

THE STATE OF VA SERVICES IN HAWAII

FIELD HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

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THE STATE OF VA SERVICES IN HAWAII

WEDNESDAY, OCTOBER 5, 2022

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Honolulu, HI

The Committee met, pursuant to notice, at 9:03 a.m., in Oahu Veterans Center, 1298 Kukila Street, Honolulu, Hawaii, Hon. Mazie Hirono, presiding.

[Whereupon, the proceedings were called to order after which the following occurred:]

OPENING STATEMENT OF HON. MAZIE HIRONO, ACTING CHAIRMAN, U.S. SENATOR FROM HAWAII

Senator HIRONO. Good morning, everybody.

This field hearing of the Senate Veterans' Affairs Committee will now come to order. It would be good if I turn on the mic.

Good morning, everybody. I just gaveled in the hearing. It's lovely to see all of you. And, really, I welcome all of you but what is really particularly special today is that we have the Secretary of the Veterans' Administration; and I would say that I don't remember the last time that we had a secretary come to Hawaii to listen to our concerns and we're all very appreciative that you are here.

So I am going to begin with my remarks.

Again, I want to welcome everybody. I want to thank all of the witnesses starting with, of course, the Secretary. And I also want to thank the Oahu Veterans Center for hosting this hearing. The last time we did this was a number of years ago, so I'm really glad that we are back here to listen to the concerns. And I'll ask all of our veterans who are here, some of whom I got to meet, including some of the veterans who were exercising in one of the rooms back there and it's—it's one of the things that happens here, Mr. Secretary. And they also do video exercising, especially during the pandemic. So there are a lot of services that are provided.

I want to let you know that I have had the opportunity to work with Mr. Secretary even before he became the Secretary when he was working for President Obama, and I can tell you that Sec. McDonough is a hands-on, can-do person. And I knew this when he was the Chief of Staff for President Obama and going forward as Secretary of the VA that I have worked with him on issues that really matter to us here.

And, in fact, earlier this year we passed the Honor Our PACT Act. This is historic legislation to expand VA health care access to more than 3.5 million veterans who were exposed to toxic substances while in the service; and there are about 100,000 veterans,

Mr. Secretary, in Hawaii; 30,000 or so of them live off of Oahu and the neighboring islands and you will hear some of the particular issues relating to our neighbor island vets; and about 12,000 of our veterans are women. So the—I want to mention the PACT Act includes former Congressman Mark Takai's Atomic Veterans Healthcare Parity Act which made veterans who participated in the Enewetak Atoll cleanup and were consequently exposed to Agent Orange eligible for VA healthcare services.

I want to acknowledge former Congressman Mark Takai because he was such an advocate for veterans and we lost him way too soon, but his provision is included in the PACT Act.

And last year the Johnny Isakson and David P. Roe Veterans Healthcare and Benefits Improvements Act was signed into law. This law contains the most comprehensive update to VA services for women veterans ever. Women veterans are the fastest growing group of veterans.

And later today I look forward to taking you, Mr. Secretary, to tour the Windward CBOC in Kaneohe which opened in December 2021. I'm also proud for the VA's commitment to expand services in Hawaii with the Daniel K. Akaka VA Clinic in Kapolei. This clinic will provide important care for veterans not only on Oahu but across Hawaii and the entire Pacific region. It is totally appropriate that this particular CBOC is named for Senator Akaka because as we all know he was such a champion for veterans, and this CBOC was first conceived by Senator Akaka nearly 20 years ago.

And I appreciate your partnership, Mr. Secretary, in getting it over the finish line. In fact, I called Mr. Secretary and I said we are having some issues with the CBOC and what can you do to help us; and he just immediately did it. So when I say he's a can-do, hands-on person that is really very, very true.

And then most recently while abortion remains legal in Hawaii nearly half of all women veterans live in states where abortion is not and it's outlawed, and we have about 600,000 female veterans, maybe 300,000 of them according to testimony you provided to the veterans committee a couple of weeks ago in DC. About 300,000 of them are of childbearing age. And I commend the Secretary very much and the VA for putting forward a proposed rule that would enable the VA to provide abortion services in the instances of rape, incest, and for the health and life of the mother. I personally would like them to go further but I'm just really glad that not only did they respond to a letter that I led some of my senate colleagues in asking the VA to come forward with this proposed rule, that I'm very grateful with the very swift response.

Okay. I just skip around because you know what? I want you guys to know that I have had occasion to work with our Secretary so I just want to pretty much end by saying that while we made great progress in terms of our veterans who have been exposed to toxic conditions, while we are paying attention to the growing number of female veterans, while we listen to the—the veterans who are experiencing homelessness, we just got by the way \$1.5 million in Hawaii to address the—the issue of veteran suicide, there is a lot that we can all do together.

So I know that the Secretary is going to address a number of those concerns and I do want to mention as we talk about the suicides that the evidence shows that AP to AAPI, Asian American Pacific Islander, group of veterans has a higher incidence of suicide. And I brought this up in one of our hearings and asked that the Secretary and the VA Administration to pay attention, to be focused on this particular cohort group of veterans and this \$1.5 million that's coming to the State of Hawaii will help us do that.

So for everything that we are all doing together and for the Secretary's leadership, I welcome all of you.

With that, I would like to introduce the Secretary. I have a separate introduction just for you.

Secretary MCDONOUGH. Oh, my.

Senator HIRONO. Yes.

Secretary MCDONOUGH. You're very generous.

Senator HIRONO. He has a very long resume, but Mr. Secretary was sworn—

Secretary MCDONOUGH. Could we include that in the record?

Senator HIRONO. Well, we should tell people what a great person you are. So just a little bit.

He was sworn in as the 11th Secretary of the VA in February 2021, and because I sit on the VA Committee I was really glad to be among those who voted for him out of our committee and then also on the floor.

As I mentioned, he previously served in the Obama administration as the 26th White House Chief of Staff. During his confirmation hearings, Secretary McDonough testified to this committee that he would work, quote, "work tirelessly to build and restore VA's trust as a premier agency for insuring the well-being of America's veterans," end quote. Over the past two years that is exactly what he has done. I have appreciated his partnership in our work on behalf of our veterans across Hawaii and throughout our country, and I look forward to our continuing collaboration.

Mr. Secretary, please proceed.

PANEL I

STATEMENT OF THE HONORABLE DENIS R. MCDONOUGH, SECRETARY OF VETERANS AFFAIRS

Secretary MCDONOUGH. Senator, thank you so much for the invitation to come to this wonderful State and for the opportunity to testify about the critical issues so important to Hawaii in general, but also the great tradition of service that is manifest by Hawaiians.

I want to also thank you for your steadfast support of veterans, for their families, caregivers, and survivors all across the country, of course, and especially here in Hawaii.

Before I get to the topic of today's hearing and understanding that Hurricanes Fiona and Ian are literally on the other side of the country, I did want to quickly touch on them. Our hearts go out to everyone who is impacted by these terrible storms and we're doing everything we can to help. Before the storms, we worked closely with our Federal and local partners to keep veterans safe,

including evacuating 152 veteran patients in Bay Pines, Florida, and transporting them to other VA facilities.

And since the storms we've taken several additional steps: One, reaching out directly to veteran patients and VA employees to make sure they are safe; Two, we've offered a pause in VA debt payments to every veteran impacted by these storms; Three, in Puerto Rico all healthcare operations are normal with one exception, the Ponce Outpatient Clinic which is partially operational because they are transitioning to a new facility; Fourth, in Florida all medical centers are fully operational;

And five, all of our cemeteries in Puerto Rico, Florida, and South Carolina are open for visitation and burial services. Now, of course, there's still a lot of work to be done as we recover from and rebuild after these storms, something obviously Hawaii is familiar with. And I assure you that we at VA will not rest until vets, their families, and VA employees get the support that they need.

Now back to today's topic. There are an estimated, as you just heard from Senator Hirono, 113,000 veterans in Hawaii. And our shared mission at VA in Congress and as a nation is to serve each of them, every one of them as well as they have served our country. We serve vets like the late Senator Inouye whose heroism and service in World War II earned him the Medal of Honor, and whose service in the Senate resonates loudly to this day.

We serve vets like the late Senator Akaka, also a World War II veteran and the first US Senator of native Hawaiian ancestry. And we serve vets like native Rodney Navarro, Hawaiian native Rodney Navarro whose story I'd like to quickly share with you.

Rodney's a veteran who had a rough time after leaving the Navy, struggling with homelessness, justice involvement, and mental health issues. Back in 2018, he found himself incarcerated at the Maui Community Correctional Center facing a dire and direct ultimatum: either remain in jail or receive treatment for PTSD and substance abuse. Rodney chose treatment, a decision that gave him a much needed second chance in life.

He excelled in the treatment program, got sober, and then began receiving help from VA's Supportive Services for Veteran's Families program or SSVF, a program that gave him the support he needed to climb out of homelessness and a program that Senator Hirono has fought tirelessly to get us additional funding for. As a result, Rodney was able to get back on his feet and rebuild his life and start to contribute to the strength of his community once again in the same way he had contributed to the strength of this great country through his service in the Navy.

That right there is an example of how we can together deliver for Hawaii veterans. And that's exactly what you do so very well in Congress, Senator Hirono, with your strong leadership and tireless advocacy. And that's what we at VA strive to do every day for Hawaiian veterans and for all veterans to serve them as well as they have served us.

Now, I want to talk quickly about what we're doing to fulfill that mission. That means providing veterans with timely access to world class healthcare, something that you've been very diligent in pushing us to do, deferred benefits in the lasting resting places that is their first health care.

When it comes to providing care to veterans and their families, study after study show that veterans in our care at VA do better in terms of health outcomes than veterans that receive care in the private sector. Veterans' trust scores for outpatient care have averaged over 90 percent during the past year. We have permanently housed more than 26,000 formerly homeless veterans just this year putting us on track to meet our goal of housing 38,000 homeless veterans, permanently housing 38,000 homeless veterans before the year ends.

And I'm proud to say that since President Biden took office, VA has delivered more care to more veterans than any time in our Nation's history. Notably, in 2021 we had a record 33 million completed community care appointments. Now, we're not—we're not where we need to be on timely scheduling of those referrals but we're making steady progress and reducing wait times.

And as you've consistently raised with me, Senator, I know that this is particularly important for our vets here in Hawaii and broadly in the Pacific.

During Deputy Secretary Remy's Indo-Pacific site visit back in August, he met extensively with local staff at VA facilities to hear their concerns and assessments about how VA was serving—is serving vets in Hawaii and across the Pacific. The feedback he received was varied but one of them stood out above the rest, and that is that healthcare of all types is in short supply throughout the Pacific Islands in Hawaii.

Senator HIRONO. Yes.

Secretary MCDONOUGH. So let me address that for a second and I know we'll talk about this at greater length. We are looking at ways to extend the use of telemedicine and other virtual tools to reach vets here in Hawaii and throughout the Pacific. We're working with our Federal partners including at the Department of Health and Human Services whose Health Resource and Services Administration, HRSA, funds community healthcare centers in rural and remote areas.

We made hiring and retention our top, one of our top priorities to make sure that we're both attracting and keeping great medical professionals to serve Hawaiian vets. And we're continuing to increase our capacity here in Hawaii, including as the Senator just said, building the Senator Akaka Outpatient Clinic to serve the more than 87,000 veterans on Oahu. So we're going to keep working on this and make sure that we're delivering world class healthcare to all Hawaii vets, and if I don't I know who I'll hear from first.

Next, we're laser-focused on delivering the benefits that veterans have earned and deserved. Right now we're processing veterans' claims faster than ever before. In fact, VA processed 1.7 million veteran claims this past fiscal year shattering the previous record which was the year before by 12 percent. And we're already—we already have many more claims coming in as a result of the PACT Act that Senator Hirono just talked about, which Senator Hirono got through the Senate and President Biden signed into law in August.

Thank you, Senator, for the work you did to pass this historic law because it's going to help VA deliver care and benefits to mil-

lions of toxic-exposed veterans and their survivors, including so many here in Hawaii.

So to anyone listening today, I ask that you share these three messages with veterans and survivors you know:

First, we want veterans and survivors to apply for their toxic exposure related care and benefits right now. We do not want you to wait.

Second, we will begin processing PACT Act benefits for veterans and survivors at the earliest date possible, which is January 1st.

And third, any veteran or survivor can learn more about the PACT Act by visiting va.gov/pact. That's va.gov/pact or calling 1-800-MyVA411, 1-800-MyVA411 because we want every veteran, every single one to get the toxic exposure care they need and the benefits that they have earned.

And last but in no way least, we're focused on honoring veterans with the lasting resting places they deserve. Nationwide we're now providing 94 percent of vets with access to burial sites within 75 miles of their homes. We've expanded our Veteran Legacy Memorial program which keeps veterans' stories alive long after they're gone to approximately 4.5 million veterans. And I'm proud to say that here in Hawaii 100 percent of veterans have access to burial benefits because every Hawaii veteran has earned a lasting resting place in this beautiful State befitting their selfless service.

So, Senator Hirono, those are just a few of the ways that we're working together to serve Hawaii's 113,000 veterans and all vets together. I look forward to continuing this work with you and your committee to do this important work and to keep serving veterans like Rodney Navarro, as well as they have served us. So thank you for listening and for your ongoing support and for inviting me here. I mentioned to you as I arrived that an invitation from Senator Hirono is—to put the invitation in air quotes, but it is nevertheless very generous. I'm here for two reasons: One, the great tradition of service in Hawaii and, two, because of this great advocate on behalf of Hawaii and Hawaii veterans, Senator Hirono.

So thank you so much for having me.

Senator HIRONO. Thank you very much, Mr. Secretary. I'm really glad that you talked about the PACT Act and how important it is for the veterans who have been exposed to toxic substances in Vietnam, for example, and the Middle East. They come forward and apply for this coverage because one of the issues, Mr. Secretary, in working with veterans is the outreach that needs to happen.

Secretary McDONOUGH. Yes.

Senator HIRONO. And the information that needs to get out to the veterans because not every veteran comes to access.

Secretary McDONOUGH. Right.

Senator HIRONO. They do not all access the system and so there are thousands of veterans who should be informed that this coverage is now available; and if you know any veterans or are there things that you can do through your social media, et cetera, to get the word out that they need to apply to get this coverage that they should do so. It's one of the challenges as I've talked with veterans all across the State just the information that needs to be imparted.

So there is a lot that we can do. I remember when ending homelessness among veterans was the number one priority for one of

our earlier VA secretaries, and it was very—it was very challenging and we did not meet that because obviously we're still dealing with veteran homelessness.

Do you want to talk a little bit about what is it that you're doing that is decreasing the number of veteran homelessness and putting them into permanent housing?

What are the kind of ways that are working to reduce the number permanently?

Secretary MCDONOUGH. Yes. Thank you very much, Senator; and I apologize. I just got a note that I was hard to hear so apologies for not holding the mic closer.

It is true that Senator Shinseki, another proud son of Hawaii, did make ending veteran homelessness our goal as an agency. He succeeded in halving the number of homeless veterans, so without setting that big audacious goal he wouldn't have gotten there.

So we intend to continue this aggressive posture with your help. The bottom line what we have shown in many communities across the country because this is an issue that obviously Hawaii is grappling with significantly, but so are communities across the country.

Senator HIRONO. Yes.

Secretary MCDONOUGH. And that's just—that's homelessness generally, not just—not only veteran homelessness.

Senator HIRONO. And especially, Mr. Secretary, in a place like Hawaii where the cost of housing is very, very high and it makes the challenge of housing homeless population, veterans or otherwise, or in fact—

Secretary MCDONOUGH. Exactly.

Senator HIRONO [continuing]. Families really, really challenging. So I hope that there are things that we can do particularly from Hawaii that's going to meet the needs of our homeless. But, please, go on.

Secretary MCDONOUGH. Yes. So—and we can really—we can definitely get into the specific programs that I think with your help we've been able to really crank up over the course of the last couple of years.

But there's basically two major things that we are doing at VA. We are succeeding in bringing in—so we set a goal earlier this year to house 38,000, permanently house 38,000 homeless veterans this year. We assess that there are about 45,000 homeless veterans in the country. We are on track to meet that goal.

What we do particularly well at VA is that we aggressively identify who the homeless veterans are. In communities across the country we have a by-name list of the homeless veterans. We are able to identify what the challenges are facing those veterans. Oftentimes, you are correct, it is as in Hawaii a high cost of housing states or cities where it's a particularly difficult challenge. But it's also that veterans have particular challenges whether that's substance use disorder, untreated mental health challenges and justice involvement, or financial challenges. That's why this year—so the first thing we're doing is making sure that we know the veterans, we know their particular challenges and getting them wraparound services, that is to say the full suite of services whether that's health care, substance—mental health care, substance abuse disorder, or increasingly financial support and legal support to get

them out of justice involvement such that they can address the issue that made them homeless in the first place. That's the first and major thing we're doing and we're doing it well, although we're not to zero yet.

