

Chairman ISAKSON. Well, thank you, Senator Feinstein.

I want the Committee to know that Senator Feinstein has worked with me diligently to try to bring this to a conclusion. Today's testimony is very helpful in that. The VA, I understand, will have the Master Plan completed by October 22. We intend to move forward as quickly and expeditiously as possible. We appreciate your input.

For the benefit of the other Members, we are going to go into an executive session for just 2 minutes, if you do not mind, so if everybody will stay put.

[Whereupon, at 2:37 p.m., the Committee proceeded to other business and reconvened at 2:38 p.m.]

Chairman ISAKSON. Thank you for your patience.

Next we will hear from Senator Donnelly. Welcome to the Committee.

STATEMENT OF HON. JOE DONNELLY, U.S. SENATOR FROM INDIANA

Senator DONNELLY. Thank you, Mr. Chairman.

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee, thank you for holding this hearing today. I appreciate the opportunity to speak briefly with you about my legislation, S. 717, the Community Provider Readiness Recognition Act.

Mr. Chairman, as you know, the suicide rate among our military servicemembers and veterans is not just a tragedy; it is a crisis. Last year, we lost 443 servicemembers to suicide. Last week, the Department of Defense reported we have seen more than 200 military suicides in the first half of this year. We are all painfully

aware of the statistic that 22 veterans every day take their own lives.

In Indiana, we have lost too many Hoosier veterans to this scourge. I am sure each Member of this Committee can say the same about your homestate.

Despite the time and effort we, DOD, and VA have put into combating military and veteran suicide, these numbers and the stories of each of these preventable deaths tell us how much more work we have to do.

The key challenge we must overcome is tackling this problem with a clear-eyed understanding of how stigma, provider shortages, and budget constraints impact when and how veterans and servicemembers seek care.

I have worked over the past 3 years to advance common-sense bipartisan legislation to meet that challenge. We took an important step forward last year with the Jacob Sexton Military Suicide Prevention Act, which was part of the National Defense Authorization last year.

This year, I am working with several Republican colleagues to advance the Servicemember and Veteran Mental Health Care Package; three bills aimed at improving the accessibility and quality of mental health care for vets, servicemembers, and their families.

I am here today to talk about one of those care package bills that is on the agenda, S. 717. I have been working with my colleague Senator Ernst whose experience and insight as a veteran and as an officer in the Iowa Army National Guard has been indispensable. This bill creates a special designation for private sector community mental health providers who demonstrate a strong knowledge of military culture and evidence-based therapies for mental health issues common to veterans and servicemembers. It creates a regularly updated online registry so vets and servicemembers can search for these special providers.

Due to an increasing demand for mental health services, combined with DOD and VA provider shortages, use of community providers by servicemembers and veterans has increased dramatically. If we know veterans and servicemembers are accessing care through private community providers, we owe it to them to do our best to improve the quality of care they receive in those settings and to provide resources to help them select providers who understand their unique challenges and how best to treat them.

That is the goal of S. 717. Multiple, internal, and independent reviews of DOD and VA purchase care networks have identified the need to improve military cultural competency, the use of DOD/VA clinical practice guidelines, and evidence-based therapies to enhance the quality of care servicemembers and vets receive from community providers.

I have a few examples with me here today: DOD's 2010 Suicide Prevention Task Force report; the Institute of Medicine's 2014 Assessment of PTSD Treatment for Military and Veteran Populations; and RAND's 2014 report entitled "Ready to Serve."

We know more and more veterans each year are going to be seeking care from non-VA providers. We need to be sure as many of those providers as possible are trained to provide high-quality

care, and we need to give vets tools to help them make decisions on where to seek care, whether or not they are using their VA benefits. Both DOD and VA are working to push out trainings in military culture and evidence-based therapies for providers. But it will come as no surprise to hear the uptake rates on those trainings needs to improve. We need to give providers better incentives to participate. Many of the trainings are already free. Many already grant continuing medical education credit.

We could require the training. We could tell providers they cannot be in DOD and VA purchase care networks unless they complete it. But imposing those kinds of mandatory requirements can backfire. At a time when our vets and servicemembers desperately need more options, S. 717 gives providers an incentive to voluntarily access military and veteran-specific training and receive a military/veteran-friendly designation if they fulfill the requirements.

The Star Program, which was begun in Indiana, has now expanded to seven States, including the homestates of a number of Members of this Committee. Mr. Chairman, as you know, Georgia is one of those States, and it is an extraordinary program.

The DOD provisions of this legislation were included in the fiscal year 2016 NDAA conference report under section 717, with unanimous bipartisan support.

Can I have an additional 30 seconds? [Chairman nods.]

Senator DONNELLY. Thank you, sir.

Assuming we keep intact our 53-year record of passing the NDAA, this legislation will become law by year's end, but only for military personnel and their families, not for veterans. The NDAA deals only with this program as it would impact DOD, servicemembers, and military families. It does not address veterans or the Department of Veterans Affairs. That is why I am here today asking to work with all of you to ensure the services established through this legislation are available not only to current military personnel but also the veterans that we care so much for.

Mr. Chairman, thank you for your time.

Chairman ISAKSON. Thank you, Senator Donnelly. I appreciate your testimony.

Senator Shaheen?

STATEMENT OF HON. JEANNE SHAHEEN, U.S. SENATOR FROM NEW HAMPSHIRE

Senator SHAHEEN. Thank you, Mr. Chairman, Ranking Member Blumenthal, and all of the Members of the Committee, for holding this hearing today and for giving me the opportunity to speak in support of my legislation to expand the number of judges on the U.S. Court of Appeals for Veterans Claims.

As every Member of this Committee knows full well, one of the most complex challenges facing this Committee and Congress over the next several years will be the growing backlog of veterans disability claim appeals. Veterans denied benefits by the VA continue to face a complicated, frustrating, and unacceptably prolonged process to receive additional consideration of their disability claims.

The growth in the number of claims awaiting appeal over the past several years is staggering. As you, the Board of Veteran Ap-

peals is the highest appellate level within the VA. Over the past 4 years, the number of disability claims appeals received by the Board has increased 65 percent, from 49,611 in 2012 to 81,640 in 2016. The Board is now receiving almost twice as many claims per year as it has the capacity to decide. In 2014, it began the year with 65,000 unresolved cases. Over the course of the year, it received an additional 56,600 cases.

As a result of this growing workload, the average number of days to resolve a case increased from 289 to 335 between 2014 and 2015, and I have personally spoken with veterans in New Hampshire who have waited 3, 5, even one 9 years to resolve a claim.

As a matter of basic fairness to our Nation's veterans, we have got to do better. We have to take a serious look at every level of the appeals process. The bill I am here to talk about this afternoon is very simple. It would reauthorize the Court of Appeals for Veterans Claims to employ nine judges instead of seven. Since 2002, Congress has granted temporary authorizations for the Court to increase to nine judges. Before that, it was authorized at seven. That authority ended in 2013, and as a result, the Court has been reduced to eight active judges. It will return to seven if we do not act soon.

The Court noted in its 2014 annual report that, "Given the anticipated increase in the number of decisions to be rendered by the Board, we perceive a need to reauthorize nine judges. As we see unprecedented and unrelenting growth in the backlog of appeals, now is not the time to reduce our capacity to pre-2002 levels."

I urge the Committee to support this simple measure which will provide some immediate help to relieve the crisis. I look forward to answering any questions or further discussion about how we streamline the appeals process in the future.

Thank you very much, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Shaheen.

Senator Donnelly, thank you very much for your testimony. We appreciate your being here for the meeting. Thank you.

We will go into our Committee hearing now.

Senator DONNELLY. Thank you, Mr. Chair.

Chairman ISAKSON. We have two distinguished panels. The first panel is Thomas Lynch, M.D., Assistant Deputy Under Secretary for Health Clinical Operations, Veterans Health Administration, U.S. Department of Veterans Affairs; accompanied by Vince Kane, Special Assistant to the Secretary; and Jennifer Gray, Staff Attorney, Office of the General Counsel, U.S. Department of Veterans Affairs.

If our first panel would come forward? [Pause.]

We welcome all of you to the Committee today. Dr. Lynch, you will be the one to testify. Is that correct?

Dr. LYNCH. I am, sir.

Chairman ISAKSON. Welcome; you have the floor.

STATEMENT OF THOMAS LYNCH, M.D., ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH CLINICAL OPERATIONS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; ACCOMPANIED BY VINCENT KANE, SPECIAL ASSISTANT TO THE SECRETARY; AND JENNIFER GRAY, STAFF ATTORNEY, OFFICE OF GENERAL COUNSEL

Dr. LYNCH. Thank you. Good afternoon, Mr. Chairman, Ranking Member, and Members of the Committee. Thank you for the invitation to present our views on several bills that would affect VA benefits, programs, and services. Seated beside me to my right is Vincent Kane and to my left is Jennifer Gray.

I would like to begin by thanking Senator Feinstein for introducing S. 2013, the Los Angeles Homeless Veterans Leasing Act of 2015, and for the support from other congressional members, including Senator Barbara Boxer and Congressman Ted Lieu.

The bill would authorize VA to enter into enhanced use leases and other agreements for housing and services benefiting veterans and their families. VA firmly supports this bill as it will enhance our current efforts to revitalize the campus and help end veteran homelessness in greater Los Angeles. This legislation will help us in three ways:

First, it will allow VA to enter into agreements with housing providers, local governments, community partners, and nonprofits to provide housing and services for those veterans and their families that are homeless or at risk for homelessness.

Second, it will allow VA to revitalize the campus into a rich and vibrant community that puts the needs of veterans first in a manner consistent with VA's ongoing efforts to complete a new Master Plan for the campus.

And, third, it will ensure the campus honors the underlying deed that transferred the property to the Federal Government in 1888 to be a safe, welcoming, and healing environment for veterans.

We appreciate the Committee's support for this needed legislation and look forward to working closely with each of you and other veteran stakeholders on its passage and implementation.

VA also supports S. 2022, which would increase pensions for Medal of Honor recipients. VA recognizes the extraordinary bravery and unparalleled service that our Medal of Honor recipients have provided on behalf of our Nation. An increase in their pension is an important step in demonstrating our commitment and our gratitude.

VA supports Sections 2, 6, and 7 of S. 1885, the Veteran Housing Stability Act of 2015, a bill that seeks to improve the benefits and services we provide to homeless veterans and their families. VA does not have cleared views on Sections 5 and 8 yet; however, we will be working with the Committee to provide views and costs at a later date.

There are several other provisions of the bill that we believe are not needed or may benefit from some further discussion with the Committee. These have been highlighted in our written statement.

S. 717, the Community Provider Readiness Recognition Act of 2015, would establish a special designation through DOD and VA for non-Department mental health care providers who demonstrate a strong knowledge of military culture and evidence-based medical

treatments. The VA does not support the provisions of this bill. A few years ago, DOD and VA did recognize the need to ensure that our non-Department clinicians were equipped with the necessary education and training to properly care for and treat our Nation's veterans. Through joint collaboration and investment of resources between DOD and VA, we created a military cultural competence course and community provider toolkit which accomplished the intent of this bill.

In addition, this bill would also require VA to create a registry of non-Department providers. While we acknowledge this would be helpful in identifying those providers that possess military training and evidence-based treatment experience, we have concerns about the way such a certification would be developed and maintained given all the facets associated with judging the quality of a provider.

With respect to S. 1754, the Veterans Court of Appeals Support Act of 2015, VA would defer to the Veterans Court on whether this bill should be enacted as it would primarily affect the Court and not VA operations.

Last, S. 1676, the Delivering Opportunities for Care and Services for Veterans Act of 2015, addresses many important issues related to medical education and training as well as recruitment and retention of VA leadership. We do not currently have prepared views, but are eager to engage and work with the Committee to provide this at a later date.

Mr. Chairman, thank you for the opportunity to provide VA's views on several important bills before the Committee today. My colleagues and I would be pleased to answer any questions that you or other Members of the Committee may have at this time.

[The prepared statement of Dr. Lynch follows:]

PREPARED STATEMENT OF THOMAS LYNCH, M.D., ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH CLINICAL OPERATIONS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Good afternoon Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee. Thank you for inviting us here today to present our views on several bills that would affect VA benefits programs and services. Joining me today are Vince Kane, Special Assistant to the Secretary and Jennifer Gray, Staff Attorney in VA's Office of General Counsel.

We do not have cleared views on sections 5 and 8 of S. 1885. We also do not have cleared views on S. 1676, a bill to increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks, and for other purposes. We will be glad to work with the Committee on prioritization of those views and cost estimates not included in our statement.

S. 717—COMMUNITY PROVIDER READINESS RECOGNITION ACT OF 2015

VA does not support S. 717, which would require the Department of Defense (DOD) and VA to jointly develop a system to provide a mental health provider readiness designation to non-Department mental health care providers who demonstrate knowledge of military culture and of evidence-based medical treatments approved by DOD and VA for treating the mental health issues of members of the Armed Forces and Veterans. This bill would also require DOD and VA to jointly establish and update a public registry with this information.

Requiring VA and DOD to give the mental health provider readiness designation to non-Department providers would confuse Veterans and Servicemembers; they might think that VA has certified or endorsed the providers' competence and ability to provide quality care, which could lead Veterans to assume a level of specialized competence that may not be warranted. Moreover, VA and DOD would be required

to put providers on the list based only on their knowledge of military culture and medical treatments without consideration for other factors that Veterans and Servicemembers should be aware of before choosing a provider of mental health care. These factors may include Veteran and Servicemember preferences for provider type, location, and provider acceptance of VA or Third Party Administration payment as paid in full, or a host of many other factors that may create potential barriers or incentives to care.

VA has invested in the development of multiple resources to assist non-Department mental health care providers who may work with Servicemembers and Veterans. Two key resources are the DOD/VA Military Cultural Competence course and VA's Community Provider Toolkit. However, VA does not use these resources to evaluate or certify outside providers' competence or skills. For providers who complete the DOD/VA Military Cultural Competence course, which is currently open to the community, awarding free continuing education units if the learner scores 80% on the post-test. However, there is no process in place to determine if the knowledge transfers reliably and consistently or if it leads to a demonstrable behavior change or improved competence in clinical care. Assessment of providers' knowledge also would require significant additional resources.

VA understands the appeal of such a registry and agrees that the availability of information about providers with evidence of training in military culture and knowledge of evidence-based treatment of mental health conditions would make it more likely that beneficiaries could identify more knowledgeable providers. However, VA's ability to create and maintain such a registry would be constrained by the limitations described above. A registry of this sort would be difficult to manage, qualifications would be difficult to assess beyond course completion, and maintaining accuracy would be very challenging.

The Veterans Health Administration extensively explored this idea in collaboration with DOD as part of the Integrated Mental Health Strategy. Specifically, a workgroup explored the possibility of VA/DOD "certifying" rural community mental health clinicians who VA and DOD believed were adequately trained. The workgroup ultimately concluded that the legal, credentialing, and privacy challenges would be too difficult. The workgroup suggested a self-report registry as opposed to VA and/or DOD developing a certification process.

We estimate that implementation of this provision would cost around $1.7 million in FY 2016, $5.9 million over 5 years and $10.4 million over ten years.

S. 1754—VETERANS COURT OF APPEALS SUPPORT ACT OF 2015

S. 1754 would amend section 7253(a) of title 38, United States Code, by permanently increasing the maximum number of judges presiding over the United States Court of Appeals for Veterans Claims (Veterans Court) from seven to nine. Because the bill would primarily affect the Veterans Court and would not affect the operation of VA, we defer to the Veterans Court as to whether S. 1754 should be enacted.

S. 1885—VETERAN HOUSING STABILITY ACT OF 2015

Section 2 of S. 1885 would expand the definition of "homeless Veteran" to include those Veterans fleeing domestic violence and interpersonal violence (DV/IPV), aligning VA's definition with that of the Department of Housing and Urban Development (HUD). VA supports section 2. Since Veterans fleeing from DV/IPV are considered at high risk for homelessness, they are already served in VA's homeless programs when it is clinically appropriate.

Section 3 would require VA to create a new program to provide intensive case management interventions to homeless Veterans in at least six locations selected by VA based on criteria which is described in the bill. VA would also be required to prepare a report for Congress on the outcomes of the program. VA does not believe section 3 is necessary, as VA is already authorized to provide intensive case management through the HUD-VASH program. HUD-VASH is similarly already authorized to provide flexible team-based care management and thus does not require the proposed program to provide such services.

Section 4 would require VA to award grants for the provision of case management services for Veterans who are transitioning to permanent housing and those who are at risk for homelessness. This would help address a current gap in case management service delivery. The Homeless Providers Grant and Per Diem (GPD) program, for example, lacks the authority to provide funding for case management services once a Veteran exits a GPD-funded transitional housing program. However, such services may be currently provided by grantees in VA's Supportive Services for Veteran Families (SSVF) program.

Section 4 would also require the Secretary to prioritize for grant funding those organizations that would voluntarily stop receiving per diem payments under the GPD program (38 U.S.C. Section 2012) or Special Need awards (38 U.S.C. Section 2061), and be willing to use their transitional housing facility for permanent housing. VA supports this section of the bill. Currently there are nearly 9,000 transitional housing beds developed through VA investment of capital in partnership with community organizations. As the number of homeless Veterans decreases, the need for some of this transitional housing will diminish, but there will be a continued need for permanent housing interventions like rapid re-housing and permanent supportive housing. This grant funding could enable VA to help fill this need for permanent housing interventions, consistent with the VA's Housing First approach to assisting homeless Veterans.

VA supports section 6, which would require VA and HUD to collaboratively provide outreach to public housing authorities, tribally designated housing entities, realtors, landlords, property management companies, developers, and other relevant audiences to educate them about the housing needs of Veterans and encourage them to rent to Veterans. VA and HUD currently collaborate on such efforts.

VA supports section 7, which would codify the role of the VA National Center on Homelessness Among Veterans as a center of research, evaluation, and dissemination of best practices regarding services for homeless Veterans.

S. 2013—LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015

S. 2013 would authorize the Secretary of Veterans Affairs to enter into Enhanced-Use Leases and other agreements for housing and services at VA's West Los Angeles Campus in Los Angeles, California. The leases would principally benefit Veterans and their families, including severely disabled, aging, and women Veterans.

VA strongly supports this legislation. It would enable VA to enter into agreements with housing providers, local governments, community partners, and non-profits to provide additional housing and services for homeless and disadvantaged Veterans. Such leases would be squarely Veteran focused, as the benefits resulting from them would be designed to principally benefit Veterans and their families. The legislation would also enable VA to work with state entities such as the University of California, Los Angeles, to obtain improved services for Veterans, over and above the range of benefits generated from the current VA-UCLA medical affiliation arrangement. This effort is in line with VA's goal to foster and improve its medical affiliations nationwide, to help ensure that sufficient quality and quantity of doctors, nurses, and research are available, to help ensure that Veterans will receive improved care and services well into the 21st Century and beyond.

The legislation is important to VA's goal of revitalizing the campus into a rich and vibrant community, which Veterans will be proud to call home. It would dovetail with existing law contained in Section 224 of Public Law 110–161, and the Consolidated Appropriations Act of 2008, to prohibit VA from selling or disposing of any land interests in the West Los Angeles Campus, to third parties. Additionally, the legislation contains several significant protections, to ensure fulfillment of the bill's objectives. The protections including the following:

- All leases must be consistent with the new Master Plan under development, with community input, that will detail how the campus will be used to benefit all Veterans;
- Office of Inspector General (OIG) audit reports on lease and land-use management of the West Los Angeles Campus will be required to be issued two years following enactment of this legislation, five years following enactment, and then as necessary;
- VA will be prohibited from entering into new leases during any periods where it is found by the OIG to be out of compliance with Federal policy or law pertaining to leases and land-use on the campus, until the Department certifies it has corrected any non-compliance or mismanagement; and
- VA will be required to notify the Senate and House Veterans' Affairs Committees and the congressional delegation for the area encompassing the campus 45 days before entering into or renewing any lease, and submit an annual report evaluating all leases and land-sharing agreements on the campus.

These restrictions will help to ensure the campus is Veteran focused going forward, in a manner consistent with the underlying 1888 deed of the property to the United States.

Along with supporting this legislation, VA is working intensely to positively revitalize the West Los Angeles Campus, to make it more Veteran focused. Such efforts include pursuing a new master plan for the campus; providing additional funding to VA's homeless-related programs; and working with several entities in the Greater

Los Angeles area, to help end Veteran homelessness in Greater Los Angeles. Such entities include the California congressional delegation; the former plaintiffs in the West Los Angeles litigation (*Valentini* v. *McDonald*) that was settled in January 2015; Veterans Service Organizations; Veterans; State and local authorities; non-profit entities; VA contractors; the local community; and charitable organizations. Through such efforts and hopeful enactment of this proposed legislation, VA is confident that all homeless Veterans of Greater Los Angeles will be able to obtain housing and wrap around supportive services, so that they can have restored dignity and improve their lives and well-being.

The ongoing Master Planning process takes into account VA's clear priority to prospectively operate the campus as a vibrant, welcoming, and sustainable community where all Veterans—including homeless, severely disabled, women, and elderly Veterans—will feel comfortable accessing care, living, and interacting with one another, their families, VA personnel, and visitors.

Since March of this year, almost 1,400 Los Angeles area Veterans have been placed into permanent housing through the implementation of housing first principles. Housing first is the proven method where homeless Veterans are placed into housing with the needed supportive services to keep them in housing and more effectively help them reintegrate into their community. On average, almost 275 Veterans per month are being placed into housing, largely through VA outreach, coordination efforts, and funding commitments. VA has also increased resources to expand capacity to care for homeless and at-risk of homelessness Veterans. Specifically, in 2015 an additional $30 million was provided for Supportive Services for Veteran Families homeless prevention, and rapid rehousing programs. Approximately 800 HUD-VASH vouchers were awarded for Greater Los Angeles. This increased the total vouchers in Greater Los Angeles to nearly 6,000. An additional 325 new beds have also been added at the West Los Angeles Campus, for bridge or emergency housing for Veterans in need.

Despite these enhancements, there is more to do to care for our Veterans. The legislation will address gaps in services and facilitate the revitalization of the 388 acre campus to better serve Veterans. It will also ensure we care for disadvantaged Veteran populations to ensure they have needed healthcare and housing.

VA estimates that S. 2013 will be cost-neutral because it provides for outleases of certain properties on the VA West Los Angeles Campus, without additional cost to VA. The bill does not create an obligation by VA to fund the housing or services contemplated by Section 2(b). There is also no obligation for VA to use future appropriations to fund capital or other costs related to the outleases authorized by this section.

S. 2022—SPECIAL PENSION OF MEDAL OF HONOR RECIPIENTS

S. 2022 would amend section 1562(a) of title 38, United States Code, by increasing the monthly rate for the Medal of Honor Pension to $3,000. VA administers the Medal of Honor Pension, a special pension benefit that is not based on income level, need, or disability, to recipients of the Medal of Honor. For reference, the monthly Medal of Honor Pension rate established pursuant to 38 U.S.C. § 1562 is currently $1,299.61.

The bill would be effective either (1) 180 days after the date of enactment, or (2) if the date 180 days after the date of enactment does not fall on the first day of a month, the first day of the first month beginning after the date that is 180 days after the date of enactment. If the increased rate for the Medal of Honor Pension is effective prior to December 1, 2016, the monthly rate would not be increased by a cost of living adjustment (COLA) for FY 2017. Annual COLA increases would resume beginning on December 1, 2017.

VA supports S. 2022, subject to Congress identifying acceptable offsets for the additional benefit costs. This legislation would be consistent with Congress' original intent for the Medal of Honor Pension, which was to serve as a "recognition of superior claims on the gratitude of the country" and to "reward * * * in a modest way startling deeds of individual daring and audacious heroism in the face of mortal danger when war is on."

VA estimates that benefit costs to the appropriation for compensation and pension would be $788,000 in FY 2016, $7.2 million over five years, and $16.1 million over ten years.

ADDITIONAL VA VIEWS

THE SECRETARY OF VETERANS AFFAIRS,
Washington, DC, December 8, 2015.

Hon. JOHNNY ISAKSON,
Chairman,
Committee on Veterans' Affairs,
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: By this letter, we are providing the remaining views and cost estimates for the following bills from the Committee's October 6, 2015, legislative hearing: S. 1676 and sections 5 and 8 of S. 1885.

We appreciate this opportunity to comment on this legislation and look forward to working with you and the other Committee Members on these important legislative issues.

Sincerely,

ROBERT A. MCDONALD.

Enclosure.

S. 1676—DELIVERING OPPORTUNITIES FOR CARE AND SERVICES FOR VETERANS ACT OF 2015

Section 101 of S. 1676 would amend the Social Security Act to direct the Secretary of Health and Human Services to not take into account any resident within the field of allopathic or osteopathic medicine who counts towards the obligation of the Secretary of Veterans Affairs under section 301 (b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113–146; 38 United States Code (U.S.C.) 7302 note) (VACAA) when applying the limitations regarding the total number of full-time equivalent residents in a hospital's approved medical residency training program. The Secretary would disregard such residents for cost reporting periods beginning on or after July 1, 2016.

VA appreciates this effort to increase V A's ability to expand graduate medical education (GME), including expanding into underserved communities by allowing other community partners to assist in GME development. Since VA does not sponsor its own physician residency programs, it relies on its academic affiliates to select and sponsor residents who then receive a portion (typically around a quarter of their time) of their clinical training in a VA facility. This arrangement can help ensure that residents receive a well-rounded educational experience. The current cap on residency positions funded by the Centers for Medicare & Medicaid Services (CMS) limits the ability of potential partners to sponsor new VACAA residency positions in collaboration with VA.

This provision, however, would have a budget impact on CMS and VA that could be significant, which makes support for this provision contingent on the availability of resources for both CMS and VA for its implementation. Still, however, VA believes that a partnership with CMS on the VA GME Expansion could assist with addressing known inequities in physician workforce, including the increasing specialization of physicians and the geographic maldistribution. VA's GME Expansion specifically targets Primary Care and Mental Health, and focuses on GME development in smaller and rural communities. A partnership with CMS on this initiative could create significant and beneficial change in the physician workforce for the nation.

Section 102 would amend section 301 (b) of the VACAA to extend from 5 years to 10 years the time period provided for the Secretary of Veterans Affairs to increase the number of GME residency positions to 1,500; and extend by 5 years the time period during which the Secretary must file annual reports to Congress on residency positions at VA medical facilities. VA supports section 102. This legislation would provide additional time for VA to build the infrastructure needed to successfully create the required new residency positions. VA estimates that enactment of section 102 would be cost neutral.

Section 103(a) would require the Secretary of Veterans Affairs and the Secretary of Health and Human Services to jointly conduct a 6-year pilot program to establish not less than three GME residency programs in behavioral medicine in underserved areas in the United States. Section 103(b) would require each residency program to provide participating residents the opportunity to work with diverse patient populations through rotations between medical facilities of VA, the Indian Health Service, and facilities participating under the Medicare program; provide education in the field of behavioral medicine; be carried out in a manner consistent with other

residency programs supported and funded by VA and the Department of Health and Human Services; and be located in a community that is designated as a medically under-served area under 42 U.S.C. 254b(b)(3)(A), in a state with a per capita population of Veterans of more than 9 percent according to the National Center for Veterans Analysis and Statistics and the United States Census Bureau, and be within 100 miles of a Reservation as defined in 25 U.S.C. 1452.

Section 103(c) would require the Secretary of Veterans Affairs and Secretary of Human Health and Services to provide to Congress at least annually a joint report containing certain specified elements regarding implementation of the pilot program.

VA appreciates the goals behind section 103 but does not support these provisions. The extremely narrow criteria for the location of the three pilot sites would make the pilot program difficult to implement. For example, large states such as California and New York would be disqualified from consideration because of the per capita Veteran population requirement. Also, the requirement that each pilot site be located within 100 miles of a reservation would exclude many VA facilities from participation. In addition, the extremely limited residency training opportunities within the Indian Health Service would create a challenge when seeking to provide residents rotations through the Indian Health Service. Finally, the requirement for detailed annual joint reports from the Secretary of Veterans Affairs and the Secretary of Health and Human Services would be unduly burdensome given the relatively small portion of the GME workload these pilot sites would represent. VA estimates that the reporting requirement in section 103(c) would cost $260,000 annually and $1.56 million over the course of the pilot program.

