

JUNE 2019

SUPREME COURT DELAYS FINAL RULING ON BLUE WATER BENEFITS

The U.S. Supreme Court recently announced it is granting a 30-day extension to the Department of Justice officials in charge of weighing an appeal of a lower court ruling from January. That lower court ruling extended presumptive benefits to tens of thousands of Navy veterans who claimed exposure to toxic chemicals during the Vietnam War.

Advocates say they aren't concerned by the extension.

"This just seems to be going through the motions," said John Wells, retired Navy commander and the Executive Director of Military-Veterans Advocacy, which has lobbied on the issue for years." It's not a setback for us. Veterans Affairs Secretary (Robert) Wilkie has told us this was not initiated by his department."

In January, a federal court made a ruling that the reason VA officials had used for years to deny disability benefits to veterans serving off the coast of Vietnam was faulty.

The argument had been prior to that that only troops who served on the ground or close to the shore were entitled to presumption of exposure.

Sailors on ships that were further out to sea were not granted presumption, even though many ended up contracting the same illnesses including rare cancers and respiratory disorders that people serving on the land did. Sailors on ships further out to sea were not granted presumption, even though many ended up contracting the same illnesses including rare cancers and respiratory disorders that people serving on the land did. Sailors on ships further out have been required to show proof of chemical exposure, which is almost impossible since there have been decades that have passed, and there wasn't environmental monitoring going on at the time.

Until the January court ruling, officials from the VA had long-argued that extending presumptive benefits to the estimated 90,000 blue water veterans would cost as much as \$5 billion over 10 years, although advocates have argued that's not the case.

Since the ruling, Wilkie has come out and said he will work with veterans' groups as well as Congress to create a plan for awarding benefits. He also recommended Justice officials not appeal the federal ruling.

To this point, Justice officials haven't raised the objection but instead asked for the 30-day extension. In the court request, Justice department lawyers didn't say they would fight the decision, but instead they needed more time to research the possible impact.

Despite the delays, it doesn't mean that Congress can't move forward to draft plans to implement benefits. The Board of Veterans Appeals has also started to accept some benefits cases based on the federal court ruling.

There are currently several bills in the House and Senate that are addressing the issue.

There was bipartisan legislation recently announced from Sens. Kirsten Gillibrand, D-NY and Steve Daines, R-Mont. The House Veterans' Affairs Committee is also set to talk about a proposal from Chairman Mark Takano, D-Calif.

GOLD STAR FAMILIES COULD SEE A TAX RELIEF

A bipartisan group of lawmakers in the House is coming out to push for changes in tax laws that leave Gold Star families owing thousands more to the government. The issue is related to how taxes of survivor benefits are dealt with. In the past, money given by the military to children of troops who died on duty were taxed at the same rate as surviving parents.

Under the December 2017 overhaul to the tax law, there was a change that saw those benefits being instead treated as family estate transfers. That led to the tax rate going from 15% to 37%.

Rep. Elaine Luria, D-VA. And a Navy veteran said she'd heard problems from families affected by the change in her district.

"Gold Star Families have already paid the ultimate price, so it broke my heart when a surviving spouse from Coastal Virginia alerted me to this injustice," she said in a statement. "I knew I had to fight in Congress to fix a broken system that should be working for her and her family."

The issue affects online spouses of fallen troops who signed over death benefits to their children, which is something commonly done as a way to maximize what families are eligible for. Under Luria's proposed legislation, the tax law changes would be reversed for those benefits and would be retroactive for taxes paid this year. Seven Republicans and seven Democrats have given their support so far.

"Children of those who have paid the highest measure of devotion to our country shouldn't be burdened with the highest tax rate for their survivor benefits," said Rep. Michael Waltz, R-Fla, and an Army veteran. He said he would push for chamber leadership to pass the measure quickly.

VA ENSURES VETERANS HAVE SAME-DAY ACCESS TO EMERGENCY MENTAL HEALTHCARE

VA is reminding veterans that it offers all veterans same-day access to emergency mental health care at any VA health care facility across the country.

“Providing same-day 24/7 access to mental health crisis intervention and support for veterans, service members and their families is our top clinical priority,” said VA Secretary Robert Wilkie, “It’s important that all veterans, their family and friends know that help is easily available.”

