



STATEMENT FOR THE RECORD

MILITARY OFFICERS ASSOCIATION OF AMERICA

**COPING DURING COVID: VETERANS' MENTAL HEALTH AND
IMPLEMENTATION OF THE HANNON ACT**

1st SESSION of the 117th CONGRESS

Before the

SENATE COMMITTEE ON VETERANS' AFFAIRS

March 24, 2021

CHAIRMAN TESTER, RANKING MEMBER MORAN, and Members of the Senate Committee on Veterans' Affairs, the Military Officers Association of America (MOAA) is pleased to submit this statement for the record offering our views on veterans' access to mental health care during the pandemic and the implementation of Public Law 116-171, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (the Hannon Act). MOAA does not receive any grants or contracts from the federal government.

EXECUTIVE SUMMARY

MOAA is grateful for the bipartisan, bicameral support in the 116th Congress to enact critical legislation to address mental health needs and suicides within the uniformed service and veteran communities. Thanks to the Senate and House committees' leadership and member commitment, some significant and transformative legislation became law last year. One such measure is the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019. It is one of the most comprehensive and innovative pieces of legislation undertaken by Congress aimed at improving mental health care delivered in the VA health care system. Generally, it will:

- provide care for transitioning servicemembers,
- provide suicide prevention resources,
- launch programs and studies on mental health,
- increase oversight of mental health care and suicide prevention efforts, and
- enhance medical workforce and telehealth services.

MOAA is particularly pleased to see the incorporation of a variety of ideas and contributions from multiple stakeholders – including veterans' organizations like ours, mental health awareness groups, and other advocacy organizations – to produce this landmark bill. Passage and implementation of the monumental legislation could not come at a more critical time, as COVID-19 and the economic fallout of the pandemic continues to create havoc and tremendous pressures on Americans, including servicemembers and veterans, their families, caregivers, and surviving family members.

Like many federal agencies, the Department of Veterans Affairs (VA) has been challenged by the pandemic. It has been forced to respond to a national health crisis and other natural disasters simultaneously. While the pressures are extensive in battling the pandemic, failure to ensure full implementation of the Hannon Act, or the inability of the VA to fully embrace lessons learned from this crisis, could have lasting and irreversible consequences on veterans' mental health and well-being for decades to come.

MOAA recommends Congress and the VA provide the necessary oversight and ongoing transparency in implementing the Hannon Act. Further, MOAA urges the VA to fully capture lessons learned and implement best practices from the pandemic related to mental health care and suicide prevention to assure these lessons are institutionalized and not forgotten.

VETERANS ACCESS TO MENTAL HEALTH CARE DURING THE COVID-19 PANDEMIC

VA'S RESPONSE

VA's response efforts during the pandemic have been impressive. Unlike any health system in America, the Veterans Health Administration (VHA) has demonstrated great agility, innovation, and perseverance in executing its primary mission of delivering health care to veterans and in carrying out VA's Fourth Mission — to provide an aggressive public health response to protect and care for veterans, their families, health care providers, and staff in the face of the emerging health risk brought about by the coronavirus.

The VHA has worked tirelessly to expand medical and mental health care services in recent years, and even more so since the pandemic, by increasing staffing and capacity for delivering services through its direct care system and community care networks. And, thanks to additional funding and authorities by Congress, the VA was able to:

- Employ rapid hiring practices to bring on more staff.
- Expand telehealth and tele-mental health services, along with other technological advances.
- Streamline access to emergency and urgent care services.
- Address medical supply chain management issues.
- Pause collection of medical and other veteran debt.
- Roll out a highly efficient process for administering the COVID-19 vaccine.

The VHA certainly has learned a great deal during the pandemic, both through its own actions and from its federal, state, and local partners. It is now time for the VA to take what has worked well, identify gaps, and look for applications it can apply in future crises and when normal operations resume.

CHALLENGES

While VA's progress in improving health care services is promising, many of the challenges facing veterans prior to the crisis have been exacerbated by the pandemic. Big gaps still exist in how the VA communicates with and responds to the needs of veterans, their family members, and caregivers. Difficulties in navigating and accessing the health care system and community care services create confusion and frustration. And, more importantly, how the department delivers the kind of wraparound services and continuity of care needed for veterans suffering from mental health issues or exposed to traumatic injuries remains problematic.