Section 104(a) would require the Secretary of Veterans Affairs to include in the education and training program required under section 7302(a)(1) of title 38 U.S.C., education and training of marriage and family therapists (MFT) and licensed professional mental health counselors (LPMHC). VA supports the goal behind section 104(a) but does not believe that section 104(a) is necessary as VA is presently providing this training and will continue to do so.

Section 104(b) would require the Secretary to apportion funding equally among the professions included in the education and training program. VA does not support section 104 and has a technical concern. It is unclear to which professions the requirement for equal apportionment of funding would apply. If the intent is to require equal funding among all professions, VA does not support such a requirement. Presently, trainee funding is allocated in accordance with future hiring needs and capacity to support training programs at VA facilities. If the intent is to provide equal funding for LPMHC and MFT training programs, this would be problematic as well. VA has attempted to provide equal funding for these two professions. Nonetheless, internships are conducted in partnership with academic affiliate programs and under principles ensuring a quality educational experience and in the context of state licensing laws governing the credentials of supervisors. We have been able to rapidly expand LPMHC internships, but for the MFT internships, the supervisory requirements do not allow equally rapid expansion. A legislative requirement for equal funding might actually result in curtailing training for one profession, so that training for one profession does not exceed funding for another.

Section 105 would amend section 7402(b)(11)(A) of title 38 to expand eligibility for appointment within VA as a LPMHC to specifically include persons who hold a doctoral degree. VA supports section 105. VA estimates that there would be no cost associated with implementation of section 105.

Section 201 would amend section 7451(a)(2) of title 38 to include physician assistants as "covered positions" to which the competitive pay provisions of that section apply. Presently, only registered nurses and certain positions as the Secretary may determine upon recommendation of the Under Secretary for Health are covered positions under section 7451.

While VA supports the intent of Section 201, VA's support is conditioned on Congress providing the additional funding necessary to support these costs. VA also believes that the following health care professionals should also be added as "covered positions" to this section of the law to apply these same competitive pay provisions to physical therapists, occupational therapists, physical therapy assistants, and occupational therapy assistants.

Recruitment and retention of physical and occupational therapy professionals has been a longstanding challenge for VA. A major recruitment and retention barrier for these disciplines is the significant pay disparity between private sector market pay and VA pay schedules for these therapies. Although special pay rate authority exists at the local medical center level to address these disparities, such authority is not consistently utilized and is ineffective in many cases because special salary rates are below the full performance level salary.

VA estimates that the cost of enactment of section 201 for PAs would be $33.2 million in FY 2016, $129 million over 5 years, and $241 million over 10 years. In addition, VA estimates that expansion of the cost of applying the competitive pay provisions of section 7511 to physical therapists, occupational therapists, physical therapy assistants, and occupational therapy assistants would be $42.8 million in FY 2016, $220 million over 5 years, and $458 million over 10 years.

Section 202 would amend section 7681 of title 38 to require that not less than 30 percent of the amount of debt reduction payments paid under the Education Debt Reduction Program (EDRP) each year be paid to individuals who practice medicine in a rural area or highly rural area or demonstrate a commitment to practice medicine in such an area. Section 202 would define "highly rural area" to mean an area located in a county or similar community that has less than seven individuals residing in that county or community per square mile, "rural area" to mean an area that is not an urbanized area or a highly rural area, and "urbanized area" to have the meaning given that term by the Director of the Bureau of the Census. VA does not support section 202. VA recognizes the intent of the legislation is to ensure use of EDRP for recruitment and retention in rural and highly rural areas. However, the proposed legislation would negatively impact the ability of local facilities to effectively use EDRP by restricting the flexibility that exists in the current process and seriously misaligning funding with respect to relative representation of clinical staff and vacancies.

EDRP is designed for recruitment and retention of health care providers who are in difficult to recruit/retain health care positions and who are providing direct patient care services or services incident to direct patient care. Local facilities prioritize hard-to-recruit-and-retain occupations based on facility needs. Each VA medical facility receives EDRP funding allocation to recruit and retain health care providers. Many VA facilities, including both urban and rural facilities, are in fierce competition with the private sector. In fact, some of the hardest to recruit/retain facilities are in urban areas where the cost of living is extremely high and where VA has a harder time competing with the salaries offered by the private sector.

Currently, the percentage of EDRP funding is on par with the percentage of rural and highly rural facilities and providers at those facilities. Rural and highly rural facilities make up 12.6 percent of VA facilities, and employ only 6 percent of VA's clinical providers and support staff. In FY 2015, 11 percent of facilities receiving EDRP were rural or highly rural, and employees at those facilities received 8 percent of the total EDRP funds distributed, commensurate with their representation in the workforce. Furthermore, a review of current recruitment activity rates indicates that only 5.4 percent of clinical vacancies are in rural and highly rural facilities.

Requiring 30 percent of all EDRP funding be awarded to rural facilities would create a significant disparity in overall program funding for other sites, preventing facilities with critical provider shortages from filling EDRP-eligible positions. Restricting usage of nearly one-third of all EDRP funding for rural areas would negatively impact the flexibility afforded to local facilities to determine their specific health care provider needs. Finally, past efforts to set aside EDRP funds for various hiring initiatives have indicated that funds set aside for special uses, such as this, are frequently under-used because the employees hired at those sites or for those positions simply do not have eligible student loan debt. It is imperative that flexibility not be restricted for use of these funds in a way that has unintended consequences, and potentially limits the use of the funding all together. VA estimates that there would be no cost associated with implementation of section 202.

Section 203(a) would require the Secretary of Veterans Affairs to submit to Congress a report on the medical workforce of the Department not later than 120 days after the date of enactment of the Act. Section 203(b) would require the report to include specific elements. Specifically, section 203(b)(1) would require the report to include how many LPMHCs and MFTs are enrolled in the mental health professionals trainee program of the Department; how many are expected to enroll in the mental health professionals trainee program of the Department during the 180-day period beginning on the date of submittal of the report; a description of the eligibility criteria for such counselors and therapists compared to other behavioral health professions in the Department; a description of the objectives, goals, and timing of the Department regarding increasing the representation of such counselors and therapists in the behavioral health workforce of the Department; and a description of the actions taken by the Secretary, in consultation with the Director of the Office of Personnel Management (OPM), to create an occupational series for such counselors and therapists and a timeline for the creation of such an occupational series.

Section 203(b)(2) would require the report to include a specific breakdown of spending by the Department in connection with EDRP, as well as descriptions of how the Department prioritizes such spending and the actions taken by the Secretary to increase the effectiveness of such spending for the purposes of recruitment of health care providers. Section 203(b)(3) would require the report to include a description of any impediments to the delivery of telemedicine services to Veterans and any actions taken by the Department to address such impediments, including with respect to certain specified issues.

Section 203(b)(4) would require the report to include an update on the efforts of the Secretary to offer training opportunities in telemedicine to medical residents in medical facilities of the Department that use telemedicine, consistent with medical residency program requirements established by the Accreditation Council for Graduate Medical Education, as required by the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 (Public Law 112–154; 38 U.S.C. 7406 note). Section 203(b)(5) would require the report to include an assessment of the development and implementation by the Secretary of succession planning policies to address the prevalence of vacancies in the Veterans Health Administration (VHA) of more than 180 days, including development of an enterprise position management system to more effectively identify, track, and resolve such vacancies.

Section 203(b)(6) would require the report to include a description of the actions taken by the Secretary, in consultation with the Director of OPM, to address any impediments to the timely appointment and determination of qualifications for Directors of Veterans Integrated Service Networks (VISN) and Medical Directors of the Department.

VA does not believe that the reporting requirements in section 203 are necessary and the actions and initiatives addressed by section 203 are already deployed or being pursued within VHA. VA estimates that the costs associated with enactment of section 203 would not be significant.

Section 301 would amend section 7306(a)(4) of title 38 to add VISN Directors to the list of personnel who comprise the VA Office of the Under Secretary for Health and remove the requirement that Medical Directors be doctors of medicine, dental surgery, or dental medicine.

Section 302 would amend chapter 74 of title 38 to add a new subchapter VII and section 7481 regarding compensation for Medical Directors and VISN Directors. Section 302 would establish the elements of pay for Directors appointed under section 7306(a)(4) of title 38 to include basic pay as determined under section 7404(a) of title 38 and market pay as determined under the new section 7481. Section 302 would require the Secretary to evaluate the amount of market pay payable to a Director not less frequently than once every 2 years and may adjust market pay as a result of such evaluation. Section 302 require the Secretary not less than once every 2 years to set forth a Department-wide total annual pay minimum and maximum which must be published in the Federal Register. Section 302 would prohibit the Secretary from delegating the authority to determine the Department-wide minimum and maximum total annual pay.

VA supports sections 301 and 302, and the latter provision matches a proposal put forward in February 2015 in VA 's Fiscal Year 2016 budget submission. VA believes that there are three primary factors that warrant a separate compensation system for Medical Directors and VISN Directors. First, existing pay compression within the current Senior Executive Service (SES) pay system and the closely proximate rates of pay for direct reports to Medical Center Directors and VISN Directors have resulted in declining Director applicant pools. Second, a high number of existing (an estimated 84 percent by FY 2018) Directors are or will soon be eligible for retirement. Third, private sector pay for health care leadership positions is highly competitive.

In addition, there are limited pay incentives for experienced Medical Center Directors and VISN Directors to voluntarily move to fill more demanding positions. Due to the SES pay compression between experienced Medical Center Directors and VISN Directors, the small pay raise, if any, that VHA is able to offer in a reassignment may cause the candidate to be disadvantaged financially. The most significant cost disparities occur due to housing costs and in some cases, higher tax rates (e.g., New York, California). With current executive pay authorities, a move for the good of the organization most of the time means a move to the financial detriment of the Director and their family. On average, it has taken over 6 months to fill Medical Center Director and VISN Director positions, with many being re-announced multiple times for positions in both rural and major metropolitan areas. The reluctance on the part of these senior leaders to relocate is understandable. It is imperative that VHA have the ability to implement pay to retain eligible leaders, reward mobility, and ensure knowledge transfer to the next generation of Medical Center Direc-

tors and VISN Directors. VA estimates that enactment of section 301 would involve no cost and that enactment of section 302 would cost $8.8 million in FY 2016, $46 million over 5 years, and $93.2 million over 10 years.

Section 401(a) would require the Secretary, not later than 1 year after the date of enactment of the Act, to conduct a 2-year pilot program to assess the feasibility and advisability of implementing in rural areas and highly rural areas with a large percentage of Veterans a nurse advice line to furnish to Veterans medical advice, appointment and cancellation services, and information on the availability of benefits from VA.

Section 401(b) would require the pilot program to establish a nurse advice line that operates free of charge, is based on and improves upon the Department of Defense TRICARE advice line, complies with call center requirements set forth by URAC, uses a process for determinations of caller eligibility, allows for information sharing between VA and the nurse advise line, and maintains quality controls to ensure calls are answered by a customer service representative within 30 seconds with an abandonment rate of less than 5 percent.

Section 401(c) would require the nurse advice line to provide an array of services including: medical advice from licensed registered nurses who assess the caller's symptoms using a proprietary clinical algorithm meeting specified criteria, information to address basic questions regarding eligibility for VA benefits, and use of an appointment clerk to facilitate scheduling of appointments for health care from the Department.

Section 401(d) would require, not later than 120 days after the date of completion of the pilot program, the Secretary to submit to Congress a report providing specified information regarding the pilot program.

VA does not support section 401 as VA already provides telephone services for clinical care. Specifically, VHA Directive 2007–033, Telephone Service for Clinical Care, requires telephone services for clinical care to be made available to all Veterans receiving care at VHA facilities to include 24/7 telephone access to clinical staff trained to provide health care advice and information. Each facility is responsible for providing access for Veteran clinical concerns consistent with VHA Directive 2007–033. Veteran telephone access to clinical care during business hours is facility based, managed, and resourced. Veterans are able to call their local facility and speak with clinical staff to address and manage their concerns. VA staff members working with Veterans are responsible for following evidence-based guidance including during in-person and telephone contact. VA estimates that enactment of section 401 would cost $75 million in FY 2016, $385 million over 5 years, and $770 million over 10 years.

S. 1885—VETERANS HOUSING STABILITY ACT OF 2015

Section 5 of S. 1885 would amend section 2041 of title 38 U.S.C. to expand eligibility for the services provided under that section as well as the scope of services provided. Under section 2041, VA may enter into agreements to sell, lease, or donate real property acquired by the Secretary as a result of a default on a loan made, insured, or guaranteed by VA to qualified nonprofit organizations or state or local governments that agree to use the properties to shelter homeless Veterans and their families. Section 5 would permit such entities to continue assisting homeless Veterans and their families, as under current section 2041, but would also expand section 2041 to include Veterans and their families who are at risk of becoming homeless and very low-income Veteran families (as defined in section 2044(f) of title 38). Rather than limiting the entities' assistance to shelter, as is currently the case, the entities would also be able to assist such Veterans and their families in acquiring and transitioning to permanent housing, and in maintaining occupancy in permanent housing. Section 5 would also require the entity to expand the range of services it provides to the Veterans that it houses by ensuring that such Veterans receive referrals for the benefits and services to which the Veterans may be entitled or eligible under title 38.

VA does not object to section 5 but has a technical concern. Section 5(a)(2)(C) would amend subsection (a)(3)(B) of section 2041 to strike "solely as a shelter primarily for homeless Veterans and their families" and insert "to provide permanent or transitional housing for Veterans and families described in paragraph (1)." By striking "shelter," section 5(a)(2)(C) would require the entity to agree to use the property in a manner more narrow than the overall purpose of the bill as expressed in section 5(a)(2)(A), which includes assisting eligible individuals "in acquiring shelter." Therefore, VA recommends that line 2 of page 12 of the draft bill be revised to include "shelter or" before "permanent or transitional housing." VA estimates that enactment of section 5 would result in new benefit loan subsidy costs of $16.6

million for FY 2016. The provision would expire at the end of 2016. VA estimates that enactment would not increase general operating expenses costs.

Section 8 would amend section 2012 of title 38 to require VA to annually review each Homeless Provider Grant and Per Diem (GPD) program grant recipient and eligible entity that received a per diem payment and evaluate each grantee's success in assisting Veterans to obtain, transition into, and retain permanent housing and increasing Veteran income through obtaining employment or income-related benefits. VA would only be able to continue providing per diem to the grantee if VA determines that the grantee's performance merits continuation of the per diem. Section 8 would also require VA to establish uniform performance targets for all GPD grantees in order to conduct its review and evaluation.

VA supports section 8 and has a minor technical concern. Currently, the GPD program has in place an annual inspection protocol which includes an evaluation of certain performance metrics established by VA. When grantees fail to meet the annual inspection requirements the GPD program begins corrective action process that can lead to stopping per diem if corrections are not implemented. VA believes the current annual inspections process could be changed to incorporate the criteria specified in, and new uniform performance targets required by, section 8. These changes would further help VA to tie continued per diem payment to grantee performance. VA's minor technical concern relates to lines 5 and 6 of page 16 of the bill, which state that VA would evaluate performance with respect to success "in assisting Veterans obtain, transition into, and retain permanent housing." VA recommends inserting the word "to" before the word "obtain." VA estimates that the enactment of section 8 would be cost neutral.

Chairman ISAKSON. Thank you, Dr. Lynch.

Let me begin the questioning. When do you expect the Committee to receive the Master Plan for the West L.A. property?

Dr. LYNCH. My understanding, Senator, is that it should be received by the Committee in mid-October.

Chairman ISAKSON. October 22 is the date I have been hearing.

Mr. KANE. Actually, the Master Plan is due—the draft Master Plan is due to the Secretary on October 15th. We expect to put it out to public comment shortly thereafter. Around the 21st we should be able to get something advanced to the Committee.

Chairman ISAKSON. How long is the comment period? Sixty days?

Mr. KANE. We are proposing—that is still being debated. The talk is between 30 and 60 days for a public comment period.

Chairman ISAKSON. Does the Feinstein bill incorporate the baseball stadium for UCLA and the school?

Mr. KANE. The Feinstein bill does not directly incorporate the UCLA stadium. It notes the importance of a partnership between the university and the VA, noting that that is our academic affiliate. But it is very clear that the focus of this is on housing for the veterans and services that directly benefit the veterans.

The Secretary is working directly with all of us through the Master Plan and other legal issues to address the stadium. But the bill does not give any special provisions for the continuation of that stadium.

Chairman ISAKSON. Well, is it not true that the stadium and the school are the two controversial portions of this property?

Mr. KANE. They are two of the most controversial aspects of the property, but our intent is to make the entire property veteran-focused that puts the veteran first.

Chairman ISAKSON. Well, pardon me for putting you on the hot seat, but I have to ask you this question. If you are going to submit by the 22nd of October a Master Plan, do you intend to deal with whether or not the VA is going to recommend the baseball stadium or the school or whether they are not?

Mr. KANE. So, the Master Plan really looks at how the campus can be revitalized to be a community. It will talk about how different zones on that campus, the 388 acres, can be best utilized. Decisions related to the continuation of the stadium get addressed through that zone process but, more importantly, are being addressed in separate discussions that look at what UCLA has submitted in the Master Plan as well as the ongoing discussions we have had with them about how they can provide services that really truly are veteran-focused and how that stadium can be repurposed to have a focus on veterans.

It will not be directly addressed in the Master Plan, but it will be addressed as an outcome and a byproduct of our discussions and the master planning process.

Chairman ISAKSON. When the property was conveyed to the VA by Mr. Jones in 1888, I believe—is that the correct date?

Mr. KANE. Yes.

Chairman ISAKSON. Was that by covenant on the deed, or was that by an agreement of some type?

Mr. KANE. It was the deed.

Chairman ISAKSON. It was on the deed?

Mr. KANE. Yes.

Chairman ISAKSON. So, the definition of benefiting veterans is a broad one, not a narrow one.

Mr. KANE. Correct, although we have been very clear through our process, through the master planning, and through the activities that we have undertaken since the settlement back in January that the intent is to revitalize that campus as the home for our veterans and to make sure that the health care is state-of-the-art, 21st century, as well as that all the services that are on that campus are focused and prioritizing the veterans.

Chairman ISAKSON. The reason I am spending so much time on questions on the West L.A. property is because I am one that believes there is potential revenue to the Government and to the VA on surplus property around the country the Veterans Administration owns, and this particular Master Plan may be a template for what we might do in the future for other properties that are vacant that could otherwise be leased to generate revenue for the VA or for the benefit of veterans. I think the Master Plan that you come up with and the ultimate comments that we receive to that Master Plan are going to be critically important in terms of what we do.

Mr. KANE. We agree. We think that this Master Plan can be a template for creating what we want the new VA to be and to be focused on, which is 21st century health care, with the other services that really dignify and respect the men and women that serve this country.

Chairman ISAKSON. Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman.

I think this hearing is very important because it deals with mental health, with equality of justice, and with homelessness. I appreciate all my colleagues' efforts to address a number of the issues that veterans and their families face, ranging from those issues to the recruitment of VA health care professionals and housing instability.

There is a real and pressing need to move forward on many of these issues, and I want to offer my strong support for the bills mentioned by my colleagues, as well as for Senator Tester's DOCS for Veterans Act, which is the next step in enhancing the VA's medical workforce. In particular, it seeks to tackle the problem of vacancies at the network and facility director level across the VA, and, of course, my own measure which I have offered, the Veterans Housing Stability Act. I want to ask you, Dr. Lynch, I notice that there are some provisions that you do not support in this measure. Would you tell me why?

Dr. LYNCH. There is one provision that VA does not support, which is Section 3, that would require VA to create a new program to provide intensive case management interventions for homeless veterans in at least six locations. VA feels that we already have a very strong program tied to HUD-VASH, but we feel, in addition to that, that there are other opportunities for outreach to veterans and homeless veterans at this time.

The VA has an extensive network that has outreach to the street, under bridges, soup kitchens, prisons, and courts. There are gap analyses that are being done to assure there is a focus on cities, the veterans population, and their needs.

Senator BLUMENTHAL. Do you feel the outreach already is sufficient?

Dr. LYNCH. We do.

Senator BLUMENTHAL. Well, I would respectfully disagree. I think that there is a need for more outreach to the homeless, from what I have seen at least in Connecticut. Although we are on the verge of purportedly ending front-line homelessness in Connecticut, there is a need for outreach every day that apparently is lacking or inadequate. So, I would just urge that perhaps you consider working with me on that issue.

Let me ask you about the Veterans Court, increasing the number of judges in the Board of Appeals. I understand you do not run the Veterans Court of Appeals, but wouldn't you agree that the backlog and the increase in caseload warrant this step?

Dr. LYNCH. The case sounds compelling. I just feel on behalf of VA we are not in a position to decide for the Court. I certainly acknowledge there is backlog, and there could be value in additional judges.

Senator BLUMENTHAL. Perhaps you could consult with others at the VA and come back to us; submit in writing a further position on this issue. I think it is within the purview of your responsibility to make sure that disability claims for the benefit of veterans are processed as expeditiously as possible.

Dr. LYNCH. Yes, sir. We will do that.

RESPONSE TO REQUEST ARISING DURING THE HEARING BY HON. RICHARD BLUMENTHAL TO DR. THOMAS LYNCH, ASSISTANT DEPUTY UNDER SECRETARY FOR HEALTH CLINICAL OPERATIONS, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

VA of course would not substitute its judgment for that of the Court of Appeals for Veterans Claims (CAVC) regarding their needs. However, VA does share with them the common goal of reducing the appeals backlog and securing final disposition of appeals faster. In addition, the requested additional resources for the Board of Veterans' Appeals (the Board) in the FY 2017 budget will almost certainly lead to a proportional increase in the Court's workload as there has been a relatively sta-

ble relationship between the Board's output and appeals to the CAVC. We note in CAVC's testimony for the record for this hearing they expressed support for S. 1754, including making permanent the increase in the number of judges from seven to nine. We deferred to the CAVC's views in our written statement, but believe it is safe to say we join in that judgment.

Senator BLUMENTHAL. Finally, let me ask you about the Delivering Opportunities for Care and Services for Veterans Act of 2015, which has been sponsored by Senator Tester and others. I gather—maybe you could restate your position on this bill.

Dr. LYNCH. VA has not developed formal positions, but I think I can safely say, looking particularly at Sections 101 and 102, which deal with residency slots, the use of provisions of VACA regulations, that we feel strongly that these would be a positive aspect to allow us to develop more residency programs in VA, to have the potential to recruit residents from those programs to provide care for veterans.

I think also looking at Section 300, which deals with additional provisions that put network directors and medical center directors under Title 38 and allow us to be more competitive as we recruit in localities and address complexity challenges that are facing a number of our locations, these are all going to be very positive actions that will help us, I think, be competitive in the health care market today.

Senator BLUMENTHAL. Well, I am going to join as a cosponsor of this measure. I think it is absolutely vital, and I want to thank Senator Tester for his leadership. Thank you.

Thanks, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Blumenthal.

Senator Rounds, followed by Senator Tester.

HON. MIKE ROUNDS, U.S. SENATOR FROM SOUTH DAKOTA

Senator ROUNDS. Thank you, Mr. Chairman. I just wanted to follow up also on Senator Tester's proposed legislation, S. 1676. It would appear that it does a lot to help deliver health care long term to the rural parts of the country, and I am just curious. Originally, you indicated that you did not have a position, and yet you just gave some reasons why you would support it.

I would like to go a little bit more in-depth on it. Would you share with us the reasons why you were not interested in supporting it?

Dr. LYNCH. We are not in a position to say we are not supporting this bill. We just have not developed our views yet in a formal fashion at this point. But, looking at the provisions and sections of the bill, I see that there are opportunities particularly for rural health.

If you look back at the VACA legislation, it identified residency positions that would be focused in rural and highly rural areas. Over the last year, we were actually able to get 400 requests for residency positions; 204 of those met the VACA requirements; 163 of those positions have been filled, and we expect to fill the rest the coming academic year.

I think the value of this bill moving forward is to begin to work with smaller medical centers apart from our major academic medical centers and osteopathic schools. It is going to require time to develop those residencies, probably a couple of years to develop the residency, another couple of years to get it accredited, and then

probably 3 years to fill the residency. So, there is an advantage to extending the provisions of the VACA legislation from 5 years to 10 years.

Senator ROUNDS. It sounds like a bureaucratic mess to me.

Let me just go on and try another one: S. 717, which is the Donnelly-Ernst proposal. You indicated it was not OK with the VA, and this is the one that would designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provisions of mental health care to members of the Armed Forces and veterans and for other purposes.

I am just curious. It looks like a lot of our veterans leaving DOD, stepping in, and now coming under of the care of the VA, I suspect that if they could go directly to a VA facility and receive the care, they probably would look at that. And yet what we are looking at with this particular proposal is for those individuals who could not access the VA facility, you have indicated that you have got some other alternatives out there that would be comparable to this particular one.

It looks to me like if it is working right now, we would not have the requests for the bill. Are you thinking that right now the ability to provide for those services is already there within the framework that you have laid out versus the alternative that has been proposed by this legislation?

Dr. LYNCH. VA's position is that we feel there is a need to educate the community, and we think we have vehicles out there to provide that education. VA is also embarking on another provision of the Defense Authorization Act that requested that VA begin to reach out to the community providers and engage them in providing mental health services.

Our real concern is that we do not feel that we can adequately develop a program that certifies or recognizes somebody because, while they have taken the training, it is very difficult to determine the competency for people who do not work for us, and also to determine long range whether they maintain that competency.

Senator ROUNDS. You know, a lot of the folks that work for you right now, good, hardworking individuals that provide good professional services, they do not start out with a program in which you have trained them to begin with. They come from outside in the civilian world. You provide them with training courses right now that make them better at what they do. They get experiences working with veterans today. It seems to me that the same type of approach would be comparable in these other non-VA-employed facilities.

I would hope that you might reconsider the position just in terms of being able to provide services in those parts of the country that do not have access to the VA expertise that we do in some of our larger communities.

Dr. LYNCH. Yes, sir.

Senator ROUNDS. Thank you.

Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Tester.

HON. JON TESTER, U.S. SENATOR FROM MONTANA

Senator TESTER. Thank you, Mr. Chairman and Ranking Member, for including S. 1676 on today's agenda, and I appreciate your support, Senator Blumenthal, on this bill. You know, this legislation, simply put, was really to address the chronic shortage of VA medical professionals and really allow you to better compete for the skilled staffing that you need over the next many years as VA continues to get pressure for services.

Just as background, it incorporates a number of great ideas from folks, veterans, and medical communities. It has been endorsed by 17 organizations representing everyone from medical colleges to mental health counselors to physician assistants to disabled vets, and I want to particularly thank the American Association of Medical Colleges and the American Legion for their early engagement and support of this bill.

In July, this Committee unanimously reported out four provisions of this legislation, and I am hopeful we can advance the remaining provisions. In particular, I want to highlight a section that you have highlighted, Dr. Lynch, Section 101 regarding medical residencies, which I believe are the surest way to get a pipeline of docs into rural America and into the areas where we need them to address our veterans' needs.

Congress included a critical provision in the Choice Act to increase the number of residents training—and you are familiar with this, Dr. Lynch.

Dr. LYNCH. Yes, sir.

Senator TESTER [continuing]. At VA facilities by over 1,500 over the next 5 years. But, to date, it is my understanding that the VA has only been able to fill about 163 of those positions. Is that correct?

Dr. LYNCH. Yes, Senator.

Senator TESTER. OK. After speaking with a number of folks in the VA, it is clear that filling all 1,500 authorized residency positions, as Congress intended, simply cannot happen. Is that a fair statement?

Dr. LYNCH. That is a fair statement.

Senator TESTER. Is that because the VA no longer runs its own stand-alone residency program and must partner with non-VA affiliates to establish——

Dr. LYNCH. In most cases, to my knowledge, we need to partner with academic affiliates or community hospitals, yes.

Senator TESTER. The problem with that is that even though VA is willing, non-VA affiliates are hamstrung by the current cap on Medicare-funded residencies. Is that correct?

Dr. LYNCH. Yes.

Senator TESTER. OK. That cap was established in 1997, for the Committee's information. It is woefully insufficient to meet the needs that are out there, and that is why the Section 101 of this bill would establish those 1,500 residency positions that were authorized by the Choice Act. Subsequently, Centers for Medicare and Medicaid Services would be allowed to make Medicare direct graduate medical education and direct medical education payments for Choice students who are in the teaching caps. I just think this is critically important if we are going to be able to address the med-

ical needs we have on the ground. I think it applies not only to rural but also urban VA centers. It absolutely has benefits to rural America, make no mistake about it, and they are big ones. It would lead to more VA and non-VA affiliate partnerships and more doctors ultimately joining the VA workforce.

