



AMVETS LEGISLATIVE UPDATES

DECEMBER 9, 2019

News Driving the Week

- Top VA leaders and Republicans on the committee have increasingly pressured Chairman Rep. Mark Takano, D-Calif. -- first to hold [a hearing on H.R. 3495](#), then to bring it to a quick vote. That vote was held Thursday, and an amended version of the bill moves forward to the House floor after a vote that fell largely along party lines. At issue were dueling versions of the bill -- the original offered by Republicans, the amended substitute proposal offered by Democrats. Original bill supporters said their version created a pilot program to provide grants to community groups that could help hard-to-reach veterans in areas underserved by VA, or far from VA services. Opponents to the Republican-backed version said the bill didn't include enough oversight for the federal money or of the groups it would be awarded to. The breaking point on the bill for Roe, leader of the Republican side of the committee, was Takano's version not allowing the grant money to be used for clinical care, reserving the right to perform clinical care for VA and its contracted providers. Roe warned that if the proposal did not include funding clinical care, he would not support the overall bill. He voted against "with a heavy heart," he said. The bill passed out of committee by a party-line vote but still must head to the House floor and then the Senate before moving to the White House for final approval, making it likely negotiations over the grant program could continue into 2020.

- "The results" of suicide prevention efforts so far "are not nearly enough," said Sen. Kirsten Gillibrand, D-N.Y., ranking member of the Senate Armed Services Committee. On Wednesday, members of Congress wanted answers. They didn't exactly get them, but they did posit [a potential path for service members to get help while easing the fear of jeopardizing their careers](#). Gillibrand and Chairman Sen. Thom Tillis, R-N.C., the heads of the Senate Armed Services Committee, asked military, veteran and civilian mental health experts if it could be possible for troops to report and seek help for mental health concerns without their bosses finding out and risking their jobs or advancement. Currently, service members can go to military chaplains and be granted anonymity in most cases. But that is not the case for seeking mental health help with a counselor or medical provider, Defense officials and members of Congress said. Gillibrand likened it to the military's process to allow anonymity in reporting sexual assault. Richard McKeon, suicide prevention branch chief at the Substance Abuse and Mental Health Services Administration, told Congress that only about 20-25 percent of people who die by suicide had recent mental health treatment. Gillibrand said she wanted to know if there is a way to create an anonymous "continuum of care for mental health outside the chain of command, so there is not that fear of being degraded, devalued or sidelined." While an anonymous path to care may assuage some service members' fears, the Defense Department already is struggling to keep enough mental health professionals around to treat the troops currently seeking services. DoD, like VA, has struggled to recruit and retain qualified mental healthcare providers because of lower pay, high workloads and fewer opportunities for advancement, according to the Pentagon.

- The military struggles to [recruit and retain enough mental healthcare providers](#) because of lower pay, high workloads and fewer opportunities for advancement, a new Pentagon report to Congress shows. The military faces similar hurdles to hiring and keeping mental healthcare workers such as

psychiatrists, psychologists, mental health nurses and social workers, for many of the same reasons the Department of Veterans Affairs has cited. Federal caps on pay prevent the military from being able to compete with the private sector in hiring civilian mental healthcare providers, the Defense Department report released this week shows. Those pay caps have the "greatest impact on recruitment and retention of psychiatrists" and "impede, delay or prevent hiring." Retention bonuses, scholarships and other incentives have helped attract and keep some providers, the report noted, but all branches and DHS still struggle to recruit and retain as more and more qualified providers retire.

- The Department of Veterans Affairs (VA) wants to become a leader in artificial intelligence and launched a new national institute to spur research and development in the space. The [VA's new National Artificial Intelligence Institute](#) (NAII) is incorporating input from veterans and its partners across federal agencies, industry, nonprofits, and academia to prioritize AI R&D to improve veterans' health and public health initiatives, the VA said in a press release. "VA has a unique opportunity to be a leader in artificial intelligence," VA Secretary Robert Wilkie said in a statement. "VA's artificial intelligence institute will usher in new capabilities and opportunities that will improve health outcomes for our nation's heroes." For its AI projects, the VA plans to leverage its integrated health care system and the healthcare data it has amassed, thanks to its Million Veteran Program. That program has collected 800,000 veterans' data in a genomic database with the goal of researching how genes, lifestyle and military exposures affect health and illness.