VA’s Office of Mental Health and Suicide Prevention is the national leader in making high-quality mental health care and suicide prevention resources available to veterans through a full spectrum of outpatient, inpatient and telemental health services.

Additionally, VA has developed that National Strategy for Preventing Veteran Suicide, which reflects the department’s vision for a coordinated effort to prevent suicide among all service members and veterans. This strategy maintains VA’s focus on high-risk individuals in health care settings, while also adopting a broad public health approach to suicide prevention.

VA has supported numerous veterans and has the capacity to assist more. In fiscal year (FY) 2018, 1.7 million veterans received Veterans Health Administration (VHA) mental health services. These patients received more than 84,000 psychiatric hospital stays, about 41,700 residential stays and more than 21 million outpatient encounters.

Nationally, in the first quarter of FY 2019, 90% of new patients completed an appointment in a mental health clinic within 30 days of scheduling an appointment, and 96.8% of established patients completed a mental health appointment within 30 days of the day they requested. For FY 2018, 48% of initial, in-person Primary Care – Mental Health Integration (PC-MHI) encounters were on the same day as the patient’s PC encounter. During the first quarter of FY 2019, 51% of initial, in-person PC MHI encounters were on the same day as the patient’s PC encounter.

Veterans in crisis -- or those concerned about one -- should call the Veterans Crisis Line at 800-273-8255 and press 1, send a text message to 838255 or chat online at VeteransCrisisLine.net.

AS OF MAY VA MISSION ACT ON-TRACK FOR JUNE IMPLEMENTATION

As the one-year anniversary of President Trump's signing of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 approaches on June 6, the U.S. Department of Veterans Affairs (VA) is working on implementing major improvements to community care for veterans.

"The veteran is at the center of everything we do," VA Secretary Robert Wilkie said. "Through the MISSION Act, Veterans will have more choices than ever in getting timely, high-quality care. Most important, veterans will be able to decide what is important and best for them."

The MISSION Act will strengthen VA's health care system by improving both aspects of care delivery and empowering veterans to find the balance in the system that is right for them, according to a VA news release.

A key aspect of the MISSION Act is the consolidation of VA's community care programs, which will make community care work better for veterans and their families, providers and VA employees. When this transition is complete, the following will occur:

- Veterans will have more options for community care.
- Eligibility criteria for community care will be expanded, including new access standards.
- Scheduling appointments will be easier, and care coordination between VA and community providers will be better.
- Eligible veterans will have access to a network of walk-in and urgent care facilities for minor injuries and illnesses.

"Transitioning to the new eligibility criteria for community care should be seamless for veterans," Wilkie said. "Veterans will continue to talk to their care team or scheduler as they have been doing to get the care they need."

VA also has been working closely with community providers to ensure veterans have a positive experience when receiving community care. For example, VA has developed education and training material to help community providers understand some of the unique challenges veterans can face.

Going forward, community care will be easier to use, and veterans will remain at the center of their VA health care decisions.

In addition to information VA has made available digitally, veterans enrolled in VA health care can expect to receive a letter in the mail providing details on where to go for more information.

NEW TEXT FEATURE AVAILABLE THROUGH
VA'S WOMEN VETERANS CALL CENTER

The U.S. Department of Veterans Affairs (VA) added a text messaging feature to the Women Veterans Call Center on April 23, providing a convenient way for women to seek information about VA benefits, health care and available resources.

Women veterans can now text 855-829-6636 to receive answers and guidance about VA services.

“We want to make it as easy as possible for women veterans to get answers about eligibility requirements, benefits, services and more,” said VA Secretary Robert Wilkie. “By offering new methods of communication, such as texting, we can reach more women veterans and support their health care needs more quickly.”

The Women Veterans Call Center is staffed by trained female VA employees, who can provide and link callers to available resources such as health care, benefits and cemetery information via phone, chat and now text. The new texting feature aligns this service with other VA call centers that provide information and assistance to veterans who are in crisis, at risk for suicide and becoming homeless.

Women are among the fastest-growing veteran demographics, accounting for more than 30% of the increase in veterans who served between 2014 and 2018. The number of women using VA health care services has tripled since 2000, growing from about 160,000 to over 500,000 today. This continued growth underscores VA's commitment to enhancing communication and outreach to the growing population of women veterans.