Dr. Lynch, does the DOCS for Veterans Act give the VA the flexibility and the tools it needs to really fill those residency positions?

Dr. LYNCH. I think it gives us the extended timeframe to work with organizations to develop residencies, particularly in rural areas with osteopathic facilities, that we may not have had relationships with before that will allow us to have outreach into rural and highly rural areas.

Senator TESTER. Do you see this as a strategy that would work to help fill the doctors that you need?

Dr. LYNCH. I think this is a good strategy, Senator.

Senator TESTER. OK. I want to talk about the other section you talked about, Section 300. Very quickly, it has to do with filling positions, making sure folks are held accountable in leadership positions because I think leadership does matter, whether veterans integrated service network (VISN) directors or whether they are medical directors of medical facilities.

Do you believe a major hindrance to filling these positions has been the VA's inability to compete within the health care industry——

Dr. LYNCH. Yes, sir.

Senator TESTER [continuing]. For executive leaders in the private sector?

Dr. LYNCH. Yes.

Senator TESTER. Do you think the gap is wide?

Dr. LYNCH. Yes, I do.

Senator TESTER. Can you give me an indication of what that gap might be on average?

Dr. LYNCH. I do not have any average numbers, but I can tell you that the salary paid in the private sector is significantly greater than what we are paying our VA medical center directors and network directors.

Senator TESTER. OK. What kind of vacancies do you have now, focusing on just the medical directors?

Dr. LYNCH. Medical center directors I think is in the range of 25 to 30 percent.

Senator TESTER. OK. So, 25 to 30 percent less salary or 25 to 30 percent of those medical facilities do not have directors?

Dr. LYNCH. Do not have directors.

Senator TESTER. That is what I thought. You guys know this is like having a hospital with no CEO, which is a huge, huge problem. I would hope that we could kick out both Sections 101 and 300 out of this Committee and would love to have your help getting that done as we move forward. I appreciate all of you for being on the panel. Thank you for your hard work.

Dr. LYNCH. Thank you.

Chairman ISAKSON. I want to underscore what Senator Tester has said. There are far too many vacancies, far too many acting directors, and far too many people who do not have permanent responsibility at the VA. I have talked about that before, and I ap-

preciate that you brought it up. Just an editorial comment to pass on to Secretary McDonald.

Dr. LYNCH. Yes, sir.

Chairman ISAKSON. Senator Boozman.

HON. JOHN BOOZMAN, U.S. SENATOR FROM ARKANSAS

Senator BOOZMAN. I would second that editorial comment; it is just something that we simply have to fix. It is common sense, and it is good business practices. Yet, I know it is difficult in the situation you are in.

Dr. Lynch, in your testimony you noted that you are supportive of Senator Graham's legislation, S. 2022, and the idea of that, I think in your testimony and that we all understand, was to provide our Medal of Honor winners with a small pension as they go forward.

One of the real values of these are individuals that have done such heroic things and I have had the opportunity to be around them at different events. They are so good about coming out. You see young people, all ages, that learn about the military and things, which is just a very positive experience.

One of the problems, and the reason I support this, is that many times they come at their own expense. They are very willing to do things, but there is an expense incurred by themselves, which, again, they are in situations where perhaps it is difficult. So, I think that is another reason that the legislation would be beneficial. Would you agree with that, with the——

Dr. LYNCH. Yes.

Senator BOOZMAN [continuing]. Importance of them being—and them adding so much to whatever the event is, helping us highlight the sacrifice and the importance of our military.

Dr. LYNCH. Senator, absolutely.

Senator BOOZMAN. Very good. I understand that you all are not supportive of Senators Donnelly and Ernst's legislation concerning designating non-Department mental health care providers who treat members of the armed services and veterans as providers with specialized knowledge of providing mental health care to veterans and servicemembers. Tell me a little bit about that. You know, it is not uncommon at all in the private sector for them to be credentialed through medical societies and things like that. Why is it so difficult for VA to be able to do that?

Dr. LYNCH. I think, Senator, the VA and DOD looked at this several years ago with respect to another program related to mental health services in rural areas and found that there were significant, what felt to be legal obstacles to this. There was also a feeling that some potential conflicts exist with State licensing and professional review boards. So, one aspect is legal.

The other aspect is developing a process that would allow us to assess their competency beyond a simple self-administered educational program and to follow the progress of their treatment over time. Right now we just do not feel we have the resources to do that properly.

Senator BOOZMAN. I would encourage us to perhaps visit with the American Psychiatric Association and the American Psychological Association and really see if we could figure that out, the

reason being is mental health care issues have been a crisis in the past, but they really are reaching the breaking point now, not only in VA but throughout our society. So, we have to start thinking outside the box.

It is something that I would appreciate, and I think the Committee would appreciate it if you would really look hard and see how we can expand the services that we are providing, and yet it is very difficult to provide the service without ancillary help. That is why I think we see the medical societies and things credentialing these type of people.

Dr. LYNCH. Yes, sir.

Senator BOOZMAN. Thank you very much.

Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Moran.

HON. JERRY MORAN, U.S. SENATOR FROM KANSAS

Senator MORAN. Thank you, Mr. Chairman. Dr .Lynch, thank you very much for your presence today. I may be following up on what Senator Boozman was talking about.

I want to explore the issue of the use of community mental health providers within the VA, and my understanding is, under the Choice Act, the VA is required to provide services to those who cannot receive the service they need within 30 days or who live more than 40 miles from a VA facility. The facility, I guess, has now been redefined.

Dr. LYNCH. Yes.

Senator MORAN. One of the only places in Kansas that you can access mental health services in rural parts of our State, but generally across our State, are what we call community mental health centers, and they provide the wide array of mental health services. My impression is—and we have been working on this long before Choice was ever enacted, but we have been trying to convince the VA to enter into agreements with those mental health centers to allow veterans to receive care through there. It really has not developed, and my question is: In today's circumstance where the VA is required to provide those services, maybe the bottleneck—it still does not seem to be happening—is how the VA or TriWest decides which organizations to contract with to provide those services. Can you explain to me how that process works?

Dr. LYNCH. To my understanding, TriWest on behalf of the VA reaches out to providers in the community to engage them in the Choice program. There are some requirements. They do have to be Medicare-eligible in order to participate. They do have to provide a copy of their records within 30 days of the provision of services. We can reimburse them at rates up to Medicare. So, a lot of the challenges are related to working with the providers and getting them to engage in Choice.

We have been working with TriWest to improve those engagements. We have been working to try to make it easier through some recent legislation which would actually let us work within the 30-day interval and avoid 60-day reauthorizations to make this process easier to implement. There are some recommendations going forward as of November 1 that will help us, I think, more

greatly integrate the VA care in the community beyond what we are doing right now.

Senator MORAN. Would there be, Dr. Lynch, any circumstances in which the VA would decide we do not want to have an outside provider provide this kind of service and, therefore, TriWest would never enter into negotiations with the provider?

Dr. LYNCH. Not to my knowledge, as long as they meet the provisions of the Choice Act.

Senator MORAN. There would not be an attitude or approach within the VA that says we want to retain the ability, only the ability—and in a sense, "revenue" is not the right word, but the revenue that flows from that veteran, we want to maintain that within the VA and not allow an outside provider to provide that service?

Dr. LYNCH. No, Senator. I think the Secretary has made it clear that we are coming into a new era in VA, that we need to collaborate with the community, that we need to partner with them to provide care to veterans, and that we cannot do it all ourselves.

Senator MORAN. One of the community mental health centers in Kansas told me that they were allowed to contract but only to provide screening services but not the actual care of the veteran. Does that make any sense? They were interested in providing a wide array of services, but the VA says no, we are only going to contract—or TriWest says they are only going to allow you to do screening.

Dr. LYNCH. I do not understand that, but I would be happy to get more information and explore it with you.

Senator MORAN. Do you have the sense that this implementation of the Choice Act is pretty uniform across the country VISN-to-VISN? Or is it different because Kansas happens to be in a certain VISN?

Dr. LYNCH. It varies across the country, depending upon our ability to recruit community partners. We are working aggressively, I can assure you, with both of our third-party administrators to engage the community and to have Choice providers available.

Senator MORAN. Under the Clay Hunt Act the VA is also instructed to provide additional mental health community services. Any development there, or does the Choice Act, if fully and appropriately implemented, take care of that mandate?

Dr. LYNCH. I would have to look at the provisions of the Clay Hunt Act that you are referring to, but I think we have a number of resources that we need through Choice. I think the other thing that I mentioned earlier through the Defense Authorization Act, our mental health services are actually mandated to reach out to the community and involve community providers in mental health care.

Senator MORAN. Are family and medical professionals and therapist, are they—does the law require you to hire them within the VA?

Dr. LYNCH. I do not know if the law requires us. I know that we have been reaching out to involve them more in VA services. I have had that discussion with our mental health program office, and we are beginning to look for ways to engage these individuals further.

Senator MORAN. My final question, Mr. Chairman, is that I was told that a community mental health center could not be reimbursed for any services provided by a family and marriage therapist, and that I think makes no sense, in part based upon what you just said, but I know there is an effort to integrate that profession into the VA. Yet the community mental health center says they cannot use family and marriage therapists and be reimbursed.

Dr. LYNCH. I would have to look more specifically at that.

Senator MORAN. Thank you very much.

Chairman ISAKSON. Senator Tillis.

HON. THOM TILLIS, U.S. SENATOR FROM NORTH CAROLINA

Senator TILLIS. Thank you, Mr. Chair. I am sorry I was running late. I am not going to talk long except to just lend words of support for two bills: Senator Shaheen's bill, S. 1754. I do not think you all have taken a position on it, but I think it is a valuable resource in trying to draw down the claims backlog and give some certainty to the veterans who are going through an appeals process. Also, Senator Graham's bill, S. 2022. I look forward to seeing them make their way through the Committee.

The only thing I will not do, since I do not think any of you all have anything to do with the Camp Lejeune toxic waste issue, but I am looking forward to a future meeting where I can get some resolution to questions that I posed in the last meeting.

Thank you, Mr. Chair.

Chairman ISAKSON. Thank you, Senator Tillis.

Senator Sullivan?

HON. DAN SULLIVAN, U.S. SENATOR FROM ALASKA

Senator SULLIVAN. Thank you, Mr. Chair. Dr. Lynch, it is good to see you again.

Dr. LYNCH. Yes, sir.

Senator SULLIVAN. I think you probably will not be surprised when I talk about a topic that you and I have been spending a lot of time on lately, and that is the issues in Alaska. Again, I appreciate the Chairman and the Ranking Member's support for our hearings out in the State in August that I think were, hopefully, very helpful to you and your team and certainly are helpful to me and my team.

At the latest hearing, we talked about Dr. Shulkin's six points with regard to an Alaska plan, an Alaska pilot program to fix what I think everybody recognizes has been a real problem in terms of the implementation of the Choice Act. I appreciate you following up, you and your team just recently with my staff.

My understanding is that most of what Dr. Shulkin is going to do—and I am sure you have those six points in front of you this time—do you?

Dr. LYNCH. Absolutely.

Senator SULLIVAN. Good, I do, too. I will not grill you on them, though. That is, for most of that, we are not going to need legislation. I do think that on the issue my understanding, particularly from the call yesterday, on the pilot project in the Matsu Valley in terms of the partnerships that you might need some legislative authority there, and I just want to get a commitment from you—I

know I am going to get it—that you will work with my team and the Committee here that we can make sure we know what that is. So, whatever bills are moving soon, that we can make sure we have that in hand working with you. Can I get that commitment from you on that?

Dr. LYNCH. Yes, sir.

Senator SULLIVAN. What I wanted to do, just because you saw how passionate our veterans were on the issue, I just wanted to work through first the timeline on the issues in Alaska. I think you saw how urgent the issues are. In the last hearing, I talked about the ability for you guys to move up a timeline.

Again, can I get a commitment as soon as possible so we can work with you to announce what we are going to do there in terms of an Alaska pilot plan, particularly in the areas where you have authority, so we can get that out and start giving our veterans hope?

Dr. LYNCH. Yes, sir. I think we talked yesterday about two phases. One, we have already implemented a virtual integration between TriWest and the integrated care service in Anchorage so that there is a direct connection between those individuals at VA Alaska who have worked for a long time with the community providers. TriWest is going out and recruiting seven additional individuals who will actually be physically present in the Integrated Care Service Center.

I think what came across in the phone call yesterday is we want to make sure we do this right, and we want to make sure we get the right people. Right now we think they will be in place by mid-November, including recruitment. But——

Senator SULLIVAN. OK. You do not think there is a way to move that up at all?

Dr. LYNCH. Sir, it is my understanding they are moving as quickly as possible.

Senator SULLIVAN. OK.

Dr. LYNCH. They want this almost as bad as you do, because I——

Senator SULLIVAN. I doubt it, but that is OK.

Dr. LYNCH. Well, I can tell you——

Senator SULLIVAN. Or maybe they do, and that is great. We are all trying to work together. That is the key.

Dr. LYNCH. Having walked through and talked with the people in that unit, they are very committed to the veterans.

Senator SULLIVAN. Oh, they are.

Dr. LYNCH. They are very committed to the vendors that are working with our veterans. Anything they can do to facilitate the communication between veteran and vendor and make that work is going to be something they are going to push as quickly as they can do that to put in place a good service.

Remember, this is a pilot. It will probably be implemented in other places across VA. We want to make sure it is successful.

Senator SULLIVAN. Good. I appreciate that constructive answer.

We are still getting a ton of veterans weighing in with my office on this issue, and what I thought would be useful in the remaining time I have is to have them speak directly to you and see if you can answer a couple of their questions.

One, Ms. Cathy Blodgett of Anchorage, she wrote in to our office and said she is a veteran, she works at the VA, and she is an Air Force veteran. Alaska VA takes pride in service to our veterans, but are spending dozens of hours on the phone trying to fix the contractor shortcomings, and our employees cannot do the jobs they are hired to do because they are spending so much time on resolving the Choice Act issues.

Dr. LYNCH. Can I just make——

Senator SULLIVAN. I will just throw one other out there, because I am trying to get in under the buzzer. A board-certified doctor in Anchorage, Saket Ambasht, he said that—and he is a disabled vet. He wrote in to my office. He said he has provided care to 1,036 patients out of 7,994 over the last several years, but in the last several weeks has been only able to see two VA patients out of close to 100, again, from Choice Act implementation.

Will the Alaska plan kind of address some of these issues that are directly coming from our vets and people who have worked with the VA or in the VA?

Dr. LYNCH. I think you illustrated the point I just made, that the people at the VA, the people in the Integrated Care Service Center, care as much as you do about serving the veteran and resolving those problems and working efficiently and reestablishing what is important in Alaska, which are relationships between the veteran and the VA, between the VA and its vendors. So, I think you have made my point as well as your point.

Senator SULLIVAN. Will the plan allow these kind of things to be fixed?

Dr. LYNCH. I think it will, sir.

Senator SULLIVAN. Thank you.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Sullivan.

I want to thank our panelists for their testimony. Thank you for being here today, and we will recognize the second panel to come forward at this time.

[Pause.]

Chairman ISAKSON. Let me bring the Committee back to order. Before I introduce our panelists, I want to say a thank you, if I can, to The American Legion, the VFW, Iraq and Afghanistan Veterans of America, and all the other VSOs. Over the past 7 or 8 months, we have had a difficult situation in Denver, Colorado, with the Denver hospital, and I want to thank the Ranking Member in this eulogy as well—not eulogy, but whatever it is, anyway—testimony. Because of the support of the VSOs and the cooperation of the Ranking Member in the waning hours of last week, we pulled off something nobody thought we could do by getting the VA hospital authorized in Denver, finding the money to finish the hospital without going outside the VA to find that money, and I think it showed what we can do when we work together. But the VSOs were extremely helpful to back the Senate position in the waning days of that debate, and I want to publicly thank them. We hope you will tell your commanders the same. I want to thank Senator Blumenthal for his last-minute—not last-minute support, but in the waning minutes when we were challenged, he stuck behind the

Committee and stuck behind what we did, and we appreciate it very much.

Senator BLUMENTHAL. Thank you, Mr. Chairman.

I want to thank the Chairman for his leadership on this issue and others, although I am not sure I am wholly in accord with his eulogy.

Chairman ISAKSON. Trilogy.

Senator BLUMENTHAL. Trilogy.

Chairman ISAKSON. Testimony.

Senator BLUMENTHAL. But I do want to thank him very seriously for his leadership and, second, emphasize how important the veterans service organizations have been. I think the most telling word in that title is "service." You have truly been of service to the veterans of America as well as to all of us who have a responsibility to try to provide for them, and the partnership that we have with the VSOs is enormously beneficial to the work we do, trying as hard as we can, and working as hard as you do to serve our common goals. I want to join in thanking you and hope you will pass that message along not only to your leadership but to your membership, because they are the ones who truly deserve credit for helping us serve the veterans of America and for their service to our country in uniform.

Thank you.

Chairman ISAKSON. I would like to introduce our second panel.

First, Lauren Augustine, legislative associate, Iraq and Afghanistan Veterans of America.

Second is Lou Celli, director of Veterans Affairs and Rehabilitation Division of The American Legion.

Great name here, Elisha Harig-Blaine—what a great name—who is a Principal Associate of Housing (Veterans and Special Needs), National League of Cities.

And David Norris, national legislative committee, Vice-Chairman, Veterans of Foreign Wars.

We appreciate your being here today. Please limit your testimony to 5 minutes each, if at all possible, and we will start with Ms. Augustine.

STATEMENT OF LAUREN AUGUSTINE, LEGISLATIVE ASSOCIATE, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Ms. AUGUSTINE. Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee, on behalf of Iraq and Afghanistan Veterans of America and our more than 425,000 members and supporters, we would like to thank you for your kind welcome and the opportunity to share our views on these pieces of legislation.

IAVA supports each of the bills before the Committee today. Having established that, I would like to focus my testimony on two areas our members have expressed the greatest concern: one, increasing access to health care and mental health care; and, two, eliminating veteran homelessness.

Combating suicide among troops and veterans remains a top priority for IAVA and its members. According to IAVA's 2014 member survey, 40 percent of respondents knew at least one Iraq or Afghanistan veteran who had died by suicide and 47 percent of re-

spondents knew at least one veteran who had attempted suicide. While the work conducted by this Committee on the Clay Hunt SAV Act is greatly appreciated, there is still much more work to be done. First and foremost is the need to ensure that the Clay Hunt SAV Act is being implemented appropriately, and IAVA strongly urges the Committee to hold an oversight hearing before the end of 2015 to this end.

IAVA recognizes that the VA provides a needed service by staffing mental health care providers specifically trained to understand military experiences and by using evidence-based treatments proven most effective. There is no question that the VA should remain the leading experts on veteran-specific care and services. However, many veterans do choose to seek care outside of the VA system. According to the 2014 IAVA member survey, 58 percent of respondents used VA health care, which leaves a sizable percentage potentially seeking non-VA care. In light of that, IAVA supports the measures outlined in S. 717 to identify non-VA mental health care providers that have military-specific competencies.

Fostering a greater awareness of military culture and best practices of care among non-VA providers will strengthen the overall community of care available to veterans. IAVA encourages the Members of this Committee to recognize the potential benefit of this program and work together to help connect veterans to a valuable network of providers.

Tied to the mental health care needs of veterans, ensuring greater access to VA health care must remain a top priority in order to prevent a repeat of the egregious situation that came to light out of Phoenix in 2014. While the Choice Act created a foundation for change at the VA, there are additional areas of concern that still need to be resolved. In understanding that, IAVA supports the numerous provisions in the DOCS Act that will build on those initiatives to ensure the VA is adequately meeting the needs of veterans.

The Choice Act included a provision to add 1,500 medical residencies at the VA, but these residences are currently included in the cap for Medicare-funded residencies, and it is impacting the VA's ability to fully utilize this provision. Excluding those residencies from the Medicare-funded cap will give the VA and its local partners the ability to utilize the increase in the manner in which it was intended.

IAVA also supports the 5-year extension to this residency program and, in fact, would like to see the program made permanent. Additionally, IAVA highly supports the provision to increase the number of behavioral health residencies through a pilot program in rural areas and encourages the Committee to use the pilot program as a model for increased behavioral health residencies across the entire country.

Another area of concern highlighted by some of today's legislation addresses the continued effort to end veteran homelessness. There has been considerable progress made at addressing this issue in recent years, but there is now a need to address some of the concerns that can arise when a veteran may no longer be homeless but is still in need of transitional assistance, and what communities should do moving forward with the housing and services cre-

ated to address homelessness. In light of this, IAVA supports the Veteran Housing Stability Act.

After chronic homelessness is ended, or dramatically reduced, there is a new need in communities to ensure veterans can sustain permanent housing and to ensure providers responsibly use existing transitional housing. The provisions included in this legislation that aim to accomplish those goals will help the VA and its community partners establish support services that will help prevent veterans from falling back into homelessness. IAVA applauds the type of planning this legislation focuses on to continue ending veteran homelessness and to prevent future veterans facing similar issues.

Focusing on a specific regional homelessness concern, the West L.A. Homeless Veterans Leasing Act will help reinforce the effort to end veteran homelessness in an area greatly affected by the issue.

As a strong supporter of VA accountability and oversight, IAVA understands the original need to remove this authority but believes, under the leadership of Secretary McDonald and the oversight provided in this legislation, the West L.A. campus is poised to create a strong community for veterans. It is time the VA utilize this space and support from the community for its original purpose.

That support being stated, we are in close contact with our members and many key activists on the ground in L.A. Listening to their concerns, we must express concern that there may be a special status granted to the UCLA baseball stadium. It is imperative that Congress and the VA work together to address this issue and ensure there are no competing directives, and a veteran-centric model of care and service remain the priority.

At IAVA, we believe our members, and all veterans, deserve the very best our Nation can offer when it comes to fulfilling the promises made to them upon entry into the military. There is no doubt that every Member of this Committee has the best interests of our veterans in mind when drafting legislation.

Thank you for your time and attention. I am happy to answer any questions you may have.

[The prepared statement of Ms. Augustine follows:]

PREPARED STATEMENT OF LAUREN AUGUSTINE, LEGISLATIVE ASSOCIATE, IRAQ AND AFGHANISTAN VETERANS OF AMERICA

Bill #	Bill Name or Subject	Sponsor	IAVA Position
S. 717	Community Provider Readiness Recognition Act of 2015	Sen. Donnelly/Ernst	Support
S. 1676	DOCs for Veterans Act of 2015	Sen. Tester	Support
S. 1754	Amend title 38 to make permanent the increase in number of judges presiding over the United States Court of Appeals for Veterans Claims	Sen. Shaheen	Support
S. 1885	Veteran Housing Stability Act of 2015	Sen. Blumenthal	Support
S. 2013	Los Angeles Homeless Veterans Leasing Act of 2015	Sen. Feinstein/Boxer	Support
S. 2022	Amend title 38 to increase the amount of special pension for Medal of Honor recipients	Sen. Graham	Support

Chairman Isakson, Ranking Member Blumenthal and Distinguished Members of the Committee; On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members and supporters, we would like to extend our gratitude for the opportunity to share our views and recommendations regarding these pieces of legislation.

IAVA supports each of the bills before the Committee today. Having established that, I would like to focus my testimony on two areas that our members have expressed the greatest concern: (1) increasing access to health care and mental health care; and (2) eliminating veteran homelessness.

Combating suicide among troops and veterans remains a top priority for IAVA and its members. According to IAVA's 2014 member survey, 40% of respondents knew at least one Iraq or Afghanistan veteran who has died by suicide and 47% of respondents knew at least one Iraq or Afghanistan veteran who had attempted suicide. While the work conducted by this Committee on the Clay Hunt Suicide Prevention for America Act is greatly appreciated, there is still much more work to be done with regard to providing mental health care and support to veterans and their families. First and foremost is the need to ensure that the Clay Hunt Act is being implemented appropriately, and IAVA strongly urges the Committee to conduct an oversight hearing before the end of 2015 to this end.

IAVA recognizes that the Department of Veterans Affairs (VA) provides a unique, and needed, service by staffing mental health care providers specifically trained to understand military culture and experiences, and by using evidence-based treatments proven most effective at treating the mental health concerns facing veterans. There is no question that the VA should remain the leading experts on veteran-specific care and services. However, many veterans do choose to seek care outside of the VA system. According to the 2014 IAVA member survey, 58% of respondents used VA health care, which leaves a sizable percentage seeking non-VA care. In light of that, IAVA supports the measures outlined in S. 717 to identify non-VA mental health care providers that have military-specific competencies.

Fostering a greater awareness of military culture and best practices of care among non-VA providers will increase access to care and strengthen the overall community of care available to veterans, which are two key components in decreasing veteran suicide. Additionally, providing a mechanism for private providers to identify themselves as having military competencies will encourage more providers to gain that knowledge and provide evidence-based treatment to veterans in their communities. There are already several mechanisms in place to aid in a quick and efficient implementation of this program while not increasing the workload of the VA. IAVA encourages the Members of this Committee to recognize the potential benefit of this program and work together to help connect veterans to a valuable network of providers.

Tied to the mental health care needs of veterans, ensuring greater access to VA health care must remain a priority for all in the veteran community in order to prevent a repeat of the egregious situation that came to light out of Phoenix in 2014. While the Choice Act created a foundation for change at the VA, there are additional areas of concern that still need to be resolved. In understanding that need, IAVA supports the numerous provisions in the Delivering Opportunities for Care and Services for Veterans (DOCS) Act that build on the initiatives of the Choice Act to ensure the VA is adequately meeting the needs of veterans seeking care.

The Choice Act included a provision to add 1500 Graduate Medical Education slots, or medical residences, at the VA to help increase awareness of the opportunities available at the VA. These residences are currently included in the cap for Medicare-funded residences and it is impacting the VA's ability to fully utilize the increase in residencies. This legislation excludes those 1500 residences from the Medicare-funded cap to give the VA and its local partners the capability of utilizing the residency increase in the manner in which it was intended. This legislation also extends the residency program created by the Choice Act by five years to allow for realistic maturation of the residency program. IAVA supports this extension and in fact, would like to see the program made permanent. Additionally, IAVA highly supports the provision to specifically increase the number of behavioral health residencies through a pilot program in rural areas and encourages the Committee to use the pilot program as a model for increased behavioral health residences across the entire country.

Another area of concern highlighted by some of today's legislation addresses the rate of veteran homelessness across the country. There has been considerable progress made at addressing this issue in recent years, but the fact that tens of thousands of veterans remain homeless on a given night is a harsh reminder that there is need for additional support and services.

Given the progress made to end chronic veteran homelessness, there is now a need to address some of the concerns that can arise when a veteran may no longer be homeless, but is still in need of transitional assistance; and what communities should do moving forward with the housing and services created to address homelessness. In light of this, IAVA supports the Veteran Housing Stability Act, which builds on the successes of existing homeless prevention programs while addressing some of the shortfalls that need to be filled.

After chronic homelessness is ended, or dramatically reduced, there is a new need in communities to ensure veterans can sustain permanent housing and to ensure providers responsibly use existing transitional housing. The provisions included in this legislation that aim to accomplish those goals will help the VA and its community partners establish support services for veterans that will help prevent veterans from falling back into homelessness. IAVA applauds the progress the VA, community partners and state agencies have made at eradicating veteran homelessness, and encourages the type of long-term planning this legislation focuses on to continue ending veteran homelessness and to prevent future veterans facing the same problem.

Focusing on a specific regional homelessness concern, the West Los Angeles (L.A.) Homeless Veterans Leasing Act of 2015 will restore the ability of the West L.A. VA Campus to enter into enhanced use leases with community and state partners, which will help reinforce and support the effort to end veteran homelessness in an area greatly affected by the issue.

As a strong supporter of VA accountability and oversight, IAVA understands the original need to remove this authority, but believes under the leadership of Secretary McDonald and the oversight provided in this legislation, the West L.A. campus is poised to create a strong community for veterans in need of support. It is time the VA utilize this space and support from the community for its original purpose.

That support being stated, IAVA does encourage the Members of this Committee to work closely with the VA to ensure this legislation is supportive of and in congruence with the upcoming VA Master Plan set to be released in the near future. It is imperative that Congress and the VA work together to address this issue and ensure there are no competing directives; a veteran-centric model of care and services must continue to be the priority.