The second thing we're doing—and this goes directly to your question about high cost cities and states—is we are focusing aggressively on prevention of homelessness in the first instance. We're in a position to do this because of programs that we have like housing loan guarantee through our mortgage programs and through our financial services center. I happened to be traveling this week with one of our leaders from our financial services center where we have an ability to have clarity about particular looming financial challenges facing veterans, and when we get evidence of those early we can work with them to address those challenges before those challenges become crisis and then they're on the street.

So wraparound services recognizing the unique needs of homeless veterans in the first instance.

Second, preventing veterans from becoming homeless. That's why going back to that excellent work that Senator Shinseki—or sorry, Secretary Shinseki did, General Shinseki did—we believe that we can show we've either permanently housed or prevented from being homeless a million veterans in the United States.

Senator HIRONO. What I'm hearing you saying in particular, Mr. Secretary, is that the key is to know who the homeless veteran is and it's not one-size-fits-all. It is really to tailor the programs and the support to the particular needs of that veteran. I think, you know, while that takes a lot longer it can be to the kind of permanent results that you are seeking.

One of the issues that the veterans always raise, especially the veterans who live on the neighbor islands, is accessibility to healthcare and I brought this up when I think we were having a chat a couple of weeks ago about the reimbursement of travel because often the—the providers, the healthcare providers, are not available on the neighbor islands. They have to come to Oahu. And so I think there needs to be more clarity as to when the travel expenses can be reimbursed from—by the VA.

Can you tell us a little bit more about how is it that a veteran can find out if a healthcare travel need can be reimbursed or not?

Secretary MCDONOUGH. Yes. Thank you very much. And in fact, you did raise this with me as you often do raise issues of access for Hawaiian—Hawaii's veterans.

Senator HIRONO. He can't get away from me.

Secretary MCDONOUGH. Yes. I think they're picking that up.

Senator HIRONO. Thank you.

Secretary MCDONOUGH. So much so that even when you travel to the other side of the country I still come, so—so the beneficiary travel. There is a threshold issue which is if you are 30 percent service-connected and I know our veterans in the audience and both watching understand what that means, but if you are 30 percent connected—30 percent service-connected, you will qualify for beneficiary travel full stop. If you are having trouble getting reimbursed for the beneficiary travel and you're at 30 percent, make sure that you contact the Senator, you contact me directly or you contact the Beneficiary Travel Office at the clinic, or you talk to the

veteran—the patient advocate. I'm not saying that we're perfect. We aren't, but we are getting very good at speedy, speedier reimbursement. So that's the first thing.

If you're 30 percent service-connected, you qualify. If you qualify, work, and you're still running up against challenges, make sure that you reach out to us either through your senator or through my office directly or through our teammates here who are all sitting right here in the front row here in in-state.

The website on reimbursement rates and the reimbursement program can be found at vatravelpayreimbursement@va.gov. Vatravelpayreimbursement. That's the second thing.

We should—all that information should—it is there for you. If you have feedback on how we can make it more readily available to you, please let us know.

Third, and I know this will be the subject of the second panel, and this is a subject you and I have been going back and forth on, is we'd love to have it be such that veterans needn't travel here for as much travel—for as much care as they do need to now. So that goes to our efforts to increase telemedicine access, our effort to increase availability of localized community care networks and we're working very closely with our third party administrator, TriWest, to insure that there are robust networks across the islands in the State. That's work that's by no means done, but we'll stay on top of it and this is a constant, you know, a constant priority for us because there's no more important thing for us to do than insure timely access to the world class care we have.

Senator HIRONO. Understanding—thank you, Mr. Secretary. Understanding that there is a provider scarcity on the neighbor islands, so now that it has been clarified and the veterans probably know that that if you're 30 percent rated disabled that you are able to get reimbursement.

But does that reimbursement also apply to elective care on Oahu, for example, as long as you're 30 percent disabled or is there another—

Secretary MCDONOUGH. The beneficiary travel applies to travel for care whether that care is provided in the direct care system, you know, so like the Weaver Clinic for example, or whether it's provided through the community here in Oahu. So whether it's elective, you know—

So, again, provided it's referral made by your primary care, you know, physician, wherever you get that care that is reimbursable care. You just have to get over that 30 percent service connection and then you're in.

And I'm happy to note I see the admiral in the front row here, Admiral Robinson, who's our director here of the Hawaii Healthcare System, nodding in agreement so I say that without fear of rebuttal later.

Senator HIRONO. I would be curious to know what percentage of the veterans of the 112,000 or 117,000 veterans in Hawaii meet that initial threshold, so if the Secretary doesn't know for the next panel would you let me know so that when I get these inquiries that we can be very clear as to who would qualify for beneficiary travel reimbursement?

Secretary MCDONOUGH. We'll make sure we get that into the record if not answered today for sure.

Senator HIRONO. One of the ongoing issues—and you touched upon this, Mr. Secretary—is the need to recruit and retain our provider network and including, by the way, the people who are in the VA Hospital system and it's been quite the challenge.

Are you making inroads in recruiting and retaining the providers of the network of nurses and physicians and specialists within the VA system itself? How are we doing on that score?

Secretary MCDONOUGH. Yes, so we have a weekly staff meeting to prepare the week ahead and I list our priorities every week, and every week and the top three priorities of the department are hiring, hiring, and hiring. So this is a major challenge for us.

Let me give you an example. We believe that we need to hire 45,000 nurses in the next three years. Those are nurses of all specialties and all, you know, ranks: registered nurses, nurse practitioners, LPNs, assistant nurses, 45,000. July was the first month of this calendar year that we hired more nurses than we lost through retirements or through leaving to go to other—other healthcare systems.

Senator HIRONO. How did that happen? Did you provide more benefits, higher salaries?

Secretary MCDONOUGH. Yes. So there's two things. One is what we're doing and the second thing is what is happening in the community.

What we are doing is we are using the authority that you gave us in what is called the RAISE Act. Senator Hirono, Senator Tester, Senator Moran got together and got through the House and Senate which gives us additional authority to increase pay for nurses specifically. So we're using those authorities. Those relate expressly to pay.

The second thing we're doing is we're using the authorities now available to us from the PACT Act which is the new law that covers, as we said, toxic exposure. There's a whole part of that law that gives us additional authorities to retain and to hire medical professionals. Let me give you an example of what it allows us to do.

There's something that's particularly helpful for us here in Hawaii called the Three R's: Recruitment, retention, and relocation bonuses. For a long time we used to have to go to the Office of Personnel Management, OPM, which is a separate agency in the government. So you have to first work your way through the morass of bureaucracy at the VA then go, like, several blocks away and work yourself through a different morass of bureaucracy just to get the ability to use this Three R's capability. And as we've just said, relocation costs if you're coming to Hawaii are high. Retention costs are high. So we—you've given us in the PACT Act the ability, for example now, of our own accord to just go ahead and use those bonuses.

The second thing is oftentimes what would happen is a nurse would be recruited by saying, hey, we'll give you a signing bonus. We received in some places where those bonuses were as high, I just heard earlier this week, as \$70,000. My mother was an emergency room nurse. I told you about my family out front, Senator.

My mom worked midnights, came home in the morning, sent us all to school, got a little bit of sleep then went back to work the next night. She had 11 kids doing that. I wish my mom had the leverage in the market that nurses have right now. So I don't begrudge the nurses that one bit. I think it is terrific that nurses are being paid what they should be paid. But we were capped in many cases or limited in what we could do, including we could say, yes, we'll give you a bonus as well, but we've got to wait until the end of the year to pay you your bonus. So you stay the year, we'll pay your bonus; but if you go across the street you'll get your bonus the day you start, so you've given us now the authority to pay that bonus out front.

So those are the things that we're doing using these authorities to more quick—to better remunerate nurses. What's happening in the community and then one thing we have to fix—what's happening in the community right now is many nurses I'm hearing increasing stories of and it'll be interesting to hear if that's the case here in Hawaii, which we'll talk about I'm sure in the hearing today, but also in our visit this afternoon—is nurses are seeing the beneficial things that happen in the—including the better nurse-to-patient ratio, better retirement benefits, better work/life balance, and they're now having shifted to the attraction during the pandemic of other settings are now shifting back to us. So we'll see if that continues.

The third thing is something we have to do a better job of. We have to get better at onboarding our personnel. We go find someone, we hire her. That person when we hire her is conditionally hired based on what is called "onboarding", which is a series of background checks, paper filling out exercises even in some cases writing an essay about why you want to be a nurse. I wish that were a joke but it's not. That sometimes can take three to four months after you're hired and during which time you are not paid. We can't continue to be competitive if we continue to conduct our business that way.

So we do some things well, some things are changing in the community, one thing we have to do better on and this is squarely on me, we have to hire faster, onboard more quickly, so that we get vets providing care—sorry. Nurses providing care of vets.

Senator HIRONO. Thank you for that explanation. It tells a story of how you have to identify where the roadblocks are and then remove those roadblocks. Often, it's really specific such as requiring an essay.

When I got on the VA Committee and one of the things that happened was, of course, the whole crisis of the tremendous wait times and the fact that it was really difficult to hire personnel for the VA because there were so many steps that they had to go through; and so we actually had to amend the law to authorize VA to more quickly hire people, but it goes to show, Mr. Secretary, there is still work to be done.

And by the way, there is a nursing shortage throughout the country. We in Hawaii know that Governor Ige recently issued an executive order to enable nurses to come to Hawaii without the need for them to be licensed in Hawaii. So there is a huge nursing shortage.

And the other issue that we should note is one thing about the pandemic, we knew that a lot of people on the front lines were immigrants and a lot of the nurses—a huge percentage of nurses in our country are immigrants. We need to fix our immigration system. We need to enable more professionals and others, especially in some of these needs categories to come to our country. Very much impacted by the way during the Trump administration, they—the immigration numbers fell dramatically so we need comprehensive immigration reform. We need to understand that there are—that most of the nurses frankly come from the Philippines. They are trained where there are massive wait times for them to come to our country. So there are things that, you know, that we need to address the huge nursing needs.

And there's also huge needs for doctors, by the way, so then the question that I have is that we—I'm sure that the VA system is already working very closely with the John A. Burns School of Medicine because one of the ways that we can retain medical personnel is to provide them with the opportunity for residency in the state system. I'm told that people who do the residencies in another state they tend to stay in those places, so I hope that we're providing whatever residency opportunities that the VA can provide to the John A. Burns people and I—you're nodding?

Secretary MCDONOUGH. Yes, can I say something about this?

Senator HIRONO. Yes, please.

Secretary MCDONOUGH. In fact, we do, we do. We have 16 residents from the John A. Burns School. I would like to see us grow our residency program for the—for doctors, but we also have a big nurse residency program in the country, but it's only right now about 1500 nurses. And the same thing, there's 1500 slots. The same thing is true with nurses as is with doctors, which is nurses who conduct their residencies with us are more inclined to stay with us. They're sticky.

Senator HIRONO. Yes.

Secretary MCDONOUGH. So we want to see an increase of that. We'd like to see an increase of that by about—and I think we'll see this in the president's budget request for next year by about 5X so we'd like to grow that from 1500 slots a year to 7500 slots a year because I think the demand is there.

The second thing that we can do and I say this to the aspiring med students and doctors and nurses who are watching is we have very aggressive loan repayment, student loan repayment programs. These have just gotten even more generous thanks to your work in the PACT Act, but we can often see through loan repayment and loan forgiveness through your service at VA that we're able to help our providers, docs and nurses, and their student loan debt in 10 to 15 years as they served with us.

Senator HIRONO. I'm glad you covered the student loan issue. Mr. Secretary is going to be doing a roundtable with some of the students in the University of Hawaii system. You mentioned earlier there are about 17,000 veterans in our system and so the—can you speak about how the Biden administration's recent actions on Federal student loan forgiveness will support student veterans in Hawaii and elsewhere? Maybe you can just provide a little bit more to that?

Secretary MCDONOUGH. Yes. So we obviously work very closely with the Department of Education on our student programming, veteran student programming. Much of what I'm going to talk about now speaks expressly to the Department of Education announcement last month where President Biden has insured that working and middle class Americans can get a little bit more breathing room in up to \$20,000 in debt relief in Pell Grant recipients and up to \$10,000 to other borrowers.

While I don't have specific Hawaii data on who will benefit, just to put this in perspective, student veterans are a part of Hawaii's estimated 111,500 borrowers who are eligible for this relief. And about half of those are Pell Grant eligible—

Senator HIRONO. Yes.

Secretary MCDONOUGH [continuing]. Meaning half of those, about 65,700, would be eligible for the up to \$20,000.

The Student Debt Relief Plan will help borrowers and families continue to recover from the pandemic and prepare to resume student loan repayments in January 2023. Nearly 90 percent of relief dollars will go to those earning less than \$75,000 a year and no relief will go to any individual or household in the top five percent of income. So, again, the focus is very intently on working families.

And then it's targeted relief for borrowers with the highest economic need. The administration's actions will also help narrow the racial wealth gap. Nearly 71 percent of black undergraduate borrowers are Pell Grant recipients, 65 percent of Latino undergrad borrowers are Pell Grant recipients, and I just said half of the borrowers in Hawaii are Pell Grant recipients. So it should be and will be weighted toward those student veteran borrowers who are, you know, obviously as many of us were when we were younger, working to bring down yet not making a lot of money and trying to get by.

Senator HIRONO. I know that the student loan forgiveness program is very targeted. It's not as though we're just handing out money to everybody out there.

Secretary MCDONOUGH. Right.

Senator HIRONO. It's very targeted and when we reduce the student loan burden then that inures to the benefit of the family, the community, and everyone so it's very targeted. And on Pell Grants I have been a champion of Pell Grants and knowing full well that they—a huge number of veterans go to school on Pell Grants.

Now one of the things that happens, though, is every student who gets onto the Pell Grants need to complete what's known as the Free Application for Federal Student Aid called FAFSA, and currently generally we know that student veterans complete FAFSA at lower rates than other students. Why this is the case, I do not know.

Is there anything that the VA has done to improve the FAFSA completion rate for student veterans? Is this an issue that has come to your attention?

Secretary MCDONOUGH. I'll be very candid with you, Senator, which is that I am familiar with your history on FAFSA, including having enacted the FAFSA Simplification Act I think which will help, but I will confess to you that before I was preparing for this hearing I was not aware of the challenges facing veterans. So this

is one of the things that I will take from my preparation for this hearing—from this hearing itself and see if there are things that we can do in the inner agency, i.e., with the Department of Education, with our partners, our VSOs. I see some of our VSOs represented here today, but also factor this into our transition planning for active duty military.

I sat down with a group of Air Force personnel yesterday in Dallas and Las Vegas. We talked about the whole question of access to healthcare as they transition into veteran status, but we'll see if there's a way we can include FAFSA and access to student loan and in addition to the GI Bill opportunities we have into our transition planning.

Senator HIRONO. We know that veterans in Hawaii but elsewhere, everyone, they have childcare costs, they have housing costs so I think that this is another area where whatever we're providing for veterans' housing, for example, in a State like Hawaii, is there recognition that housing costs are very high and therefore adjustments are made to providing housing support for veterans in a place like Hawaii?

Secretary MCDONOUGH. Yes, so we are in a place like—well, in every state we are statutorily tied to the basic allowance for housing that is established by DOD. You will have seen an announcement from Secretary Austin about two weeks ago in recognition of the fact that many of our lines of investment in our military personnel need updating, that he has increased many of those lines of support so that will directly translate to our ability to provide additional housing support through some of our programming. But as it stands right now we're directly tied to DOD, so this is something that the secretary and I have been talking about which is how are we making sure that in these—in difficult times, you know, our families have access in these high cost states, high cost cities—have access to the maximum amount of assistance we can get them.

We just heard—I just heard from Patty on my team. We visited Punchbowl yesterday. She visited Punchbowl yesterday. I too often hear about personnel who work for VA, including at the National Cemetery Administration. These are people working, many of them veterans, overwhelmingly veterans, working full time. They are still on Food Stamps. I find that unacceptable, so we're looking at a variety of special pay rates, special year end bonuses to make sure that they have, A, recognition of their excellent work, B, they don't have to find themselves struggling to make rent, struggling to pay for food.

Senator HIRONO. I think that a lot of these indicators have been set and we need to revisit these kinds of set amounts for housing, et cetera, to reflect the realities, current realities.

I mentioned that there is a higher incidence of veteran suicide which is a huge concern across the board, but in particular the higher incidence of suicides among Asian American, Native Hawaiian and Pacific Islander veteran groups. And I had raised this with you and I had asked that the VA specifically address this cohort of veterans.

Are there things that you can update us on what the VA is doing to address this particular group of veterans?

