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STATEMENT for the RECORD

of

Richard “Rick” Jones
AMVETS National Legislative Director

presented to the

Committee on Veterans’ Affairs
U.S. House of Representatives

on

Long-Term Care Policies, Department of Veterans Affairs

Friday January 23, 2004
10:00 am, Room 334
Cannon House Office Building



A M V E T S

NATIONAL
HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland
20706-4380
TELEPHONE: 301-459-9600
FAX: 301-459-7924
E-MAIL: amvets@amvets.org

Chairman Smith, Ranking Member Evans, and Members of the Committee:

On behalf of National Commander S. John Sisler and the nationwide membership of AMVETS (American Veterans), I thank you for the opportunity to present a statement for the record to the Committee on VA's long-term care programs and issues that affect an aging veterans population.

Mr. Chairman, AMVETS has been a leader since 1944 in helping to preserve the freedoms secured by America's Armed Forces. Today, our organization continues its proud tradition providing not only support for veterans and the active military in procuring their earned entitlements but also an array of community services that enhance the quality of life for this nation's citizens.

AMVETS strongly supports VA's effort to provide extended care services to enrolled veterans and legislation to improve VA's response to the care needs of an aging veterans population.

Under Public Law 106-117, the Veterans Millennium Health Care and Benefits Act, enacted in November 1999, VA is required to provide extended care in its facilities, including nursing home care, domiciliary, home-based primary care and adult day health care.

Section 101 of P.L. 106-117 directs VA to provide nursing home care to any veteran who is in need of such care or who is 70 percent or greater service-connected disabled.

In addition, the Veterans Millennium Act required VA to maintain staffing and care at levels no less than that provided in 1998. Unfortunately, it is clear that both the staffing for nursing home care and the average number of veterans in such care has decreased. And, VA recognizes it is not in compliance with the Act, citing the inadequate provision of resources.

As the Committee is aware, there is a growing need for long-term care in VA. While the veterans population is projected to decline from 24.3 million to 20 million over the present decade, those aged 75 and older will increase from 4 million to 4.5 million and those over 85 will more than double, from about 640,000 currently to nearly 1.3 million in 2012.

Moreover, VA estimates that more than half of those veterans who receive health care through VA are over age 65. And VA further informs us that veterans living with disabilities needing long-term care are the most frail, most vulnerable, least able to advocate for themselves, and most in need of VA services.

Clearly, the need for veterans long-term care is growing. According to current projections, the number of elderly veterans will reach its peak over the next 5 years and occur approximately 20 years before that of the general population. While this particular veterans demographic offers geriatric health care a valuable opportunity in learning lessons on health care delivery, it also highlights the urgent need to make progress in serving the long-term care needs of veterans.

With demand clearly increasing, AMVETS is concerned that VA is both reducing its inpatient long-term care capacity and failing its statutory obligation to maintain capacity at the same level as provided

in fiscal year 1998. VA's data demonstrates that the long-term care average daily census for 1998 to 2003 has decreased 35 percent, to 9,900 in 2003 from 13,391 in 1998.

We agree that most patients would prefer to live at home in their own communities for as long as possible. However, we are concerned that the institutional inpatient long-term care program is being dismantled at the same time as long-term care needs are growing.

Mr. Chairman, AMVETS believes that the question on the need for veterans long-term care services is settled. With the sharp increase in the number of elderly veterans, VA's extended care services have become indispensable to VA's overall mission in providing veterans health care.

The challenge ahead for Congress and the administration is to provide access for enrolled veterans to a continuum of extended care services that include nursing home care, domiciliary care, as well as home and community-based extended care services. To achieve an integrated care system, VA must be provided the necessary resources that will assure improved delivery and will enhance the measure of care for elderly veteran patients.

AMVETS supports advances in community-based care and home care solutions to assist aging veterans. And, we encourage Congress to design a general agenda that offers a solution to the long-term care crisis facing all Americans. Such actions would likely include policies to encourage income tax credits for private health insurance, enhance catastrophic health insurance coverage, promote the use of medical IRAs designed to pay health care costs in retirement and establish responsible assistance to families with pre-existing and expensive medical needs that cannot be covered by private health insurance.

We applaud the Chairman and the members of the House Veterans' Affairs Committee for their continued work to improve and strengthen programs and services that enhance the lives of veterans. While we recognize that these programs and services are costly, we also know that the price we pay as a nation will never equal the value we received from their sacrifices as American veterans.

Mr. Chairman, thank you again for the opportunity to present a statement for the record on these issues of critical importance to all veterans. We sincerely appreciate your vigilance in efforts to improve veterans earned healthcare benefits and services.



**Richard “Rick” Jones
National Legislative Director**

Richard “Rick” Jones joined AMVETS as the National Legislative Director on January 4, 2001. As legislative director, he is the primary individual responsible for promoting AMVETS legislative, national security, and foreign affairs goals before the Departments of State, Defense, and Veterans Affairs, and the Congress of the United States.

Rick is an Army veteran who served as a medical specialist during the Vietnam War era. His assignments included duty at Brooke General Hospital in San Antonio, Texas; Fitzsimons General Hospital in Denver, Colorado; and Moncrief Community Hospital in Columbia, South Carolina. At Moncrief Hospital, Rick was selected to assist in processing the first members of the all-volunteer Army.

Rick completed undergraduate work at Brown University prior to his Army draft and earned a Master Degree in Public Administration from East Carolina University in Greenville, North Carolina, following military service.

Prior to assuming his current position, Rick worked nearly twenty years as a legislative staff aide in the offices of Senator Paul Coverdell, Senator Lauch Faircloth, and Senator John P. East. He also worked in the House of Representatives as committee staff for Representative Larry J. Hopkins and Representative Bob Stump.

In working for Rep. Stump on the House Committee on Veterans’ Affairs, he served two years as Republican minority staff director for the subcommittee on housing and memorial affairs and two years as Republican majority professional staff on funding issues related to veterans affairs’ budget and appropriations.

Rick and his wife Nancy have three children, Sarah, Katherine, and David, and reside in Springfield, Virginia.

AMVETS National Headquarters
4647 Forbes Blvd., Lanham, MD 20706
Telephone: 301-459-9600 ext. 3016
Fax: 301-459-7924
Email: rjones@amvets.org



**SERVING
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January 28, 2004

The Honorable Christopher Smith, Chairman
House Veterans' Affairs Committee
Cannon House Office Building
Washington, D.C. 20515

Dear Chairman Smith:

Neither AMVETS nor I have received any federal grants or contracts, during this year or in the last two years, from any agency or program relevant to the January 28, 2004, Committee hearing to discuss the Department of Veterans Affairs policies on long-term care.

Sincerely,

Richard Jones
National Legislative Director



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NATIONAL
HEADQUARTERS
4647 Forbes Boulevard
Lanham, Maryland
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