VA AND CENTERS FOR MEDICARE AND MEDICAID SERVICES TEAM UP ON SAFETY SURVEILLANCE FOR VETERAN MEDICATIONS

The U.S. Department of Veterans Affairs (VA) and Centers for Medicare & Medicaid Services (CMS) recently announced an agreement aimed at improving drug safety monitoring of prescriptions, including opioids.

The agreement, which was formalized March 21, will give VA the ability to monitor medical prescriptions issued outside the VA through Medicare Part D.

“VA is committed to patient safety, and our robust medication surveillance systems are part of that commitment,” said VA Secretary Robert Wilkie. “This agreement greatly enhances medication safety for veterans by providing better oversight of drugs that veterans may be able to obtain from both agencies.”

VA currently has a system in place for medication surveillance to ensure safe use by veteran patients and the ability to analyze patient outcomes. This new agreement will enable VA to incorporate up-to-date Medicare prescription information into its safety surveillance operations.

By incorporating prescriptions dispensed through Medicare, VA has access to more accurate information about the medications used by its patients.

More than 5 million veterans receive prescription medications through VA. With the creation of the Medicare Part D benefit, veterans dually enrolled in VA and Medicare have access to prescription benefits through both VA and Medicare, creating the potential for adverse drug interactions, duplication of use and greater risk of adverse drug events, including overdoses.

“This agreement represents a new level of information sharing between VA and CMS, which will improve care coordination and better protect our beneficiaries” said CMS Principal Deputy Administrator for Operations and Policy Kimberly Brandt. “Leveraging data is a key element of CMS’ efforts to combat the opioid epidemic, and we look forward to continued collaboration with VA on this important issue.”

VA AND CIGNA COME TOGETHER TO PREVENT OPIOID MISUSE AND HELP TREATMENT OF VETS WITH CHRONIC PAIN

The U.S. Department of Veterans Affairs (VA) and Cigna, a global health service company, recently announced a new public private partnership to improve safety and quality of care for veterans with chronic pain, who are at risk for opioid misuse.

The partnership, which was formalized March 7, will educate veterans and their families, the public and health care providers about the following: safe opioid use; improving provider and patient interactions related to opioid use; and helping to improve delivery of care and health outcomes for veterans.

“This partnership is in line with VA’s priorities of transforming our business systems and supporting more robust partnerships with state and local communities,” said VA Secretary Robert Wilkie. “By partnering with Cigna, we have extended our reach to help improve the way health care providers approach opioid use and we demonstrate our commitment to place Veterans’ safety and well-being above all.”

David M. Cordani, president and CEO of Cigna, agreed.

“Public-private partnerships are critical to address the opioid epidemic in the U.S.,” Cordani said.

“It’s an honor and a privilege to partner with VA to support the brave men and women who served in the United States Armed Forces. We look forward to sharing our resources and best practices to benefit veterans and the communities that support them.”

VA’s Opioid Safety Initiative has reduced the number of veterans prescribed an opioid by more than 50% over the past six years. With more than 75% of this reduction attributed to not starting patients newly on long-term opioid therapy, VA is managing pain more effectively by using multiple strategies and alternative therapies, such as yoga, meditation and acupuncture. VA health care providers also participate in state prescription-drug monitoring programs and training to manage the opioid crisis.

Through the partnership, VA and Cigna will also promote existing supportive resources, such as the Veterans Crisis Line at 800-273-8255 and Cigna’s Veterans Support Line at 855-244-6211.

VETERANS ASCEND HELPS VETS FIND JOBS

The Military Times recently covered a resource for veterans who are looking for employment.

Veterans Ascend, described as a “Match.com for veteran job-seekers” is a website that gives vets a direct link to contact potential employers. It also takes military keywords found on resumes and translates them into keywords recruiters are looking for.

The goal of the site is to help cut through formalities and create a viable match between a veteran and a civilian employer.

Veterans can sign up for free and create a profile with information about what they did during their service. Then there is an algorithm that takes that information and translates it into civilian terms to match recruiters with employees. Once employers match with veterans, they can contact them.