Secretary MCDONOUGH. Yes, so let me get to the specific group of veterans in a second. I just want to call everybody's attention to four things:

One, suicide prevention continues to be our number one clinical priority; Two, we released two Mondays ago the annual report on suicide prevention, which provides the data for the year, the most recent year that we have comprehensive data. We get data through the CBC. It usually has a two-year lag, so we just published the 2020 data. We saw more than 6,000 veterans die by suicide in the year 2020, which is heartbreaking and unacceptable, and in fact until there are zero we won't stop pushing on this. At the same time there were about 220 fewer suicides, deaths by suicide, in 2020 than there had been in 2019, and in 2019 there had been fewer than there had been in 2018. So we've now seen the biggest reduction in suicide among veterans, death by suicide among veterans since about 2005, which gives me some hope that—

And this is the third point, the things that we're doing including investing in comprehensive care, thanks to your support for our Office of Mental Health and Suicide Prevention, dramatically ramping up access to the Veteran Crisis Line by using—by urging veterans to dial 9–8–8, a simple three-letter—three-number telephone exchange. Just by dialing 9–8–8 and then pressing 1 veterans or family members in crisis can reach care immediately and we can get veterans in crisis into care that day.

So we are making progress including by using also as you just said, I think some of the grants that you've—Hawaii's been awarded under the Sgt. Fox program where we invest in local veteran associations which know veterans best.

Senator HIRONO. Yes.

Secretary MCDONOUGH. That's the third thing.

Expressly then on AAPI vets, native Hawaiian vets, we are working on culturally competent care.

Senator HIRONO. Yes, yes.

Secretary MCDONOUGH. And we're making sure that that training is available not only to our providers here in Hawaii, but also available to national resources like the Veteran Crisis Line, so you have us focused on this. We are making sure that we are attacking this through every avenue we can, including by making sure that we have access—or trained professionals are trained in culturally competent care.

The last thing I'll say is this: Those veterans watching, those family members watching, please visit us at va.gov/reach, va.gov/reach, where you'll find a full listing of information best, you know, professional laid—professionally laid out, professionally tested information to insure that even if you're not in crisis today if you find yourself in crisis what you will want to have prepared yourself for to include the use of gun locks, gun safes, getting some distance between veterans and firearms in a time of crisis. So please visit us at va.gov/reach.

Senator HIRONO. Thank you. The fact that 6,000 veterans as you mentioned passed away through suicide in 2020 is—it is heartbreaking and I think the kind of very specific identifiers that you're talking about for our veterans to prevent suicide is the kind of

thing you're doing for our homeless veterans, so I think that is what's needed.

I know that we are getting to the end of the one-hour period. There are other issues relating to support for veteran-owned small businesses and we have the Small Business Administrator present only a few weeks ago, and she is also focused on those needs and anyone here who's interested in veteran-owned small businesses and would like to get some information on that, we have information there. And then the entire area of mental health services for veterans and telehealth, that is all areas that I know you're already pursuing.

So, Mr. Secretary, thank you very much for your attention and time and your commitment to all of the veterans. I remember when I talked with him and he called when he had been nominated for this position, and I had not particularly associated Sec. McDonough with veterans' issues, but he told me otherwise and what he really made clear, though, was that he was very, very focused and committed in improving the lives of our veterans and I take him at his word and he has been doing just that.

So thank you very much.

We are going to take a little bit of a break as we set up for the second panel. Thank you.

Secretary MCDONOUGH. Thank you so much.

Senator HIRONO. As we say in Hawaii, mahalo.

Secretary MCDONOUGH. Thank you very much. Mahalo.

[The prepared statement of Secretary McDonough appears on page 37 of the Appendix.]

[Whereupon, a short recess was had.]

Senator HIRONO. Everyone, I am going to call this hearing back into session. We're going to go onto panel two and I would like to welcome everyone on the second panel. Before we begin, I want to remind each of you on the second panel I know some of you wrote pretty extensive testimony and I would appreciate it if you could—I know you have a shorter version but, of course, your full testimony will be included in the record of this hearing.

I'd like to first introduce Diane Haar of Hawaii Disability Legal Services. You can wave here, that's okay. There's Diane.

Then next we have retired Air Force Senior Master Sergeant Roxanne Bruhn? Roxanne, welcome.

We are also happy to welcome Ronald Han, Director of the State of Hawaii's Office of Veterans' Services and a retired Air Force colonel.

You've got to wave to them. Okay, there you go. They need to know who you are. I know they already do.

And our final witness of this panel is Mr. David McIntyre, Jr., co-founder, president and CEO of TriWest Healthcare Alliance.

And thank each of you for being with us today. And for those of you who have served our country, "Mahalo nui loa" for that.

And now we will start with Ms. Haar.

PANEL II

**STATEMENT OF DIANE HAAR,
HAWAII DISABILITY LEGAL SERVICES, LLLC**

Ms. HAAR. Thank you, Senator.

Senator HIRONO. Can you help her with the mic?

Ms. HAAR. Thank you, Senator. And thank you for coming home and being with us today and bringing this important event to us today.

My name is Diane Haar. I'm a licensed attorney. I practice in the State of Hawaii, the Pacific territories, and the Philippines. My practice is devoted to representing veterans and others with disabilities. I am a VA disability attorney and I represent veterans for other types of disability programs, as well. I'm happy to report I actually just got someone benefits this morning.

Senator HIRONO. Great.

Ms. HAAR. In the course of my practice, one of the things that I end up doing is talking to an awful lot of medical providers, so we're getting the veterans' medical records and they open up to me a lot about the problems they're having with billing. And I'd like to thank VA for things that are going better; and one of the things that's going better is a few years ago we had a lot of veteran medical providers, a lot of doctors, mental health providers just drop out and refuse to take any more VA patients because they weren't getting paid for nine months or a year. It was taking a really long time and some of these folks didn't know if they'd ever get paid.

This has gotten a lot better. Now it takes at most about 60 days. I don't know if that's every medical provider. I'll say over the last couple of weeks I spoke to providers here and on our neighbor islands. While they seek me out because they knew I was coming here, I wanted to see how things were going out there. So I went out and sought them out. And what I actually found out is we're still in danger of losing medical providers. This is supremely important.

As you guys know, we have a VA Medical Clinic here in Honolulu. We have community-based outpatient clinics on Oahu, on our neighbor islands and our territories. We don't have a VA medical center. The clinics are relying on others sometimes for specialty care. For our neighboring islands, they're relying on providers that can give veterans care closer to home. And this is really important because honestly some of our veterans are pretty poor. You know, they'll be reimbursed by VA but they can't afford it in the first place and these referrals make a huge difference.

The problem we're seeing is those who've been treating veterans for a while now, those who have been treating veterans for two years or more are getting these overpayment notices, and what they're getting is notices from VA saying you owe \$5000, \$8000, some other large amount. And as you know, most of our medical providers here are pretty small, you know, one-doc shops who are doing their own billing.

VA is sending them these letters telling them if they don't pay the money back immediately, the VA will take out of what they owe them or what they're supposed to owe them in the future from

any future veterans they take. And this is a major disincentive to keep taking veterans.

Worse, the providers have let me know it takes an inordinate amount of time to try to sort this out. A lot of the phone calls they make, it's incredibly hard for them to reach someone who can actually discuss the overpayment with them, let alone someone who can ferret out what the problem is and help them sort it out. And they let me know if they stay on top of it, most of these will be resolved in their favor. However, like I said, these are one-doc shops, you know, or just a couple of docs shops and they're doing their own billing. All the time they spend on this is money that they're not paid for. It's money that they can't—it's time they can't spend treating patients. It's money that they don't have, so it really makes them question whether they're going to take more VA patients. And I'll say it goes beyond that. I had doctors really reach out to me and let me know that they really are really seriously considering not taking veterans anymore. They've got one foot out the door already because they don't know how to handle this.

And they're telling me it's a double whammy because these are fees that were already cut down when they initially submitted their request and now they're being asked to pay more back and they just can't afford it.

And I know it's been brought to me by the providers, by vets, my husband had to leave but he served for 25 years and is now in the VA system, and he is in significant pain. I really admire him. He's in significant pain and pain management and he goes to these providers regularly, and both of these outside providers are telling him the same thing, "I don't know if I can continue to do this. I don't know if I can continue taking the time to fight these overpayments."

So I wanted to bring this to you today to let you know, we are a small State. I work with a lot of homeless, I work with a lot of veterans and I know—I have every confidence in you because I know you know how important these providers are and how important this medical care is. We can't afford to lose these folks and we are all so grateful for you allowing me to give this testimony today and—

Senator HIRONO. Thank you.

Ms. HAAR [continuing]. For everything you do for us and for everything that I know you'll do to help us because it's super important that we keep these providers in the loop. I know telehealth is on the horizon as well but, you know, as I was on big island last week and there are areas that cell phones don't reach.

Senator HIRONO. Oh, yes.

Ms. HAAR. And providers—those of us out there, even I do it, do home visits. We go see people where they're at. That's how we are on Hawaii. So having these providers able to get reimbursed, able to pay for their own housing, able to stay off Food Stamps, it's huge. So thank you for allowing me to speak.

[The prepared statement of Ms. Haar appears on page 46 of the Appendix.]

Senator HIRONO. Thank you.

And, Mr. McIntyre, I hope that you will address some of these concerns raised by Ms. Haar in terms of reimbursement and the issues facing the provider community and that's a group that you work with, right? Okay.

So the next person will be Ms. Bruhn.

**STATEMENT OF SMSGT ROXANNE BRUHN,
USAF (RET.), VETERAN**

Ms. BRUHN. Aloha, everyone. My name is Roxanne Bruhn. I am a 32-year veteran of the Hawaii National Guard and retired from the United States Air Force. I wanted to testify because this is my experience with the VA, and I'm only speaking for myself but then this may have happened to other female veterans primarily.

I was part of the VA journey after my retirement in 2015. One of my first experiences with the VA was that I, you know, I'm a 13-year veteran so I'm used to taking orders; you tell me you want this, this, and this done and I will do it because I am a good airman, I follow instructions. So I took all of my legal documents and submitted it to the reception area because that's what I was told to do, bring all my records and take it to them. I did that.

Somehow my records got lost.

Senator HIRONO. Oh.

Ms. BRUHN. To this day they don't know where my records are at, so I got a—I got a letter stating that I didn't follow and I needed to submit my documents for my PCP to continue to reevaluate me. So I went back to the VA and resubmitted my documents and I waited there and I was insistent, and I said I was not going to leave until these documents are placed in my records because it was lost the first time. I got a lot of resistance and, you know, people were very unhappy with me because I was insistent that I wasn't going to leave until my documents were placed in my records. But, you know, one time you're burned you're not going to allow that to happen again because, you know, this was the start of my journey.

The next time I went to see the VA, I'm a good airman again; my appointment was at 8:30 so I arrived at 8 because if you're on time you're late.

Senator HIRONO. Yes.

Ms. BRUHN. So I'm early. I'm sitting in the waiting area in the women's clinic and I check in and I'm waiting. Then these two staff members come in. You know, I'm thinking they're going to start their work. They come out and they tell me, "Excuse me, ma'am, but you have to leave."

And I'm like, "Why?" "Oh, because we're going to a staff meeting and you have to vacate the waiting area, you have to wait outside in the hallway."

And I couldn't understand why would I have to do that when the doors are all locked? I'm not going to try to break into the area. But I went outside and I waited because they had a staff meeting and then they came at a quarter to 9 and my appointment was at 8:30, but it's okay as long as I get seen. But no other clinic in the VA makes their people leave their waiting area if they're going to have a meeting, so why was the women's clinic different? Why

would they make the women who were waiting leave the area so that they could lock it up?

Already I was starting to have this anxiety because it seemed as though every time I would go to the VA for my appointment nothing went right. I always—I started to be apprehensive and waiting for that other shoe to drop because something doesn't go right.

I was seen by my PCP on several occasions and each time she would review my medical record—my medications and say, “Oh, are you still taking this?” And she would check it off. Somehow my prescriptions would be dropped from the system.

I don't know what she was doing or what she had to do but every time I saw her I lost all my prescriptions, so I couldn't go for my refills which made it hard for me when it came time for my refills that I didn't have any, even though I already had like three more—three more prescriptions left. And this happened not one time, this happened like three or four times and then I would have to—they don't pick up the phone. I called and I'd leave a message; I don't get a call back. I call, I leave a message, they don't call back. So I ended up emailing in a secure message and then two days later I would get a email responding to me saying, “Oh, we'll let your PCP know.”

So already this is now going on two weeks without my refill. I'm running low, which is my fault; I should not have waited that long but I don't know if everybody is like really on top of your medications. You figure you have medications that you could just call in and they'd get it mailed to you.

So it just compounded a situation, a feeling of not being treated well. The one thing that threw me over the edge was when I went on a—I had an appointment on a Saturday morning and I was there early, and I waited for like an hour-and-a-half and I kept asking, “What's going on?” And no one would tell me that my PCP didn't come to work yet. So my appointment was at 8:30, but she didn't arrive until after 9 and I—and how I knew that is because I saw her running into the clinic and there was no apology. But, you know, if you were late, you have to reschedule because, you know, you're backing up into someone else's appointment. But it's okay for the patient to wait one hour. You know, that was unacceptable.

My PCP referred me to a therapist because I was assaulted when I was in the military when I was on active duty and it caused—it caused problems that I wasn't aware of. I repressed this assault because if you were to tell someone what happened, you are female and you're labeled, and then your career can take a huge hit if—if this—if this gets out. And so I had this repressed anger that I didn't realize that was causing me the problems at work where I was—I was always angry. It went home where I was having difficulties with my marriage because of this repressed anger and, luckily, my PCP, she saw this, she referred me to a therapist and I was so happy to see my therapist, but they would only allow me a few visits. You were only allowed, like, three or four visits and then you—then you had to see a regular therapist, but there was no female therapist available. So what do I do?

She then referred me out to the community of care service for my therapist and that's who I am continuing to see to this day is that therapist.

But why wasn't there any female therapists? There was only males and why was there no female that could help a female veteran who suffered an assault while on active duty? You know, I didn't feel comfortable talking to another male about what happened to me and I felt much—I felt freer to speak to a female than to a male, but it was through that—those issues that I asked then to be referred out to community of care, which is now who helps me, who I see on a regular basis for my care is the community of care which I was just being told by my doctor that they may stop because they're not getting paid on time and that it's not worth their while and that's going to really hurt me to have to go back and then have the same type of issues follow me, you know, at the VA.

I really—I'm very, very thankful for the community of care ability because that has helped me to overcome the—the mental issues that I didn't know I have. You know, you don't know what you don't, and I didn't know; but luckily someone saw and pointed me in that direction and I'm thankful for the VA for—my PCP for seeing that I had this anger thing going on, and I guess it's—I guess it's because of my anxiety. Every time I had to go to the VA my anxiety level comes up because nothing goes right. That anger issue came up so it—it—in the final result, it worked out. But I can't—but I would be remiss in not seeing that the VA has come a long way and I'm very thankful for Dr. Robinson and what he's done, what he's doing for the VA.

My husband and I had excellent care when we—during the pandemic, we got our COVID shots through the VA when they opened up—they opened it up to your—to your caregiver, to your spouse, which was very good because if I get COVID—if he gets COVID and he gives it to me, what's the sense? So it was very helpful that VA allowed the spouse to get the shot as well as the veteran, and so I'm very grateful for that. But I really feel in my heart that the women's health clinic at the VA needs to have a better—a better handle. They need to understand that women veterans are not special in the sense where we need special care and we need to be coddled, but we have different—different things that needs to be addressed.

We need—we need more females. We need them, the mammograms, those types of things, I—I cannot stress enough that I feel that the women veterans are under-served and that more should be done for our women veterans here in Hawaii.

Thank you very much for allowing me this time, Ma'am.

[The prepared statement of Ms. Bruhn appears on page 48 of the Appendix.]

Senator HIRONO. Thank you, Ms. Bruhn.

Mr. Han?

Yes, there are people out there who acknowledge it and agree with you. Me, too.

Go ahead, Mr. Han.

**STATEMENT OF COL. RONALD P. HAN, JR.,
USAF (RET.), DIRECTOR,
STATE OF HAWAII OFFICE OF VETERANS' SERVICES**

Mr. HAN. Thank you so much, Senator Hirono. I'm very, very thankful to you for all your hard work. You know, our congressional delegation with what you do on the Senate at the Veterans' Affairs Committee and our Senator Schatz in the Krowseman [phonetic] case comes fairly working together and do amazing things for our veterans. So thank you so much for your legislation efforts.

And I also want to thank the Secretary for his commitment and his dedication. Your presence here today, Sir, speaks volumes of how you put your veterans first. I hear that all across the entire spectrum from my other state veterans directors out there, so thank you, Sir.

I've been here, this is my second time. Back in 2014, Senator Hirono, thank you so much offering me the opportunity to testify. I was here with Mr. Dave McIntyre. We sat almost in the same positions we are in today and, frankly speaking, the VA was as you pointed out—was under duress. It was a completely different—that's eight years ago.