AMVETS in the News

[Our Elected Lawmakers Are Forgetting Our Veterans Still Unaccounted For](#)

AMVETS praises Congress and the President for passing and signing into law the POW/MIA Flag Act. This important new law requires the display of the POW/MIA flag outside of high-profile Federal buildings and National war memorials throughout the year. AMVETS is hopeful that this will serve as encouragement for members of Congress to properly display the flag outside their offices, as is protocol. The bill was signed into law by President Donald Trump on Thursday, after passing the House and Senate without objection earlier this year. Prior to the Bill's passage, flying the POW/MIA flag had only been required on six days each year: Armed Forces Day in May, Memorial Day in May, Flag Day in June, Independence Day in July, National POW/MIA Recognition Day in September, and Veterans Day in November. "While we appreciate the sentiments during those times of the year, it is too easy to forget our nation's missing heroes, and the pain some families experience throughout the rest of the year," said National Commander Jan Brown.

AMVETS Legislative Priorities

[H.R. 1715](#) Charitable Equity for Veterans Act of 2019 introduced by Rep. Ron Kind of WI and Rep. Brad Wenstrup of OH

[H.R. 1997](#) Veterans Posttraumatic Growth Act introduced by Rep. Tim Ryan of OH

[H.R. 3495](#) Improve Well-Being for Veterans Act introduced by Rep. Jack Bergman of MI and Rep. Chrissy Houlahan of PA


[S. 1906](#) Improve Well-Being for Veterans Act introduced by Rep. John Boozman of AR

[H.R. 4154](#) Leave No Veteran Behind Act introduced by Rep. Susie Lee of NV and Rep. Steve Watkins of KS

[H.R. 3025](#) You Are Not Forgotten Act introduced by Rep. Mark Meadows of NC and Rep. Susie Lee of NV

Continued News

- The rate of veterans who die by overdose is more than twice that of civilians. Reports of the



Department of Veterans Affairs allegedly overprescribing veterans and allegations that VA-prescribed drugs may have contributed to some veteran deaths have Congress looking for answers. On Thursday, Sens. Tammy Baldwin, D-Wisc., and Dan Sullivan, R-Alaska, introduced the bipartisan [Veterans Overmedication and Suicide Prevention Act](#). The bill directs the VA to conduct "an independent expert study on the deaths of all veterans being treated at the VA who died by suicide or from a drug overdose in the last five years," according to a news release from the senators. That study would be conducted by the National Academies of Science. The review ordered in the bill would ensure VA has accurate information about "the relationship between veteran suicides and prescription medication," the announcement said. The legislation also directs VA to complete a more comprehensive review of behavioral health staff, focusing on mental health counselors in an effort to address shortages of those workers and help reduce suicide.

- Lawmakers are less than thrilled with the 10-year, \$2.5 billion price tag for [a financial management business initiative at the Department of Veterans Affairs](#), an effort that's been more than 20 years in the making. The project has largely flown under the radar, as VA's massive 10-year, \$16.5 billion electronic health record modernization efforts have taken center stage. But whittling down the costs and timeline for the department's financial management business transformation (FMBT) project will be tough, VA warned lawmakers, as the EHR and several other IT modernization initiatives have taken priority as well. "The IT budget is stretched very thin with many new and costly requirements associated with the MISSION Act, [Forever GI] Act, the needed infrastructure upgrades and a seemingly endless list of system enhancements that improve services to veterans," Jon Rychalski, VA's chief financial officer and assistant secretary for management, told members of the House Veterans Affairs Committee at a hearing Thursday. Like many of VA's past IT overhauls, FMBT has a long, complex history. The department has twice tried to replace the system, first in 1998 and again in 2006, but both attempts failed. VA OI&T was supposed to contribute \$14 million to the FMBT initiative, but members of Congress said that's no longer the case. "That may seem small," Rep. Susie Lee (D-Nevada), chairman of the Veterans Affairs Subcommittee on Technology Modernization, said of the funding shortfall. "But it leads to strained decision-making, taking short cuts at early stages and not making the necessary investments to support the overall program." Finally, the costs and timeline for FMBT have shifted as VA and the Defense Department have made plans to update other integrated systems.