“Because we’re matching on skills, veterans are getting the ability to match with jobs they’d never find anywhere else and for jobs they wouldn’t even begin to think their skills would quality them for,” said Robyn Grable, Veterans Ascend CEO.

Veterans Ascend launched at the end of 2018 and so far around 2,000 veterans have signed up. Recently companies like Lockheed Martin have also signed up.

Grable believes that the Veterans Ascend platform solves many of the problems veteran job-seekers often face. For example, there’s no risk that screening software won’t be able to interpret their resume.

“Veterans can get jobs ... It’s the problem of under-employment and getting good careers that use our skills,” she said. “For a veteran to come out of the military and get offered a \$10 an hour job to support their family, it’s embarrassing. That’s the bigger issue, getting them into a job that’s commensurate with all their skills.”

Very few employers have an understanding of military terminology and skills that create gaps for veterans and employers miss out on valuable opportunities to hire veterans.

“Those are skills that go across every civilian occupation,” Grable said. “But employees are missing out on these people because employers don’t understand those skills.”

Veteran ASCEND is also a veteran-owned company, and you can start your profile by visiting veteransascend.com or calling 864-887-3393.

VA OPPOSES MEDICAL MARIJUANA LEGISLATION FOR VETERANS

The VA has expressed opposition for three legislative proposals that would expand medical marijuana research at the VA, and give veterans access to marijuana in states where it's legal.

During a recent hearing on eight VA health-related bills currently under consideration by Congress, officials representing the VA said that as long as marijuana is federally illegal, the department can't support legislation to promote its role at the VA.

"The House Veterans Affairs Committee can make strong proposals for us to move forward with recommendations of filling out forms and such but, in the end, we need to go back to the Drug Enforcement Agency and Justice Department for their opinion," said Larry Mole, chief consultant for population health at the VA.

Three of the bills before the House Veterans Affairs health subcommittee relate to medical marijuana.

One, the Veterans Equal Access Act sponsored by Rep. Earl Blumenauer, D-Oregon, would allow VA health care providers to recommend medical marijuana to veteran patients and fill out paperwork for them to enroll in state marijuana programs.

Blumenauer said that for some veterans, cannabis can be a lifesaver that keeps them from using potentially addictive medications like opioids to treat chronic pain, seizures and glaucoma.

"Opioids steal the lives of 115 Americans every day ... as veterans with PTSD, chronic pain and any number of ailments are looking for relief, lethal opioid overdoses among VA patients are almost twice the national average. We are doing something wrong," he said.

Another bill, the VA Medicinal Cannabis Research Act H.R. 712, would direct the VA to conduct a large clinical trial to study the effects of cannabis on conditions like PTSD and chronic pain.

Rep. Lou Correa, D-California, who sponsored the bill, said the research would look not only at the effectiveness of cannabis on health conditions, but also on delivery methods.

"It's time to do research, it's time for veterans to know what cannabis is good for and what cannabis is not good for," Correa said.

A third bill is the Veterans Cannabis Use for Safe Healing Act, H.R. 2192 that protects veterans benefits by stopping the VA from denying health care and compensation to veterans who are participating in a state medical marijuana program.

Keita Franklin, who is the VA's national director of suicide prevention, said that while the department supports marijuana research, it opposes the bills. Franklin says VA doctors would be subject to criminal prosecution if they recommended medical marijuana or made referrals based on DEA guidance. Correa's bill, she said, would not follow standard practices in medical research.

"Typically, a smaller early-phase trial would advance our knowledge and the benefits and risks regarding cannabis before moving to the expansive approach described in this legislation," she said. "Any trial involving human subjects must include an evaluation on the risks and the safety and include the smallest number of participants to avoid putting the subjects at increased risk unnecessarily. For these reasons we don't support this legislation."

She went on to say the third piece of legislation isn't necessary. This is because according to VA policy, the department can't deny benefits based on marijuana use, but VA doctors can change a patient's prescription medication based on whether or not they're using cannabis.

Veterans advocates have shown different levels of support.

For example, the VFW does support VA research on cannabis, but not the Veterans Equal Access Bill because they don't believe the VA should recommend medical treatments that aren't proven or would require a veteran to get it outside of the VA.

Most advocacy groups feel more research is needed before other moves are made regarding the VA and medical marijuana.