EXAMPLES:

MOAA Member and 35-year-old Woman Veteran: *“I keep reaching out to VA by phone and MyHealthVet for wellness and mental health appointments. VA did respond with one wellness appointment through a community provider but after that, radio silence for a mental health appointment and the follow-on health care appointments I need. I’m so tired of always having to contact and follow-up with VA and COVID just makes it harder to get a response from VA. I don’t think VA even cares.”*

63-year-old Male Veteran: *“When I went to the VA hospital emergency room in January because of a fall VA told me it had no room because of COVID and sent me to a civilian hospital where I was released a few days later. There was no follow-up from VA or checking to see if I was okay though I am a high-risk patient with multiple chronic conditions including PTSD. I did, however, receive a bill for the civilian ambulance and emergency room visit services. The bill just made me more depressed and anxious since the COVID-lockdown began. My health further deteriorated to the point of being in and out of the VA hospital and acute care facility for almost three months because VA didn’t do the necessary follow-up I needed after the initial civilian emergency room visit this year.”*

Because of the pandemic, the ongoing gaps in VHA health care delivery, and the growing problem of suicide in our nation and within the uniformed service and veteran populations, there must be a greater sense of urgency directed at these problem areas. While the Hannon Act and other recently enacted legislation aim to address these urgent issues, MOAA believes the time is now and the need is far too great not to remain laser focused on:

- Increasing inpatient and long-term residential care services.
- Improving scheduling and reducing wait time for behavioral and health care appointments.
- Training VHA staff, veterans, and family members on the use of technology for delivering telehealth services.
- Recognizing the limited pipeline for recruiting mental health providers from the civilian sector and the need for the VHA to determine a path forward for addressing what is expected to be a significantly higher level of demand for mental health and medical care post-pandemic.
- Exercising full scope of authorities for practicing VHA providers, expanding training, and the use of staff to the greatest extent possible to maximize existing capabilities.
- Conducting lethal means employee training and counseling for veterans accessing all VA and contractor services.
- Increasing VA’s efforts in implementing its mental health and suicide prevention strategies, combining evidenced-based clinical interventions and proactive community-

based prevention strategies, understanding health care disparities and risk factors within population segments, and collecting real-time data through research and surveillance to more effectively and rapidly deploy solutions to improve health outcomes.

- Expanding cultural competency and sensitivity training for VA and Department of Defense (DoD) direct care system and community care providers to better understand the diversity and the experiences of those who serve in uniform, and to ensure more inclusive care and positive health outcomes.
- Bolstering employment and retraining programs and addressing homelessness and food insecurity issues among veterans and their families.

Finally, veterans' families, especially children, have not been immune to the impact of the pandemic. MOAA joined forces with 43 other military and veterans service organizations and stakeholders to help one small but deserving cohort during these difficult times. The goal: to secure health care for children whose veteran parents are disabled or who have died from a service-connected disability.

The pandemic is hitting children and young adults across our country especially hard. Many young adults are graduating from high school and planning to attend college only to find they must put their education goals on hold because of health and economic uncertainties. Others are seeking employment in a challenging job market or have experienced unexpected job loss. As this national crisis continues, millions more will lose life-saving coverage for medical or COVID-related health conditions, including the children of veterans no longer eligible for coverage under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

Employer-sponsored health care plans have been required to cover adult beneficiaries' children up to age 26 with no separate premium since 2010, when the Patient Protection and Affordable Care Act (ACA) became law. A year later, Congress established the TRICARE Young Adult Program to provide health care coverage for adult children of currently serving and retired servicemembers for a monthly premium that covers all program costs.

Unfortunately, adult children of veterans were not offered a similar option through CHAMPVA, as intended by the ACA. Instead, these young adults remain stuck with outdated CHAMPVA regulations, which provide health care coverage up to the age of 18 (or age 23 for beneficiaries enrolled as full-time students). Coverage ends for these young adults once they marry or are no longer enrolled as a full-time student.