At IAVA, we believe our members, and all veterans, deserve the very best our Nation can offer when it comes to fulfilling the promises made to them upon entry into the military. There is no doubt every Member of this Committee has the best interests of our veterans in mind when drafting legislation. But we do hope you take into consideration and implement what we, and our fellow veteran service organizations, have had to say on these pieces of legislation today.

Thank you for your time and attention. IAVA is happy to answer any questions you may have.

Chairman ISAKSON. Thank you.

Mr. Celli?

STATEMENT OF LOUIS CELLI, JR., DIRECTOR, NATIONAL VETERANS AFFAIRS AND REHABILITATION DIVISION, THE AMERICAN LEGION

Mr. CELLI. Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of this Committee, on behalf of our National Commander, Dale Barnett, and the over 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on legislation pending before this Committee, and we appreciate the Committee's focus on these critical issues that will have a direct effect on veterans and their families.

It is a rare and gratifying experience for The American Legion when we can testify that we stand behind and support every bill being offered for consideration during a hearing, and The American Legion would like to take this opportunity to thank and congratulate this Committee and especially the leadership here today for their excellent bipartisan efforts on behalf of the Nation's veterans

who have been numbed by the constant and ongoing drone of negative press regarding their Department of Veterans Affairs.

The most comprehensive bill being considered today is S. 1676, which broadens the ability of VA to fill its ranks with qualified medical staff while attempting to compensate for income disparities suffered by certain geographical areas. While The American Legion supports this proposed legislation, we take a moment to recognize some of the non-monetary benefits of serving our veteran community while employed by VA: set schedules, defined hours, protection from malpractice claims, a vast network of resources, cutting-edge research opportunities, and the personal fulfillment of noble service, just to name a few.

No one at this witness table or sitting at that dais is here because we were offered maximum earning potential. So, while The American Legion certainly supports competitive pay for all VA employees, we are also mindful of the need to make VA employment a more attractive employment option through non-monetary incentives. While money is going to be helpful, the best people to serve veterans are the ones that are motivated by an internal code and ethos. We cannot ignore financial reward, but we should not make that our primary recruitment tool either.

S. 1745 addresses a critical need at the Court of Veterans Appeals. The attempt to clear the claims backlog has grown to a fever pitch, and the backlog of claims appeals has grown to unprecedented levels. Ensuring that the Court remains fully staffed with law judges could not be more important than it is today, and with the transitioning administration set to coincide with several projected retirements at the Court, the time to ensure veterans are not suffering needlessly due to a crippled court is now.

A little over a year from now, The American Legion, together with our sister VSOs, will host an inaugural ball honoring the 78 living recipients and the 3,500 heroes who are no longer with us who have earned the Nation's highest military award, the Medal of Honor. At that event, it will be an honor for us to let them know that this Committee supported adjusting their monthly compensation to a more realistic value, something that has not been done in over 10 years. And while a handful of them currently live in California, they will also be interested to hear an update about the West Los Angeles campus.

I was particularly encouraged, Chairman, to hear your comments regarding the template that you look forward to hearing about to see if we can generate revenue in other VA facilities across the Nation. The American Legion has been protesting the misuse of the West Los Angeles Campus VA medical center land use since 1983, and we applaud VA's efforts to work with litigants to come to an agreement that benefits veterans while honoring the original deed set forth by the Jones and Baker families in 1888.

While we absolutely support moving forward on legislation that establishes limited future leasing that only benefits Los Angeles area veterans, we remain angered over the lack of accountability of revenue that was lost and remains unaccounted for over the last several years through the illegal leasing practices employed by VA. Millions of dollars remain unaccounted for, and the employees responsible continue to retire and move on before answering for the

missing money that was supposed to support veterans in Los Angeles. When The American Legion asked VA officials for an accounting of those funds, we were repeatedly told, "We will get back to you." We need accountability, and we need it now.

Finally, The American Legion notices that there is no advisory committee involved in this process that includes any veterans service organizations. We ask you, How will the veteran's voice be heard if not so much is being asked?

Thank you.

[The prepared statement of Mr. Celli follows:]

PREPARED STATEMENT OF LOUIS CELLI, JR., DIRECTOR, NATIONAL VETERANS AFFAIRS & REHABILITATION DIVISION, THE AMERICAN LEGION

Chairman Isakson, Ranking Member Blumenthal, and distinguished Members of the Committee: On behalf of our National Commander, Dale Barnett, and the over 2 million members of The American Legion, we thank you for this opportunity to testify regarding The American Legion's positions on pending legislation before this Committee. We appreciate the Committee focusing on these critical issues that will affect veterans and their families.

S. 717: COMMUNITY PROVIDER READINESS RECOGNITION ACT OF 2015

To designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provision of mental health care to members of the Armed Forces and veterans, and for other purposes.

This bill would designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provision of mental health care to members of the Armed Forces and veterans. The American Legion believes by establishing a registry of Non-VA Mental Health Care providers who have been designated by the Department of Veterans Affairs (VA) or Department of Defense (DOD) to understand VA/DOD culture is beneficial to the veteran and their family. This bill would ensure there are designated non-VA/DOD mental health providers that are readily available to treat veterans and help to reduce mental health access wait times within the VA Healthcare system.

The American Legion supports S. 717.

S. 1676: DELIVERING OPPORTUNITIES FOR CARE AND SERVICES FOR VETERANS ACT OF 2015

To increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and for other purposes.

This bill would give the VA increased tools and the flexibility to effectively and efficiently recruit and retain qualified healthcare professionals to practice and provide health care services to veterans living in rural and highly rural areas across the country.

Section 101: Disregard of resident slots that include VA training against the Medicare graduate medical education limitations

This section would ensure that up to 24 Graduate Medical Education (GME) residency slots within VA would not count toward the current cap under Section 301(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014.

Section 102: Extension of period for increase in graduate medical education residency positions at medical facilities of the Department of Veterans Affairs

Section 301 of the Veterans Access, Choice, and Accountability Act of 2014 authorizes the VA to allocate 1,500 additional residency positions over the next five years. This section would increase the timeframe for residency positions within the VA healthcare system from 5 years to 10 years.

Section 103: Pilot program on graduate medical education residency programs in behavioral medicine in underserved areas

This section authorizes VA, Indian Health Services (IHS), and the Department of Health and Human Services (DHHS) to develop a six-year pilot program to create no less than three behavioral health graduate medical residency programs to be located in underserved, rural and/or highly rural areas of the country.

Section 104: Inclusion of mental health professionals in education and training program for health personnel of the Department of Veterans Affairs

This section in accordance with Title 38, United States Code (U.S.C.) section 7302(a)(1) would include the education and training of marriage and family therapists (MFTs) and licensed professional mental health counselors (LPMHCs) as well as including these professions in the VA's recruitment programs.

The American Legion supports the inclusion of licensed professional mental health counselors (LPMHCs) and marriage and family therapists (MFTs) as funded associated health trainees through the Department of Veterans Affairs (VA) trainee support programs.[1]

Section 105: Expansion of qualifications for licensed mental health counselors of the Department of Veterans Affairs to include doctoral degrees

Title 38 U.S.C. section 7402(b)(11)(A) states that if a Licensed Professional Mental Health Counselor is to eligible to be appointed to a licensed professional mental health counselor position the individual must have a masters degree in mental health counseling or a related field from a college or university that is approved by the Secretary. This section of the bill calls for individuals to have a doctoral degree in the related mental health fields.

Section 201: Requirement that physician assistants employed by the Department of Veterans Affairs receive competitive pay

This section would amend Title 38, U.S.C. section 7451(a) (2) by inserting the name "Physician Assistant" in sections (b) and (c) respectively. This part of the bill would allow Physicians Assistants to be included into the Nurse Locality Pay System so that the Veterans Health Administration (VHA) can stay competitive with the local markets.

The American Legion supports legislation addressing the recruitment and retention challenges that the VA has regarding pay disparities among physicians and medical specialists who are providing direct health care to our Nation's veterans.[2]

Section 202: Modification of education debt reduction program of Department of Veterans Affairs to require a certain amount to be spent in rural and highly rural areas.

This section would amend Title 38, U.S.C. section 7681 by inserting a new subsection (c) to include that 30 percent of the debt reduction allocated under the Education Debt Reduction Program each year shall be paid to individuals who practice in a rural or highly area, where the VA struggles to effectively recruit qualified mental health professionals.

Section 203: Report on medical workforce of the Department of Veterans Affairs

This section requires the Secretary of Veterans Affairs to submit a medical workforce report to the Senate and House Veterans' Affairs Committees. This report would provide the Committees an assessment of how the VA is addressing medical workforce shortages to include the following:

- The recruitment and integration of licensed professional mental health counselors and marriage and family therapists;
- To determine if VA is utilizing the education debt reduction program;
- To understand how VA is addressing barriers in delivering telemedicine; and
- For the Veterans Health Administration to provide an assessment of succession plans regarding vacancies across the Department.

Section 301: Establishment of positions of Directors of Veterans Integrated Service Networks in Office of Under Secretary for Health of Department of Veterans Affairs and modification of qualifications for Medical Directors

This section would amend Title 38, U.S.C. section 7306(a)(4), by inserting "and Directors of Veterans Integrated Service Networks" after "Such Medical Directors;" and by striking ", who shall be either a qualified doctor of dental surgery or dental medicine."

Section 302: Pay for Medical Directors and Directors of Veterans Integrated Service Networks

This section would provide the Secretary of Veterans Affairs the flexibility within a new compensation system to provide VA Veterans Integrated Service Network and Medical Center Directors the ability to determine market pay and to address the pay disparities between VHA and the private sector.

Section 401: Pilot program on providing nurse advice line for veterans in rural and highly rural areas.

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[1] American Legion Resolution No. 283: Licensed Professional Mental Health Counselors and Marriage and Family Therapists: Aug 2014

[2] American Legion Resolution No. 101: Department of Veterans Affairs Recruitment and Retention: Sept 2015

This section of the bill authorizes that the Secretary of Veterans Affairs conduct a two-year pilot program to assess the feasibility of implementing a nurse advice line to address questions veterans living in rural and/or highly rural areas of the country have regarding their health care, availability of benefits, and appointment and cancellation services through an appointment clerk.

The American Legion urges the VA Office of Rural Health (ORH) to ensure Rural Health Resource Centers provide services to rural veterans from surveys, national hotlines and connecting veterans living in rural communities with providers.[3]

Summary:

This legislation is broad in scope, with many helpful sections that have the potential to improve the health care veterans receive from the VHA. In particular, improvements to mental health counseling, competitive salaries for medical professionals, and improvements to rural health care options all address problem areas for VHA and will be improved by the passage of this legislation.

The American Legion supports S. 1676

S. 1754: VETERANS COURT OF APPEALS SUPPORT ACT OF 2015

To amend title 38, United States Code, to make permanent the temporary increase in number of judges presiding over the United States Court of Appeals for Veterans Claims, and for other purposes.

The Court is authorized seven permanent, active Judges, and two additional Judges as part of a past temporary expansion provision. Over the next two years a sequence of retirements risks resulting in the Court falling to just five judges right when a new administration and Congress have a thousand other nominations to worry about. Past history tells us that it will take at least two years before anyone notices the Court is drowning. With the Board growing and its output going up to levels not seen since the Court was created, the CAVC will be in big trouble if allowed to fall to five judges for multiple years. Therefore, this needs to be addressed this year.

The American Legion has a long history of supporting the Court and it would be a great disservice to veterans and the Court to not address this now.

The American Legion supports S. 1754.

S. 1885: VETERANS HOUSING STABILITY ACT OF 2015

To amend title 38, United States Code, to improve the provision of assistance and benefits to veterans who are homeless, at risk of becoming homeless, or occupying temporary housing, and for other purposes.

This bill would modernize and strengthen existing Department of Veterans Affairs' housing programs for homeless and at-risk veterans. Currently, VA reports there are approximately 50,000 homeless veterans, representing 12% of America's adult homeless population. As these numbers have declined and as progress is being made to end veterans' homelessness, it has become clear that insufficient availability of affordable permanent housing is an obstacle to fully achieving this goal. This legislation aims to increase veteran access to permanent housing options by encouraging landlords to rent to veterans, providing grants for organizations that support formerly homeless veterans, and modifying a VA program that sells homes from VA's foreclosure inventory at a discount to nonprofit agencies.

This bill would also expand the definition of "homeless veteran" to provide additional benefits to veterans in need by including a veteran or veteran's family fleeing domestic or dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in their current housing situation. Additionally, it would also codify the VA's National Center on Homelessness to guarantee its continued role in researching the most cost-effective approaches to ending veteran homelessness and disseminating them to the field.

In conclusion, The American Legion believes that S. 1885 would dramatically help end and prevent veteran homelessness. We strongly believe that all programs to assist homeless veterans must focus on helping them reach their highest level of self-management and this bill helps in accomplishing that ultimate goal.

The American Legion supports S. 1885.

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[3] American Legion Resolution No. 37: Department of Veterans Affairs Rural Healthcare Program: Aug 2014

S. 2013: LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015

To authorize the Secretary of Veterans Affairs to enter into certain leases at the Department of Veterans Affairs West Los Angeles Campus in Los Angeles, California, and for other purposes.

This bill would allow veterans who are currently living on the streets to relocate to a more secure space on the campus of the West Los Angeles Healthcare System for the purpose of receiving housing, health care, education, family support, vocational training, and other needed services.

For nearly 80 years, the VA West Los Angeles Campus has been providing disabled veterans a place to live and receive needed services. For over 35 years, The American Legion has been actively protesting the Department of Veterans Affairs misuse of the property. Since that time the VA has been leasing the land to private businesses in the area directly contrary to the explicitly stated original intent when the land was donated by Senator John P. Jones and a prominent Los Angeles family intending to serve the homeless veteran community in Los Angeles.[4]

While The American Legion supports S. 2013, we want to ensure that the revenues generated by these leases are benefiting the veteran community, as well as enhancing the West Los Angeles VA facility itself. We also want those revenues well documented and tracked and continue to urge VA to report what had happened to the original funds as The American Legion asked earlier this year. VA has continued to fail to provide answers regarding accounting of funds collected from commercial tenants of the West Los Angeles VA facility when the organization violated land-use agreements. To date, the money collected in exchange for use of campus assets has not been accounted for.

The American Legion opposes any Enhanced-Used-Lease that does not specifically provide any obvious and permanent benefits, resources or services to the veterans' community.[5] This legislation can provide tangible benefits to the veterans in the West Los Angeles area, but there must be a complete and transparent accounting of the activities on the property, past and present, to restore trust in the veterans' community.

The American Legion supports S. 2013.

S. 2022

To amend title 38, United States Code, to increase the amount of special pension for Medal of Honor recipients, and for other purposes.

The American Legion enthusiastically supports an increase in the special pension assigned to Medal of Honor recipients. For the 78 living recipients[6] of this Nation's highest military honor, an increase in the monthly pension based upon heroic acts in the face of nearly insurmountable challenges is a small token of appreciation and gratitude for their sacrifices. As the Nation's largest wartime veterans service organization, The American Legion fully appreciates the service of those awarded the Congressional Medal of Honor and supports increasing their monthly pension to $3,000.

The American Legion supports S. 2022.

CONCLUSION

As always, The American Legion thanks this Committee for the opportunity to explain the position of the over 2 million veteran members of this organization. For additional information regarding this testimony, please contact Mr. Warren J. Goldstein at The American Legion's Legislative Division at (202) 861–2700 or wgoldstein@legion.org.

Chairman ISAKSON. Thank you, Mr. Celli.

Mr. Harig-Blaine?

STATEMENT OF ELISHA HARIG-BLAINE, PRINCIPAL HOUSING ASSOCIATE, (VETERANS AND SPECIAL NEEDS), NATIONAL LEAGUE OF CITIES

Mr. HARIG-BLAINE. Thank you, Mr. Chairman. On behalf of the more than 19,000 cities, villages, and towns represented by the Na-

[4] HVAC O&I Hearing: An Examination of Waste and Abuse Associated with VA's Management of Land-Use Agreements: Feb 2015

[5] Resolution No. 154: Department of Veterans Affairs Enhanced-Used-Leasing: Aug 2014

[6] http://www.cmohs.org/medal-statistics.php

tional League of Cities (NLC), I thank you and the Committee for the opportunity to provide testimony this afternoon.

As required by law, I would like to disclose that I am currently serving as a member of the VA's Advisory Committee on Homeless Veterans.

NLC is dedicated to helping city leaders build better communities. We serve as a resource for municipalities as well as 49 State municipal leagues on a range of issues. Our work on veterans' issues has been grounded in the areas of housing and community development.

We are the lead partner with the Administration for the Mayors Challenge to End Veteran Homelessness, and to date, more than 800 leaders have accepted this challenge, including 628 mayors, 9 Governors, and 165 county and city officials. In addition, our program work supports national technical assistance initiatives that are accelerating local efforts to end veteran homelessness.

Given our organizational focus on veteran housing and homelessness, my testimony will remain concentrated on S. 1885 and S. 2013, but we welcome the opportunity to support the Committee and its staff regarding all legislation under review.

S. 1885 makes many needed amendments that will improve how VA can and should serve homeless veterans and their families, but we believe there are several opportunities to further enhance these proposals.

Sections 3 and 4 of the bill propose two new programs and require VA to issue reports analyzing their effectiveness. For the report analyzing the effectiveness of a program providing intensive case management services to veterans, we encourage the VA also to be required to include costs that are incurred beyond the Department alone.

We encourage the collection of information regarding costs that are incurred by other entities including cities, counties, and States, as well as costs that are not related to the provision of health care and benefits. For example, costs associated by the interactions veterans have with the public safety, judicial, and penal systems, while not incurred by the VA, should be measured to allow for a more robust cost-benefit analysis of the intensive case management intervention services that the Department would provide as part of this program.

By documenting the costs incurred by entities outside of VA, the report can support municipal leaders in their efforts to ensure that limited local resources are used in the most cost-effective manner to end veteran homelessness.

For the report analyzing the success of awarding grants to transitional housing providers to incentivize the conversion of facilities into permanent housing, we encourage the review and analysis of this program to include the depersonalized information regarding mental health diagnoses and histories of substance abuse. The collection of this information can help develop and/or further our understanding about the impact that mental health and substance abuse plays in the retention of housing.

In regards to the legislation's direction that HUD and VA collaborate with outside partners to improve outreach to landlords, we recommend that VA and HUD be required to separately, but not

independently, provide a report to both the House Committee on Veterans' Affairs and this Committee on how they would use this within their respective organizational structures and with key national partners.

Finally, in regards to the establishment of the National Center on Homelessness among Veterans, NLC has seen the tremendous impact that the National Center has played in advancing local efforts to end veteran homelessness. As cities across the country begin to see what the end of veteran homelessness looks like, they must be able to work with Federal partners and ensure the proper resources are in place to keep veteran homelessness rare, brief, and non-recurring. The National Center's work allows this to happen, and we support the bill's efforts to formally establish the center. Furthermore, we urge that the center be permanently authorized as quickly as possible.

In regards to S. 2013, NLC strongly urges the Committee to advance this bill and work closely with your colleagues in the House and senate to have the legislation passed as soon as possible. As the Committee is aware, the support for this bill has come from the L.A. County Board of Supervisors and Mayor Eric Garcetti. In addition, L.A. Councilmembers Mike Bonin and Bob Blumenfield have written letters of support, which we have attached to our written testimony. Councilmember Bonin has also filed a resolution in support of this bill for consideration and approval by the full city council. A copy of the resolution is attached with our testimony, and it is expected the resolution will pass when voted upon tomorrow.

Mr. Chairman, I again express the National League's appreciation for the opportunity to speak before the Committee today, and I welcome the opportunity to answer any questions.

[The prepared statement of Mr. Harig-Blaine follows:]

PREPARED STATEMENT OF MR. ELISHA HARIG-BLAINE, PRINCIPAL HOUSING ASSOCIATE (VETERANS & SPECIAL NEEDS), CITY SOLUTIONS & APPLIED RESEARCH, NATIONAL LEAGUE OF CITIES

S. 1885, VETERAN HOUSING STABILITY ACT OF 2015

In December 2013, Phoenix, AZ became the first city in the United States to end chronic veteran homelessness. When announcing this milestone, Phoenix Mayor Greg Stanton said, "The strategies that we're using to end chronic homelessness among veterans are the exact same strategies that we're going to use to end chronic homelessness among the broader population. This model—doing right by our veterans—is exactly how we're going to do right by the larger population."

Since then, cities such as New Orleans; Houston; Binghamton, NY; Pocatello, ID; Las Cruces, NM; Mobile, AL; and Troy, NY have illustrated what the end of veteran homelessness looks like.

While the progress on veteran homelessness is unprecedented, improvements can still be made and S. 1885 is an acknowledgement of this reality. As discussed by Senator Blumenthal during his remarks while introducing this legislation, S. 1885 seeks to modernize housing programs provided by the U.S. Department of Veterans Affairs (VA), to ensure they are appropriately meeting the needs of homeless veterans and their families.

S. 1885 makes many needed amendments that will improve how VA can and should serve homeless veterans and their families, but we believe there are several opportunities to further enhance these proposals.

In Section 3, "Program on Provisions of Intensive Case Management Interventions to Homeless Veterans Who Receive the Most Health Care From the Department of Veterans Affairs," S. 1885 would require VA to pilot intensive case management services in no less than six locations. The proposed legislation requires VA to issue a report analyzing the effectiveness of this program no later than December 1, 2018.

In delineating the content of this proposed report, S. 1885 requires VA to provide "An estimate of the costs the Department would have incurred for the provision of health care and associated services to covered veterans (as described in subsection (b) of section 2067 of such title, as added by subsection (a)(1)) but for the provision of intensive case management interventions under the program, disaggregated by provision of intensive case management interventions in locations described in subparagraphs (A) and (B) of subsection (c) of such section."

NLC encourages the authors and co-sponsors of this proposed legislation to expand the requirements of VA in this section of the report to include costs beyond those incurred by the VA alone but for the provision of intensive case management interventions.

NLC encourages the collection of information regarding the costs of providing health care and associated services to veterans that are incurred by other entities including cities, counties and states, as well as costs that are not related to the provision of health care and benefits.

For example, costs associated by the interactions covered veterans have with the public safety, judicial and penal systems, while not incurred by the VA, should be measured to allow for a more robust cost-benefit analysis of the intensive case management intervention services that VA would provide as part of this program.

By documenting the costs incurred by entities outside of VA, the report required by S. 1885 can support municipal leaders in their efforts to ensure that limited local resources are used in the most cost-effective manner to end veteran homelessness.

In Section 4, "Program to Improve Retention of Housing by Formerly Homeless Veterans and Veterans at Risk of Becoming Homeless," S. 1885 would give grants to providers who have successfully housed veterans in transitional housing programs to incentivize these organizations to convert facilities into locations that provide permanent housing.

To analyze the impact of this program, S. 1885 requires a report be submitted to the Committee's on Veterans' Affairs in both the House and Senate no later than June 1, 2019.

S. 1885 requires this report to review the proposed program using four overall assessment areas. NLC encourages a broadening of the information sought within each of these areas.

NLC encourages the review and analysis of this program to also capture de-personalized information regarding any mental health diagnoses of veterans, as well as any assessment regarding their histories of substance use and/or abuse. In collecting this information, it is hoped that a more accurate understanding can be developed about the impact mental health and substance abuse plays in the retention of housing.

In Section 6, "Outreach Relating to Increasing the Amount of Housing Available to Veterans," S. 1885 directs the Secretaries of VA and the U.S. Department of Housing and Urban Development (HUD) to collaborate with numerous entities in an effort to increase the number of housing units identified and committed for housing homeless veterans.

The recruitment of landlords to join collaborative community efforts to end veteran homelessness is both vital and challenging. Thanks to the Mayors Challenge to End Veteran Homelessness, community stakeholders are increasingly partnering with committed local leaders to use their platforms in order to raise public awareness about the need for landlords to be more actively involved in ending veteran homelessness. Successful landlord recruitment events have occurred in cities such as Los Angeles, Seattle, Chicago and Dallas. NLC is currently working with elected officials and community partners in Tucson, Charleston and Omaha to recruit landlords.

NLC recommends that S. 1885 require VA and HUD to separately, but not independently, provide a report to both the House Committee on Veterans' Affairs and the Senate Veterans' Affairs Committee on how they would execute this within their respective organizational structures and with key national partners.

In Section 7, "Establishment of National Center on Homelessness Among Veterans," S. 1885 directs the Secretary of VA to establish and operate a center which carries out multiple functions, including the integration of "evidence-based and best practices, policies, and programs into programs of the Department for homeless veterans and veterans at risk of homelessness and to ensure that the staff of the Department and community partners can implement such practices, policies, and programs."

NLC draws the Committee's attention to the latter portion of this direction.

As cities across the country begin to see what the end of veteran homelessness looks like, their ability to ensure this tragedy never returns becomes paramount. For veteran homelessness to be kept rare, brief and non-recurring, cities must be

able to work with Federal partners and ensure the proper resources are in place. The National Center on Homelessness Among Veterans' work to aggregate data helps Federal and local officials make decisions about resource allocations allowing all stakeholders to know they can maintain their progress.

To allow the National Center to do this critical work, among its other activities, NLC urges the Committee to work with Senate colleagues and provide permanent authorization for the center as quickly as possible.

S. 2013, LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015

In January 2015, VA resolved a long-standing conflict with numerous community partners in the Los Angeles area regarding the use of the West Los Angeles Campus.

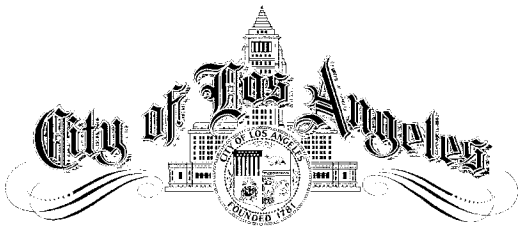
To ensure and support the execution of the agreement VA entered into, Senators Feinstein and Boxer joined Representative Lieu in sponsoring S. 2013 and filed a letter with the Committee in August.

Support for S. 2013 has come from the Los Angeles County Board of Supervisors, Mayor Eric Garcetti, and Los Angeles Councilmembers Mike Bonin and Bob Blumenfield have also written letters of support, which NLC attaches to this testimony (see NLC testimony appendix A and B).

In addition, Councilmember Bonin has filed a resolution in support of S. 2013 for consideration and approval by the full city council. A copy of the resolution is attached with our testimony and it is expected the resolution will pass when voted upon on October 7 (see NLC testimony appendix C).

Given the high concentration of homeless veterans in Los Angeles and the report from earlier this year that the number of homeless veterans in the city has increased 6% since last year, NLC strongly urges the Committee to advance this bill and work closely with colleagues in the House and Senate to have this legislation passed as soon as possible.

ATTACHMENTS: APPENDIX A



ERIC GARCETTI
MAYOR

August 18, 2015

The Honorable Dianne Feinstein
331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Feinstein:

Thank you for authoring the Los Angeles Homeless Veterans Leasing Act of 2015 with Senator Barbara Boxer and Representative Ted Lieu.

My office has been fully engaged in the Veterans Administration (VA) process to create a new Master Plan for the campus, in hopes of ensuring that it can more fully serve the needs of veterans in Southern California. Your legislation would greatly benefit the planning process, and help guarantee that our goals — to provide more housing and services for homeless and disadvantaged veterans — are more easily met.

The City of Los Angeles and the VA both wish to meet an immediate need by developing permanent supportive housing on the West L.A. campus. Accomplishing this objective would require enhanced use lease agreements with nonprofits like New Directions, SRO Housing Corp. or Skid Row Housing Trust.

To reach my goal of ending veteran homelessness in the City of Los Angeles, we have housed nearly 4,000 veterans since 2014 and plan to house a total of over 7,000 by year's end. Most importantly, to end homelessness, Congress will have to increase its authorization of the Support Services for Veterans and Families (SSVF) to $500 million, appropriate the full amount, and take immediate action on this important legislation.

My office is working with the Los Angeles City Council to pass a resolution in support of your proposed legislation. Thank you for leading the charge on this issue. I look forward to seeing this bill become law.