Things have changed quite a bit. We have seen the differences. You know, it was all about the institution; how did we fit the veteran to the institution? Now it's about the veteran's experience, it's about what do you do for veterans? It's about how the veterans feel about things, so we have seen the changes and so I just wanted to cover very quickly—I know I put a lot in my written testimony, but just very briefly, State Office of Veterans' Disability Claims. We handle and work very closely with the counties and eight State veteran cemeteries. We have like ADCOM control, operational controls with the counties.

I also wanted to point out that incredible time. Roxanne already put out a lot of things about the pandemic, but we went into a telecom mold like many others and so we started processing 25 to 30 percent more disability claims than we ever had before. We never shut our doors. The State shut down. We had a high infection rate across the Nation, but we never shut down. What was important about that is we were able to put those claims into the VA, and the VA went and they went on overtime. A lot of them worked on Saturdays with their staff.

I also agree with Roxanne about the shots in arms. It wasn't just here in Oahu. That's one of the biggest things that our veterans talk about, you know. And Senator Hirono already brought it out. Let's not just talk about Oahu, let's talk about the State as a whole, you know. Everything gets sucked up about Oahu, but the neighbor islands deserve just as much emphasis and focus as any place else. And they went out there and they put shots in arms, vaccines, flu shots, amazing kind of things.

And I love Roxanne's commentary about that because it took care of the family members as well. We overlooked that. This was a tough time for everyone the last two years and the VA really stepped it up.

I go back to my testimony. I kind of concentrated on three different areas. One was on excess, one was on timeliness, and the other one was on quality. And so I have seen excess for the VA im-

prove in many different directions. Sitting next to Mr. McIntyre with TriWest, understanding how we go to civilian providers in community, and you already touched upon it already. There is a lot of shortfalls with our healthcare providers overall. But once the veteran and, Roxanne, you mentioned it or Roxanne mentioned it already, once the veteran receives an appointment in the healthcare system, they get very good support even with the sponsored members that are out there. The key is to get in—getting into that queue. Never easy to do, but the quality is there.

Also, I would also make mention that there's been a lot of hiring. We've seen that with Dr. Robinson's staff, with John Lombardo's staff, also with more services, with Jim Horton's staff. So that's a good thing. Telemedicine, telehealth, it absolutely was a game changer for us during the pandemic. That cannot be over-emphasized and I really believe that, you know, we still have some veterans that we're trying to get up to speed on things, but we are patient and we want to try to help them as best that we can. Some have Wi-Fi capability issues; others are in really rural set of areas. They just can't get connected, but we will never give up and you pointed that out, Secretary. There's not enough we can do for our veterans.

Also, I want to make mention of the fact that the startup of the Daniel K. Akaka CBOC is another important—thank you so much, Senator, and thank you so much, Secretary. You do not realize how much that's going to help with the programs that we have throughout the State, not only throughout the Pacific as well.

And guess what? You're setting up the same kind of programs with Dr. Robinson and Craig Oswald's in the room over on Maui and over on Kawai. It's a unique concept. It's a one-stop shop. And we're proud that the CBOC is going to be there, the vet center is going to be there along with the State Office of Veterans' Services. A lot of support there. So they don't have to go to three or four different locations, have to navigate their way through things. It will all be provided to them if you want to read them.

I also want to make mention of another important first step. Again, thank you so much, Senator, and your hard work, Senator, along with Secretary McDonough. The Daniel K. Akaka State Veterans Home. A 120-bed skilled nursing facility long term care, 60 percent completed over in Kapolei.

We had a longstanding shortfall and we're so very proud to see this come to fruition. We're looking at our first intakes, it should be completed May of '24. So the first intakes probably latter part of that year and into calendar year '25. It's a much-needed facility. We're one of three States—the Yukio Okutsu is our very first State veterans home that has adult daycare built into it, and we're going to do the same thing for here on Oahu.

Again, that's opened up to the entire State not just Oahu.

I also want to make mention of the fact that the programs that I've seen where access has really been important, Purple Heart and Civil Veterans Equal Access Act of 2018. Sometimes we miss—miss that, you know, where our veterans now even with a zero disability rating can gain access to the commissaries. It may seem something small to people, that's a huge benefit for our veterans. It's too bad

we don't have enough commissaries on the neighbor islands, but we can work on that for the future maybe.

Also, VA Caregivers Support Program. We just started up one in October. That's another one that's going to help our family members of survivors being able to take care of their veterans. Again, a lot of excess issues.

You already mentioned about the veteran homeless program. We have a very robust program here in Hawaii. Like, you mentioned, Mr. Secretary, we have a number, it's about 228. Most of those are sheltered. There are some unsheltered and they have them in the data system, including Partners of Care interagency consult. They work very, very jointly across the State and I really believe that, yes, one veteran is too many; and the only reason why the veteran might be on the street is because they don't want to accept the help. We work harder and harder and harder every year to get them to accept that help.

You mentioned about wraparound services. The people here are very, very committed and those numbers were a lot different back in 2014. So you're absolutely right; we have come a long way, Senator.

Also, some of the other important programs—you mentioned about suicide prevention. So we have undertaken, Senator Hirono and Secretary McDonough, the Governor's Suicide Challenge. It's about time. You know, we have other escape partnerships; there's about 35 of them. So what that basically does, it runs DOD, State, Federal, county, and private partners together to start working on preventive measures programs, Senator, that need to be done and that just started in May of 2022.

So we're taking best practices across the States and incorporating them here in Hawaii. So you're going to see a lot more information of programs about that. And we can't—we just have to keep focusing, you know, because that's everybody's responsibility. That's just not just the service providers or the folks that work in mental health. That's everybody's responsibility.

I also wanted to make mention of the fact that, you know, we also have participation in women's programs. There is a State subcommittee on that full time who work very closely with your coordinators in the VA. They're embedded in there. They're doing a real good job and the minority of LGBTQ and war veterans are also available services that we also participate with. But also the VEO Office, the Veterans' Experience Office.

Asian-American and native Hawaiian and Pacific Islander, Pacific Region project now. Senator Hirono mentioned about that, but there is now a deep dive that is going to that for this specific group. So there is a review and asking of the community partners out there, what do we really need for this special demographic? So we can go ahead and challenge ourselves to put those kind of programs into the VA. So we see that happening out there, Vivian Hudson [phonetic] and the team that are there, they're doing some amazing work. That has never happened before since I've been here and that's very, very—that's a welcoming sight to see that happen.

Also, the benefits home loan guarantee. I know nobody wants to make mention of that, but you know, interest rates were very good in the pandemic and most of our veterans took advantage of it. It

created a lot of extra work for a lot of things. You know, mainly in the home loan guarantee business that issued the claims, but that is absolutely a good thing for folks refinancing their home. Now, the rates are well over seven percent, triple almost; but I would tell you that the team really worked hard to be able to take care of veterans for that.

And in Hawaii, you know, the median cost of a home, Senator Hirono touched on it, right? It's over a million dollars. You know, it's over a million dollars. So we really have to really kind of bear down on what the veterans have to do to survive out here, you know, and which is going to bring up a couple of other things.

I also want to make mention of the fact that Blue Water Navy, the Camp Lejeune, and the Historic PACT Act—and thank you, Senator Hirono, and the Secretary for your support of that. Modernization of claims appeals, there's just some amazing things happening with access. You know, we're not declaring victory for all those things, but the thing about it is we started. We did some things that have completely revolutionized what we did, what we should've done back in 2014 and we see it happening.

I'll also tell you what time it is now.

Senator Hirono, you beat me to the punch. So we do have some issues with VA travel and it's involving reimbursements. So when it comes to per diem, when it comes to out-of-pocket expenses, and a simple example. The big island, you've got a veteran out there that needs to go to Kona to Hilo to the service providers there. It's a two-and-a-half, sometimes three-hour drive. They've got to find a hotel. That hotel is already above the median, you know, the—the threshold for reimbursement and then next thing you know it, they're taking money out of their pocket. And in some cases some veterans are making the decision before they leave for treatment and saying, you know, I can't afford it; I'm going to forego treatment. So somehow, some way we've got to find a way to localize, you know, that part of it.

I don't know if we need to have, you know, special specialists that are familiar with the region. I understand the special nuances of the veterans' experience that are going out there and then, of course—

Senator HIRONO. Mr. Han, I know you're wrapping up, aren't you?

Mr. HAN. I'm going to wrap up. And so, you know, lastly the Burial Equity Act. I'll just leave it with this. Thank you so much, Senator, for the opportunity. So Burial Equity Act is—and I know you've had a special session with Governor Ige back in July at the Governors' Western Conference, so it opens up for reserves and our guardsmen, but it doesn't come with resources. And the burden now is on the State and it's very difficult to see individuals not get the adequate eligibility because there's not a money funding resource pot put together. But that's all I have.

I just want to say thank you, Senator. Sorry for going overtime and thank you for pulling the hook on me and—

Senator HIRONO. Thank you.

Mr. HAN [continuing]. And thank you, Secretary McDonough.

[The prepared statement of Mr. Han appears on page 51 of the Appendix.]

Senator HIRONO. I know you have a lot to say.
Our last speaker is Mr. McIntyre, please.

**STATEMENT OF DAVID J. MCINTYRE, JR.,
PRESIDENT AND CEO,
TRIWEST HEALTHCARE ALLIANCE**

Mr. MCINTYRE. Thank you, Senator Hirono. Thank you for your effective leadership on the issues that are important to Hawaii's veterans and for the invitation to join you and Secretary McDonough and my fellow panelists for the hearing today.

My name is Dave McIntyre, President and CEO of TriWest Healthcare Alliance.

In the '80s I was the lead health staffer for the Senate Indian Affairs Committee, so I know a bit about Hawaii, Alaska, the Pacific Territories; and I was actually the author of the Indian Health Care Improvement Act that stood for 25 years until it was reauthorized.

I'm joined today by Karl Kiyokawa who leads our team here local in the islands that's focused on providing support needed by VA veterans and providers to make the programs that we support a success. All of us associated with TriWest, including Hawaii's own HMSA, have been privileged to support VA and now DOD for more than 25 years as they work to meet the healthcare needs of those sacrificed so much for our freedoms our Nation's military personnel, their families, and veterans.

In 2013, we were honored to be selected to serve in support of VA in 28 states including in Hawaii and the Pacific Territories as they sought to efficiently and consistently find a way to provide access to care in the community through a consolidated network of credentialed specialty care providers. We stood that up in 90 days.

We then subsequently were called on to do the same in primary care and urgent care. Today our network of some 5600 providers across the State of Hawaii are engaged in the work to support VA. Not perfect, but a start. They've delivered more than 55,000 care encounters for veterans, women's health, mental health, cancer care, dental visits, heart transplant, primary care, urgent care and PT, and everything in between. They nor we have sought to replace VA. We simply are there to augment VA and to support them as they need the elasticity to provide services in the spaces where they're unable to do that directly.

Among our most important responsibilities is the process and paying of claims. As the son of an Army doc and the son of a nurse, Secretary McDonough, my mom was a nurse, too, I have the goal of being the fastest and most accurate payer to healthcare providers for their services as a thank you for the service that they provide to veterans. Because of this, we changed out our claims process in the last year and are re-engineering this function. I'm proud to say that in Hawaii for the entire 2020 period, we've been paying 99 percent of clean claims—not claims, but clean claims within five days. The requirement is 30. And that's about the place that we'd like to be because we understand at the end of the day that the rates that we get to pay with are constrained against demand, and so we've gotten to this industry leading performance and that's not been easy, but we know that there's some old claims

that need to be cleaned up to make sure that everyone is in the right place.

And we regret the difficulty that this has posed for those whose claims are in the last mile of cleanup. Listening to Ms. Haar's testimony and I'm looking forward to the list as I'm sure our VA colleagues are of those that are in the provider subset that received these demands for overpayment. It's unclear to me without that detail as to whether those are ours or they're the VA's or whether they're ours together. But I'm confident that we and VA will get to work in cleaning those up.

To speed up our progress, we recently took some steps to automate parts of the work and we've increased the size of the staff working these challenged claims for the State of Hawaii and the broader Pacific, and we will not declare victory until those are done.

We expect that based on conversations over the weekend and last night to be concluded by the end of this month, not next month, not next year, the end of this month. Our work in the critical areas brought us to light the fact that we got some efforts that need additional focus.

First, the staffs that do billing for the providers in some cases need some rudimentary training to make sure that those claims that are submitted are done properly, and we're going to commit to doing that training together with the VA involved. We plan to be in the Pacific in Guam in the next three weeks to address the same issues with the providers down there.

Number two, we found that a number of providers in the islands are not submitting their claims electronically, so we want to make sure that they understand how that's done and they're enrolled to do that and most importantly that they're enrolled to get paid electronically, because when you have that work the payment can be in less than five days because it works on an automated basis.

And lastly in the dental area as we work to replace VA's direct contracts with those in the network, we are in the process along with VA of making sure that the claims issues that those providers had historically are cleaned up.

Last, and I think this is a place where you and the Secretary can potentially help all of us, is that we are required today under a law to tell providers that they only have six months to file a claim. That is unique to the VA. In Medicare, Medicaid, TriCare in the private sector they have up to a year. I believe that this is an artifact of budget of predictability and budget execution, and I think we're at a point where we're stable enough now on both sides to make the change to allow provider billing operations to have a consistent time frame against which they work.

In our network across the 21, 28 states, we have every academic facility that's a partner of the VA, and it was really important to us that they be part of the network. We're owned by two academics that are in that cohort. They cannot file a claim within six months to save their life, and so when they end up showing up eight months later, we have to deny it and then that starts a whole process on all sides—their side, the VA, and our side—of trying to clean that up. And there's a lot of inefficiency and ineffectiveness in this space, so I look forward to the possibility of working with you and

Secretary McDonough to try and address whether that ought to be changed.

Mahalo for the invitation to appear today. I'm honored to serve the VA, my colleagues are honored to serve the VA and veterans, and I look forward to any questions you may have.

[The prepared statement of Mr. McIntyre appears on page 58 of the Appendix.]

Senator HIRONO. Thank you very much.

Mr. McIntyre, you mentioned that with regard to these letters that are being sent to providers demanding repayment of overpayments, you were not sure whether they're going to your providers or whether they're going—where they're going.

So is this something that, Mr. Han, are you aware that this is happening and that there are providers who are supposed to send thousands of dollars back to, I take it, VA?

Mr. HAN. Yes, so we really don't get involved in the health care portion, Senator. So we would just defer to the Veterans Health Care activity and Secretary McDonough mentioned about patients' advocates. It could be in regard to the service providers and their—and their payment back, but we wouldn't get involved in that with the State.

Senator HIRONO. Okay. I'm just mystified, Mr. Secretary, as to why this is happening and there's no explanation and resulting in already a lack of private providers, I guess, or people who participate privately in the system leaving the system. So I hope we can find out what's going on and resolve it in some way.

Mr. McIntyre, you mentioned that part of your concern is that the providers are not submitting their request for reimbursement electronically.

Is this because they're solo providers and a lot of them are not set up to do that? That they need help? They—they—they are not doing things electronically? They're still writing things out.

Is that an issue for your provider community?

Mr. MCINTYRE. In some cases, yes, and those providers should be able to submit the claims on paper; but for those that can do it electronically, it's the most effective way to make this work. And so we're going to reach out to the providers that are not signed up electronically over the next couple of weeks in the islands and take them through the process of how they do that in order to try and help them with efficiency and accuracy. The one thing that happens when you file electronically is it allows you from the system's perspective to make sure that all the information is entered correctly where you can't go to the next step and you can't ultimately push "Send". That, ma'am, is the reason really at the end of the day why that electronic submission is important.

Senator HIRONO. You mentioned that you have 5600 providers. How many of these providers are solo practitioners? Do you know?

Mr. MCINTYRE. I'd say probably in the islands it's about 30 to 40 percent.

Senator HIRONO. So, Ms. Haar, those are the people that you're hearing from? You mentioned that a lot of our provider community are solo, so they probably need help with submitting electronically.

I mean, there's probably a number of these aspects and there's something else that they need help with.

Ms. HAAR. Most of the people that I spoke to were solos, but I would say Roxanne referenced Straub as well. I didn't talk to the big facilities.

Senator HIRONO. Let's talk about the need for I would say the need of women veterans to have gender appropriate services, including some—as Roxanne Bruhn mentioned. So for you, Mr. Han, would you acknowledge that we need to do better in terms of providing appropriate, gender appropriate services—

Mr. HAN. Absolutely.

Senator HIRONO [continuing]. For our female veterans? And for her to have been treated that way, you know, no veteran should feel as though she was not treated well.

Mr. HAN. Absolutely.

Senator HIRONO. So what are you doing? What is your advocacy with regard to providing care and the—what we need to do for female veterans?