Our organizations recently sent a [letter in support](#) of the CHAMPVA Children's Protection Act – legislation introduced by Sen. Sherrod Brown (D-Ohio) and Rep. Julia Brownley (D-Calif.). MOAA urges Congress to put veteran parents' minds at ease by enacting this essential legislation this year.

MOAA's Mental Health and Suicide Prevention Priorities for the 117th Congress:

- ***Addressing the above-mentioned gaps in VHA medical and mental health care through ongoing congressional and VA oversight.***
- ***Sustaining governmental and non-governmental funding for preventative programs and services, including research to identify underlying causes and significant risk and protective factors for each of these populations.***
- ***Ensuring VA and DoD transparency and data sharing surrounding their annual suicide reports and program collaboration efforts.***
- ***Accelerating effective prevention, treatment, and training programs to address military sexual trauma (MST) experienced by women and men during and after service, and seeking joint congressional oversight hearings to improve VA and DoD policies and procedures to care for and compensate veterans suffering from MST.***
- ***Supporting expansion of evidence-based and complementary integrative medical treatment approaches to improve delivery of care and veteran's health outcomes.***
- ***Investing in resources and programs to aggressively promote prevention before crisis, incorporating self-help tools and services for empowering, educating, and engaging veterans in managing their individual health care.***
- ***Closing the age parity gap and providing CHAMPVA-eligible young adult children lifesaving health and mental care coverage needed during these unprecedented times to eliminate this unacceptable inequity.***

HANNON ACT VIEWS AND PRIORITIES

Like Congress, MOAA is closely monitoring VA's implementation of the provisions in the Hannon Act this year.

MOAA was an early supporter of the Hannon Act.

In testimony at the Senate and House Veterans' Affairs Committee Hearing on March 12, 2019, MOAA stated: "There is no doubt VA has made great strides in expanding its health care services to help veterans with mental health conditions. However, these efforts are not enough to address the growing demand for mental health services and the frightening statistics related to veteran suicides. This legislation is exactly what is needed to close existing gaps so VA can deliver the kind of wraparound services and continuity of care so desperately needed by veterans suffering from mental health or traumatic conditions."

Clearly the need and demand for the services and care outlined in the legislation are critical and timely. MOAA is particularly focused on VA's implementation of the following provisions in the Hannon Act:

- Establishment of VA and DoD clinical practice guidelines for treatment of serious mental health illness.
- Precision medicine initiative to identify and validate brain and mental health biomarkers.

- Oversight of joint VA and DoD mental health programs, including improving collaboration between DoD and the VA on mental health research, transition assistance programs, and clinical and nonclinical mental health initiatives.
- Improvements to strengthen and incentivize the VHA mental health workforce.
- Expansion of health care services and access to information for women veterans.
- Expansion of physical access points for veterans seeking to use VA telehealth and virtual care offerings.
- To furnish, reimburse, or pay for emergent suicide care, including transportation costs, at a VA or non-VA facility for certain veterans who are in an acute suicidal crisis.
- Extend VA's reach into the community, expand its programming through nonprofits, and improve interventions to protect against veteran suicide.
- Establishment of a program for the education and training of caregivers and family members of veterans with mental health disorders.
- Study and investment in innovative and alternative treatment options like yoga; meditation; and recreational, animal, and agricultural-related therapies.

CONCLUSION

The pandemic makes it even more challenging for veterans to engage effectively with the VHA, with appointment cancellations and long wait times for appointments or in-person assistance putting their health and welfare in jeopardy. Veterans and caregivers often give up trying to get care, feeling as though their VA has given up on them.

We cannot let veterans, their families, caregivers, and survivors give up on the VA. MOAA is optimistic 2021 will provide a unique opportunity to effectively implement the Hannon Act and to partner and strengthen collective stakeholder relationships as we work together to improve the health and well-being of those who serve their nation.

The Association looks forward to working with Congress and the VA to provide the necessary oversight and to advance additional measures to enhance VA suicide prevention and mental health programs and services.