Sincerely,

ERIC GARCETTI
Mayor

200 N. SPRING STREET, ROOM 303 LOS ANGELES, CA 90012 (213) 978-0600
MAYOR.LACITY.ORG

APPENDIX B

MIKE BONIN

City of Los Angeles
Councilmember, Eleventh District

September 25, 2015

The Honorable Dianne Feinstein
United States Senate
11111 Santa Monica Blvd., Suite 915
Los Angeles, CA 90025

RE: Support for the *Los Angeles Homeless Veterans Leasing Act of 2015*

Dear Senator Feinstein:

Our streets and sidewalks and alleys are not suitable places for anyone to live - especially those men and women who have served our country in the armed forces. For years, we have collectively fallen short in efforts to house homeless veterans and have seen the problem exacerbate in neighborhoods throughout Los Angeles. We have been in need of both action and leadership, and I am grateful, excited and hopeful to know that you are providing both.

I write today proud to support your bill, the *Los Angeles Homeless Veteran's Leasing Act of 2015*, which would provide supportive housing to veterans at the Department of Veterans Affairs' West Los Angeles Campus. I support your proposal as it allows the VA authority, with strong oversight, to work with local governments and nonprofits to enter into long-term lease agreements to provide supportive housing to veterans on campus. This proposal would enhance the ability of the VA to end veteran homelessness by partnering with the private sector and all levels of government to provide veterans the best care possible in a timely manner. This is the leadership and action we have been waiting for and I sincerely thank you for your efforts.

As you well know, Mayor Eric Garcetti has pledged to end veteran homelessness in the City of Los Angeles by the end of 2015, and thus far, has overseen the housing of more than 4,000 veterans. The 387-acre West LA Campus sits ready to house and provide services to assist our homeless veterans and the time to act is now. Significant work remains to be done and every level of government has a role to play. Thank you again for your leadership on this issue and your continued commitment to those who so bravely served our country.

Regards,

MIKE BONIN
Councilmember, 11th District

Westchester Office
7166 W. Manchester Boulevard
Los Angeles, CA 90045
(310) 568-8772
(310) 410-3946 Fax

City Hall
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(213) 473-6926 Fax

West Los Angeles Office
1645 Corinth Avenue, Room 201
Los Angeles, CA 90025
(310) 575-8305
(310) 575-8305 Fax

BOB BLUMENFIELD
Councilmember, Third District

September 25, 2015

The Honorable Dianne Feinstein
United States Senate
SH-331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Feinstein:

I applaud your ongoing efforts to address the needs of our nation's veterans and in particular to ensure that the Department of Veterans Affairs' (VA) West Los Angeles Medical Center provides the highest quality services to veterans. That is why I am writing you to extend my support on your bill, the Los Angeles Homeless Veterans Leasing Act of 2015, to authorize the VA to enter into enhanced-use leases (EUL's) to develop permanent supportive housing, with health, mental health, and related support services on this campus.

For too long we have seen homeless veterans suffering on the streets of Los Angeles. Homelessness has become a crisis in the city for families, children, individuals, and people with mental illness, all of whom deserve a safe place to live rather than making their home on the streets. The needs of those who have served our country can and must be met with dignity, and the West Los Angeles facility has not had the capacity to meet their needs. Allowing EUL's at the location will enable housing and services to be expanded to provide essential services on land that can and should be dedicated to the well-being of veterans.

The Los Angeles City Council has made support of your legislation an official position, following a resolution authored by Councilmember Mike Bonin. I know my colleagues and I stand ready to assist in your efforts to meet the needs of veterans and take advantage of the opportunities presented by this facility. Thank you for your efforts, and please do not hesitate to call on me if I can be of assistance.

Sincerely,

BOB BLUMENFIELD
Councilmember
City of Los Angeles

CITY HALL 200 N. Spring St. Room 415, Los Angeles, CA 90012 213.473.7003 fax 213.473.7567
DISTRICT OFFICE 19040 Vanowen Street, Reseda, CA 91335 818.774.4330 fax 818.756.9179
Councilmember.Blumenfield@lacity.org blumenfield.lacity.org facebook.com/BobBlumenfieldSFV twitter.com/BobBlumenfield

APPENDIX C

RESOLUTION

WHEREAS, any official position of the city of Los Angeles with respect to legislation, rules, regulations or policies proposed to or pending before a local, state or federal government body or agency must have first been adopted in the form of a Resolution by the City Council with concurrence of the Mayor; and

WHEREAS, Mayor Eric Garcetti has pledged to end veteran homelessness in the City of Los Angeles, and has overseen the housing of nearly 4,000 veterans to date; and

WHEREAS, despite significant progress, homelessness in Los Angeles persists, with a recent report by the Los Angeles Homeless Services Authority identifying a 6% rise in veteran homelessness; and

WHEREAS, a recent settlement by the Department of Veterans Affairs provides for the development of a Master Plan at their West Los Angeles Campus intended to advance veteran services in Southern California; and

WHEREAS, there is a critical need for long-term supportive housing on the West Los Angeles Campus and enhanced use leases are necessary to allow the Department of Veterans Affairs to work toward the goal of ending veteran homelessness in the City of Los Angeles; and

WHEREAS, federal legislation proposed by United States Senator Dianne Feinstein would authorize leasing authority for the West Los Angeles Campus in order to bring in community partners to provide important services that benefit veterans and help make the campus a veteran-centric community setting; and

WHEREAS, this legislation would also permit the Department of Veterans Affairs to work with local governments and nonprofits to provide additional housing and services for homeless and disadvantaged veterans at the West Los Angeles Campus;

NOW, THEREFORE, BE IT RESOLVED, with the concurrence of the Mayor, that by the adoption of this Resolution, the City of Los Angeles hereby includes in its 2015-16 Federal Legislative Program SUPPORT for Senator Dianne Feinstein's Los Angeles Homeless Veterans Leasing Act of 2015.

PRESENTED BY: _____
MIKE BONIN
Councilmember, 11th District

SECONDED BY: _____

AUG 19 2015

Chairman ISAKSON. Thank you very much.

Mr. Norris?

STATEMENT OF DAVID B. NORRIS, NATIONAL LEGISLATIVE VICE-CHAIRMAN, DEPARTMENT OF CALIFORNIA, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. NORRIS. I would like to start off this afternoon by thanking Committee Chairman Johnny Isakson and Ranking Member Richard Blumenthal for allowing me the opportunity to testify on S. 2013.

I would also like to thank Senator Diane Feinstein and Senator Barbara Boxer for sponsoring this bill.

I am here today along with Nick Guest. He is our national chaplain and the Veterans of Foreign Wars (VFW) State of California adjutant/quartermaster. He was also a VSO in L.A., and he uses the L.A. VA facilities. We are here representing the over 88,000 VFW members from the State of California who are all in complete support of S. 2013, which lays the groundwork to return the West L.A. campus to where it belongs—veterans.

While this bill specifically addresses the property located in Los Angeles, the larger issue of VA doing the right thing is important to all veterans.

I am also the Student Veterans of America Chairman for the Veterans of Foreign Wars in California, and as I travel to the different college campuses, I hear the same question from our young veterans as I have for years from our older veterans: What is VA doing to help those who really need help like our homeless or our veterans with PTSD? I do not have the answer, but I think this is a start.

California has one of the largest homeless veterans populations in the country. A lot of these veterans are also female veterans. Some have problems with drug and alcohol addiction, while others are contemplating suicide.

If housing could be approved under the Master Plan or be able to increase housing for these veterans and their families, we may be able to bring some of our veterans back into becoming productive citizens of our great country. They served for us. Now let us help serve them.

We now have a new VA Director in Southern California, and now is the perfect time to put this property back on track. I am not here to throw anyone under the bus for things that happened in the past. We cannot change the past or the things that have happened in the past, and it is a waste of your time to sit and listen to the old stories.

The West L.A. campus was deeded through a will to the Federal Government with the explicit intent for the property to be used to assist veterans. Over time, VA lost sight of that intent and leased out parts of this property—which is over 300 acres—to private entities and has made little to no repairs or improvements for the veterans it was intended for. This bill returns this property to its veterans, and Congress should work quickly to pass this into law now.

Along with us, the VFW, we are currently working with The American Legion, Purple Heart Association, Disabled American

Veterans, and many other veterans service organizations to make sure things are done correctly as we move forward.

Again, thank you for allowing me to testify for all the veterans in California and around the world. Stand with us today and help us move this important bill forward.

Thank you.

[The prepared statement of Mr. Norris follows:]

PREPARED STATEMENT OF DAVID B. NORRIS, VFW NATIONAL LEGISLATIVE VICE-CHAIRMAN, DEPARTMENT OF CALIFORNIA, VETERANS OF FOREIGN WARS OF THE UNITED STATES

I would like to start off this afternoon by thanking Committee Chairman Johnny Isakson and Ranking Member Richard Blumenthal for allowing me the opportunity to testify on S. 2013.

I would also like to take this time to thank Senator Diane Feinstein and Senator Barbara Boxer for sponsoring this bill.

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While this bill specifically addresses the property located in Los Angeles, the larger issue of VA doing the right thing is important to all veterans.

I am also the Student Veterans of America Chairman for the VFW in California and as I travel to the different college campuses I hear the same question from our young veterans as I have for years from our older veterans—What is VA doing to help those who really need help like our homeless or our veterans with PTSD?

California has one of the largest homeless veterans' populations in the country. A lot of these veterans are also female veterans. Some have problems with drug and alcohol addiction, while others are contemplating suicide.

If housing could be approved under the Master Plan or be able to increase housing for these veterans and their families, we may be able to bring some of our veterans back into becoming productive citizens of our great country. They served for us, now let's help serve them.

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The West LA campus was deeded through a will to the Federal Government with the explicit intent for the property to be used to assist veterans. Over time, VA lost sight of that intent and leased out parts of this property (which is over 300 acres) to private entities and has made little to no repairs or improvements for the veterans it was intended for. This bill returns this property to its veterans and Congress should work quickly to pass it into law.

Along with us, the VFW, we are currently working with the American Legion, Purple Heart Association, DAV and many other veteran service organizations to make sure things are done correctly as we move forward.

Again, thank you for allowing me to testify for all the veterans in California and around the world. Stand with us today and help us move this important bill forward.

Chairman ISAKSON. Thank you, Mr. Norris. I want to commend all of you and your comments regarding West L.A. In particular, Mr. Celli, I think you made a great comment when you talked about being angry about how the funds and the proceeds of those leases have been handled. We really do not know how they have been handled, to tell you the truth. There has been a lack of coordination. As a guy who did real estate development for 33 years, if you do not have a plan to execute or a goal to execute, you do not have an understanding of what assets that you have, you never can maximize your return. This is a very valuable piece of real estate that has kind of been used here and used there with no direct tracking of the money, so I commend you for your testimony.

You, too, Mr. Norris. This is the time for us to get it right. I hope when the VA puts out their Master Plan, a proposed Master Plan, that both your organizations will comment, all of you will comment on that use, because we do need to get it right. It kind of reminds me of the Denver hospital. The Denver hospital got kicked down the road for 13 years, the cost overruns, nobody ever had a plan. We finally got a plan together. Now we are going to finish it, but it is costing us a lot of money. I think it has cost and deprived veterans of a lot of benefits over the years by not having a Master Plan that we could follow.

I also agree on the question on homelessness. I think it is an unbelievable opportunity to have some land that can be used to help veterans' homelessness in West Los Angeles and Los Angeles County, California, and I support that entirely. I think Senator Feinstein has done a good job of raising to the attention of the Senate this piece of legislation, and we will move forward. But we want your input and support, so when the VA publishes their recommended Master Plan, I hope each and every one of you will get your organizations to quickly and efficiently give us your feedback on those plans.

I am hoping as Chairman of this Committee that this will be a template for how we deal with other surplus land the VA owns around the country today. We are sitting on a ham sandwich starving to death, in my opinion, by having a lot of vacant property that could be benefiting us that is not because we do not have a plan. It is time we had a plan to see that that revenue went to the benefit of our veterans.

On the Court, going to nine judges, I understand we have eight judges now? The ninth one would be a Presidential appointee?

The legislation proposes the authority to take it to nine. My question, I guess I will start with Ms. Augustine. I happen to understand the backlog, and I think it is an important need, but at some point in time in the future, if that is not the necessary number of judges that we need, should that be a floating cap or should that be a permanent cap in terms of the number of judges?

Ms. AUGUSTINE. Mr. Chairman, there is currently a great need to address the significant backlog, and until that is addressed and focused, I think it is smart to make that a permanent increase and then reevaluate that need as it is no longer needed down the road. There will be a significant backlog for the foreseeable future, and that should be our focus.

Chairman ISAKSON. I want to thank all of you for your testimony regarding Senator Graham's proposal on the Medal of Honor recipients. I happen to associate myself with the comments that each and every one of you made.

One of the rules I have put in as Chairman of the Committee is that we do not do anything that we cannot pay for. We talk about billions of dollars and millions of dollars often. This is, as I understand it, a $16 million price tag to see to it that the Medal of Honor winners get enhanced compensation, which I happen to support as well. But if each and every one of you would give us any input on where you think we might take that money to pay it and offset the cost of that benefit, we would appreciate that very much.

With that said, we will go to the Ranking Member, Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman.

I think all this testimony has been enormously valuable, and I appreciate particularly, Mr. Norris, your mention of both homelessness and Post Traumatic Stress, PTS. In fact, the two are linked; are they not?

Mr. NORRIS. Correct.

Senator BLUMENTHAL. Because somebody who is suffering from PTS is more likely to also suffer from addiction, homelessness, lack of employment, or a combination of factors that in effect result from the medical condition, often invisible, obviously, that is the source of it. I appreciate your comments on that issue.

Ms. Augustine, I also thank you for your support of all those measures, the five—or six, I should say, that you mention. On the numbers of veterans—well, the number of judges on the U.S. Court of Appeals for Veterans Claims, you rightly mention the likelihood of a continuing large caseload there. In fact, the caseload has been rising, has it not?

Ms. AUGUSTINE. To my knowledge, yes, it has been rising.

Senator BLUMENTHAL. That is in part the result of the VA doing better on disability claims at the first level because the more cases that are processed, the more likely there are to be appeals in higher numbers. Is that correct?

Ms. AUGUSTINE. Yes, that is also what IAVA has supported in the past.

Senator BLUMENTHAL. The increase, in my view, really ought to be a permanent one. It is always possible to contract the Court, but that number should not be a temporary one, in my view.

Let me ask you about the Community Provider Readiness Recognition Act, which would recognize providers in the community for mental health care services. There is such a desperate shortage. I support this measure. I have some questions about possibly endorsing the use of certain community mental health providers who may not have the same training as VA providers. Do you have a suggestion as to how we can possibly address that shortcoming?

Ms. AUGUSTINE. Yes, sir. I think the best case to do here is to utilize the success of the Star Behavioral Health Program in DOD and replicate those same successes in the VA. It has been a successful program for veterans in rural areas and the National Guard, and I think it is time that we open up those same successes to veterans.

Senator BLUMENTHAL. Great. Great answer. With respect to the Veteran Housing Stability Act of 2015, I can see some people saying, well, we have already done so much on homelessness and housing. Do you have a response to them?

Ms. AUGUSTINE. Yes, sir. Having spoken with your staff extensively about this bill, as I understand it, this bill is actually looking at the next stage of addressing veteran homelessness, not necessarily chronic homelessness or the immediate need for stable housing, but what is the next step. We applaud the long-term planning that this legislation focuses on and think that it is the correct thinking in looking at what needs to come next to prevent this same sort of epidemic from happening in the future.

Senator BLUMENTHAL. In fact, the goal here is to go beyond meeting the immediate, as you say, the urgent apparent need that may be on the streets right now, but to provide a more permanent solution, and that is the goal here, an equally difficult goal, but one that I think we have an obligation to solve.

I thank every one of you for your testimony today. It has been, as I mentioned earlier, enormously valuable, and, again, thank you for your service to our country.

Thank you, Mr. Chairman.

Chairman ISAKSON. Senator Boozman.

Senator BOOZMAN. Thank you, Mr. Chairman.

Mr. Celli, Ms. Augustine, the VA voiced opposition to S. 717 with concerns of legal, credentialing, and privacy issues. Tell me a little bit, have your organizations looked into this as far as what it would take as far as credentialing and this and that. Can you comment a little bit further about that particular bill?

Mr. CELLI. We have not specifically looked into the credentialing issue because we understand that VA does have a good credentialing program in place. However—and this bill is very comprehensive, as we discussed earlier on in the testimony. The American Legion knows that the current need is not being met.

Senator BOOZMAN. Right.

Mr. CELLI. We support any legislation that seeks to increase that need. We supported the Choice Act. We did support the Choice Act as a template to see where the VA needed some additional resources, and these are the types of pieces of legislation that are starting to address that and what was ferreted out by the Choice Act.

Senator BOOZMAN. Ms. Augustine.

Ms. AUGUSTINE. I would reiterate that and include once again utilizing the success of the Star Behavioral Health Program as a model to implement this for veterans. It has been proven to be effective, and I think that we can replicate those successes easily for veterans.

Senator BOOZMAN. Very good. Ms. Augustine, tell me about—in your testimony, you mention the progress that we have made in homelessness in the VA and that they have been working hard to do that and that we are moving in the right direction. The West L.A. plan of having a strong community for veterans' needs, which seems to be something that is very beneficial.

Are there other areas of the country where you feel like the same plan would be effective?

Ms. AUGUSTINE. I would be happy to provide your office with specific locations that our members have expressed concern. I do not have any in front of me today, but I would be happy to take it up with your office about things that our members are telling us.

Senator BOOZMAN. Thank you.

The rest of you guys?

Mr. CELLI. If I may, Senator. Specifically in South Dakota, we are looking at some really great land out there. South Dakota is being downsized, and we think that there is an opportunity to have a Center of Excellence out there specifically for PTSD. I think that the VA needs to take a serious look at that.

Senator BOOZMAN. Very good. Well, thank you all so much for being here. We really do appreciate your advocacy and your hard work and all that you represent.

Thank you, Mr. Chairman.

Chairman ISAKSON. Thank you, Senator Boozman.

Senator Tillis?

Senator TILLIS. Thank you, Mr. Chair. Thank you all for what you do.

I want to go back—well, first off, I should have mentioned when I was talking about bills, I thank Ranking Member Blumenthal for 1885. I think it is a great idea, a great opportunity, the work on making sure that we have the partnerships with the right NGO's to provide the service is something I look forward to working with you on, and I appreciate your efforts.

I wanted to go back to the judges and the backlog. Again, I may have found a way to actually weave the Camp Lejeune toxic substance subject into this hearing after all.

Chairman ISAKSON. Surprise, surprise.

[Laughter.]

Senator TILLIS. I promised you. Part of what I think we need to do, as long as we have the backlog that we do, then we need the judicial capacity to clear the backlog. It does raise a question about, to your knowledge, what kind of work has been done to try to reduce—get to the root causes of some of these appeals?

For example, in the Lejeune instance right now, they have about an 87-percent decline rate. We are guessing it should probably be somewhere north of 50. I do not know the root causes of all the appeals, but do you all know of any particular areas where the experience rate that causes an appeal may raise questions about the criteria to begin with? I will go down the line and start with Ms. Augustine, if you have a comment.

Ms. AUGUSTINE. As was mentioned earlier, as there has been an increase in the number of benefit claims submitted to the VA, there is naturally going to be an increase in the number of appeals submitted to the VA as well. I think Secretary McDonald has done a considerable amount of work in the past year to address some of the training, some of the dissemination of information issues that were seen earlier. I think that continuing on those education-minded fronts and continuing to train VA employees well, we will begin to see a decrease in the number of appeals. But until that time, the increase in appeals is going—or increase in benefit claims is going to have an increase in appeals.

Mr. CELLI. As we all know, claims are a complicated business and so are appeals. When the appeal—if the claim is remanded to the Appeals Management Center (AMC) and the work is not done that the law judge says needs to be done, it just goes back to the Board, and it gets into this hamster wheel. There has to be a much healthier relationship between the Board and the AMC, and I know there is some legislation right now that seeks to address that.

With regard to making those positions permanent, I guess on the day where we see that there are nine law judges that do not have enough to do, then maybe we can consider reducing it then.

Mr. HARIG-BLAINE. That has not been an issue area that we have focused on.

Mr. NORRIS. I would like to refer this back to our Washington office to work with you on that. We have a representative here from our Washington office. Alex is back there, and maybe he can get with your staff and——

Senator TILLIS. Yes, I think—and this is not trying to find fault. I think I have developed a reputation for doing everything I can to work with the Department, so it is not necessarily faulting—I mean, they are doing what they are doing within the parameters that they have been given, but it is a question about do you go back and rethink it and either come up with an acceptable disposition that the veteran may accept and not seek an appeal, or find other circumstances where maybe they should have been granted their request for disability to begin with. It is more a matter of just looking at the processes and seeing if we are doing the best job we can.

I also wanted to talk briefly—a couple of Committee hearings ago, we had the discussion about homelessness and the VA's goal to end veterans' homelessness or at least provide the capacity that we do not currently have.

In your opinion, though, there is a very aggressive goal out there to end homelessness. Do you think current course and speed with the programs already in place, that we actually have the ability to meet the goal that the VA has set forth for ending homelessness or providing the capacity to support any homeless veteran in the United States?

I may have to just go off script here for a minute. I cannot remember—Dr. Lynch, you may be able to help me remember the date—there is a specific date out there with the goal for being able to provide that capacity. Do you recall what that date was?

Mr. HARIG-BLAINE. Senator, I could help you with that.

Senator TILLIS. Thank you.

Mr. HARIG-BLAINE. The U.S. Interagency Council on Homelessness, which is the lead entity, they have set out the Opening Doors: Federal Strategic Plan for Ending Homelessness, and they have identified the end of this year as the——

Senator TILLIS. I find that unimaginable given the discussion we are having about West L.A. I worked—and we were fortunate to secure another homeless vets facility just north of Raleigh. I think it is great to set stretch goals, but in this particular case, when you look back at the population that is not served today into the calendar, it does not seem to make sense. It makes me wonder whether or not we are using our resources wisely to attain that goal, and that could be a subject of maybe a future Committee meeting.

The last thing I will say is just on crisis intervention. It relates somewhat to Senator Blumenthal's bill. Over the weekend I am working on a situation that is actually not in my State. It just happened to stem out of a conversation I had with a special operator 100-percent disabled vet who himself—he has his own issues, but he spends most of his days helping other vets, and he literally has someone living with him today because he called the crisis line, was explaining that he was in a very dangerous situation with his wife, he wanted to remove himself from that situation, and the person on the crisis line said that they could get back to him in 4 days. Anybody who knows anything about domestic violence knows

it is in that moment, and we have to have the processes in place to deal with it in that moment. I am spending time this week with my staff to get to the bottom of it, but these sorts of situations are critically important for the veteran's safety, for the spouse's safety. It may just be an outlier, but I think it is something that we have to really look at. We are responding in a very timely basis, whether it is a suicide threat, whether it is a domestic violence threat. I do not know if we are using the wonderful resources we have at the VA in these sort of crisis situations to the fullest extent of their capabilities.

Thank you, Mr. Chair.

Mr. CELLI. Mr. Chairman, I recognize that we are out of time. Could I add one thing?

Chairman ISAKSON. Absolutely.

Mr. CELLI. One of the things that The American Legion is extremely concerned with is not only what is being called now "functional homelessness," but also there is a category of homeless veteran that is not being recognized at all, and that is the veterans that do not qualify for VA services, those with "bad paper." And the percentage of veterans that do not qualify for VA services is increasing as we lower the backlog or as we lower the homeless rate. So, we are looking at better than 10 percent of veterans that fall through a crack that will never be recognized until we step up and do something about that.

Chairman ISAKSON. On the subject of veterans' homelessness, I want to commend the Committee, because in 7 days we took Nominee Michaud and took him from a markup to approval today to be Under Secretary of Labor for Veterans' Employment. Other than opioids, drugs, and pharmaceutical problems that our veterans have and PTSD and TBI, unemployment is a huge contributor to homelessness. I am going to talk to Secretary Perez, and Mr. Michaud has already assured both the Ranking Member and myself that his focus is going to be like a laser beam and immediate to see to it we get the employment programs together so our veterans have more and more opportunities for employment and jobs and less and less homelessness.

We appreciate all your comments today. I appreciate all the members' comments today. We will leave the record open——

Senator BLUMENTHAL. Mr. Chairman, may I just make one comment in response to——

Chairman ISAKSON. Senator Blumenthal.

Senator BLUMENTHAL. I am sorry to interrupt. I apologize.

I want to just follow up on the comment you made, Mr. Celli, about veterans with "bad paper." You may know that there was a lawsuit brought by the Yale Law School legal clinic on behalf of a Connecticut veteran who suffered from PTS, received a less than honorable discharge, and for two decades suffered that black mark. He became addicted, unemployed, and homeless. His name is Conley Monk.

He brought a lawsuit against the Department of Defense. I joined in the lawsuit. I supported it. And then I reached out to then-Secretary of Defense Hagel, who, after some consideration, responded positively and revised the internal procedures to enable more veterans with less than honorable discharges—or dishonor-

able discharges, in other words, "bad paper,"—to seek review by the Boards of Appeals within the Department of Defense. The procedure is complicated. It is needlessly fraught with red tape. It is part of that cycle that often afflicts veterans. We are talking about veterans of past wars—Vietnam. Conley Monk was a veteran of Vietnam. When he was in Vietnam and for more than a decade later, "Post Traumatic Stress" was not a term in our vocabulary, not a diagnosis in medical circles. Only in the 1980s did it become really recognized, long after Conley Monk was denied the very medical services that he needed to overcome the PTS. He was doubly a victim in the discharge that resulted from PTS, acting up, and then from the denial of health care services that would have helped him overcome that PTS.

I want to thank you for recognizing this very, very important topic. Ms. Augustine has very correctly recognized the need for us to conduct some oversight on the Clay Hunt bill. I think there is a need for us to conduct some oversight on the change in policy that I believe with the best of intents Secretary Hagel implemented and his successors have committed to follow. I would respectfully suggest to the Chairman—and we will have a chance to talk about it—that both of these oversight hearings and inquiries are very much appropriate. I just want to commend the VSOs for their help and support in recognizing this issue and problem.

Thank you.

Chairman ISAKSON. We will leave the record open for 7 days for any revision, extension of remarks, or any additional comments anybody wants to submit to the Committee.

There being no further business to come before the Committee, we stand adjourned.

[Whereupon, at 4:14 p.m., the Committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF HON. LAWRENCE B. HAGEL, CHIEF JUDGE, U.S. COURT OF APPEALS FOR VETERANS CLAIMS

Mr. Chairman and Distinguished Members of the Committee: Thank you for the opportunity to comment on S. 1754, a bill that would amend 38 U.S.C. § 7253(a), to make permanent the authorization for an increase in the number of judges on the U.S. Court of Appeals for Veterans Claims (Court), from seven to nine. Succinctly stated, the Court supports this legislation and urges its passage.

The decision by Congress several years ago to expand the Court temporarily to nine judges came in response to a significant increase in the Court's caseload, and a perception that the rise was not simply a spike but in fact a trend. Effective December 31, 2009, authorization permitted the Court to grow to nine active judges, and we reached that full complement in December 2012. We were fortunate to operate with nine judges for almost three years until the retirement of one of our colleagues one month ago. With full staffing the Court has been able to conduct effective, efficient, and expeditious judicial review. Your support in providing the resources to handle our heavy caseload is very much appreciated.

Under current law we will operate with eight judges until the next retirement, and then we revert to seven judges, our current permanent authorization. The reality is that two judges' terms expire within days of each other in December 2016, so absent legislation the Court will dip to six judges at that time. With the unpredictability of the judicial nomination and appointment process, and another retirement likely in 2017, there is a very real possibility that the Court will shrink to five judges just two years from now. Passage of S. 1754 would permit a judicial appointment now to bring us back up to nine judges, and would prevent the Court from dropping to a critically low number of judges in the near future.

Since its creation in 1988, the Court has become one of the Nation's busiest Federal courts based on the numbers of appeals filed and decided per judge. Up until about ten years ago the Court received roughly 2,200 appeals annually. That number began to rise significantly starting in FY 2005, reaching over 4,700 appeals filed in FY 2009. Since that time, annual appeals filed have not fallen below 3,500 and although we are still tabulating FY 2015 numbers, we estimate that over 4,400 appeals were filed. This is double the number of appeals filed annually during the Court's first 15 years from 1989 to 2004.