Mr. HAN. So, once again, Senator, we don't have a health care portion of it, but we do have a State subcommittee that focuses on women veterans, so they've had several summits, in person summits, over the last five years. They had a virtual summit just recently, and most of it was to talk about those kind of issues. It did involve the VA here locally. It did involve other service providers, so there's a lot of information that is again passed up.

So the big issue is how do we feed that into the local piece of it and then up into the national piece?

I know Secretary McDonough has special minority groups and committees. Part of it has women's committees set up. I belong to the National Association of State Directors for Veterans' Affairs; they have a very robust women's committee that's—and we have one right out of Arizona that partakes in that, so as information is provided we send that information to our national counterparts, and they in turn look at legislation, it may be entered into congressional or we work directly with the VA on those subcommittees.

So that's the process that we do.

Senator HIRONO. The concern regarding the appropriate treatment of women veterans has come up quite frequently in the Veterans Committee and so we need to be very intentional about the kind of attitudes that can be exhibited when a woman veteran shows up, that, you know, talk about being traumatized. They're there for a service and if the veteran is treated in a way that is really disrespectful or dismissive, that is something that the attitudinal kind of changes that are hard to deal with, but we have to be intentional.

Of the 5600 providers how many of them, Mr. McIntyre, are women?

Mr. MCINTYRE. I don't know that answer specifically. I will get that for you, but we have a couple of hundred OB/GYNs, we have people there in the other specialties that women would rely on, and I believe that to be consistent with the ratio of the providers that are in the islands that are females serving females because 5600 is a big network for these islands. So we'll get you that data on specifically the gender of the providers themselves.

Senator HIRONO. I just would be interested to know if it makes sense to recruit as part of the network of providers to go out and specifically recruit female providers.

I don't know if that makes sense, Mr. Secretary. Is that something that you've been—

Secretary McDONOUGH. Yes, for two years in a row we've asked for the highest level of investment in what we call gender specific care. Gender specific care allows us to invest in specialists and invest in technology specifically for the kinds of things that we heard discussed in the testimony earlier. So we were just talking here that we're obviously going to get to the bottom of this specific situation that you confronted.

But I think Admiral Robinson and I were just talking that, you know, I think you'll see that the technology and the providers are different than what we heard about earlier. That's not to say it was right before and it's not to say it's perfect now. It's to say that we're improving and that's a direct result of the investments that we've asked of from Congress and that Congress has given us over the course of the last two years.

Senator HIRONO. As I mentioned, the intentionality regarding the gender appropriate services to female veterans, I think that's really important especially so you're now proceeding with providing abortion services, which is something that albeit in the instance of rape, incest, or for the health and safety of the mother, but these are services that you have not heretofore provided, and so there's going to be a whole range of those kinds of providers, Mr. McIntyre, that will need to be brought into the system, I'd say.

Do you have a comment?

Mr. MCINTYRE. I think those providers for the most part are in the network now and available to the VA staff that does the same and they have the ability when setting the appointment to talk with the provider about gender specific desires on the part of the veteran, and as a company our policy is to follow the Secretary's policy. And so you should expect zero gaps in that space.

Senator HIRONO. And especially as you are also in states which do not allow abortions, so especially in those states. That would not be Hawaii but we still get a lot of inquiries because of the chaos and the fear generated by the overturning of Roe is across the country.

Ms. Bruhn, I am curious to know but apparently according to Mr. Han I think there is some sort of a task group or a group here in Hawaii that focuses on care for female veterans.

Are you involved with that?

Ms. BRUHN. Yes, I am.

Senator HIRONO. Good.

Ms. BRUHN. Yes, I am, Senator, yes.

Senator HIRONO. And I hope you're seeing some changes in how women are treated here as a result of the recommendations.

Ms. BRUHN. I go to community of care now, Ma'am, so I have not been there physically to see any changes. I'd like to think that there have been. I'm hoping that there is because if I lose my community of care I'm going to have to go back to the VA. So I'm hoping that there's been changes.

Senator HIRONO. I'm sorry. Can you describe for me, I believe you said you go to the community of care? You—

Ms. BRUHN. Yes.

Senator HIRONO [continuing]. Go outside of the VA services?

Ms. BRUHN. Yes, yes, yes. I am now being seen by my PCP at Straub Clinic. I'm treated by my cardiologist and my internist all at Straub because my PCP referred me through the system. It was a very painful—very painful; I'm not saying it was easy by any sort but, but I finally got all that I needed and it's in place so I'm hoping that I'm able to keep it.

Senator HIRONO. I take it that you're getting better treatment through the community of care process than what you described as your experience with VA?

Ms. BRUHN. Yes, you're correct, and—

Senator HIRONO. And when—when was it that you had this kind of treatment in the VA system?

Ms. BRUHN. I left the VA system in 2020.

Senator HIRONO. So that wasn't very long ago. Let us hope that there are improvements in how female veterans are treated.

So this goes to as I said attitudinal changes, which takes some time, but we have to be intentional.

I think that I am at the end of this panel's time. Is that right?

Ms. BRUHN. I do have one thing I would like to say, Senator.

Senator HIRONO. Yes?

Ms. BRUHN. Is that I'd like the VA to try to look at the thought process because when you talk to any veteran, even for myself, whenever I think "VA", I always think, "They're going to tell me no." They're going—

Senator HIRONO. Wow.

Ms. BRUHN. They're going to put as much roadblocks in front of me that I have to overcome in order for me to get treatment, in order for me to be seen. I really hope that there is a method or that there is a way that the process change of the environment of the culture will change. When veterans said or when you're told a veteran to go to file a claim or to go to medical, that—the veteran will not automatically say, no, I don't want to do that, because they're going to give me a hard time because that seems to be the prevalent thought when you talk to any veteran who—who has to journey through the VA system is that they're going to give me a hard time and the answer is going to be no and I have to fight, and so I'm hoping that that will change.

Senator HIRONO. Thank you. Obviously, there are a lot of veterans out there who agree with you and with that observation; and so—but we need to be a lot more intentional about how people are going to treat veterans, the female veterans, and across the board.

You know, it's like how do we get to yes, right? That should be the framework. I have to say that to my staff, too. How do we get to yes without breaking any laws or anything like that? That's not what I'm talking about.

I do want to thank the second panel and I know that there are a number of our organizations who are with us today and I want you to know that my staff is here to be of assistance if any of you who represent organizations or individuals, if you need services my

staff is here to help you and we're in the back there. I think there's a—yes, they're waiting. So we'll do that.

Mahalo nui loa for your attention and your commitment because we are all in this together, and the focus on providing the services that the veterans deserve and need. Aloha.

This hearing is adjourned.

[Whereupon, the hearing was adjourned at 11:10 a.m.]

A P P E N D I X

Prepared Statements

**STATEMENT OF THE HONORABLE DENIS MCDONOUGH
SECRETARY OF VETERANS AFFAIRS
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

October 5, 2022

Introduction

Good morning, Senator Hirono and distinguished guests. Thank you for inviting me here today to discuss VA's commitment to delivering timely, world-class, care and services to our Nation's Veterans. The Department of Veterans Affairs (VA) employs over 400,000 employees, one third of whom are Veterans, who come to work every day with one goal in mind: to serve Veterans, their families, caregivers and survivors as well as they have served our country. The President has called this a sacred obligation with a mission that unites us all. For us, Veterans are our mission.

Our employees prove daily that we will face any challenge and go to any length, including during the worst pandemic in more than 100 years, to ensure Veterans receive the care and services they have earned and deserve. Despite the strain of the pandemic, VA employees worked tirelessly to ensure that Veterans received care, and access to services earned, deferring time off and retirement out of their own sense of dedication, and this passion continues today. A recent study in The Lancet Regional Health found that our employees succeeded,¹ and that VA's strategy likely saved Veteran lives, and we continue to stand ready to help Veterans meet their individual health care goals.

Hailing from communities across the Nation, the population of Veterans VA serves is unique, with rich diversity, seniority in age, health challenges specific to military service and a high percentage of Veterans choosing to live in rural areas, among other factors. This requires VA to be exceptionally proactive and innovative to achieve meaningful access and outcomes for each Veteran in our care.

VA Pacific Islands Health Care System Overview

VA Pacific Islands Health Care System (VAPIHCS) in Honolulu provides a broad range of medical care services for an estimated 130,000 Veterans in Hawai'i and the Pacific Islands. VAPIHCS provides outpatient medical and mental health care through a main Ambulatory Care Clinic on Oahu (Honolulu) and eight Community Based Outpatient Clinics (CBOCs) on Oahu (Leeward and Windward) and neighboring islands, including: Hawai'i (Hilo and Kona), Maui, Kauai, Guam, American Samoa and smaller/partnered VA Clinics on Molokai, Lanai, Saipan. Groundbreaking on a new CBOC, recently named after Senator Daniel K. Akaka, took place in December 2021. Upon completion, the \$100M 88,675 square-foot multi-specialty outpatient clinic will

¹ Available online: <https://www.sciencedirect.com/science/article/pii/S2667193X21000892#bib0011>.

provide primary and mental health care, x-ray, laboratory and diagnostic services, a pharmacy, and specialty care for more than 87,000 Veterans on Oahu. This clinic, known as the Advanced Leeward Outpatient Healthcare Access project, will significantly expand services to Veterans by increasing access to VA's advanced technology, top providers and staff who will provide safe, compassionate, and quality care.

VAPIHCS Honolulu Ambulatory Care Clinic provides outpatient primary care, mental health care, dental care, and specialized outpatient treatment programs such as substance use, day treatment, geriatric evaluation and management, and specialty clinics. Medical specialty and mental health care are also offered by traveling VAPIHCS specialists and via telehealth clinics, which link the CBOCs, the Ambulatory Care Clinic, and VA facilities located within the Veterans Integrated Service Network (VISN 21) at Palo Alto and San Francisco. Community care also plays a significant role in the delivery model of care for VAPIHCS, operated through Third Party Administrator TRIWEST and through agreements with community non-VA providers. VAPIHCS also has a dynamic and longstanding relationship with the Department of Defense (DoD), including a VA/DoD Joint Venture with Tripler Army Medical Center (TAMC) and collaboration with Guam Naval Hospital.

Impact of the VA MISSION Act on the Balance of Care between VA and the Community

Since the Veterans Community Care Program established by the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) was implemented in June 2019, VA has observed several trends in how Veterans are accessing VA care and the extent to which they rely on it. While this analysis has been challenged due to confounding factors such as the impact of the COVID-19 (COVID) pandemic, there are several important takeaways that we have learned since this program was implemented.

Our analysis shows that the VA MISSION Act perpetuated and, in some cases accelerated, trends that have been observed over the last decade. First, while total VA health care enrollment has remained relatively stable, Veteran reliance on VA (direct care and community care) overall has been growing. Second, the use of VA direct care is growing, but use of community care is growing faster. Third, the growing use of VA care is not uniform across the country.

To put the growth of community care into perspective, community care accounted for 23% of the total workload, by relative value units (RVUs) of VA care in fiscal year 2018. Three years later, in fiscal year 2021, community care RVUs grew to 35% of the total workload. As RVUs represent a metric most relevant to costs, our community care spending has increased accordingly.

Additionally, when examining the balance of care VA provides as a function of outpatient appointments, VA community care represented approximately 25% of total Veteran appointments immediately prior to the implementation of the VA MISSION Act.

Timeliness Trends after the VA MISSION Act and the Pandemic

Within 8 months of implementation of the VA MISSION Act and initial publication of the current, designated access standards, the COVID-19 pandemic took hold. This served as a significant confounder in determining the specific impacts of the VA MISSION Act. Initially, during the first 2 years of the pandemic, Veterans experienced decreased wait times for direct primary care and mental health services beginning in March 2020. This was largely the result of deferred primary and mental health care due to necessary curtailments in VA services to address the pandemic when care was not deemed necessary, Veterans choosing to postpone elective care, and increased use of virtual care options in lieu of in-person care.

Currently, VA is experiencing similar trends to those seen in health care settings across America, including increasing volumes of appointments due to the return of Veterans who previously delayed or deferred care needs; growing health care demands across the Veteran population; recruitment and retention challenges due to an increasingly competitive job market; and COVID-19's continuing impact on staffing levels as case rates ebb and flow across the United States. As a result of factors such as these, we have seen average wait times grow slightly in our direct care system in the past year.

VA understands the importance of listening to Veterans and gathering feedback from front-line field staff who engage with Veterans daily, as this information helps refine our access strategy. Local site visits by our Integrated Veteran Care team have shed light on unique, root cause challenges in both the direct care system and for community care. We have identified the longest parts of each process, affording us insights that have directed the efforts of VA's Office of Integrated Veteran Care.

Veterans are scheduled for care faster in the direct care system than in the community, but they often wait longer between the date they received their confirmed appointment and their actual appointment date. Our site visits have surfaced a few primary reasons for this: first, Veterans have been catching up on previously deferred or delayed care because of the pandemic, on top of baseline demand. Secondly, staffing challenges have been significant in the context of increased competition in the labor market. Third, we are navigating a competitive health care recruiting environment as well as the need to onboard new hires much more rapidly. Fourth, there is a continual need to ensure that our physical and virtual infrastructure best allows us to meet the access needs of Veterans. All of this has made clear that increasing the accessibility and availability of appointments would be the most impactful actions to improve access in the direct care system.

In addition to increased staffing, we are also focused on optimizing clinical productivity. In the coming months, providers will be expected to utilize 80% of their bookable clinical time with limited exceptions and with standardized appointment lengths for each service to ensure that we are optimizing available clinic time and

consistently accommodating as many Veterans as possible.

We have created a roadmap to ensure all necessary steps are taken for successful implementation and are targeting full implementation prior to the end of the calendar year. VHA directives and guidebooks are being updated to reflect the new standards. Across the system, VHA facilities have started implementing the standards, and preliminary results are promising with improvements in wait times for Veterans in certain areas. It is important to note that clinical work is a team effort and, to fully achieve the promise of this effort, we will need to ensure that we recruit and retain the employees necessary to support our clinicians in meeting these productivity goals.

The ability to expand health care access through telehealth services also continues to be a priority focus for increasing available appointments in the direct care system. Being able to meet specialty care needs through telehealth appointments increases access and availability across VA, especially when VA providers can provide care across State lines. VA is reinvesting in telehealth more broadly to reliably allow providers from across regions, and in some cases, across the country, to offer more appointments to Veterans in any given location.

Our analyses have revealed that, in contrast to our direct care system, the time duration for scheduling care in the community is often longer than the duration of time a Veteran waits between receiving a confirmed appointment and the date of their actual appointment. Various workflow, staffing and system challenges make the appointment process challenging for community care staff, including a lack of direct visibility into community care appointment availability. Therefore, we currently have a task force of experts reviewing our scheduling processes to identify opportunities for significant system improvements.

We also continue to closely monitor the performance of our Community Care Network (CCN) and the availability of community providers working with our third-party administrators to build capacity and address gaps. Today, CCN lessons learned from the last few years are being incorporated as we prepare for the next generation of CCN contracts timed for the fall of 2023.

Targeting Our Access Initiatives Locally, with VISN and National Support

It is important to note that unique local challenges may account for some of the most significant barriers to accessing care and may not be unique to VA. Some of these challenges in Hawai'i include:

- Limited non-VA medical care resources on the islands of Hawai'i, characterized by an industry-wide shortage of skilled professionals and facilities; and
- Industry-wide provider turnover and associated recruitment and retention challenges in health care.

The distance separating Oahu and the mainland from all outlying islands makes some care accessible only by airplane and may require Veterans to travel or may require skilled clinicians and care teams to travel to meet Veterans' needs.

To address the limited health care resources on the Hawaiian islands, VAPIHCS has undertaken several recruitment efforts. The facility is maximizing the use of special salary rates, recruitment, relocation, and retention incentives and offers Permanent Change of Station for hard to fill medical professionals. They also utilize the Education Debt Reduction Program for eligible positions. Health care recruiters are used to recruit medical professionals using both USAJOBS and other advertising means; the facility also recently conducted three successful virtual job fairs. In addition, VAPIHCS works with the John Burns School of Medicine at the University of Hawai'i Manoa where they have 16 residency spots.

VAPIHCS will further leverage their university affiliations and engage more aggressively with TriWest in contract administration to ensure that community providers are available to meet the needs of the Veterans of Hawai'i. VAPIHCS has increased the rotation of specialty providers to the neighbor islands and maximized the used of telehealth and the VISN 21 Clinical Resource Hub. The facility continues to coordinate with Voluntary Services to work on directed donations for Veterans not eligible for Beneficiary Travel. VAPIHCS is in the process of hiring three transportation staff to further support and coordinate Veteran travel

VAPIHCS is taking full advantage of local, VISN and national resources to increase hiring, incentivize providers to work at VAPIHCS, enhance the partnership with their affiliate and community health care providers, and increase travel options for Veterans who must travel to receive care.