- As the year comes to a close, the fate of multiple [big-ticket issues including health care and education benefits](#) impacting thousands of service members and veterans remain uncertain with only a few legislative days left and federal employees eyeing Christmas vacation. The Department of Veterans Affairs will start processing Agent Orange disability claims Jan. 1 for Blue Water Navy veterans though lawmakers are skeptical the VA will be ready. VA Secretary Robert Wilkie said his department will work through the December holidays to prepare for a long roster of veterans claiming overdue benefits. After a series of news reports, hearings, and lawsuits filed by military families that have pushed for base housing reform, there were hearings in both chambers of Congress last week on substandard housing conditions at bases across the country. National Guard troops who have deployed to the U.S.-Mexico border have not been accruing GI Bill benefits, despite President Donald Trump's emergency declaration entitling soldiers to federal benefits, and universal agreement on Capitol Hill and veteran advocacy groups that some troops have been seemingly short-changed and not given a lot of answers. Maj. Gen. Dawne Deskins, director of manpower and personnel at the National Guard Bureau, told lawmakers in October that the issue just recently reached the Defense Department. National Guard and DoD officials said the Pentagon is reviewing the issue, but it remains unclear whether soldiers will get their education benefits ahead of the spring semester.

- The Department of Veterans Affairs will start to run out of money at the end of the year without a [2020 appropriations](#), which may affect new benefits for veterans or the establishment of new facilities providing care. Dr. Richard Stone, executive in charge of the Veterans Health Administration, told Federal News Network that the VA will prioritize delivering healthcare and current benefits to veterans if a continuing resolution goes into the new year, causing the department to have a smaller budget than what was planned. "We have to deliver the benefit," Stone said. "Where it will hit is in our ability to either roll out a new benefit or in our ability to build and open new facilities. We are very rapidly going into places with small 10,000 square foot clinics around the nation. We just opened a number of them. We would not be able to open new facilities and hire new personnel and make ourselves more accessible if a budget isn't passed." The VA is now focusing on the caregiver program, another facet of the MISSION Act, which it wants to stand up in summer 2020. The program helps vets from the pre-1975 era pay for caregivers. The VA is also focusing on its Asset Infrastructure Review, which will be conducted in the next few years. The Asset Infrastructure Review Commission will look at where veterans were and where the VA thinks they will be. For example, the veteran population has gone from 20 million to 18 million in the past few years and veterans are moving to the southern United States.

- Joshua Kinnard and Edward Hager went to the [Arizona Veterans Affairs hospital](#) for help. Hager was turned away after reporting suicidal ideation and hallucinations according to legal documents submitted by his family's lawyer. He went home and shot himself. Kinnard went to VA reporting suicidal and homicidal thoughts but was released sixty hours later with barely any records taken of anything, and no psychological evaluation completed his family's lawyer said. He returned home, pulled a rifle on police officers and was shot to death. Richard Lyons is the lawyer representing both the Hager and Kinnard families in lawsuits against Veteran's Affairs. "In these two cases, both of these cases these veterans had very long track records of very serious mental illness from PTSD," Lyons said. "In both of these cases the people who were involved in discharge planning either didn't read the records or did and didn't appreciate that these guys were at elevated risk of suicide. It is not like these guys just came in one day and said they had some anxiety and wanted treatment, in which case it would be okay to see them in a few weeks. These guys had suicidal ideation and hallucinations and to release them to the general public is just nonsensical." When asked if it appeared that VA had violated internal policy when discharging these suicidal veterans, Lyons said the disturbing thing is that there does not appear to be any such policy in place as there would be in a civilian hospital. Lyons said that when it comes to VA, "my understanding is that they literally have no protocol."

- [Opinion](#): Letters to the Editor: Want to reduce suicide rates? Focus on gun control and mental healthcare



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