For cases decided, the Court terminated in the neighborhood of 4,400 appeals in FY 2015. That is in addition to acting on nearly 3,000 applications for attorney fees, hundreds of petitions for extraordinary relief, and thousands of procedural motions. We continue to be one of the busiest national courts, but we are efficiently handling this formidable caseload. Generally speaking, appeals filed at the Court come from veterans who are dissatisfied with a decision of the Board of Veterans' Appeals (Board). Much emphasis and financial support has been placed toward increasing the numbers of personnel at the Department of Veterans Affairs, and toward improving claims processing times. Up from 41,910 decisions in FY 2013, the Board issued 55,532 decisions in FY 2014, and the Board estimates that it will decide at least the same number in FY 2015. Although it is difficult to predict with certainty what our caseload will be in the future, it seems likely, considering the number of claims filed annually with VA and the increased productivity by the Board, that the number of appeals filed at the Court will also rise further and stay high.

Over the past several years the Court has striven to create efficiencies in how we conduct judicial review of veterans' appeals. We have adopted an electronic case filing and management system. We are constantly improving our pre-briefing mediation program to resolve cases earlier in the process, to hone the issues on appeal, and to stretch our judicial resources to the greatest extent possible. We have an active bar, and we engage frequently with our practitioners to discuss ways to further

improve our process. Everyone involved in judicial review of veterans' appeals shares a common goal of wanting to honor our veterans and provide full, fair, and prompt decisions on their appeals. Authorization for nine active judges would be a significant factor in furthering that goal.

In closing, on behalf of the Court, I express my appreciation for your past and continued support, and for the opportunity to provide this statement.

LETTER FROM DARRELL G. KIRCH, M.D., PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

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Darrell G. Kirch, M.D.
President and Chief Executive Officer

July 31, 2015

The Honorable John Tester
United State Senate
311 Hart Senate Office Building
Washington, DC 20510

Dear Senator Tester:

Thank you for your leadership in helping ensure that our nation's veterans have access to physicians. The Association of American Medical Colleges (AAMC) is pleased to endorse the expansion of Medicare funding for Graduate Medical Education (GME) under the "Delivering Opportunities for Care and Services (DOCS) for Veterans Act" (S. 1676).

The AAMC is a not-for-profit association representing all 144 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs (VA) medical centers; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

VA physician shortages are symptomatic of a broader trend, the proverbial "canary in the coal mine." The AAMC projects a nationwide shortage of between 46,000-90,000 physicians by 2025. Though these shortfalls will affect all Americans, the most vulnerable populations in underserved areas will be the first to feel the impact (e.g., the VA, Medicare and Medicaid patients, rural and urban community health centers, and the Indian Health Service).

To address this shortage, the nation's medical schools have done their part by expanding enrollment by 30 percent. However, there has not been a commensurate increase in the number of GME residency training positions. The primary barrier to increasing residency training at teaching hospitals — and the U.S. physician workforce in turn — is the cap on Medicare GME financial support, which was established in 1997. Thankfully, the DOCS for Veterans Act helps address this hurdle.

Just as Medicare GME supports Medicare's share of training costs at institutions that care for Medicare beneficiaries, VA GME supports residency training programs based at VA medical centers. The Veterans Access, Choice, and Accountability Act of 2014 instructs VA to add 1,500 GME residency slots over five years at VA facilities that are experiencing shortages. However, without an increase in Medicare GME support, there may not be enough affiliate residency positions to accommodate this VA expansion.

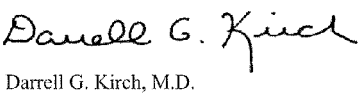
Most VA residency programs do not operate independently. They rely upon the existing administrative and training infrastructure maintained by the nation's medical schools and teaching hospitals. Nearly all VA residency programs are sponsored by an affiliate medical school or teaching hospital. Currently, 127 VA facilities have affiliation agreements for physician training with 130 of the 144 U.S. medical schools.

To assure that VA-based residents receive the highest quality training possible, they need diverse and supervised experiences in a variety of clinical settings. This includes training experiences at the nation's teaching hospitals and the multispecialty practices run by the nation's medical schools. While there is considerable variability among VA medical centers, programs, and specialties, on average medical residents rotating through the VA spend approximately three months of a residency year at the VA (i.e., a quarter of their training).

As such, simply increasing VA GME funding alone will not address the VA crisis. Without a corresponding increase in Medicare GME support, VA medical centers will be unable to capitalize fully on increases in VA GME funding. The DOCS for Veterans Act will allow affiliate teaching hospitals that are already at or above their 1997 Medicare GME cap to receive Medicare support for VACAA residents while they are training at a non-VA facility. This will allow the VA and its academic affiliates to build on an already successful 70-year partnership.

Thank you again for you leadership on this important matter. I look forward to working with you to improve care for our nation's veterans and on legislation to help address nationwide physician workforce shortages.

Sincerely,



Darrell G. Kirch, M.D.
President and Chief Executive Officer

AAMC

Physician Supply and Demand Through 2025: Key Findings

In March 2015, the economic modeling and forecasting firm IHS Inc. released a new study, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*, at the request of the AAMC. Projections for individual specialties were aggregated into four broad categories for reporting: primary care, medical specialties, surgical specialties, and "other" specialties.[1] To reflect future uncertainties in health policy and care use and delivery patterns, the study presents ranges for the projected shortage of physicians rather than a specific shortage number.

Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2013 and 2025, demand will grow more steeply.

- **Total physician demand is projected to grow by up to 17 percent,** with population aging/growth accounting for the majority. Full implementation of the Affordable Care Act accounts for about 2 percent of the projected growth in demand.
- **By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000**. The lower range of estimates would represent more aggressive changes secondary to the rapid growth in non-physician clinicians and widespread adoption of new payment and delivery models such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs).
- **Total shortages in 2025** vary by specialty grouping and include:
  - A shortfall of between **12,500 and 31,100 primary care physicians.**
  - A shortfall of between **28,200 and 63,700 non-primary care physicians,** including:
    - 5,100 to 12,300 medical specialists
    - 23,100 to 31,600 surgical specialists
    - 2,400 to 20,200 other specialists[2]

The physician shortage will persist under every likely scenario, including increased use of advanced practice nurses (APRNs); greater use of alternate settings such as retail clinics; delayed physician retirement; rapid changes in payment and delivery (e.g., ACOs, bundled payments); and other modeled scenarios.

Addressing the shortage will require a multi-pronged approach, including innovation in delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The study's results confirm that no single solution will be sufficient on its own to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2025 is a problem that needs to be addressed in 2015.

1 **Primary care** consists of general & family practice, general internal medicine, general pediatrics, and geriatric medicine. **Medical specialties** consist of allergy & immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology & oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. **Surgical specialties** consist of general surgery, colorectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The **other specialties** category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine & rehabilitation, psychiatry, radiology, and all other specialties.

2 The shortage range for total physicians is smaller than the sum of the ranges for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or non-primary care physicians. Likewise, the range for total non-primary care is smaller than the sum of the ranges for the specialty categories.

Association of
American Medical Colleges

PREPARED STATEMENT OF ADRIAN M. ATIZADO, DEPUTY NATIONAL LEGISLATIVE DIRECTOR, DAV

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee: Thank you for inviting DAV (Disabled American Veterans) to submit testimony for the record of this legislative hearing, and to present our views on the bills under consideration. As you know, DAV is a non-profit veterans service organization comprised of nearly 1.3 million wartime service-disabled veterans. DAV is dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity.

S. 717—THE COMMUNITY PROVIDER READINESS RECOGNITION ACT OF 2015

If enacted this bill would require the Department of Defense (DOD) and Department of Veterans Affairs (VA) to designate certain non-department mental health care providers, presumably in the community—but who are familiar with the needs of active duty servicemembers and veterans—as providers who have particular knowledge relating to mental health care of such individuals.

The bill would require the two departments to work together to establish criteria to determine eligibility of private practitioners to participate in treating these beneficiaries. The bill would specify the necessary eligibility criteria in broad, general terms, including familiarity with, and knowledge about, the military and veteran culture and experience, and of evidence-based treatments for mental health conditions prevalent in the active duty and veteran populations. Qualified candidates would receive a mental health provider "readiness" designation from DOD and VA under the terms of this bill.

The bill would require both DOD and VA to establish and maintain a registry available to the public of all providers who would be so designated. The bill would specify certain mental health professions, but would permit the two departments to broaden the groups of professions that would be eligible to participate.

The bill is silent on whether either DOD or VA would engage these readiness-designated practitioners in any out-referral of authorized contract care, or whether designation of such providers would imply these individuals would gain some level of government preference in treating servicemembers and veterans in private facilities at DOD or VA expense.

The prospect of a private network of mental health providers operating outside either system and providing mental health services to active duty servicemembers as well as to veterans presents the potential for fragmenting these individuals' DOD and VA direct care. Thus, the bill might be more effective if a new provision were added to require the departments to consider out-referrals to members of this designated group on a preferential basis in circumstances in which servicemembers and veterans are being referred by the two departments to outside mental health care. The sponsor may wish to consider the potential implications for servicemembers and veterans who receive direct, integrated care and services in DOD and VA facilities and make adjustments to the bill accordingly.

DAV believes the best and latest expertise to provide military and veteran mental health services resides in DOD and VA, respectively. However, on the assumption that not every servicemember or veteran has ready access to DOD and VA direct care services for mental health, that some might be aided by the information the bill would require to be made public, and on the assumption that some individuals may not want to receive mental health services from direct DOD or VA sources, DAV would offer no objection to enactment of this bill. Nevertheless, we ask that our concerns be taken into consideration if the Committee intends to advance this bill.

S. 1676—THE DELIVERING OPPORTUNITIES FOR CARE AND SERVICES FOR VETERANS ACT OF 2015

This bill, in four titles, would increase the number of graduate medical education positions treating veterans, improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and establish new requirements to aid the care and services delivered to veterans in rural and remote areas.

Section 101 of the bill would exempt VA from limiting additional appointments of medical and osteopathic residents when fulfilling the requirements of section 302(b) of Public Law 113–146. Existing law, in title 42, United States Code, imposes a ceiling on hospital residency positions for cost-reporting purposes in the Federal graduate medical education program (which reimburses residency costs from Federal funds). This bill would authorize hospitals to disregard and not take into account these limitations when additional residency positions are established in VA to fulfill the requirements of Public Law 113–146. The section would make technical changes to effect this policy exemption.

Section 102 of this bill would extend for an additional five years a mandate from Public Law 113–146 for VA to add 1,500 new medical residency positions to its existing graduate medical education program, and also would extend for the same period VA's requirement to report periodic progress to Congress in increasing VA residency positions.

Section 103 would establish a six-year pilot program of not less than three graduate medical education residency programs in behavioral medicine in underserved areas in the United States. Participating agencies would be VA, the Indian Health Service, and private and public hospital facilities that participate in the Medicare program. The bill would establish criteria for locating such residency programs, and would require an annual report to Congress to measure the progress of the pilot program, and any impediments encountered.

Section 104 of this bill would require VA to include marriage and family therapists, and licensed professional mental health counselors, in its existing health per-

sonnel education programs. In including these two new categories of personnel, the bill would also require VA to apportion funds equally for each of the health occupations included in the existing program.

DAV has not received a resolution from our membership on the specific purposes of this section; thus, DAV takes no formal position on the bill. Nevertheless, we are concerned that the bill would parse VA resources and require each occupation concerned in the personnel training program to receive an equal share of the resources to be spent overall. DAV believes the level of expenditures for each profession or technical field concerned should be determined by VA, not through an edict of law. A number of variables could come into play and potentially waste valuable resources if they were required to be obligated to one professional or technical field despite the requirements of the others. We recommend VA be afforded the flexibility to make these decisions to ensure resources are spent most effectively.

We would also remind the Committee of DAV's and VA's prior testimonies dealing with the topic of marriage and family counselors and licensed mental health counselors, and their potential employment in VA. DAV has long agreed with VA's position that these individuals from these professions could be employed in the Department's mental health programs without further acts of Congress.

Section 105 of this bill would also expand VA's hiring authority to include hiring mental health counselors who are educated at the doctoral level.

Title III of this bill would increase compensation levels of certain health care executives in the Veterans Health Administration. DAV takes no formal position on these provisions.

Title IV of the bill (section 401) would require VA to establish a two-year pilot program to determine the feasibility and advisability of implementing a "nurse advice line" in rural and highly rural areas with significant veteran populations. The functions of the advice line would include providing medical advice, appointment and cancellation services, and information on the availability of benefits. This bill would require a VA report on the results of the pilot program, with specific parameters.

DAV has received Resolution No. 226 from our members at the most recent DAV National Convention, calling on Congress to improve VA health care services to rural and remote veterans. Therefore, we support Title IV of the bill.

S. 1754—THE VETERANS COURT OF APPEALS SUPPORT ACT OF 2015

This bill would permanently expand the number of judges authorized to preside over the United States Court of Appeals for Veterans Claims (CAVC) from seven judges to nine.

The CAVC's caseload averages roughly 4,600 cases per year. As a result, the CAVC has had one of the highest, if not the highest, caseloads per active judge of any Federal appellate court in the country. In response, the CAVC was authorized in 2008, as part of the Veterans Benefits Improvement Act, to expand temporarily from seven to nine judges as of January 2010.

The authorization to increase the number of CAVC judges was set to expire at the end of 2012 if the positions were not filled within that timeframe. Fortunately for the CAVC, the two available vacancies were filled prior to the authority's expiration date. Due to this temporary authorization the CAVC now stands at nine judges, an increase justified due the growing number of appeals.

If these two temporarily authorized appointments become vacant, the CAVC is not authorized to replace them as restricted under title 38, United Stated Code, § 7253 (i) (2), which sets the limit of judges to not more than seven. Allowing the number of judges to drop below nine would adversely impact the CAVC's ability to make timely decisions because the remaining judges would be left to absorb the ongoing workload.

DAV has no resolution to support this bill; however, because permanently expanding the number of judges would be in the best interest of veterans who rely on the Court to resolve their claims, we would not object to its favorable consideration.

S. 1885—THE VETERAN HOUSING STABILITY ACT OF 2015

This bill would amend title 38, United States Code, by expanding service and assistance to include veterans who are homeless, at risk of becoming homeless, and veterans with very low income. This expansion would also include veterans transitioning to occupancy, and maintaining permanent residential occupancy. In addition, this bill would also expand the current definition of "covered veteran" to include a veteran who is enrolled in the VA homeless registry.

This legislation would require the Secretary to implement case management oversight for veterans enrolled in the homeless registry, participating in programs fall-

ing under the homeless veteran category, and those associated with it. It would establish reporting requirements to Congress. The bill would also designate intense case management sites in three locations with the highest homeless veteran populations across the United States, and three in suburban or rural areas totaling no fewer than six sites.

This bill also would require the Secretary to utilize resources from within the community. It would require the Secretary to conduct outreach, educating those with resources relative to housing about the needs of veterans, and the benefits of having veterans as tenants, and build upon community relationships. The Secretary would be required to collaborate with other community service providers, particularly housing and urban development, public housing, tribally designated housing, realtors, landlords, property management companies, and developers. This bill would establish criteria to use in determining success or failure of the services provided.

This bill would establish a VA National Center of Homelessness Among Veterans. The center would function as a clearinghouse and resource center, wherein all factors affecting veterans' homelessness can be researched. The center would also provide oversight on the effectiveness of related programs, and provide a foundation for best practices in reducing homelessness. The center would open no later than September 1, 2016, with a report due to Congress no later than December 1, 2018.

DAV is pleased to offer support of this bill. It is consistent with DAV Resolution No. 118, which calls for sustained and sufficient funding to improve services for homeless veterans.

S. 2013—THE LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015

This bill would authorize the Department of Veterans Affairs (VA) to carry out certain leases at the VA's West Los Angeles Campus in Los Angeles, California, for establishment of supportive housing; health, education, and family support; vocational training, and other services that principally benefit veterans and their families. The bill would also authorize a lease of real property to a California institution that has had a long-term medical affiliation with the VA at the Los Angeles campus.

DAV has received no resolution from our membership; however, we would not be opposed to enactment of this bill.

S. 2022—TO INCREASE THE AMOUNT OF SPECIAL PENSION FOR MEDAL OF HONOR RECIPIENTS

The appropriate Secretary of the Army, Navy, Air Force, or Coast Guard is required to pay a special pension on a monthly basis to each living person whose name has been entered on the Medal of Honor (MOH) Roll. The base rate for this special pension is currently $1,000 per month. This payment increases based on changes in cost of living.

This bill would increase the base rate of this special pension from $1,000 to $3,000. The bill also includes provisions that would govern the annual periodic increase of this benefit.

The MOH pension is paid as a sole benefit or added to VA pension or compensation rates for veterans who were awarded the MOH for their distinguished military service. While DAV has no resolution to endorse this particular legislation, we would not object to its enactment, which would provide this increased benefit to these deserving members of our Armed Forces who have gone above and beyond the call of duty for our country.

Mr. Chairman and Members of the Committee, this concludes DAV's testimony. We thank the Committee for inviting DAV to submit this testimony for the record of this hearing. DAV is prepared to respond to any further questions by Committee Members on the positions we have taken with respect to the bills under consideration.

LETTER FROM GREGORY C. SCOTT, PRESIDENT & CEO, NEW DIRECTIONS FOR VETERANS

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

Dear Senator Isakson,

More than a hundred years ago, the land now known as the U.S. Dept. of Veterans Affairs' West Los Angeles Medical Center was dedicated to veterans, so that no veteran in Los Angeles would ever be homeless. Unfortunately, today, there are over 4,000 homeless veterans in Los Angeles County. This land represents an opportunity to take a dramatic step to end homelessness among veterans. **New Directions for Veterans strongly supports the proposed Los Angeles Homeless Veterans Leasing Act of 2015, legislation introduced by Senators Dianne Feinstein and Barbara Boxer and Representative Ted Lieu that gives the Department leasing authority with the oversight provisions that are needed.**

It would be a mistake to let this great facility sit underutilized while there are veterans who need care. This legislation will not only bring this valuable land back to its dedicated purpose, but it will do so in a fiscally responsible way that relies on public-private partnerships, while the VA's role will be kept narrow and well-defined.

Past mismanagement was the subject of an 2011 American Civil Liberties Union lawsuit settled earlier this year by VA Secretary Robert McDonald. As part of the settlement, the VA is required to work with the veterans and community to develop a new Master Plan for the West Los Angeles Medical Center that will detail future housing for homeless veterans, and a wide range of veteran services to be developed on the campus. The legislation contains safeguards to prevent future mismanagement of the campus, including a prohibition on selling property for private gain. To best fulfill the new Master Plan, the VA needs leasing authority to bring more non-profit and local government partners onto the campus to provide additional veteran housing and services. The Master Plan may also propose to terminate partners on the campus that do not commit to adequately serve veterans.

Los Angeles is the epicenter of Veteran homelessness in this nation, and no non-profit organization is more familiar with serving veterans on land owned by the US Dept. of Veterans Affairs than New Directions for Veterans. We have three Enhanced Use Leases today that are of the exact variety that would be authorized by this legislation. One of them is already on the West Los Angeles Medical Center campus, and two are on the Sepulveda Ambulatory Care Center campus. **We can attest to the success of placing hundreds of high-acuity veterans in direct**

proximity to VA healthcare; any opportunity to place supportive housing on a VA campus adjacent to health facilities should not be passed up.

New Directions for Veterans is determined to build a national community in which all at-risk veterans and their families lead lives of honor, dignity, well-being, and respect. For our vision to be realized, people would have to believe that it is our individual and societal responsibility to ensure the support of Veterans who served our country. At long last, and in accordance with the vision that no veteran go homeless, the West Los Angeles Medical Center campus is moving in a direction that demonstrates this belief.

As an agency that only serves Veterans, our staff works alongside the VA at all levels; we consider the Master Plan to be a viable framework to support an excellent use of this land. Los Angeles is expected to see 24,000 additional younger veterans per year, bringing the population of post-9/11 veterans in Los Angeles to nearly 60,000 by 2017. Many returning veterans have experienced long and multiple deployments, combat exposure, and physical injuries, as well as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI). **Housing at the West L.A. VA Medical Center is the ideal location to support veterans, and is the highest, best use of this site. This is where they can best be supported, and it works very well.**

Cost-Effective

Providing this leasing authority creates a remarkably cost-effective solution. Existing, often abandoned VA-owned structures in need of asbestos abatement, lead abatement, and seismic retrofit, will be now be fixed up with private dollars. With only this legislation, and based solely on the availability of existing financing, we calculate that nearly 1,000 units of housing for homeless veterans per year could be built on the West Los Angeles campus over the next eight years, commencing with 150 units that would start construction in fall 2016, then proceeding with closer to 100 units per year for the years that follow. Most of these could be built within existing physical structures without any federal funds beyond what is already budgeted, and with very limited direct involvement of the VA. This is made possible by California voters' decision in summer 2014 to set aside $600 million in capital, which can provide up to $10,000,000 for any residential building built for homeless veterans.

The Results Are Already In

While we remain deeply concerned about the department's historic track record at the West Los Angeles Medical Center, we have ourselves experienced success within the midst of this campus and with the nearby Sepulveda Ambulatory Care Center, which is also part of the regional healthcare system.

- New Directions' Vocational Opportunity Center at Building 116, a transitional housing and employment center, was a groundbreaking VA collaboration when it opened

- More recently, many consider the New Directions Sepulveda housing complex -- which opened two years ago in two formerly vacant/underutilized buildings on the grounds of the

Sepulveda Ambulatory Care Center in North Hills area of Los Angeles – to be a model for the nation in how to keep homeless and disabled veterans successfully housed in their own apartments. This has been a great success – with retention of more than 90 percent after two years– and this is possible only because of a strong partnership made up of New Directions staff and V.A. medical staff, and a focus where it belongs: on the needs of the veterans. This is the model under which housing would be built on the VA campus.

Our housing in North Hills is a pilot for what could be built on the West Los Angeles Medical Center campus. After the first year, an astoundingly high 97% of homeless veterans still lived there, thanks to aggressive use of supportive services, management, and collaborative care with the V.A. This is impressive, as the rate of chronic homelessness among tenants is above 90% and all tenants are disabled. **The success of placing so many high-acuity veterans in direct proximity to V.A. healthcare cannot be overstated; any rare opportunity to place supportive housing on a V.A. campus adjacent to health facilities should not be passed up.**

Generally, what we observed at Sepulveda Ambulatory Care Center, and also what veterans have reported back to us, is a marked change in treatment and reception from hospital staff in general. The present of homeless veterans had a positive influence on shifting the campus culture to be more veteran-centric. Rather than requiring that the veterans adhere and bend to their policies, which are not always realistic for the population we serve, the campus must accept them and focus on their needs. This is ground-level cultural and institutional change, and we believe bringing housing to the West Los Angeles Medical Center would also be "game-changing."

Growing Needs

With today's generation of younger veterans, we want to meet them where they are at, before their needs become more than we can handle. Thus, New Directions for Veterans considers the intense availability of services on the VA campus to be essential in addressing the population of younger veterans who are expected to experience poly-trauma. Los Angeles is expected to see 24,000 additional younger veterans, bringing the population of post-9/11 veterans in Los Angeles to nearly 60,000 by 2017.**Many returning veterans have experienced long and multiple deployments, combat exposure, and physical injuries, as well as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI).** Trauma victims are at a much higher level risk for co-occurring mental health and substance use disorders, violence victimization, self-injury, and other such coping mechanisms. Trauma has been linked to social, emotional, and cognitive impairments, disease, disability, disease, disability, serious social problems and premature death.

Your Support is Requested

We know that the cost-effective solution proposed by this legislation will save the lives of many homeless Veterans who have earned the right to lead lives of honor, dignity, well-being, and respect. **Housing on the campus at the West L.A. VA Medical Center is the ideal location to support these veterans, and is the highest, best use of this site. This legislation provides for an efficient, needed solution, and will serve all Veterans. We are behind it, and we ask you to support it.**

We will be in Washington, D.C. during the week of October 4, and would be happy to talk to you in person about this bill.

Sincerely,

Gregory G. Scott
President & CEO

PREPARED STATEMENT OF DIANE BOYD RAUBER, ESQ., DIRECTOR OF LEGISLATIVE AND REGULATORY AFFAIRS, NATIONAL ORGANIZATION OF VETERANS' ADVOCATES, INC.

On behalf of the National Organization of Veterans' Advocates, Inc. (NOVA), I would like to thank Chairman Isakson and Ranking Member Blumenthal for the opportunity to provide written testimony for the record during a legislative hearing of the Senate Committee on Veterans' Affairs on October 6, 2015.

Our written testimony will address Senate Bill 1754, the "Veterans Court of Appeals Support Act of 2015."

VETERANS COURT OF APPEALS SUPPORT ACT OF 2015

NOVA supports S. 1754, the "Veterans Court of Appeals Support Act of 2015," which makes permanent the temporary increase in the number of judges presiding over the U.S. Court of Appeals for Veterans Claims ("Veterans Court").

In 1988, Congress enacted the Veterans Judicial Review Act of 1988 (VJRA). The VJRA created an Article I court to provide judicial oversight to a veterans' benefits adjudication process that had existed in "splendid isolation" from our legal system. *Brown* v. *Gardner*, 513 U.S. 115, 122 (1994) (quoting H.R. REP. NO. 100–963, pt. 1, at 10 (1988), as reprinted in 1988 U.S.C.C.A.N. 5782). Veterans and their dependents have exercised their right to judicial appeal in growing numbers since the inception of the Veterans Court.

To assist the Veterans Court, Congress provided for the recall of retired judges in 1999. The chief judge is authorized to recall a retired judge when "substantial service is expected to be performed." 38 U.S.C. § 7257(b)(1). As one commentator noted, by 2007, the Veterans Court was frequently recalling retired judges. Michael P. Allen, *The United States Court of Appeals for Veterans Claims at Twenty: A Proposal for a Legislative Commission to Consider Its Future*, 58 CATH.U.L.REV. 361, 371 n.54 (2009). Review of Miscellaneous Orders issued by the Veterans Court since 2007 indicates it often continues to exercise this authority to meet its needs. See Miscellaneous Orders 2008–2015, United States Court of Appeals for Veterans Claims (available at https://www.uscourts.cavc.gov/miscellaneous—orders.php).

In 2009, Congress further provided for assistance with a temporary increase in the complement of judges serving on the Veterans Court from seven to nine. Veterans Benefits Improvements Act of 2008, Pub. L. No. 110–389, § 601, 122 Stat. 4145, 4176–77 (amending 38 U.S.C. § 7253). This authority expired on January 1, 2013, and without further action, there will be no ability to appoint additional judges when the next two terms expire.

There is ample support for making the temporary increase permanent. In an effort to reduce the much-publicized claims backlog, the VA has processed record numbers of claims in the past few years. According to the VA, their overall claims inventory was reduced from 883,930 to 366,648 during the period between July 13, 2012 and September 26, 2015. In addition, the VA reports their "claims backlog," i.e., the subset of the claims inventory representing claims "awaiting a rating decision for more than 125 days since receipt," was reduced from 611,073 to 75,444 between March 25, 2013 and September 26, 2015. See Veterans Benefits Administration Status Reports (available at http://benefits.va.gov/REPORTS/detailed—claims—data.asp; last reviewed October 2, 2015). This action is resulting in an increasing

numbers of appeals to the Board of Veterans' Appeals (Board) and, in turn, to the Veterans Court.

Specifically, from FY 2010 through FY 2013, the Board dispatched an average of 45,981 decisions per year. U.S. Department of Veterans Affairs, *Board of Veterans' Appeals Annual Report (Fiscal Year 2014)* 28 (July 2015) (available at http://www.bva.va.gov/docs/Chairmans_Annual_Rpts/BVA2014AR.pdf); *Board of Veterans' Appeals Annual Report (Fiscal Year 2013)* 25 (available at http://www.bva.va.gov/docs/Chairmans_Annual_Rpts/BVA2013AR.pdf). In FY 2014, the number of decisions dispatched jumped to 55,532. *Board of Veterans' Appeals Annual Report (Fiscal Year 2014)* at 28. In its most recent Annual Report, the Board estimated it would physically receive 74,072 cases for consideration and potentially issue 57,600 decisions in FY 2015. Id. at 21; 28. The number of decisions dispatched is expected to keep rising, particularly as the Board has significantly increased the number of staff attorneys in its employ and is authorized to expand the number of Board members from 64 to 78.

In turn, the Veterans Court received an average of 3,988 appeals and petitions between FY 2010 and FY 2013. United States Court of Appeals for Veterans Claims, *Annual Reports (Fiscal Year 2010–2013)* (available at http://www.uscourts.cavc.gov/report.php). In FY 2014, the number of appeals and petitions rose to 4,057. United States Court of Appeals for Veterans Claims, *Annual Report (Fiscal Year 2014)* (available at http://www.uscourts.cavc.gov/documents/FY2014AnnualReport06MAR15FINAL.pdf). If the Board's projections are any indication, the demand on the Veterans Court is likely to grow at an accelerated rate.