Veterans Benefits and the Honolulu Regional Office (RO)

Nationwide, as of September 20, 2022, the Veterans Benefits Administration (VBA) has completed 1,653,116 claims, 8.5% ahead of fiscal year 2021 and without sacrificing quality. Also, the backlog represents currently 23.7% of the overall claims inventory (639,873), or about half of what it was at its peak during the COVID evidence issues in 2021, which included limited ability to obtain exams and Federal records; the actions our staff have taken to adjudicate disability compensation claims more accurately and more quickly have reduced the percentage of backlogged claims to levels closer to the average pre-COVID. Additionally, our National Call Centers have answered 7.3 million calls, 7% more than this time last year. Nationwide, VBA has completed over 320,000 original education claims and over 3.1 million supplemental education claims in fiscal year 2022. Notably, VBA's Veteran Readiness and Employment program has achieved over 16,000 positive outcomes for Veterans and the Loan Guaranty program has guaranteed over 730,000 VA home loans nationwide.

The Honolulu Regional Office (RO) provides benefits and services to Hawaii's 113,000 Veterans and their families throughout the state. The Honolulu RO has worked hard to increase outreach and support to Veterans in remote underserved locations. The RO assists in administering benefits to Veterans in outlying areas, including the

Commonwealth of the Northern Mariana Islands (CNMI) and the Freely Associated States (FAS), consisting of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In 2021, two permanent Legal Administrative Specialists were added to the Honolulu RO to increase Veteran support and access to benefits and services. Additionally, the Honolulu RO permanently placed a Public Contact Representative (PCR) on the CNMI island of Saipan, which also conducts outreach on the CNMI islands of Rota and Tinian, and permanently placed a PCR on American Samoa. Since the placement of the permanent employees, the PCRs have conducted 265 in-person interviews in the CNMI and 236 in-person interviews in American Samoa for benefits assistance.

At the end of FY21, VA was paying compensation benefits to 31,383 Veterans in Hawaii, and pension benefits to 539 Veterans. Throughout FY21, education program participants in Hawaii totaled 5,147.

Through VA's Loan Guaranty Service (LGY), VA guarantees home loans made to eligible Veterans and certain surviving spouses for the purchase, construction, alteration, improvement or repair of a dwelling to be owned and occupied by the Veteran or in certain cases the surviving spouse. VA also guarantees home loan refinances. In Hawaii, as of September 25, 2022, VA guaranteed more than 5,000 loans this fiscal year: 3,100 of these loans for Veterans to purchase a home, and another 1,965 refinance loans. Over the last three fiscal years, more than 28,000 loans have been guaranteed in Hawaii. VA also approved four Veterans or service members for a Specially Adapted Housing (SAH) grant in fiscal year (FY) 2022. Over the last three fiscal years, 26 SAH grants have been approved.

To serve Veterans residing in American Samoa, Guam and the CNMI as well as other Native American Veterans, VA is authorized under 38 U.S.C. §§ 3761-3765 to provide direct housing loans to Native American Veterans purchasing on trust lands. This program is known as the Native American Direct Loan (NADL) program. NADL activities for American Samoa, Guam and CNMI are managed by NADL coordinators located in Hawaii, who also administer the program to Native Hawaiians² purchasing on the land trust held by the Department of Hawaiian Home Lands.

Although Veterans residing outside of the United States are unable to obtain VA-guaranteed home loans or VA direct loans, VA does offer SAH grants for Veterans with certain service-connected disabilities so they can buy or adapt a home to meet their needs to live more independently. SAH grants made under chapter 21 of title 38, *United States Code*, are available to Veterans residing outside of the United States if they meet all eligibility requirements. Since the program began, VA has approved 3 SAH grants in American Samoa totaling \$178,000 and nine grants in Guam totaling \$659,000. Veterans living in the FAS with qualifying disabilities may be eligible for this grant that provides the most severely disabled Veterans with funding to implement adaptations

² 38 U.S.C. § 3765(3)(B)

that improve the livability and enjoyment of their home.

VA's Insurance Service provides insurance coverage to Veterans, Service members and their families in all insurance programs, regardless of where they reside, except for Veterans' Mortgage Life Insurance (VMLI).

VMLI provides mortgage protection insurance of up to \$200,000 to the families of Veterans with severe service-connected disabilities and adapted homes. To qualify, Service members and Veterans must: 1) have received an SAH grant to buy, build or make changes to a home to allow them to live more independently; 2) have title to the home; 3) have a mortgage on the home; and 4) be under 70 years of age upon completed application for VMLI. For the purpose of the program, the definition of real property situated within the United States includes property in "the several States, Territories and possessions, and the District of Columbia, the Commonwealth of Puerto Rico, and the Commonwealth of the Northern Mariana Islands", which includes the inhabited U.S. territories of American Samoa, Guam and the U.S. Virgin Islands. See 38 C.F.R. § 36.4332.

At the end of FY21, VA provided insurance policies to 3,080 Hawaiian Veterans, Service members and their families.

VA's Veteran Readiness and Employment Service (VR&E) provide services that allow claimants who reside outside the United States to receive rehabilitation services and other assistance of the same quality as claimants residing inside the United States.

The Honolulu RO manages cases of claimants who reside in the CNMI and the FAS. To increase access to benefits and services, the Honolulu RO increased support by stationing an additional Vocational Rehabilitation Counselor in Guam in June 2021. In FY21, VA rehabilitated 148 Hawaiian Veterans through independent living, and 136 Hawaiian Veterans through obtaining suitable employment.

The VR&E Quality Assurance (QA) program conducts site visits and case reviews at each RO to help ensure compliance with regulations and guidance. A site visit was conducted at the Honolulu RO November 1-5, 2021. The site visit validated that Veterans in outlying areas received services consistent with regulations and guidance. During the site visit, the QA team noted that the Honolulu RO average number of days in Evaluation and Planning (EP) status was well below the national target of 85 days. At the time of the site visit, the Honolulu RO's average number of days in EP status was 66.4 days. This metric is an indicator that Veterans are being placed into a plan of services in a timely manner. Additionally, the QA team noted that the Honolulu RO placed 64 Veterans into employment with Federal agencies during fiscal year (FY) 2021 and 5 Veterans obtained employment with Federal agencies during the first month of FY 2022.

Additionally, VR&E coordinates the home adaptation grant program, in partnership with the LGY SAH program, for eligible participants living in the following

areas: American Samoa, the CNMI and Guam.

VA's Outreach, Transition, and Economic Development Service (OTED) works closely with RO leadership to ensure that Veterans and survivors who reside on Guam, CNMI, American Samoa and the FAS receive seamless and comprehensive benefits information and delivery.

OTED communicates with the Honolulu and RO on an established cadence to discuss communication issues and benefits delivery to Veterans in the CNMI, Guam, American Samoa and the outlying islands. In addition, OTED participates in the Indo-Pacific Workgroup, which meets monthly to discuss and address communication concerns and benefits delivery to Veterans in those outlying areas. Lastly, OTED conducts annual and ad hoc training with the Pacific embassies to improve benefits delivery to the outside of the Continental United States (OCONUS) region.

To assist Veterans in obtaining disability benefits, VA's Medical Disability Examination Office (MDEO) currently oversees two international contracts for provisioning examination services to Veterans and Service members living outside of the Continental United States (OCONUS). Through these contracts, Veterans and Service members receive examinations in conjunction with their claims for benefits.

The international contracts currently include 39 OCONUS locations. CNMI is listed as 1 of the 39 locations where Medical Disability Examination (MDE) contractors are to provide examination services. These services include in-person, Tele-Compensation and Pension (C&P), Acceptable Clinical Evidence (ACE) or a combination of these examination modalities upon receipt of an examination scheduling request. Therefore, MDE contractors have an established examiner network in the CNMI to provide these types of examination services.

National Memorial Cemetery of the Pacific

VA's National Cemetery Administration (NCA) administers burial and memorial benefits and services to Veterans and their eligible family members worldwide. Today, VA operates and maintains 155 national cemeteries in 40 states and Puerto Rico. VA has also funded the establishment, expansion, or improvement of 121 state and tribal Veteran's cemeteries in 49 states and territories (including Guam, Saipan and Puerto Rico) through the Veterans Cemetery Grant Program.

VA provides headstones and markers, niche covers for columbaria, medallions, and Presidential Memorial Certificates to individuals all over the world, whether they are buried in a national cemetery or private cemetery. In 2016, NCA launched Pre-Need Determination of Eligibility to assist Veterans with burial decisions in advance of their time of need. The pre-need option helps families with end-of-life planning, helps Veterans understand their burial benefits, and is consistent with private sector practice. More than 200,000 determinations have been completed to date.

With one national cemetery and seven open State grant-funded cemeteries, 100% of Hawaii's Veterans are served with a burial benefit. Since 1998, Hawaii's State Veteran Cemeteries have received \$47.7M. In FY2022, NCA awarded Hawaii a grant of up to \$5,901,475 for the expansion of Hawaii State Veterans Cemetery in Kaneohe.

In addition to burial operations at the National Memorial Cemetery of the Pacific (aka "The Punchbowl"), NCA works closely with our partners at the American Battle Monuments Commission (ABMC) with regard to their existing monument to missing Service members housed within the cemetery and looks forward to future collaborative efforts with ABMC.

Conclusion

VA remains committed to delivering timely, world-class care and services for Veterans in every part of the country. We will continue to ensure that Veteran and employee feedback is central to driving innovation in care and service delivery, and we appreciate this forum as an opportunity to engage with each of you here today as partners in our mission. I look forward to answering any questions you have today. Thank you.

Hawaii Disability Legal Services, LLLC

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Written Testimony of Diane C. Haar,
Attorney at Law, Hawaii Disability Legal Services, LLLC
Before the U.S. Senate Committee on Veterans' Affairs
October 5, 2022

Good morning. My name is Diane C. Haar. I am a licensed attorney practicing in the State of Hawai'i, the Pacific Territories, and the Philippines. My practice is devoted to representing veterans and others with disabilities throughout these regions.

As part of my practice, I am in contact with a significant number of doctors and other medical providers who are referred veterans and paid to treat these veterans by the VA. These providers are crucially important where we have a VA medical clinic rather than a medical center in Honolulu with community-based outpatient clinics throughout the rest of our state and territories. These providers do what our clinics often cannot, by providing specialty care near where the veteran lives, as well as additional physical and mental health care where the need is too overwhelming for our VA clinics to meet.

These medical providers often open up to me when their billing problems with VA become so significant that they do not know where else to turn. We lost a number of providers over the last 8 or so years who still will not come back and take VA referrals, because it was taking up to 9 months to 1 year or more to get paid.

Over the last couple weeks, I sought out and spoke to over 20 different specialty and mental health providers on Oahu and on our neighbor islands to find out how payments are going. I thank the VA for increasing the speed by which payments are made. I am told today, VA still takes about 60 days, which is slower than many other insurers, but adequate enough to sustain most of our providers. Albeit, some do say this still does create a disruption in allowing them to meet their own bills.

What I am more concerned about and want to share with you today is that there still remains a significant reason why we are losing or on the verge of losing additional medical providers. Specifically, the problem is that medical providers who have been treating veterans for a few years or more, have started getting letters stating that the VA has taken another look at the payments it made to them about 2 years prior and found it overpaid them \$5,000 or \$8,000 or some other large amount, and it wants it back immediately. The letter from VA generally tells these providers if they don't pay back the money immediately, VA will just take the amount out of any money it owes them then or in the future. It is not much of an incentive to keep treating our veterans. Additionally, I am told no reasons for the overpayment are given on the notice.

Worse, these providers let me know that it takes an inordinate amount of time to try to resolve these overpayments, where calls to the VA often end without being able to reach anyone or at least anyone who can help with the overpayment. I was told if the medical provider stays on it, the majority of these payment issues will be resolved in the provider's favor. However, the medical provider has to weigh the time spent on it versus the cost savings where all of time the medical provider spends trying

to chase payments is uncompensated, unplanned for time that also cannot be spent treating patients or on other productive pursuits.

I was also told by the medical providers that it feels like a "double whammy," whereby the VA already refused to pay the full amount they submitted two years ago, and then wants more back later. It is a major disincentive to providers to continue to see veteran patients.

This has been happening to both physical and mental health providers. Where nearly every medical practice in Hawaii is small, with only one or a handful of medical professionals, many of whom who handle their own billing, many of our providers have reduced the VA referrals they take, are questioning taking new VA cases, and some are planning to imminently cut ties with the VA. I would be happy to put you in touch with some of these medical providers if you have more questions than I am able to answer.

Thank you for the opportunity to testify on this important matter. I sincerely hope this can be rectified to benefit both the veterans and the medical providers they see.

Senator Jon Tester, Chairman
Senator Maize K. Hirono, Committee Member
Committee on Veterans' Affairs

SMSGt (Ret) Roxanne E. Bruhn

Wednesday, October 5, 2022

Experiences Associated with VA Healthcare

I retired from the United States Air Force after 32-years of honorable service to the State of Hawaii and the United States of America on 30 September 2015. I filed my claim through the State Office of Veterans' Services, E Building, Tripler Hospital and began my medical journey with the Hawaii Veterans' Administration healthcare in 2016. I received medical care from the Veterans' Administration until 2021. I requested use of Community of Care due to anxiety and PTSD issues exacerbated by VA's lack of patient care.

From the onset, I was beleaguered with numerous sets of problems or roadblocks. I was placed into the Women's Healthcare program and assigned to Dr. Li, who became my Primary Care Provider (PCP). After my first visit, I was instructed to bring my healthcare directive and other legal documents to the VA for entry into my medical records. Documents were dropped off at the reception area on the 2nd floor. I was instructed to sign VA documents, which requested medical records from my civilian medical provider for inclusion into my VA medical records. Somewhere along the way my documents were misplaced or lost. My records were never found; therefore, I was asked to resubmit a second set of documents. When I went to the 2nd floor to submit, I asked that my records be updated while I waited, to ensure it would not be lost again. I received terse responses when I insisted upon waiting for the update.

Prior to VA's website offering appointments and messages to my PCP it was difficult to reach my PCP. I would have to call several times and leave messages before I was able to speak

to someone and make an appointment. One instance is captured in a secure message sent to my PCP on 21 Jan 2020. I received my 1st Shingrix shot on 12/28/19. Normally, before you leave the follow-up, in this case my 2nd Shingrix shot would be scheduled. However, the schedule was not available on that day. I was instructed to call back and set up an appointment. I called several times and left messages with no return call; therefore, I secure messaged and received a response from a staff member on 01/23/20. The staff member made my appointment for my 2nd shot on 01/28/20. I showed up for my appointment and was turned away because the 2nd shot must be done 2-6 months after the 1st shot. Waste of sick leave and my time!

On one occasion, I was the first appointment of the day and as customary of a military member, I arrived ahead of my appointment. I checked in at 0800hrs for my 0830 appointment. I sat in the Women's Health Center waiting area for my scheduled appointment. The waiting area is outside the clinic reception area and outside the doctor's office. Entrance to both was locked and secured. The staff asked that I leave the area and wait in the hallway because they were going to a staff meeting. I asked if I could stay in the waiting area because the chair supported my injured back. I was told no. All other clinics do not ask patients to leave the waiting room and wait in the hallway. Only the Women's Health Clinic!

I received poor patient care on a Saturday appointment. My appointment was at 0800hrs, yet I was not seen until after 0900hrs. There was no courtesy extended to me and I had to ask why I was waiting so long. I realized why I waited so long after I saw her briskly walking into the clinic. If I was late for an appointment I would have to reschedule, and my record would state "no show". There seemed to be a disparity between patient care/courtesy and staff responsibility.

Each time I saw my PCP and she reviewed my medical prescriptions in the VA system would halt/terminate. The first time it happened I reasoned that it was a fluke, a system error. However, when there is a pattern of my prescriptions terminating each time I see my PCP something is wrong! My last visit with my PCP was in December 2020 via virtual appointment. Again, my prescription dropped from the VA system. After several calls and secure messages via the VA website, I finally got my refills. It was painful and needless! Anxiety sets in every time I had to see my PCP or deal with the VA. Nothing seems to go right at the VA!

My PCP referred me to a therapist because I suffered an assault during my time in the military. I was seen by Dr. Cabinte and was diagnosed as suffering from PTSD. I was allowed only a few sessions with her and was told I could continue but with a male therapist. I asked for a referral because it would be uncomfortable speaking to a man about the events that led to my PTSD. Referral took approximately four months to consummate. It seems to me that mental health is not an important issue for female veterans. I am glad that I was granted Community of Care services.

The concept of healthcare for women veterans is noteworthy, however, I don't feel Hawaii has a viable program that meets those needs. I feel that there is a lack of empathy, compassion, and care for women veterans. I am very happy with my Community of Care provider. I pray that it continues.

Thank you for allowing me the opportunity to share my experiences with the Senate Committee on Veterans' Affairs.

