

STATEMENT OF
PAUL A. HAYDEN, DEPUTY DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES

WITH RESPECT TO

THE DEPARTMENT OF VETERANS AFFAIRS' LONG TERM CARE PROGRAMS

WASHINGTON, DC

MAY 22, 2003

On behalf of the 2.6 million members of the Veterans of Foreign Wars of the United States and our Ladies Auxiliary, I would like to thank you for the opportunity to participate in today's hearing on Department of Veterans Affairs' (VA) long term health care programs, to include institutional care such as nursing home care and non-institutional care such as adult day care.

The Veterans' Health Care Eligibility Reform Act of 1996 provides all veterans enrolled in Categories 1-8 full access to all of the health services described in VA's Medical Benefits Package. Further, the Veterans Millennium Health Care and Benefits Act required VA to provide extended care services to veterans with service-connected disabilities of 70 percent or more and those who need such care because of a service-connected disability. Specifically "the Secretary shall operate and maintain a program to provide extended care services to eligible veterans... such services shall include the following: (1) geriatric evaluations (2) nursing home care (3) domiciliary services (4) adult day health care (5) other non-institutional alternatives, and

(5) respite care.” The staffing and level of these extended care services must be maintained at the fiscal year (FY) 1998 levels.

Unfortunately, VA has failed to meet its statutory obligation to maintain capacity to provide extended care services. The nursing home average daily census (ADC) provided by VA in FY 1998 was 13,426 compared to 11,974 in FY 2002. This shortfall is of particular concern because according to the General Accounting Office (GAO) the “veterans population most in need of nursing home care - veterans 85 years old and older – is expected to increase from almost 640,000 to over 1 million by 2012 and remain at that level through 2023.” Clearly, nursing home care demand is about to be at an all time high.

Possessing this knowledge and an unmistakable mandate from Congress, VA, in its FY 2004 budget, still proposed closing 5,000 VA nursing home care beds. According to this full Committee’s interpretation of VA’s proposal, with which the VFW concurs, “ VA would substitute non-institutional alternatives, as well as state and community nursing home beds for these VA nursing home beds, [while] not requesting sufficient resources to match the level of capability eliminated by removing these beds from service.” The VFW is opposed to this substitution policy. We do, on the other hand, recognize and support the full committee’s effort to provide VA with the resources necessary to maintain the nursing home bed level at the 1998 level and we will continue to advocate for full Congressional support and funding.

While we are opposed to VA shifting its statutory obligations, we certainly support expanding more non-institutional solutions to long-term health care. The Millennium Act required VA to carry out three pilot programs relating to long-term care (VISN 8, 10, and 19) and one program relating to assisted living (VISN 20). While it took some time to get the programs up and running, it is our understanding that each one of these programs is proving successful. In speaking with veteran participants we have heard only positive comments and VA

staff report increased cost savings and patient satisfaction. One of the pilot programs, however, consists strictly of contracted care and we would caution that VA should ensure that any contracted care is at the same level and quality as VA care. With that in mind, the VFW believes that these non-institutional programs must be expanded and made available nationwide in order to ensure equitable access for eligible veterans.

Regarding equitable access, we find ourselves concerned with information contained in the May 8, 2003, GAO testimony on key management challenges in VA health and disability programs that state, “VA policy provides networks broad discretion in deciding what nursing home care to offer those patients that VA is not required to provide nursing home care to under the provisions of the [Millennium Act].” As a result “... veterans who need long-term nursing home care may have access to that care in some networks but not in others. This is significant because about two-thirds of VA’s current nursing home users are recipients of discretionary nursing home care.” The VFW would be adamantly opposed to turning away these users or denying access to them by downsizing capacity. We believe this inequity can only be corrected when every enrolled veteran, regardless of his disability rating, is guaranteed timely access to the full continuum of health-care services, to include long-term care.

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