Veterans who seek redress before the Veterans Court have endured many years of agency processing and review while waiting for the compensation earned through their service and sacrifice. These long delays should not be increased due to judicial backlogs related to an understaffed Veterans Court. The Veterans Court should be equipped to handle the anticipated influx of cases with a suitable number of qualified judges. Passage of the Veterans Court of Appeals Support Act of 2015 is one essential way to tackle the avalanche of appeals just on the horizon. Anything less would be an injustice.

For more information: NOVA staff would be happy to assist you with any further inquiries you may have regarding our views on this important legislation. For questions regarding this testimony or if you would like to request additional information, please feel free to contact NOVA Executive Director David Hobson by calling our D.C. office at (202) 587–5708 or by emailing David directly at dhobson@vetadvocates.org.

PREPARED STATEMENT OF BARTON F. STICHMAN, JOINT EXECUTIVE DIRECTOR, NATIONAL VETERANS LEGAL SERVICES PROGRAM

Mr. Chairman and Members of the Committee: Thank you for the opportunity to present the views of the National Veterans Legal Services Program (NVLSP) on pending legislation. This testimony focuses on S. 1754, which would make permanent the temporary increase in the number of judges presiding over the U.S. Court of Appeals for Veterans Claims. The temporary increase was to nine full-time judges and this bill would make that number of judges a permanent fixture at the Court.

NVLSP is a nonprofit veterans service organization founded in 1980. Since its founding, NVLSP has represented over 2,000 appellants before the Court of Appeals for Veterans Claims. NVLSP is one of the four veterans service organizations that comprise the Veterans Consortium Pro Bono Program. In conjunction with the Consortium, NVLSP has, since 1992, recruited, trained, and mentored thousands of volunteer lawyers to represent on a pro bono basis veterans who have appealed a Board of Veterans' Appeals decision to the CAVC without a representative. In addition, NVLSP publishes through Lexis Law Publishing the leading treatise on veterans law—the 1900-page *Veterans Benefits Manual*—that is regularly used by those who represent appellants before the CAVC.

NVLSP supports passage of S. 1754. In the past several years, the caseload of the Court has increased significantly. In fiscal year 2013, the Court received 3,724 case initiations (3,531 appeals and 193 petitions for a writ of mandamus). In calendar year 2014, the Court received 4,438 case initiations. In the first nine months of calendar year 2015, the rate of case initiations further increased to an annual rate of 4,988. Over the last several years, the Court has had nine full-time judges. Although the caseload has increased, the nine full-time judges have been able to continue to issue decisions within a reasonably short period of time after the briefs arrive in chambers for a decision. Given the rising caseload and the fact that it is likely to continue, allowing the number of full-time judges to fall below nine would

threaten the progress the Court has made in issuing decisions within a short period of time.

An additional reason for NVLSP's support of S. 1754 involves the Court's overuse of a shortcut in disposing of appeals—use of its statutory authority under 38 U.S.C. § 7254(b) to decide cases by a single judge. Single-judge decisions are issued by the Court in the form of a "memorandum decision" and are not precedential. Only published opinions issued by a panel of three judges or more carry precedential value. See *Bethea* v. *Derwinski*, 2 Vet. App. 252 (1992). No other Federal court of appeals has authority to decide cases by single judge; all of these other courts of appeal decide cases in panels of three judges or more. Some of these three-judge decisions in the other Federal court of appeals are designated as precedential, while others are designated as non-precedential.

In recent years, single-judge dispositions by the CAVC have come to dominate to a degree far greater than non-precedential decisions are used in the other Federal courts of appeals. In fiscal years 2013 and 2014, the CAVC issued a precedential decision (i.e., an appeal decided by a panel of three judges or more) in only 1.8% of the cases decided by chambers (75 of 4,221). By comparison, in fiscal year 2014, the Federal geographic courts of appeals handled 12% of judgments by a precedential opinion.[1] Although there was some variance, no Federal court of appeals issued a precedential decision in less than 6% of its decisions.[2]

The relative lack of precedential decisionmaking by the CAVC is inconsistent with its role as a national judicial interpreter of the law. The Court's aversion to precedential decisionmaking has an adverse impact on the claims adjudication process. The lack of precedential decisions that interpret the meaning of statutes and regulations leaves veterans, the VA regional offices, and the Board of Veterans' Appeals without binding guidance on how these authorities should be interpreted. When the VA decides claims in situations where the law is not clear, it encourages veterans whose claims are denied to appeal to a higher authority. Thus, the lack of binding precedent on the proper construction of a statute or regulation exacerbates the existing backlog of pending appeals within VA and leads to inconsistent outcomes for similarly situated veterans.

Shortly after the Court was created by Congress, the CAVC took reasonable steps to cabin its authority to dispose of an appeal by a single judge. It announced in *Frankel* v. *Derwinski*, 1 Vet. App. 20, 25–26 (1990) that a single-judge disposition was only appropriate if "the case on appeal is of relative simplicity" and

1. does not establish a new rule of law;
2. does not alter, modify, criticize, or clarify an existing rule of law;
3. does not apply an established rule of law to a novel fact situation;
4. does not constitute the only recent, binding precedent on a particular point of law within the power of the Court to decide;
5. does not involve a legal issue of continuing public interest; and
6. the outcome is not reasonably debatable.

The CAVC continues to publicly embrace the Frankel criteria to this day.

But a survey of the single-judge decisions issued by the Court in 2013 and 2014 demonstrates that the Court is not faithful to these reasonable criteria. As the Court's annual reports reflect, there are three possible outcomes to an appeal over which the Court has jurisdiction: the Board of Veterans' Appeal decision denying benefits is either (1) affirmed, (2) reversed, or (3) vacated and remanded for further administrative proceedings. In calendar year 2013, the variance in the affirmance rates among the nine judges in a single-judge decision was between a low of 26% for one judge to a high of 65% for another judge. In other words, in 2013, the first judge was 2.5 times more likely to affirm a challenge to a BVA decision denying a claim for benefits than the second judge. In 2013, three of the nine full-time judges were each over twice as likely to affirm a challenge to a BVA decision denying a benefits claim as either of two other judges.

The variance in the results of single-judge memorandum decisions in 2014 was just as great as it was in 2013. The judge with the highest affirmance rate (60%) in 2014 was the same judge who had the highest affirmance rate in 2013. The judge with the lowest affirmance rate (22%) in 2014 was the same judge who had the lowest affirmance rate in 2013. In 2014, as in 2013, the judge with the highest affirmance rate was over 2.5 times more likely to affirm a challenge to a BVA decision denying a claim for benefits than the judge with the lowest affirmance rate. In 2014,

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[1] See STATISTICS DIV., ADMIN. OFF. U.S. CTS., JUDICIAL BUSINESS OF THE UNITED STATES COURTS: 2014 ANNUAL REPORT OF THE DIRECTOR, [hereinafter, U.S. COURTS 2014 REPORT] tbl. B–12, available at http://www.uscourts.gov/statistics-reports/judicial-business–2014.

[2] See id.

four of the nine full-time judges as an aggregate were over twice as likely to affirm a challenge to a BVA decision denying a benefits claim as three of the other judges as an aggregate.

A statistical analysis of the large variance in 2013 and 2014 in the affirmance rates among the nine CAVC judges is that the magnitude of the variance cannot be explained by chance. That is, the large variance shows that single judges in 2013 and 2014 reached outcomes in some individual appeals that would result in a different outcome had the appeal been adjudicated instead by one or more of the other judges. This is compelling evidence that single judges issued a significant number of memorandum decisions in 2013 and 2014 that were "reasonably debatable," in violation of the last Frankel criterion.

Members of the Court's Bar have communicated with the Court about the problems with the Court's overuse of nonprecedential single-judge decisionmaking. NVLSP is hopeful that the Court will respond to this constructive criticism by adjusting its decisionmaking process so that, at minimum, the percentage of cases decided by a panel of three CAVC judges in a precedential opinion approximates the percentage of precedential cases decided by the other Federal courts of appeal. NVLSP believes that by providing the Court with a permanent roster of nine full-time judges, S. 1754 will serve as a catalyst to encourage the Court to make this adjustment. The Committee should, however, consider amending S. 1754 by adding a requirement that the Court periodically report to the Senate and House Committees of Veterans Affairs about the steps it is taking to adjust its decisionmaking process so that the percentage of cases decided by a panel of three CAVC judges in a precedential opinion is equal to or exceeds the percentage of precedential cases decided by the other Federal courts of appeal.

PREPARED STATEMENT OF PARALYZED VETERANS OF AMERICA

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on legislation pending before the Committee. We appreciate the Committee focusing on these issues that will affect veterans and their families.

S. 717, THE "COMMUNITY PROVIDER READINESS RECOGNITION ACT OF 2015"

PVA supports S. 717, the "Community Provider Readiness Recognition Act of 2015." This legislation would allow the Department of Defense (DOD) and the Department of Veterans Affairs (VA) to designate certain non-department mental health care providers as knowledgeable, comfortable, and understanding of the culture of members of the armed services. It would make available a registry of those mental health providers for servicemembers and veterans to use. Given the critical shortage of mental health providers within the VA, community providers are often the only option. Many may be ill-equipped to provide care specific to one's military experience. By designating those culturally competent providers, VA can lessen the likelihood servicemembers and veterans will receive poorer quality care.

S. 1676, THE "DELIVERING OPPORTUNITIES FOR CARE AND SERVICES FOR VETERANS ACT OF 2015"

PVA supports S. 1676, the "Delivering Opportunities for Care and Services for Veterans Act of 2015." This legislation seeks to address workforce issues inhibiting the Department of Veterans Affairs from meeting the needs of veterans in rural areas. This bill would allow for the training and hiring of desperately needed medical and behavioral health providers at VA medical facilities. It would ensure that the additional 1,500 medical residency slots authorized by the Veterans Access, Choice, and Accountability Act of 2014 would not count toward the current cap put in place by the Balanced Budget Act of 1997 on Medicare-funded graduate medical education (GME) positions. Further, it would establish mental health residency programs between VA and Indian Health Services (IHS) and clarify that doctoral degrees be recognized when determining eligibility for mental health counselor positions. The veterans of Iraq and Afghanistan are the most rural veteran cohort since World War I. These men and women will continue to rely on the VA system for decades to come. This legislation will help to resource VA with critically needed providers and leadership.

S. 1754, THE "VETERANS COURT OF APPEALS SUPPORT ACT OF 2015"

PVA in accordance with past recommendations of *The Independent Budget* supports S. 1754, the "Veterans Court of Appeals Support Act of 2015." As pointed out in the current version of *The Independent Budget*, the Court of Appeals for Veterans Claim's (CAVA) caseload averages roughly 4,600 cases per year making it have one of the highest, if not the highest, caseloads per active judge of any Federal appellate court in the country. Recognizing this challenge, in 2008 the CAVC was authorized to temporarily expand to nine judges.

We ask the Committee and Congress to enact S. 1754 to permit a permanent increase in judge appointments to keep pace with an increasing caseload that PVA believes will continue to grow as the VA backlog is reduced.

S. 1885, THE "VETERAN HOUSING STABILITY ACT OF 2015"

PVA fully supports S. 1885, the "Veteran Housing Stability Act of 2015." PVA has continuously supported improving the housing options for homeless veterans. Veterans have made this country strong and protected our way of life. It is unfortunate that many veterans, often faced with the challenges of mental illness and substance abuse, become trapped in the ravages of homelessness.

The VA has had several successes in reducing homelessness among veterans, but there is still more that can be done. The proposed legislation will continue to improve on previous programs and also provide for some of the most at risk veterans through the provisions of Section 3's program of intensive management interventions for veterans covered by the legislation. PVA's greatest concern is that as has happened in the past, Congress dictates VA programs without an adequate increase in funding. While funding provisions are not included in the legislation, PVA welcomes the reporting requirements that would identify both the cost of carrying out the program, as well as an estimate of costs VA would have incurred for services had the program not existed.

In addition, PVA welcomes efforts to improve the retention of housing by veterans that were formally homeless. Preventing veterans from becoming homeless in the first place should be the overarching goal of homeless programs. In the event a veteran becomes homeless and is able to acquire new housing, it is even more critical to break the cycle of homelessness to prevent them from becoming homeless again. PVA applauds these efforts as well as the expansion of housing assistance programs outlined in Section 5.

America's veterans are some of the most deserving citizens and it is critical that the Nation demonstrate their continuing care for those who have borne the battle, especially when they suffer from homelessness.

S. 2013, THE "LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015"

PVA supports S. 2013, the "Los Angeles Homeless Veterans Leasing Act of 2015." This legislation would authorize the Department of Veterans Affairs (VA) to work with local governments and non-profits to enter into long-term lease agreements for the sole purpose of providing supportive housing to veterans. The services that must be furnished by the lease-holders include nutrition, health care, vocational training, child care and transportation. Similar leases have been used to develop housing at VA properties across the country. Los Angeles County has around 4,400 chronically homeless veterans, according to the Los Angeles Homeless Services Authority. This is the largest population of homeless veterans in the country. Given budget shortfalls for construction, this bill will allow VA to create new housing faster than the agency could on its own by partnering with local governments and non-profits.

S. 2022

PVA supports the increase in the special pension for Medal of Honor recipients. As our most honored heroes, those who have earned this prestigious honor, deserve our greatest respect and support.

Once again, we thank you for the opportunity to submit for the record. We look forward to working with the Committee to see these proposals through to final passage. We would be happy to take any questions you have for the record.

PVA would like to thank you again for the opportunity to testify on the proposed legislation. We hope that the Committee will give these bills swift consideration and move them forward for consideration in the full Senate. We would be happy to answer any questions that you may have.

PREPARED STATEMENT OF ALEKS MOROSKY, DEPUTY DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Chairman Isakson, Ranking Member Blumenthal and Members of the Committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and our Auxiliaries, I would like to thank you for the opportunity to testify on today's pending legislation.

S. 717, THE COMMUNITY PROVIDER READINESS RECOGNITION ACT OF 2015

This legislation seeks to improve the private sector's ability to provide culturally competent and evidence-based mental health care to servicemembers and veterans by establishing a Department of Veterans Affairs/Department of Defense (VA/DOD) mental health readiness program for private sector providers. The VFW agrees with the intent of this legislation, but cannot support the bill as written.

In a recent study entitled "Ready to Serve" the RAND Corporation found that only 13 percent of private sector mental health providers deliver culturally competent and evidence-based mental health care. The VFW is also concerned by RANDs findings that less than 18 percent of TRICARE affiliates and less than 50 percent of private sector providers who work in a military or VA setting met RAND's readiness criteria. The VFW acknowledges that VA and the military health care systems may never have the resources or capacity to directly deliver timely mental health care to all the servicemembers and veterans they serve. Thus, the two systems have a vested interest to ensure the private sector is ready and able to provide high quality mental health care when such care is not readily available at military treatment facilities or VA medical facilities.

The VFW supports the intent of the readiness program, however, we are concerned that a readiness designation would be interpreted by servicemembers and veterans as VA and DOD deeming providers who are listed in the readiness registry as participants in their respective private sector provider networks. This may result in servicemembers and veterans receiving care from providers on the registry, but not being covered for such services by VA or DOD.

To ensure this does not occur, the VFW recommends that the Committee amend the legislation to limited program eligibility to private sector providers who have been approved to participate in the VA Choice network or the TRICARE network. This would incentivize providers to join VA and DOD networks and would increase readiness among private sector mental health care providers who treat servicemembers and veterans.

However, the VFW would oppose making the readiness program a requirement for acceptance into VA's or DOD's private sector provider networks. Approval to participate in VA's and DOD's networks must continue to be based on a provider's accreditation and license to practice medicine.

S. 1676, THE DOCS FOR VETERANS ACT OF 2015

The VFW supports ten of the eleven sections included in this legislation which would improve the quality of health care for rural veterans. The VFW does not support section 202 as written, but would like to offer a suggestion to improve it.

VA is the largest single provider of health professions education in the United States and is second only to Medicare and Medicaid in funding graduate medical education (GME). According to VA, more than 120,000 health professionals train in VA medical facilities annually and almost all VA medical facilities have some health professions trainees. To further increase VA's role in training America's health care workforce, the Veterans Access, Choice and Accountability Act of 2014 authorized VA to add 1,500 additional GME residency slots over five years. However, a Medicare imposed cap on GME slots has limited VA's academic affiliates from accepting additional slots. We support removing that barrier to ensure VA continues to train America's health care providers. This legislation also includes other provisions that would increase access to VA health care for rural veterans. With the growing number of veterans living in rural areas, the VFW supports efforts to ensure rural veterans have timely access to the health care they need.

This legislation would also require that at least 30 percent of VA's Education Debt Reduction Program beneficiaries practice medicine in rural or highly rural areas. While the VFW supports expanding health care access for rural veterans, we cannot support establishing a quota for this important program. The Education Debt Reduction Program enables VA to recruit and retain the best and brightest health care professionals throughout the country. Requiring VA to have 30 percent of program beneficiaries practice in rural areas may limit VA's ability to recruit and retain health care professionals in areas or occupations with the greatest need. The VFW

recommends the Committee amend section 202 to ensure the Education Debt Reduction Program is appropriately dispersed among health care providers in urban, rural and highly rural areas without establishing quotas.

S. 1754, THE VETERANS COURT OF APPEALS SUPPORT ACT OF 2015

The VFW supports this legislation, which would permanently increase the number of judges at the Court of Appeals for Veterans Claims (CAVC) from seven to nine.

Under current law, the CAVC is authorized up to seven active judges, but temporary expansions of two additional judges were authorized in 2001 and again in 2008. These expansions came in an effort to stagger the terms of the judges. The original members of the CAVC all had terms that ended at the same time. The temporary expansion allowed more judges to be appointed within a certain timeframe, with the thought that there would then be some judges on the court who had at least a few years of experience when the majority of the judges retired. Unfortunately, since the current cohort also have terms that end around the same time, the Court will soon be in a similar predicament.

The current situation is as follows: Judge Moorman recently retired, bringing the Court down to eight members. The terms of Judge Hagel, Kasold, Schoelen, Davis, and Lance all expire in 2018 and 2019. Judges Greenberg, Pietsch and Bartley were all appointed in 2012 under the last expansion.

While it is possible for judges to be reappointed, it is unlikely that more than two of the five whose terms expire in the next few years will seek or accept reappointment. The VFW believes that expanding the Court is necessary to avoid a circumstance where judicial nomination, which can be an intensive and politically fraught process, would reduce the number of members of the court. If the Court is temporarily reduced to five of the seven judges authorized while they wait for the nomination and installation process, the backlog of cases at the Court would almost certainly grow, along with veterans' wait times.

With over 318,000 total appeals pending at VA, the appeals to the Board and the Court will only continue to grow in the foreseeable future. The VFW believes that the CAVC must remain fully staffed in order to handle the coming workload. With this in mind, we believe it is both justified and prudent to permanently expand the number of judges at the CAVC.

S. 1885, THE VETERANS HOUSING STABILITY ACT OF 2015

The VFW firmly believes that no veteran should ever be homeless. We praise the great progress that has been made in reducing veterans' homelessness in recent years as a direct result of coordinated efforts across multiple government agencies to provide transitional housing, rapid rehousing, and employment programs for veterans in need. This legislation seeks to build on that progress by improving the benefits afforded to homeless veterans. The VFW supports this legislation and has a suggestion to improve it.

This legislation would clarify the definition of homeless, thereby aligning it with the McKinney-Vento Act to include those displaced by domestic violence. Expanding the definition of homeless to include veterans who are fleeing situations of domestic abuse is the right thing to do. This change would ensure veterans who have the courage to leave their abusive and sometimes life-threatening situations receive access to the benefits VA already provides thousands of homeless veterans. The VFW believes this legislation will significantly improve the lives of those who become homeless as a result of difficult circumstances outside of their control, and help them begin a new chapter in their lives.

This legislation would also provide case management services to veterans who are at risk of becoming homeless to ensure they are able to retain their housing. This legislation would expand other homeless programs to at risk veterans. The VFW believes that the best way to eliminate homelessness among veterans is through prevention. We fully support such expansion and believe it will enable the Administration to significantly reduce the number of homeless veterans.

The VFW generally supports section 7, which would require the Secretary to establish a national center for homelessness among veterans. While the VFW recognizes the need for a center of excellence to collect and disseminate best practices, we are concerned the center may not have the ability to ensure VA medical facilities and regional offices utilize such best practices. For this reason, we suggest that this section include an operations and compliance mechanism to ensure the Department fully benefits from having a center of excellence that improves the benefits VA provides homeless veterans.

S. 2013, THE LOS ANGELES HOMELESS VETERANS LEASING ACT OF 2015

The national VFW supports the position of the Department of California VFW to quickly enact S. 2013. This legislation sets the course to return the Veterans Affairs West Los Angeles Campus to a campus that meets the intent of the land grant by providing services directly to veterans in the community. We look forward to its quick passage.

S. 2022, TO AMEND TITLE 38, UNITED STATES CODE, TO INCREASE THE AMOUNT OF SPECIAL PENSION FOR MEDAL OF HONOR RECIPIENTS, AND FOR OTHER PURPOSES.

This legislation would increase the amount of special pension granted to Medal of Honor recipients from $1,000 to $3,000 per month, adjusted annually for inflation. Medal of Honor recipients are held in the highest esteem by the veterans and military community. These men have turned the tide of battle against overwhelming enemy forces, and saved the lives of their comrades at great risk to themselves. With only 78 Medal of Honor recipients alive today, increasing their pension would not create a significant cost, but would represent a small but meaningful token of our appreciation for their heroic actions. Accordingly, the VFW supports this legislation.

Mr. Chairman, this concludes my testimony and I will be happy to answer any questions you or the Committee Members may have.

LETTER FROM REP. TED W. LIEU, U.S. MEMBER OF CONGRESS FROM CALIFORNIA

TED W. LIEU
33rd District, California

COMMITTEE ON THE BUDGET

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

Congress of the United States
House of Representatives
Washington, DC 20515–0533

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October 5, 2015

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans' Affairs Committee
Washington, DC 20510

Dear Chairman Isakson and Ranking Member Blumenthal:

As the Senate Veterans' Affairs Committee prepares to hold a hearing on October 6 on pending Department of Veterans Affairs (VA) health care and benefits legislation, I am writing to reaffirm my strong support for S. 2013, the Los Angeles Homeless Veterans Leasing Act of 2015, for which I have sponsored the companion legislation in the House. S. 2013, like H.R. 3484, will grant the Department the requisite legislative authority to work with local governments and non-profits to provide additional housing and services for homeless and disadvantaged veterans at the West Los Angeles Campus.

As you know, VA reached an historic agreement to end the lawsuit brought against it by the American Civil Liberties Union of Southern California, and is in the process of creating a new Master Plan to ensure the campus fully serves the needs of all veterans in Southern California. I worked closely with Sens. Feinstein and Boxer to support these efforts. Our legislation does the following:

First, it gives the Department authority to enter into enhanced use leases for the West Los Angeles Campus for the sole purpose of providing homeless veteran housing. This authority is coupled with a prohibition against selling, or in any other way disposing of, property for private development and private gain, which was contemplated in the past. This prohibition was also included in the *Consolidated Appropriations Act of 2008* to protect portions of the campus from being sold to private entities.

There is a critical need for long-term supportive housing on the West Los Angeles Campus, and enhanced use leases would allow the department to work with community and state organizations toward the goal of ending veteran homelessness in Los Angeles. As you may be aware, Los Angeles is home to the largest population of homeless veterans in the country.

PRINTED ON RECYCLED PAPER

Second, our legislation provides leasing authority for the West Los Angeles Campus in order to bring in community partners, such as the University of California – Los Angeles, to provide services that benefit veterans and help make the campus a veteran-centric community setting. I support giving VA this authority but believe it should be restricted to providing critical benefits for veterans, including homeless, disabled, aging and women veterans.

I look forward to working with you to provide the Department the authority, coupled with congressional oversight, needed to improve how the West Los Angeles Campus serves veterans.

Sincerely,

TED W. LIEU
Member of Congress

cc:
The Honorable Jeff Miller, Chairman, House Veterans Affairs Committee
The Honorable Corrine Brown, Ranking Member, House Veterans Affairs Committee

LETTER FROM STEPHEN PECK, MWS, PRESIDENT & CEO, UNITED STATES VETERANS INITIATIVE

"Serving Those Who Served"

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October 5, 2015

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Jeff Miller
Chairman
House Veterans' Affairs Committee
Washington, DC 20515

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Corrine Brown
Ranking Member
House Veterans' Affairs Committee
Washington, DC 20515

Dear Chairmen and Ranking Members,

I am writing in support of legislation recently introduced by Senator Diane Feinstein, the "Los Angeles Homeless Veterans Leasing Act of 2015" (S. 2013), which would allow public-private partnerships to construct additional supportive veteran housing on the West Los Angeles VA medical campus.

As you are aware, Los Angeles, where U.S.VETS is headquartered, is the homeless veterans capital of the United States with more than 4,000 veterans still living on our streets. There are too few support services that offer them the help they need to lift themselves out of homelessness, and there is a drastic shortage of affordable housing units that will enable homeless veterans to leave the streets for good.

U.S.VETS has been providing housing and wraparound support services since 1993. We are the largest veteran specific non-profit housing and service provider in the country, with programs at 11 sites in six states (CA, AZ, TX, HI, MO, NV) and the District of Columbia. Each night we house more than 3,000 veterans.

While Los Angeles has a robust non-profit community helping homeless veterans, the ability to create affordable housing is still challenging, so there is a

"Serving Those Who Served"

critical need for long-term supportive housing on the West Los Angeles Campus, and enhanced use leases would allow the department to work with community and state organizations toward the goal of ending veteran homelessness in Los Angeles.

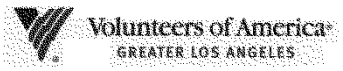
The legislation gives the department authority to enter into enhanced use leases for the West Los Angeles Campus for the sole purpose of providing supportive housing. This authority is coupled with a much-needed prohibition against selling, or in any other way disposing of, property for private development and private gain, which was contemplated in the past.

This legislation will create housing and services to help make the campus a more veteran-centric community setting and will provide critical benefits for veterans, including homeless, disabled, aging, and women veterans.

Sincerely,

Stephen Peck, MSW
President and CEO
United States Veterans Initiative

LETTER FROM ORLANDO WARD, EXECUTIVE DIRECTOR OF PUBLIC AFFAIRS, VOLUNTEERS OF AMERICA—GREATER LOS ANGELES



October 2, 2015

The Honorable Johnny Isakson
Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Jeff Miller
Chairman
House Veterans' Affairs Committee
Washington, DC 20515

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Corrine Brown
Ranking Member
House Veterans' Affairs Committee
Washington, DC 20515

Dear Chairmen and Ranking Members,

As the committee prepares legislation to authorize Fiscal Year (FY) 2016 Department of Veterans Affairs programs and projects, we ask that the committee earnestly consider the Los Angles Homeless Veterans Leasing Act Of 2015, authored by Senator Feinstein and supported by Senator Boxer and Representative Lieu. It is our belief the plan outlined and described in the legislation will create the framework necessary to properly use this valuable resource (West Los Angeles VA Campus) to its highest and most appropriate use – housing and supporting our homeless and disadvantaged veterans.

Our organization, Volunteers of America of Greater Los Angeles (VOALA), fields a number of services specifically designed to assist our veterans with housing, employment, treatment and other services throughout Los Angeles County. We are part of a national organization that supports homeless veterans and other disadvantage populations throughout the country. We participate in a variety local and regional coalitions that are focused on mitigating issues that returning veterans face when transitioning to civilian life.

3600 Wilshire Boulevard, Suite 1500, Los Angeles, CA 90010 phone (213) 389-1500 fax (213) 385-7599 www.voala.org

In Los Angeles, we have the highest number of homeless veterans in the nation. It is critical that the West Los Angeles VA Campus is maximized as a resource and touch point for our efforts to reduce the suffering of our warriors and provide the help, housing and support they need. We believe that the aforementioned legislation moves us in the right direction. With the leadership of your committee and the continued concerted efforts of national and local legislators, community members and neighbors, we can work our way out of this disgraceful situation. No veteran should be homeless in Los Angeles or any other part of our great nation. Please support this effort. We offer ourselves as a resource to the committee and are happy to share our insight and experience, as it is appropriate and productive.