SENATE COMMITTEE ON VETERANS' AFFAIRS FIELD HEARING

ENTITLED: "THE STATE OF VA HEALTH CARE AND BENEFITS IN HAWAII"

OCTOBER 5, 2022

STATEMENT OF RONALD P. HAN JR.

DIRECTOR, STATE OFFICE OF VETERANS SERVICES

FOR PRESENTATION BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS

"THE STATE OF VA HEALTH CARE AND BENEFITS IN HAWAII"

OCTOBER 5, 2022

Chairman Tester, Ranking Member Moran, Senator Hirono, Secretary McDonough, Distinguished Members of the Senate Committee on Veterans Affairs, members of our panels, fellow Veterans, Veteran Organizations, and members of the community. Before starting, I would like to especially thank Senator Mazie Hirono and her staff for her efforts to bring this Senate Field Hearing to Hawaii once again. This is my second opportunity to participate and present as the first time was back in a similar Senate Field Hearing at this location in 2014. I know it is especially noteworthy having Secretary McDonough participate at these proceedings. It truly shows of his commitment and dedication to supporting Veterans not just in Hawaii, but across our entire Nation.

Thank you for the opportunity to present my perspective of the State of VA Health Care and Benefits in Hawaii. In full disclosure, I have two family members who work in the local VA offices here in Hawaii. One with the VA Healthcare Administration and one with the Memorial Services Team at Punchbowl.

First off, a quick preface about the Hawaii State Office of Veterans Services (HOVS). Currently, we serve approximately 112,000-117,000 Veterans in the State of Hawaii with an estimated break out of Veterans on Oahu (85K), Hawaii (16K), Maui/Molokai/Lanai (11K), and Kauai (4K). Inclusive of this overall number are 12K Women Veterans in Hawaii. HOVS provides advocacy for Veterans, short-term counseling, informational and referral services, claims, forms, and appeal assistance. We also assist on legal name changes, discharge upgrading advice, outreach, VA benefits assistance, burial assistance, and receive, investigate, and resolve disputes or complaints involving our Veterans and government agencies and the community. There are 25 people assigned to HOVS residing on four major islands. Half of the personnel are Veterans Benefits Counselors and trained to the same standard and accreditation as their federal Veterans Benefits Counselor counterparts. The other remaining staff members support administrative and cemetery affairs. HOVS is directly responsible for maintaining the Hawaii State Veterans

Cemetery in Kaneohe and has administrative oversight at the other seven State Veterans Cemeteries on the islands of Kauai, Maui, Molokai, Lanai, and Hawaii (3 State Cemeteries on this island). For the latter seven, these cemeteries are maintained and operated by the respective County Public Works or Parks and Recreation Divisions. HOVS is privileged to work alongside their federal Veterans Benefits Administration (VBA), Veterans Healthcare Administration (VHA) and Memorial Services counterparts. Our main office is located on Oahu in the E-Wing at Tripler Army Medical Center, but we also maintain satellite offices on the islands of Maui, Hawaii, and Kauai. HOVS also performs outreach services to Molokai and Lanai. I might add that our offices are currently working under a hybrid operating model accomplishing tele-counseling to support the needs of our Veterans and their loved ones. This has resulted in an estimated 25%-30% more Veteran contacts and disability claims submitted in previous years. Additionally, it has kept both the HOVS staff and our Veteran clients safe from the healthcare challenges of the COVID-19 pandemic and its variants. In fact, even with several State and County shutdowns over the last two years, due to the high COVID-19 positivity infection rate across the State, HOVS never shut-down its operations and was able to function effectively and efficiently utilizing tele-counseling methodologies to meet the needs of our Veterans. If a Veteran needed assistance, we stood ready to help. Our motto is “proud to serve those who served our country!”

Back to the “State of VA Health Care and Benefits in Hawaii.” HOVS sees three main dominant issues that consistently arise from Veterans across the State. 1) **Access** to healthcare and benefits; 2) **Timeliness** of that healthcare and processing of disability benefit claims; and 3) the **Quality** of healthcare and benefits.

Access to VA healthcare and benefits has significantly improved in Hawaii since 2014.

For Healthcare, the VA Pacific Island Health Care System (VAPIHCS) in working with TriWest Healthcare Alliance, has provided greater access and more opportunities for healthcare services for Veterans to access either through the Spark M. Matsunaga Medical Center in Tripler, through the Community-Based Outpatient Clinics (CBOCs) in our respective rural island regions or through VA approved civilian health care providers across the State. We have also seen a significant amount of VAPIHCS full-time employment staff come on board in the last five years in critical healthcare billets due to increases in federal funding to keep pace with the needs of our Veterans. The employment of tele-medicine and tele-health technology and services provided greater access for our Veterans, especially during the last two years of the COVID-19 pandemic, as many of the healthcare appointments that were registered and conducted were accomplished using this modality.

The VAPIHCS team also worked countless hours including weekends to put “shots in arms” for COVID-19 vaccines, boosters and for flu shots. They were active in each community including the neighbor islands to help keep our Veterans safe and protected. They worked tirelessly to ensure there would be no disruption of access to critical medical services and medicinal

prescriptive orders for Veterans throughout a very challenging time due to the pandemic. The VAPIHCS Infection Control Team also responded to a catastrophic COVID-19 deadly outbreak in 2020 at the Yukio Okutsu State Veterans Home that ran through the entire resident and staff population of the home. This VA mobile team of infection control experts provided hands-on training and support within the home addressing deficiencies with the civilian contractor of the home. These permanent fixes instituted have led to new Veteran in-take opportunities, enhanced access and the build-up of census with Veterans requiring skilled nursing and long-term care support.

The start of construction of the Daniel K. Akaka Department of Veterans Affairs Community-Based Outpatient Clinic slated for completion in 2024, will also increase access and capacity to services already offered at the Spark M. Matsunaga Veterans Medical Center at Tripler and will serve Veterans across the State and Veterans who live in other Pacific Islands, including Guam, Saipan, Tinian, Rota and American Samoa. This multi-role facility will house VA healthcare staff, the Vet Center and the State Office of Veterans Services. This “one-stop shop model” is also being duplicated on Kauai and on Maui. This office is appreciative that this same funded projects over the next several years will enhance Veteran access and reduce frustration and confusion for island Veterans needing a variety of services.

The Daniel K. Akaka State Veterans Home is over 60% completed in Kapolei on the island of Oahu. It is named after the late Senator Daniel K. Akaka, a WWII Veteran, a longtime public servant, a former Chair of the Senate Committee on Veterans Affairs and a native son of Hawaii. This 120-bed skilled nursing facility will be Hawaii’s second State Veterans Home in the State located on a different island. Recently, supply management chain issues and procurement delays that have affected both the domestic and international community will delay the completion of this home projected now in May 2024. These State Veterans Homes, like many across the Nation, will provide greater access to vital services to our elderly and severely disabled Veterans, Gold Star Parents and eligible loved ones. This second home is also slated to provide Adult Day Care services like the first home in Hilo, Hawaii.

The Purple Heart and Disabled Veterans Equal Access Act of 2018, which took effect January 1, 2020, authorized the Department of Defense to expand access to commissary privileges to Veterans with service-connected disability, Purple Heart Medal recipients, former Prisoners of War and individuals approved and designated as primary family caregivers. Although there were some issues initially that hampered Veterans with obtaining their Veteran Health Identification Cards (VHIC) and base/post specific protocols for entry, the majority of Veterans were appreciative to have this important benefit and access to commissaries.

The VA Caregiver Support Program (Program of General Caregiver Support Services (PGCSSS) and the Program of Comprehensive Assistance for Family Caregivers (PCAFC) also provides access and services to caregivers in two separate programs for Veterans enrolled in VA healthcare. Many immediate and extended family members are the prime caregivers for eligible

Veterans and have benefited from the use of these specific programs to help and assist their loved ones. The recent news that Veterans of all eras will now be eligible for these important programs that has started on October 1, 2022, is encouraging and expected to provide greater access to possibly thousands of families in the upcoming years. This office also understands that the VA has doubled their caregiver support line with staff members to address potential concerns and issues that may arise from family member inquiries.

Sheltering our Homeless Veterans across the State has also highlighted what our Federal, State, County and Community Partners can accomplish in working together towards a common goal of eliminating Veteran Homelessness. According to the last Point in Time Count in 2022, there are a total of 228 Veterans (127 sheltered and 101 unsheltered) remaining in Hawaii. This is a 57% decrease since 2015 and a 44% decrease since 2020 according to Housing and Urban Development data that has been released. With increased access to supportive agencies, these Community Partners of Care and the State Interagency Council on Homelessness can continue to work in collaboration until each Veteran receives the specific support and care they need.

Supporting the Governor's Suicide Prevention Challenge Initiative has just commenced for the State of Hawaii in 2022. A State Interagency Program on Suicide Prevention for Military Members, Veterans and their families has been established involving government and private partnerships with DOD, VA, State, County, National Guard, Reserves and community partners. The work, training and coordination thus far has been noteworthy especially assessing best practices and benchmarks from other State programs. With 2019 and 2020 Veteran suicide rates showing some decline, there is still much work ahead to improve suicide prevention and awareness outreach. This important initiative will provide enhanced access to collaborative work across many service agencies and disciplines with the objective of reducing and eliminating Veteran suicides.

Participating and connecting women, minority, LGBTQ and rural Veterans to available services and looking downrange for development of future programs and services has also brought to the forefront issues that have not had the emphasis in previous years. One example is the game changing work the Veterans Experience Officers (VEO) from the VA and VEO consultant designers have started working on with various State and US Territorial Partners in the Pacific. For example, the Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Pacific Region experience project is an important program and process to talk to subject matter experts in these communities to better inform the VA of what is needed in the field for future services and support. Again, another important first step to increasing access and support by engaging Veterans on what they need.

For Veterans Benefits, there has also been a record high of the number and types of disability claims that have been processed. The VA Home Loan Guaranty Office, over the last several years, has given eligible Veteran's access to some of the best interest rates in decades for refinancing or for home purchases. Additionally, Veterans are experiencing increased access for

their service-connected disability claims as a result of the “Blue Water Navy” ruling, the Camp Lejeune Justice Act of 2022 and the recent Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act passage on August 10, 2022. Veterans are latching on to the new guidance and the myriad of presumptive ailments that are now accessible for those who have verified and validated their service connection. Without a doubt, there is an increasing volume of calls and queries as a result of these major program changes coming into our State Offices and into our Veterans Service Organizations especially on the PACT Act, one of the most historic laws ever passed affecting our Veterans and their loved ones.

Modernization for the Claims Appeals process has allowed Veterans and their advocates more access and choices in their review and appeal processes. There have been an increased number of virtual appeal hearings even during some periods of delay as a result of the pandemic. Our office has seen a significant increase in the number of hearings at the Board of Veterans Appeals (BVA), resulting in more Veterans participating in appeal proceedings after many years of waiting for a hearing. This has also helped in reducing the appeals backlog.

For Memorial Services, the signing into law of the Burial Equity Act on March 15, 2022, will also provide greater access to eligible National Guardsmen and Reservists. However, States that implement this new law will be faced with resource challenges for full-time employment authorizations, funding for grave markers and the loss of VA reimbursement for plot allowances. The demand for internments is expected to steeply climb if this law is enacted in the respective State. Without sufficient infrastructure and resources in place to take on these added responsibilities and duties, this program is not sustainable. Our State of Hawaii Attorney General’s Office has reviewed the Burial Equity Act provisions that allows a State to maintain the previous criterion for Veteran eligibility for a National or State Veterans Cemetery. Our Office will be maintaining the previous criterion and will be working with other States to review their implementation plans, to assess budget projections and to review the possibility of this funding shortfall being passed on to families and next of kin. Although we are in support of the intent of this Act, without sufficient programmed resources, implementation will be delayed.

Timeliness of healthcare services and benefits processing can be challenging to Veterans.

For Healthcare, one of the main concerns our office receives is the timely VA reimbursement of Veteran travel, per diem and out of pocket expenses. This occurs when Veterans travel to the Spark M. Matsunaga Veterans Medical Center at Tripler or to an VA authorized civilian healthcare provider here on Oahu from our neighbor islands. In some cases, especially on the island of Hawaii, distances between the Veteran’s home and the selected treatment site can be over 200 miles. When issues of reimbursement arise, many Veterans become frustrated with the requirements to file, and some have told our offices they have contemplated foregoing treatment because of the bureaucracy. Having a robust training and educational awareness program to support Veterans who will use these critical types of services will help to preclude repetitive follow-up and inquiries after-the-fact. Possibly having VA reimbursement experts and personnel

on specific islands where Veterans can address their unique issues can also be beneficial. A review of pre-flight plans, ground and billeting arrangements and a post-flight review of completed travel to ensure the necessary reimbursement documents were submitted could also be very helpful and may preclude the constant and repetitive follow-ups.

The scheduling of appointments for healthcare has improved. However, for some initial appointments with a VA Primary Care Provider or Specialist, it can take weeks or months dependent on number of servicing providers available and their respective office case workload. Like many other State's, there is a national shortage of trained and certified healthcare providers to meet the increasing demands for government and civilian healthcare providers. As a positive step, our office has seen the VAPIHCS Patient's Advocate Team double their FTE and support. With the increase of more Veterans accessing critical healthcare services due to the Blue Water Navy and PACT Act changes, the number of Veteran queries and the complexity of requested care are expected to increase even more.

For Veterans Benefits, the claims backlog continues to be worked aggressively and much progress has been made especially with the highest recorded number of claims being input and submitted into the VA claims process. The volume of claims is expected to remain high with the recent program changes mentioned earlier and our office has seen new additional employees in VBA to address these demands and the use of overtime to meet claims delivery time objectives. The VA's commitment to providing sustained resources will be critical to reducing this backlog. VBA has also continued their service outreach in the communities and provided many webinars to help educate and to answer questions that arise from Veterans and their loved ones.

Quality of care and benefits has been noteworthy.

For Healthcare, our office has received praises from Veterans utilizing VHA and accompanying healthcare providers in the community. Once Veterans can obtain appointments, healthcare specialists are caring, empathetic and supportive of their Veteran patients. The length of time between appointments for some Veterans has already been previously addressed.

Significant strides have been made for our homeless Veterans. Focusing on the causes of Veterans homelessness such as physical and mental issues, legal issues, limited job skills, alcohol and drug abuse, post traumatic syndrome and involvement with the justice system have provided focused programs in government and in our community activities to help eliminate chronic homelessness, and more importantly, its root causes. No agency or provider will stop their efforts until every homeless Veteran is sheltered and the wrap-around services and benefits they need are provided.

For Benefits, the quality of VA benefits support has been very receptive to the many program changes that have occurred over the last several years. The use of webinars and townhall meetings have proven to be very effective with reaching Veterans who have sought VA services

before. The processing and adjudication of more disability claims year after year is further proof of a Benefits Administration supporting State and National time elements for delivery.

As a side note from our office, if the Veteran is not treated with genuine dignity and respect from the onset, either through a call-in or in person connection at any one of the healthcare clinics or benefits offices, the rest of that Veteran's experience is tainted. Veterans become agitated and untrusting of the entire process. Treating every Veteran with dignity and respect is paramount to creating the Veterans experience we are all striving for.

For Memorial Services, Undersecretary for Memorial Affairs Matthew Quinn supported our first ever Cemetery Administration and Cemetery Care-Taker Training in Hawaii in March 2022. Cemetery team members from the National Memorial Cemetery of the Pacific at Punchbowl, from the Hawaii State Veterans Cemetery in Kaneohe, from the seven neighbor islands State Veterans Cemeteries and from Guam were in attendance. Over 30 cemetery personnel were trained and received hands-on tools and techniques for interments and the protocols required for cemetery grounds management. Our office works closely with Punchbowl Director Jim Horton, the respective Directors from the Island Counties and our HOVS staff on each island to ensure families of decedent Veterans or their eligible loved ones are treated like "a member of our own family" when working their committal services and interments. Our office is very thankful to Undersecretary Quinn for his strong advocacy for bringing the cemetery instructor team to Hawaii saving a significant amount of travel dollars. We are also thankful to Mr. Glenn Powers, Mr. George Eisenbach, Mr. Tom Paquelet and Mr. Steven Rogers of the VA National Cemetery Administration for their stellar work and efforts to support our capitol improvement projects in our eight State Veterans Cemeteries year after year.

In closing, HOVS appreciates this opportunity to provide feedback on these important issues affecting Veterans in the State of Hawaii. We sincerely appreciate Senator Hirono, Chairman Tester, Ranking Member Moran, Secretary McDonough, Distinguished Members of the Senate Committee on Veterans Affairs, members of our panels, fellow Veterans, Veteran Organizations, and members of the community for keeping Veteran issues at the forefront. HOVS is highly encouraged by the improvements made by our VA counterparts in Hawaii and the Pacific and will continue to do our best as a State entity to support the important and critical work that is ahead of us. We stand as a full-fledged partner to assist and to help in support of mission objectives and goals to serve our Veterans. As advocates for Veterans and their families, HOVS is committed to working with VHA, VBA and Memorial Services to provide the best possible services and support we can. There is not enough we can do to support our Veterans!