Sincerely,

Orlando Ward
Executive Director of Public Affairs

LETTERS SUBMITTED BY SENATOR DIANNE FEINSTEIN

LETTER FROM BOB BLUMENFIELD, COUNCILMEMBER, THIRD DISTRICT, CITY OF LOS ANGELES

BOB BLUMENFIELD
Councilmember, Third District

September 25, 2015

The Honorable Dianne Feinstein
United States Senate
SH-331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Feinstein:

I applaud your ongoing efforts to address the needs of our nation's veterans and in particular to ensure that the Department of Veterans Affairs' (VA) West Los Angeles Medical Center provides the highest quality services to veterans. That is why I am writing you to extend my support on your bill, the Los Angeles Homeless Veterans Leasing Act of 2015, to authorize the VA to enter into enhanced-use leases (EUL's) to develop permanent supportive housing, with health, mental health, and related support services on this campus.

For too long we have seen homeless veterans suffering on the streets of Los Angeles. Homelessness has become a crisis in the city for families, children, individuals, and people with mental illness, all of whom deserve a safe place to live rather than making their home on the streets. The needs of those who have served our country can and must be met with dignity, and the West Los Angeles facility has not had the capacity to meet their needs. Allowing EUL's at the location will enable housing and services to be expanded to provide essential services on land that can and should be dedicated to the well-being of veterans.

The Los Angeles City Council has made support of your legislation an official position, following a resolution authored by Councilmember Mike Bonin. I know my colleagues and I stand ready to assist in your efforts to meet the needs of veterans and take advantage of the opportunities presented by this facility. Thank you for your efforts, and please do not hesitate to call on me if I can be of assistance.

Sincerely,

BOB BLUMENFIELD
Councilmember
City of Los Angeles

CITY HALL 200 N. Spring St. Room 415, Los Angeles, CA 90012 213.473.7003 fax 213.473.7567
DISTRICT OFFICE 19040 Vanowen Street, Reseda, CA 91335 818.774.4330 fax 818.756.9179
Councilmember.Blumenfield@lacity.org blumenfield.lacity.org facebook.com/BobBlumenfieldSFV twitter.com/BobBlumenfield

LETTER FROM JIM CRAGG, DIRECTOR, GREEN VETS LA

30 September 2015

The Honorable Dianne Feinstein
United States Senate
Washington, DC 20510

Dear Senator Feinstein:

I am writing today to express my appreciation and support for the Los Angeles Homeless Veterans Leasing Act of 2015. This legislation will provide critically needed housing and other services for veterans at the Department of Veterans Affairs' West Los Angeles campus.

Your proposal is an ideal solution to address the pressing need for long-term supportive housing for veterans, complemented by mental health and other essential benefits. The legislation will encourage local and state governments and community partners to provide services for our nation's most vulnerable veterans, while prohibiting the VA from selling property for private development or leasing to parties that do not serve veterans.

By imposing careful limits and strict oversight requirements on all leases, the bill will ensure that the campus serves veterans as it was intended to do, providing the services veterans need and expanding valuable relationships that already exist.

Specifically, the bill will allow the VA to expand its longstanding relationship with UCLA, a partner that already provides a broad range of services to veterans on the campus and has pledged to draw on its wide range of experts in medicine, mental health, law, family services, and physical health and well-being to increase those services significantly. As just two examples, UCLA has proposed to create a Veterans and Family Resource Center, designed by a leading scholar in family resiliency, and to increase recreational activities for veterans at Jackie Robinson Stadium.

Our Veteran program members in Green Vets LA have seen great benefits in our experiences working with UCLA. We are a vocational rehabilitation and work therapy program. The interaction between our patients and UCLA students have been invigorating and inspiring as our Veterans struggle to rejoin society. We attended multiple ROTC events and an Anderson School of Business event and our veterans came away with a new energy that only a stimulating and youthful entity like UCLA can present.

Your leadership and commitment to addressing the needs of our nations' veterans is greatly appreciated.

Sincerely,

Jim Cragg
Director
Green Vets LA, a program of Vets Corps Inc.

206 Star of India Lane / Carson, CA 90746 (310) 202-9007 www.GreenVetsLA.org

LETTER FROM JANET NAPOLITANO, PRESIDENT, UNIVERSITY OF CALIFORNIA

UNIVERSITY OF CALIFORNIA

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http://www.ucop.edu

October 2, 2015

The Honorable Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Feinstein:

I am writing to express the support of the University of California for the Los Angeles Homeless Veterans Leasing Act of 2015. This legislation will provide critically needed housing and help expand the availability of essential services for veterans at the Department of Veterans Affairs' West Los Angeles campus.

Your proposal will ensure that the VA can work with community partners to address long-term housing needs for veterans and help facilitate increased mental health assistance and other critical services. As you know, expanding these services through local community partners will be essential in addressing the needs of veterans. Your legislation will allow those partners to come together with the VA to provide services for our nation's most vulnerable veterans.

Your legislation will also include critical provisions to ensure Congressional oversight of VA activities. The bill requires that all activities be consistent with the Master Plan currently being developed by the VA and prevents any property sales for private development or leasing to parties that do not serve veterans. By imposing these careful limits, the bill will help ensure that the campus serves veterans effectively by providing the services they need now and by facilitating the expansion of existing relationships throughout the community.

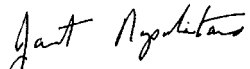
Specifically, the bill will allow the VA to expand its longstanding relationship with UCLA--a VA partner that already provides a broad range of services to veterans on the campus. UCLA has pledged to strengthen this partnership by drawing on its wide range of experts in medicine, mental health, law, family services, and physical health and well-being to significantly increase services to veterans. Two specific examples of this type of activity include the proposed Integrated Wellness Center for Women Veterans, which will provide a comprehensive veteran and family-centered approach to trauma-informed care to enhance wellness and address the

mental health needs of women veterans and their family members. In addition, UCLA will substantially increase recreational activities available for veterans at its Jackie Robinson Stadium.

Like you, I am committed to addressing the needs of our nation's veterans. The Los Angeles Homeless Veterans Leasing Act of 2015 will help ensure that UCLA can continue to strengthen its partnership with the VA to help serve veterans in the area.

Thank you for your leadership with respect to this legislation. Please don't hesitate to be in touch with me if you need any additional information.

Yours very truly,



Janet Napolitano
President

cc: The Honorable Barbara Boxer
The Honorable Ted Lieu
Chancellor Gene Block
Provost Aimée Dorr
Senior Vice President Nelson Peacock
Vice President Judy Sakaki
Associate Vice President Gary Falle

LETTER FROM GARY TOEBBEN, PRESIDENT & CEO, LOS ANGELES AREA CHAMBER OF COMMERCE

LOS ANGELES AREA
CHAMBER OF COMMERCE

September 30, 2015

The Honorable Dianne Feinstein
U.S. Senate
331 Hart Senate Office Building
Washington, D.C. 20510

RE: SUPPORT - LA Homeless Veterans Leasing Act of 2015 (S. 2013)

Dear Senator Feinstein:

On behalf of the Los Angeles Area Chamber of Commerce (LA Area Chamber), which represents more than 1,650 organizations and 650,000 employees in the region, I am writing to express our **support of S. 2013, the Los Angeles Veterans Leasing Act of 2015**, which will provide additional housing and services for veterans at the Department of Veterans Affairs' (VA) West Los Angeles Medical Center.

The legislative proposal would authorize the VA to enter into enhanced-use leases (EULs) to develop permanent supportive housing, complimented by health, mental health, and other supportive services, on the VA's West LA campus. We believe the legislation proposed will be critical to ensure that every chronically homeless veteran in L.A. County is afforded the opportunity and decency of a home.

On any given night in Los Angeles, over 44,000 people are without a home; of those individuals, over 4,000 are homeless veterans. LA Area Chamber is a proud partner with the United Way of Greater Los Angeles on Home For Good, a public-private initiative to end chronic and veteran homelessness in Los Angeles County by 2016. Together, our collective efforts have housed since 2011 more than 23,000 formerly homeless individuals -including 14,000 veterans- into permanent supportive housing. But there still remains each night almost 3,500 veterans and growing without shelter. This legislation would significantly impact ending veteran homelessness in the near future.

Without enough affordable places to live, our communities' businesses suffer. Employers are unable to attract and retain talented employees. Having a healthy housing market that provides an adequate supply of homes affordable to Angelenos at ALL income levels is critical to the economic prosperity and quality of life for the Los Angeles region. For those reasons, we give our emphatic **support for S. 2013.**

Sincerely,

Gary Toebben

Gary Toebben
President & CEO

350 S. Bixel St. | Los Angeles, CA 90017 | P: 213.580.7500 | F: 213.580.7511 | lachamber.com

LETTER FROM PAUL KORETZ, COUNCILMEMBER, FIFTH DISTRICT, CITY OF LOS ANGELES

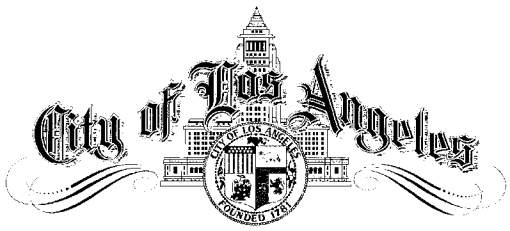
Committees:

Chair
Personnel & Animal Welfare

Vice Chair
Transportation

Member
Budget & Finance
Energy & Environment

Website: http://cd5.lacity.org
Email: Paul.Koretz@lacity.org



PAUL KORETZ
Councilmember, Fifth District

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(818) 788-9210 Fax

West L.A. Office:
6380 Wilshire Blvd.
Suite 800
Los Angeles, CA 90048
(323) 866-1828
(323) 852-1129 Fax

9/30/2015

The Honorable Dianne Feinstein
United States Senate
Washington, DC 20510

Dear Senator Feinstein:

I am writing today to express my appreciation and support for the Los Angeles Homeless Veterans Leasing Act of 2015. This legislation will provide critically needed housing and other services for veterans at the Department of Veterans Affairs' West Los Angeles campus.

Your proposal is an ideal solution to address the pressing need for long-term supportive housing for veterans, complemented by mental health and other essential benefits. The legislation will encourage local and state governments and community partners to provide services for our nation's most vulnerable veterans, while prohibiting the VA from selling property for private development or leasing to parties that do not serve veterans.By imposing careful limits and strict oversight requirements on all leases, the bill will ensure that the campus serves veterans as it was intended to do, while providing the services veterans need and expanding valuable existing relationships.

Specifically, the bill will allow the VA to expand its longstanding relationship with UCLA, a partner that already provides a broad range of services to veterans on the campus and has pledged to draw on its wide range of experts in medicine, mental health, law, family services, and physical health and well-being to increase those services significantly. As just two examples, UCLA has proposed to create a Veterans and Family Resource Center, designed by a leading scholar in family resiliency, and to increase recreational activities for veterans at Jackie Robinson Stadium.

Your leadership and commitment to addressing the needs of our nations' veterans is greatly appreciated.

Sincerely,

Proudly serving the communities of Bel Air, Bel Air Glen, Benedict Canyon – Beverly Crest, Beverly Glen, Beverly Grove, Beverlywood, California Country Club, Carthay Circle, Carthay Square, Castle Heights, Century City, Chevalier Hills, Coldwater Hills, Crestview, Encino, Encino Village, Fairfax, Hollywood, Holmby Hills, Holmby Westwood, Melrose, Miracle Mile, Overland Avenue Community, Palms, Pico-Robertson, Rancho Park, Rancho Park-Beverly, Rancho Park-Beverly, Rancho Park-Beverly

LETTER FROM MIKE BONIN, COUNCILMEMBER, ELEVENTH DISTRICT, CITY OF LOS ANGELES

MIKE BONIN

City of Los Angeles
Councilmember, Eleventh District

September 25, 2015

The Honorable Dianne Feinstein
United States Senate
11111 Santa Monica Blvd., Suite 915
Los Angeles, CA 90025

RE: Support for the *Los Angeles Homeless Veterans Leasing Act of 2015*

Dear Senator Feinstein:

I am proud to support your bill, the *Los Angeles Homeless Veteran's Leasing Act of 2015*, which would provide supportive housing to veterans at the Department of Veterans Affairs' West Los Angeles Campus. I support your proposal as it allows the VA much authority, with strong oversight, to work with local governments and nonprofits to enter into long-term lease agreements to provide supportive housing to veterans on campus. This proposal would enhance the ability of the VA to end veteran homelessness by partnering with the private sector and all levels of government to provide veterans the best care possible in a timely manner.

As you well know, Mayor Eric Garcetti has pledged to end veteran homelessness in the City of Los Angeles by the end of 2015, and thus far, has overseen the housing of over 4,000 veterans. The 387-acre West LA Campus sits ready to house and provide services to assist our homeless veterans and the time to act is now. Significant work remains to be done and every level of government has a role to play. Thank you for your leadership on this issue and your continued commitment to those who so bravely served our country.

Regards,

MIKE BONIN
Councilmember, 11th District

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Los Angeles, CA 90045
(310) 568-8772
(310) 410-3946 Fax

City Hall
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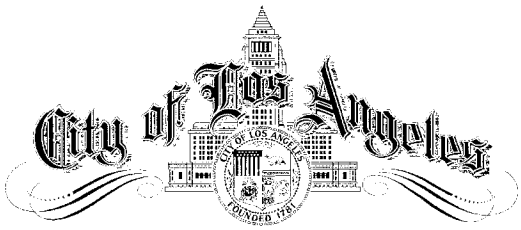
(213) 473-7011
(213) 473-6926 Fax

West Los Angeles Office
1645 Corinth Avenue, Room 201
Los Angeles, CA 90025
(310) 575-8461
(310) 575-8465 Fax

LETTER FROM ERIC GARCETTI, MAYOR, CITY OF LOS ANGELES



ERIC GARCETTI
MAYOR

August 18, 2015

The Honorable Dianne Feinstein
331 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Feinstein:

Thank you for authoring the Los Angeles Homeless Veterans Leasing Act of 2015 with Senator Barbara Boxer and Representative Ted Lieu.

My office has been fully engaged in the Veterans Administration (VA) process to create a new Master Plan for the campus, in hopes of ensuring that it can more fully serve the needs of veterans in Southern California. Your legislation would greatly benefit the planning process, and help guarantee that our goals — to provide more housing and services for homeless and disadvantaged veterans — are more easily met.

The City of Los Angeles and the VA both wish to meet an immediate need by developing permanent supportive housing on the West L.A. campus. Accomplishing this objective would require enhanced use lease agreements with nonprofits like New Directions, SRO Housing Corp. or Skid Row Housing Trust.

To reach my goal of ending veteran homelessness in the City of Los Angeles, we have housed nearly 4,000 veterans since 2014 and plan to house a total of over 7,000 by year's end. Most importantly, to end homelessness, Congress will have to increase its authorization of the Support Services for Veterans and Families (SSVF) to $500 million, appropriate the full amount, and take immediate action on this important legislation.

My office is working with the Los Angeles City Council to pass a resolution in support of your proposed legislation. Thank you for leading the charge on this issue. I look forward to seeing this bill become law.

Sincerely,

ERIC GARCETTI
Mayor

200 N. SPRING STREET, ROOM 303 LOS ANGELES, CA 90012 (213) 978-0600
MAYOR.LACITY.ORG

LETTER FROM NAN ROMAN, PRESIDENT AND CEO, THE NATIONAL ALLIANCE TO END HOMELESSNESS

www.endhomelessness.org
IMPROVING POLICY | BUILDING CAPACITY | EDUCATING OPINION LEADERS

1518 K Street, NW, Second Floor | Washington, DC 20005
Tel 202.638.1526 | Fax 202.638.4664

September 16, 2015

Senator Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, DC 20510

Dear Senator Feinstein:

Thank you so much for your continuing determination to address the needs of veterans who are homeless. I am writing to express the support of the National Alliance to End Homelessness for S.2013, the *Los Angeles Homeless Veterans Leasing Act of 2015*, which would authorize the Department of Veterans Affairs (VA) to enter into enhanced-use leases at the West Los Angeles VA campus in California.

This authorization would allow the West Los Angeles VA campus to work with more community and state organizations to increase the provision of supportive housing and services for homeless and disadvantaged veterans. As demonstrated through the success of the VA's targeted homeless assistance programs and the decrease in veteran homelessness nationally, supportive housing and services are efficient and cost-effective solutions to homelessness among veterans. And the need for these interventions is great: the January, 2015 Point-in-Time count showed that on any given night in Los Angeles, 4,016 veterans experienced homelessness. This bill will help ensure that veterans' housing and service needs are met in Los Angeles and push us closer to our national goal of ending veteran homelessness.

Thank you for introducing this important legislation. The Alliance supports its creative use of resources to provide critically needed housing and services to the men and women who served our nation so ably and bravely, but continue to struggle with homelessness. If there is anything the Alliance can do to support the passage of this bill, we are glad to do what we can to help.

Sincerely,

Nan Roman
President and CEO
The National Alliance to End Homelessness

LETTER FROM GENE D. BLOCK, CHANCELLOR, UNIVERSITY OF CALIFORNIA, LOS ANGELES

UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

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OFFICE OF THE CHANCELLOR
2147 MURPHY HALL, BOX 951405
LOS ANGELES, CALIFORNIA 90095-1405

September 8, 2015

The Honorable Dianne Feinstein
United States Senate
Washington, DC 20510

Dear Senator Feinstein:

On behalf of the entire UCLA community, thank you for authoring legislation that would enable limited leases at the West L.A. Veterans Administration. As you know, UCLA shares your commitment to serve our nation's veterans with the respect and dignity they rightly deserve.

UCLA has enjoyed a mutually beneficial relationship with the VA for almost 70 years. By providing excellent health care to veterans while training the next generation of medical professionals, our institutions have collaborated to provide a broad range of benefits to veterans in the Los Angeles area. Your legislation recognizes this valuable partnership.

I am grateful to you and your staff, especially Tristan Colonius and Trevor Daley, for the trust you have placed in us. Please know that you will have our continued cooperation and assistance in transforming the West L.A. VA campus into a model institution, one in which all of our veterans will take great pride.

Please let me know if I can be of further assistance.

Sincerely,

Gene D. Block
Chancellor

LETTER FROM MELANIE GIDEON, MHSA, DIRECTOR, UCLA HEALTH—OPERATION MEND, EXECUTIVE ADVISOR, UCLA HEALTH SOUND BODY SOUND MIND

924 Westwood Blvd
Suite 1040
Los Angeles, CA
90095

The Honorable Dianne Feinstein

United States Senate

Washington, DC 20510

Dear Senator Feinstein:

I am writing today to express my appreciation and support for the Los Angeles Homeless Veterans Leasing Act of 2015. This legislation will provide critically needed housing and other services for veterans at the Department of Veterans Affairs' West Los Angeles campus.

Your proposal is an ideal solution to address the pressing need for long-term supportive housing for veterans, complemented by mental health and other essential benefits. The legislation will encourage local and state governments and community partners to provide services for our nation's most vulnerable veterans, while prohibiting the VA from selling property for private development or leasing to parties that do not serve veterans.

By imposing careful limits and strict oversight requirements on all leases, the bill will ensure that the campus serves veterans as it was intended to do, providing the services veterans need and expanding valuable relationships that already exist.

Specifically, the bill will allow the VA to expand its longstanding relationship with UCLA, a partner that already provides a broad range of services to veterans on the campus and has pledged to draw on its wide range of experts in medicine, mental health, law, family services, and physical health and well-being to increase those services significantly. As just two examples, UCLA has proposed to create a Veterans and Family Resource Center, designed by a leading scholar in family resiliency, and to increase recreational activities for veterans at Jackie Robinson Stadium.

Our relationship with the VA Greater Los Angeles Healthcare System has a direct impact on Operation Mend's patients, families and our joint providers. Over the past eight years, post 9/11 injured service members have been coming from all over the country to Operation Mend for specialty medical treatment and wraparound holistic care. Over 135 service members have received this care which includes over 395 surgical procedures that, we believe, have given many of them new hope. A significant component of our wraparound care ensures that when our wounded warriors return home they are connected with a facility and care team for continued support, further optimizing their healing. Operation Mend works closely with the VA

924 Westwood Blvd.
Suite 1040
Los Angeles, CA
90095

most local to our patients as care team partners for the follow-up and follow-on care crucial to the warrior's long term recovery. We value our longstanding relationship with the VA and rely on direct collaboration that impacts our wounded warrior's care.

The Operation Mend – VA collaboration runs deep. Aside from direct collaboration in patient care, many of Operation Mend's providers carry dual privileges with both the VA and UCLA, making reciprical access and continuity of care possible. The strengthening partnership between UCLA and the VA Greater Los Angeles Healthcare System includes the opportunity for Operation Mend providers to receive Without Compensation (WOC) status from the GLA Healthcare System over the next calendar year. WOC status will assist in the legal provision of telehealth across state lines. Many of our veteran's reside in rural areas and this WOC status opportunity is invaluable to the continuity of care once they return to their homes.

Addtionally, the Operation Mend Project to Enhance Cancer Care for Veterans is a new collaboration between UCLA and the GLA Healthcare System. This program will involve three UCLA entities: the Jonsson Comprehensive Cancer Center, the Ronald A. Katz Center for Collaborative Military Medicine and Operation Mend and will provide access to the latest therapeutic cancer clinical trials and state-of-the-art care for men and women who have served in the armed forces.

We are proud to continue to expand our vital collaboration with the VA in new and exciting ways and are hopeful that our collaborative relationship continues to grow for years to come. Thank you for your commitment to our nations' veterans!.

Sincerely,

Melanie Gideon, MHSA
Director, UCLA Health Operation Mend
Executive Advisor, UCLA Health Sound Body Sound Mind
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LETTER FROM BEN ALLEN, SENATOR, 26TH DISTRICT, CALIFORNIA STATE SENATE

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BEN ALLEN
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September 30, 2015

The Honorable Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, DC 20510

Dear Senator Feinstein,

I am writing to express my support for the Los Angeles Homeless Veterans Leasing Act of 2015. I appreciate your leadership in authoring this legislation which will provide critically needed housing and other services for veterans at the Department of Veterans Affairs' (VA) West Los Angeles campus.

As you know, there is a pressing need for long-term supportive housing for veterans, along with mental health and other essential services. By authorizing enhanced use leases at the West Los Angeles campus, the legislation will enable the department to work with state and local governments, as well as community organizations, to address the serious problem of homelessness among the region's veteran population. I also support the legislation's prohibition on selling or disposing of the West Los Angeles VA property for private development.

The Act's oversight and accountability mechanisms also are very necessary, and will help to ensure that leases entered into are consistent with the goal of serving our veteran population.

Another exciting aspect of the bill is that it paves the way for an expansion of the VA's longstanding relationship with UCLA, a partner that already provides a broad array of services on the campus and has pledged to draw on its wide range of experts in medicine, mental health, law, family services, and physical health to increase services in the future. Two examples of this are UCLA's proposal to create a Veterans and Family Resource Center, designed by a leading scholar in family resiliency, and a plan to increase recreational activities for veterans at Jackie Robinson Stadium.

I greatly appreciate your leadership and commitment to addressing the needs of our nation's veterans. Please let me know if there is anything I can do to help in this important effort.

Sincerely,

Ben Allen

BEN ALLEN
Senator, 26th District

LETTER FROM MICHAEL BLECKER, EXECUTIVE DIRECTOR, SWORDS TO PLOWSHARES

VETS HELPING VETS SINCE 1974

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swordstoploughshares.org

October 1, 2015

The Honorable Diane Feinstein
United States Senate
Washington, D.C. 20510

Dear Senator Feinstein,

Swords to Plowshares expresses it support of the *Los Angeles Homeless Veterans Leasing Act of 2015*.

Swords to Plowshares is a community-based, not-for-profit veteran service organization that provides wrap-around care to more than 3,000 veterans in the San Francisco Bay Area each year; including transitional and permanent supportive housing. We are a founding member of the California Association of Veteran Service Agencies and the National Coalition for Homeless Veterans.

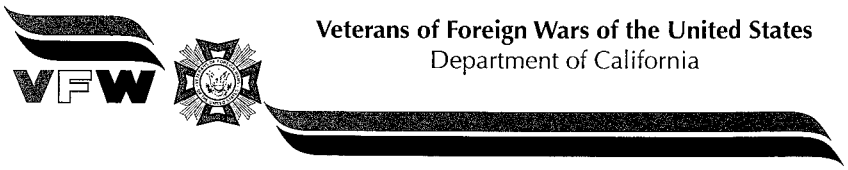
This act will provide legislative authority to allow the Department of Veteran Affairs to work with local governments and non-profits to provide additional housing and services for homeless and disadvantaged veterans at the West Los Angeles Campus. This legislation will allow the VA to work with government and non-profit agencies to fill the critical need for housing and supportive services for veterans in Los Angeles. It also provides for appropriate oversight to ensure that leases are used for the benefit of veterans through appropriate supportive services and safeguard against mismanagement and/or use for private gain. Having served veterans for 40 years, we recognize that disadvantaged veterans require wrap-around services including mental and physical healthcare, education and vocational services, family and peer support provided by community-based, non-profit organizations.

We applaud Senator Feinstein and Representative Lieu's support for veteran housing and services and encourage Congress to join them and pass the *Los Angeles Homeless Veterans Leasing Act of 2015*.

Sincerely,

Michael Blecker
Executive Director
Swords to Plowshares

LETTER FROM JOSEPH "NICK" GUEST, ADJUTANT/QUARTERMASTER, VETERANS OF FOREIGN WARS, DEPARTMENT OF CALIFORNIA



September 30, 2015

The Honorable Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington D.C. 20510

Senator Feinstein;

The Veterans of Foreign Wars, Department of California is happy to support your bill, S.2013, Los Angeles Homeless Veterans Leasing Act of 2015.

The West Los Angeles Campus of the Veterans Administration is ideally located to help serve needy veterans. The bill is in keeping with the ideal of ending the veteran homeless situation in Southern California. The bills aim of providing services for veterans and their families is a giant leap in this direction.

The State Commander of the Department of California and our 80,000 plus VFW members are fully in favor of this and are ready to help in any way we can to help.

We applaud your effort to help our fellow veterans and once again state that the VFW fully supports this bill.

Sincerely;

Joseph "Nick" Guest
Adjutant/Quartermaster
Veterans of Foreign Wars
Department of California

9136 Elk Grove Blvd, Suite 100, Elk Grove, CA 95624
Phone (916) 509-8712 FAX (916) 509-8720 www.vfwca.org

LETTER FROM MEMBERS OF THE BOARD OF SUPERVISORS, COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES
BOARD OF SUPERVISORS

KENNETH HAHN HALL OF ADMINISTRATION
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ACTING EXECUTIVE OFFICER

August 11, 2015

The Honorable Dianne Feinstein
United States Senate
SH-331 Hart Senate Office Building
Washington, D.C.20510

Dear Senator Feinstein:

We are writing to communicate our appreciation and strong support for the proposed legislation to provide additional housing and services for veterans at the Department of Veterans Affairs' (VA) West Los Angeles Medical Center that you, Senator Barbara Boxer, and Representative Ted Lieu recently submitted to the Senate and House Veterans Affairs Committees.

Your legislative proposal importantly would authorize the VA to enter into enhanced-use leases (EULs) to develop permanent supportive housing, complemented by health, mental health, and other supportive services, on its West Los Angeles campus. The proposal also would prohibit the VA from selling or disposing campus property for private development and private gain. As you are aware, EULs have been used to develop such housing at other VA facilities, but, under current law, cannot be used for such purposes at the West Los Angeles campus. This is because a prohibition on EULs at that campus, which was aimed at private commercial development, was included in the Consolidated Appropriations Act of 2008 (Public Law 110-161).

We strongly support this legislation because the construction of supportive housing on the VA's 387-acre West Los Angeles campus is essential to ending homelessness among veterans in Los Angeles County, which has over two and a half times more homeless veterans than any other local jurisdiction. It also would enable the VA to fulfill its obligations under the *Valentini v. McDonald* settlement agreement to meet the needs of homeless veterans at the West Los Angeles campus, and prevent the VA from pursuing private commercial development on the campus as it has done in the past.

The Honorable Dianne Feinstein
August 11, 2015
Page 2

Your leadership and efforts toward providing our veterans with the housing and services that they need and so richly deserve is greatly appreciated.

Sincerely,

MICHAEL D. ANTONOVICH
Mayor of the Board

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Supervisor, Second District

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Supervisor, Third District

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