Once again, Mahalo Nui Loa for this opportunity to provide written testimony.

**Statement of
Mr. David J. McIntyre, Jr.
President and CEO
TriWest Healthcare Alliance
before the
Senate Veterans' Affairs Committee
October 6, 2022**

Introduction

Senator Hirono, thank you for the opportunity to testify at today's Senate Veterans' Affairs Committee field hearing. It is an honor to join you, Secretary McDonough, and my fellow panelists for this hearing.

I have been asked to share about TriWest's experiences working in collaboration with the Department of Veterans Affairs (VA) on the Veterans Community Care Program to ensure Veterans have timely access to high quality care in the community when appropriate, and specifically what we are doing to help VA meet Hawaii veterans' health care needs as well as to identify some improvements that could be made in order to better serve Hawaii's veterans. To do that properly, I feel compelled to give an overview of the journey that has brought us to this point... a journey that has been grounded in our collective desire to keep faith with our nation's heroes and made possible as a result of the fully engaged leadership of yourself and the other members of this Committee.

I am pleased to be joined today by Karl Kiyokawa, who has served as our company's market Vice President for the Pacific for the duration of the time we have been serving the islands. He leads a team located here in the Islands that is focused on providing the support needed by VA, Veterans and Providers to make our work a success. We are here to support, not replace, VA in the fulfillment of its responsibility to provide care to our nation's Veterans or to coordinate it and oversee it when it needs to be delivered in the community. And, we are honored to do so.

Background on TriWest

Established more than 25 years ago by a group of non-profit Blue Cross Blue Shield plans and two university hospital systems, TriWest Healthcare Alliance's sole purpose for existence is to leverage their substantial and mature provider networks to support VA and the Department of Defense (DoD) in meeting the health care needs of our nation's heroes... members of the military and Veteran communities. One of these entities is Hawaii's own HMSA.

Since our inception, we have worked collaboratively and in support of the federal government agencies we have been privileged to support, giving them the elasticity they need to meet the health care needs of those for whom they are responsible on behalf of a grateful nation... military service members, their families, retirees and Veterans. Our mission has been – and continues to be – doing “Whatever it Takes” to ensure our Nation’s heroes and their families have ready access to needed care when the federal systems on which they rely need to leverage the elasticity of community providers.

Our first 18 years were spent supporting DoD in standing up and operating the TRICARE program in a 21-state area, which included Hawaii. I am proud of the work we did to assist DoD in implementing, maturing and refining TRICARE to meet the needs of nearly 3 million beneficiaries across the TRICARE West Region who relied on us for services and support. Beyond the care made accessible and the strengthening of DoD’s direct care system, we led the re-engineering of claims processing to take DoD from the worst payer to the fastest and most accurate payer, as well as successfully pivoted to support the war time footing following the attacks on 9/11.

That experience prepared us for the next leg of our journey, as we came to the side of the Department of Veterans Affairs to assist it in consolidating the purchased care support and claims payment just as the DoD had done 18 years earlier. Knowledge of the needs of those in the process of separating from the DoD and headed to the doorstep of VA, particularly those of our generation, was all the motivation we needed to want to roll up our sleeves fully and come to VA’s side as a partner, as we had been to the DoD, as it took on the task of re-tooling itself for this generation of Veterans and the next.

In September 2013, we were awarded the Patient-Centered Community Care (PC3) contract for the 28 states, including Alaska, Hawaii and the Pacific Territories. And, this leg of our journey began. PC3 was a nationwide program designed to give VA Medical Centers (VAMC) an efficient and consistent way to provide access to coordinated care for Veterans from a network of credentialed specialty care providers in the community when VA was unable to deliver the care directly. With 90 days to begin operations, we immediately tapped into our “Whatever it Takes” ethos and our strong commitment to partnership, and leveraged existing networks and strong relationships to deliver a network and stand up the operation and begin providing services.

The work to stand up the PC3 program in Hawaii took a bit longer as we and VA had to come together to shape and put in place the underlying processes that would be needed by VA staff to make for success. The months invested together yielded the intended outcomes and have provided the strong foundation that we continue to draw on together as we successfully stood up our collective operations and coordinated on processes, have migrated through several program changes, stabilized our work and

are now focused on a few refinements as we endeavor to mature our work together in support of Hawaii's heroes.

Building, Expanding and Refining VA's Community Care Program

PC3 was simply the first building block for what needed to be in place to give VA the consolidated and effective tools that it needed and sufficient community care elasticity to enable VA to deliver on the full spectrum of needs in a timely and effective manner for Veterans. We had 90 days to construct the needed network so that the program could begin operation in January 2014.

It quickly became apparent that a network of primary care providers needed to be added to the network of specialists to provide VA with the full spectrum of services for which they needed elasticity to meet demand on a timely and convenient basis. We had 90 days to do so. So, we leaned in at VA's side and began to stand up a primary care network across our 28 states of responsibility... including here in Hawaii.

Then, in April 2014, in the midst of our expansion of PC3, an access to care crisis erupted at the Phoenix VA Medical Center which revealed the fact that 14,700 Veterans were on a wait list for care at VA. This spurred immediate action on the part of the Obama Administration, capably led by now Secretary McDonough, and a broad group in Congress... as the challenge was found to be present in more than Phoenix.

As Phoenix is in our geographic area of responsibility, we leaned in fully as well. After a short assessment period, we and VA developed a 90 day plan to see to it that all of the Veterans in those lines received needed care by August... including the more than 3,000 prostate cancer patients. VA served who they could and our network in the community served the rest... with VA fully coordinating and overseeing the effort.

As you know, that crisis spawned a legislative response by Congress, and we were handed the Veterans Access, Choice, and Accountability Act of 2014 (P.L. 113-146) in August 2014 with a 90 day time frame for implementation. Working once again in close collaboration with VA, we were able to design and implement the Choice program within the statutory requirement, by November 5, 2014. We successfully created the infrastructure, hired and trained hundreds of staff; sent Choice cards to 4 million Veterans in our area of responsibility; and operationalized a state-of-the-art contact center making sure that callers to the toll-free line were greeted by the voice of then-Secretary McDonald to underscore the importance of this new initiative and the expanded access it was intended to provide to augment VA's direct care footprint.

However, it soon became apparent that we had only begun our collective work if the measure of success was whether VA was fully positioned to effectively and efficiently meet its mission of caring for those to whom the nation owed so much... both those who

responded to the nation's call following the bombing of Pearl Harbor on December 7 and those needing to look to VA for care who had responded to the nation's call in response to the events of 9/11.

Congress and VA embarked on a journey for more than a year to study what was needed, write the roadmap, and fashion the first legislative package... known as the MISSION Act... to define the framework for which VA and we would begin improving and consolidating VA's multiple community care programs. It has defined standards for all to follow and produced a roadmap into the future, which we are all working to follow in order to make good on the nation's renewed commitment to its finest. And, indeed, you recently added categories of presumptive eligibilities for disease and illness and instructions as to population sets to ensure that we are reaching and serving the needs of all those who should be able to look to VA.

As the volume of care being provided in the community began to grow in an effort to fully meet the need, some major gaps were exposed. Rather than turn our back on them, leaving the Veterans to suffer the consequence, we and VA rolled up our sleeves and got to work.

The following were among the major gaps.

First, because some of the care was still being facilitated through legacy direct agreements between VA and community providers, there was confusion as to where providers should file their claims and there was a wide variation in requirements and performance. Agreement was ultimately reached that the care in the community networks needed to be consolidated and that the responsibility for paying providers for the care rendered should be the contractors' and that VA should reimburse the contractor and oversee their adherence to standards.

Unfortunately, we soon found ourselves facing a backlog in reimbursement for claims paid as the volume overran the systems and staff in place to process them... building up to a total owed of nearly \$250 million before we were able to bring it to resolution. I am pleased to report that VA continues the solid performance fashioned... and has consistently been reimbursing us within 7 days of filing our invoices.

Second, the length of time from the identified need for care to the time at which care was provided was found to be twice as long as desired... a total of 180 days. Frankly, there was work to be done by both we and VA... as we were each responsible for 90 of the 180 days. So to work we went dissecting the pieces, developing a plan, and the executing in our own lanes. It took a great deal of effort, but we were successful in getting our part of the process to within the contract standards.

Third, there had historically been a challenge with seeing to it that providers returned the medical documents of the care provided and their notes to VA so that it could be placed in the Veteran's medical record and useful to the referring VA provider to inform their follow up with the Veteran. We were on our way to seeing progress, as a result of using all the levers available to us... including not paying them for the care rendered until they returned the medical documentation. It was starting to be met with success, but those struggling with the requirement objected and it was reversed and VA took back over responsibility for gathering medical documentation. It is our understanding that there is a desire to revisit the topic as progress in this critical area has unfortunately proved to be elusive to VA.

In September 2018, just as we were starting to catch our breath, VA informed us they would be letting Health Net go as the other PC3/Choice contractor, and that VA needed us to step up again by supporting them across the rest of the country until they could stabilize the system and conduct a procurement process to find a replacement and allow that new entity the time to stand up and stabilize its operation. Committed to this nation's Veterans and believing it was critical that VA survive, we accepted the challenge and agreed to begin this next vertical climb after a 90 day planning cycle... provided that we would do it as a team and start implementation on December 7 as way to honor the nation's World War II Veterans. Together, we collectively kept faith with those whose service inspires us and in just 90 days expanded our infrastructure, scaled our operation, delivered a nationwide network of community providers to support VA in serving 9.2 million enrolled Veterans in all 50 states and territories, and added \$500 million in working capital to be able to pay providers claims for services rendered.

At its apex, we provided VA a consolidated network of over 639,000 individual providers offering more than 1.2 million access points of care. Monthly, we were receiving more than 400,000 requests for care in the community and handling roughly 700,000 calls. And, we were processing and paying clean claims within 18 days with an accuracy rate of 96 percent.

Having together now scaled and stabilized the needed community care network, we were asked to design and implement an urgent care network that would make access available within a 30 minute drive from the Veterans home to basic services including at night on the weekends. Armed with a successful pilot project and a jointly developed plan, we set out on a 90 day construction process resulting in 98% of this nation's Veterans being afforded access to such care within a 30 minute drive regardless of where they reside.

We did what was asked of us, and VA could now complete the process of procuring for the next generation of this privileged work... including the selection of the company that would be Health Net's replacement in the other part of the country. That selection was made and our job was to keep things stable until they stood up their operations and we

had successfully transitioned the work in their area of operation. While it took a bit longer than anticipated, we ultimately transitioned the work to Health Net's replacement.

Subsequent to our national expansion implementation, we were honored to have been awarded the contract for Community Care Network (CCN) Region 4 in August 2019 and CCN Region 5 in October 2020. Recently, the Region 4 contract was amended to include coverage of the Commonwealth of the Northern Mariana Islands, American Samoa and Guam. Currently, we continue to collaborate closely with VA in the regions we serve.

Just as we were beginning the transition to the next contract platform... CCN, COVID hit. It challenged us all, but we have successfully weathered that challenge and if things stay stable should be at the back end of dealing with the backlogs that built up and seeking to find our new normal.

Now that the program platforms are relatively stable, we and VA are ingesting a myriad of changes and improvements that Congress has made available, and will be doing so for some time as we continue the journey toward the desired state for this next generation and the next.

We are honored to have been a teammate of VA since 2014, and all that we have weathered and accomplished in support of those who deserve our very best. We are proud of the fact that soon our network will have delivered more than 50 million health care encounters in support of VA and the heroes to which they are entrusted. We are paying more than 99% of clean claims in the required 30 days... 96% of them in just 5 days. And, VA is reimbursing us within 7 days.

Together, we have strengthened VA's ability to deliver on its mission.

But, just has been the case thus far, work remains to be done to complete the transition to the desired state for this generation's Veterans and the next, and to fully achieve the performance we expect of ourselves.

Here in Hawaii

Here in Hawaii, specifically, our network has more than 5,600 credentialed community providers consisting of more than 370 primary care providers and 5,100 specialty care providers offering nearly 8,600 access points of care. We thank them for stepping up and being part of VA's team caring for Veterans.

The community care network in Hawaii has received more than 58,000 authorizations and provided over 55,000 appointments. This includes more than 4,600 authorizations and 4,100 appointments for dental care; over 1,900 authorizations and 1,900 appointments for

mental health; and, over 3,600 authorizations and 3,400 appointments for complementary and integrative health services.

On average this year, we are processing and paying 99% of clean claims for Hawaii providers within 5 days rather than the required 30 days... with the goal of being their fastest and most accurate payer as a thank you for serving Veterans.

We are currently working with VA to convert their direct contracts with dentists over to the consolidated community care network we manage in support of VA. In doing that, we are collaborating to resolve any outstanding claims issues those providers may have with VA.

In addition, we are completing the task of working through the remaining challenged claims from the conversion we made in claims processors. We regret any difficulty that has been encountered by providers and their staffs as we make our way through the list, and have a team that is focusing just on the providers in Hawaii and Pacific Territories to bring any remaining ones to resolution by the end of the month.

As there are still more claims being filed in error than we would all like, we are going to be making some refresher training available to the providers and their staff in Hawaii and the Pacific Territories. At that time, we would also like to facilitate enrollment in electronic submission and payment for those that have yet to avail themselves of those programs designed to speed up payment.

We also believe that it would be sensible for Congress to revisit the unique requirement of providers that they file their claims in 180 days. The fact that all other programs (Medicare, Medicaid, TRICARE) and the private sector allow up to a year is posing a very real challenge for some providers, and denials for "timely filing" is the number one reason. Perhaps this is a budget artifact that has outlived its usefulness and should be removed.

Moving Forward

In our constant effort to better serve VHA, local VA facilities, Veterans and community care providers, we continue to work closely with VA on a number of key initiatives designed to improve the Veteran experience and the provider experience – both within the community and in VA – and to enhance VA's capacity to deliver needed health care services. We would like to highlight a few of these initiatives.

Customized network and support — We redesigned our engagements with VAMC staff and leadership to achieve greater effectiveness, improve issue management, and attain higher satisfaction among our partners at VA.

Though this new model requires resources and reengineering on our part, it allows us to provide a more consistent, tailored and direct engagement with VA, VISNs, and VAMCs to focus and continually improve core items such as network adequacy, including access

by specialty by geographic areas, efficient network utilization, timely appointment scheduling, and provider changes that may impact health care delivery. Equally important, this model also promotes issue identification and resolution through close collaboration, careful review of relevant information and meaningful feedback.

Specific to Hawaii, we recommend further consideration be given to ways to provide increased access to care closer to home for those Veterans living in the Pacific territories. As all of us in this hearing room know, there is a limited amount of access to health care in Hawaii – both in the private sector and at VA. Increasing access points for other Pacific locations would reduce some of the current burdens on the HI health care system and more importantly, on Veterans.

For example, one solution for providing increased access to care for Veterans in Guam and the Commonwealth of the Northern Marianas Islands could be the establishment of a carefully developed network of high-quality health care professionals in the Philippines and providing access there rather than having to travel to Honolulu and put further strain on an already constrained delivery system.

Community provider education and training — Our work in support of VA's health care mission also focuses on community provider education and training. In our communication with community providers, we continually promote VA training and urge network providers to take advantage of free training on Veteran culture, opioid safety, preventing suicide through lethal means safety & safety planning, and other topics that help providers understand the unique needs of Veterans.

We also provide webinars related to claims submission to improve claims payment accuracy and timeliness, appointing and approved referrals/authorizations, urgent and emergent care, and other CCN processes and procedures.

Based on the fact that many health care providers in Hawaii may have small practices with limited staff and/or be located in more rural or remote areas, we know that it may be difficult to keep up with the different claims submission and authorization requirements of different health care programs. One improvement to address this reality we would like to offer is more personalized training on CCN authorization and claims processes and procedures for community providers in Hawaii. We propose collaborating with VA to provide in-person training at locations where it is most feasible and online training for remaining locations. We know from past experiences that such personalized, location-specific training can be invaluable in assisting community providers with thoroughly understanding program requirements and obtaining timely claims payment.

Closing

Through over a quarter of a century operating in support of DoD and VA, we have steadfastly sought to work very collaboratively to deliver tailored solutions designed to best meet the needs of those we serve. Through these efforts, we have developed crucial experience in helping these systems implement and mature their programs to

provide timely and convenient access to quality health care services. Our actions over the last 25 years demonstrate our commitment to providing the military and Veteran communities, Congress, and the federal government our full support as we continue our work alongside VA, helping Veterans remain active members in the community. This is sacred work for us. Our mission is to serve those in need, ensuring they have access to the right services and health care providers while also supporting community care providers fully as they serve the needs of our nation's heroes. It has been, and remains, our honor to be engaged in this most meaningful work.

I would be glad to address any questions.