

June 3, 2020

The Honorable Jerry Moran, Chairman
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Jon Tester, Ranking Member
Senate Veterans' Affairs Committee
Washington, DC 20510

The Honorable Mark Takano, Chairman
House Veterans' Affairs Committee
Washington, DC 20515

The Honorable Phil Roe, Ranking Member
House Veterans' Affairs Committee
Washington, DC 20515

Dear Chairman Moran, Ranking Member Tester, Chairman Takano, and Ranking Member Roe:

We, the undersigned veteran and military service organizations representing a collective membership of millions, express our gratitude for your hard work and dedicated commitment to caring for and protecting our veterans, their families, caregivers and survivors during this time of uncertainty and devastating consequences of COVID-19 pandemic.

The significance of your efforts to date have not gone unnoticed in the veterans and military communities. Most recently, we applaud the inclusion of a number of veterans' provisions in the House-passed COVID-19 relief legislation H.R. 6800, the HEROES Act. We were pleased that so many provisions we have been working on with both of your Committees were included in the House-passed bill.

As you continue to work towards a bicameral and bipartisan agreement for veterans' provisions to be included in future COVID-19 relief legislation, we urge you to address the following pressing needs of our communities impacted by the coronavirus. These issues represent weeks of review and assessment by our organizations to identify the most critical priorities facing military veterans, their families and survivors. While each of our organizations may have varying priorities or positions on specific issues, we all urge you to address the following issues and carefully consider our recommendations in your deliberations:

VA HEALTH CARE

- **Hazard Pay for Front-line Workers**—VA providers have gone beyond everyday duties putting themselves and their family members at risk.
Recommendation—Provide bonuses or hazard pay for VA healthcare providers during the pandemic as outlined in H.R. 6800, the Heroes Act.
- **CHAMPVA Telehealth Services**—As a matter of public policy, VA encourages use of telehealth to prevent COVID-19. On May 15, Center for Medicare and Medicaid Services (CMS) updated a waiver, "COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers," allowing the use of audio-only telehealth for certain services. However, CHAMPVA (and TRICARE, though an exception has been granted during the pandemic) does not cover similar telehealth

services such as sessions that involve voice communication only (without video or data transmission) including audio-only conferencing, phone calls, and secure text messaging.

Recommendation—Expand covered telehealth services and align with private health plans and CMS.

- **CHAMPVA for Adult Children of Veterans**—Eligible adult children of veterans' risk being dropped from CHAMPVA through no fault of their own during the coming weeks and months because of school enrollment concerns, and financial or other hardship reasons while the nation is battling the pandemic.

Recommendation—Expand CHAMPVA health care coverage to include children of eligible veterans' family members and survivors until age 26 so it will align with private and federal sector health plans as outlined in S. 1034 and H.R. 2094, the CHAMPVA Children's Care Protection Act.

- **Inpatient Copayments**—Numerous local health insurers and three major health insurers, Cigna, Humana, and Aetna, are electing to waive copayments and co-shares related to COVID-19 testing and treatment. At a time when many veterans are losing their jobs and experiencing financial distress, VA still requires veterans to pay copayments for inpatient, outpatient and urgent care and prescribed medications related to treating COVID-19.

Recommendation—Provide temporary prohibition to collect copayments related to treatment for COVID19 as outlined in H.R. 6800, the Heroes Act.

- **Emergency Care**—Emergency care remains a high-risk benefit to veterans. Prior to the COVID-19 pandemic erupting in the U.S., VA continued to inappropriately deny emergency care claims and emergency ambulance claims as described in VA's own August 6, 2019, Inspector General report. Too often, veterans recovering from life-threatening situations are forced to shoulder the financial burden when VA incorrectly denies and rejects emergency care and ambulance claims.

Recommendation—Support temporary changes in statute to make VA the primary payer in order to ease clinical and administrative requirements (e.g., if veteran had VA care within last 24 months, VA/Federal facility availability to provide care, transfer of care requirement, including ambulance service) as outlined in H.R. 6591 and H.R. 6800, the Heroes Act.

- **VA Means Testing**—38 U.S.C. § 5317 requires VA to perform Income Verification Matching to determine veteran's eligibility to VA benefits. IRS and Social Security Administration (SSA) share earned and unearned income information reported by employers and financial institutions. The Health Eligibility Center (HEC) located in Atlanta, Georgia compares the extracted data with earned and unearned income data retrieved from SSA and Internal Revenue Service (IRS). The process is passive and retrospective. Veterans who lose employment require a prospective (projected) means test for financial institutions. VA is required by law to independently verify this information before making a final benefit determination.

Recommendation—Allow VA to use 38 U.S.C. § 1722(e) (Determination of

inability to defray necessary expenses; income thresholds) to use projected income of the current year for real time "means testing" as outlined in H.R. 6800, the Heroes Act. In order to avoid hardship, VA may determine that a veteran is eligible for care notwithstanding that the veteran does not meet the income requirements if current projections of the veteran's income for the current year following application for care.

- **Copayments for Preventive Medications and Services**—Under current law some service connected veterans are subject to pay copayments for preventive (and other) services and prescribed /non-OTC medications, that servicemembers, military retirees and civilians with private insurance plans receive for no out-of-pocket cost. COVID-19 vaccinations are being developed and this provision updates similar bills from previous Congress' by adding coronavirus preventive medications and services.
Recommendation—Amend 38 U.S.C. § 1722A prohibiting copayments for certain preventive medications and services as outlined in H.R. 3932, the Veterans Preventive Health Coverage Fairness Act and H.R. 6800, the Heroes Act.

- **Technical amendment to the CARES Act**—Section 20006 provides reasonable flexibilities for the successful Veteran Directed Care program to continue serving veterans during the COVID-19 pandemic. Unfortunately, certain service providers of this program were inadvertently excluded and the veterans they serve do not have the same protections.

Recommendation—Amend Section 20006 of the CARES Act defining the Area Agency on Aging to include other service providers such as Aging and Disability Resource Centers and Centers for Independent Living.

- **WWII Veterans**—Nearly 390,000 of the 16 million Americans who served in World War II were alive as of 2019. About 73.6 percent of male and 67.3 percent of female World War II veterans were already using VA benefits in 2016 yet many WWII veterans are being subject to VA's means test and pay copayments for VA care. We must fulfil our promise to our WWII veterans to ensure that they receive all the benefits they earned and deserve.

Recommendation—Amend Priority Group 6 eligibility to include WWII veterans as outlined in S. 3812, the WWII Veterans Hospital and Medical Eligibility Act.

VA BENEFITS

- **VA Beneficiary Travel Program Rates**—Veterans are being reimbursed for mileage at lower rates under the [VA Beneficiary Travel Program](#) (BTP) than those rates prescribed by [GSA](#) and [IRS](#).

Recommendation—Modify VA BTP mileage reimbursement rate to align with GSA rate schedule. Currently BTP rate is 41.5 (50% of the local government employee rate); GSA rate is 57.5; and IRS rate is 57.5.

- **Postmark Date of Receipt of Benefit Claims**—VA Under Secretary for Benefits issued a new rule via the Federal Register to allow VA to accept "postmark" for date of receipt of benefit claims. However, it does not address tolling of deadlines for submission and response of forms for claims and appeals. They stated they have a

policy to accept them after the fact, but only if the veteran states it is COVID related.
Recommendation—Support legislation that would provide for tolling of deadlines relating to claims for benefits administered by the VA during the COVID-19 public health emergency as outlined in H.R. 6800, the Heroes Act.

- **Public Facing DBQs**—VA eliminated all public facing Disability Benefits Questionnaires (DBQs) and will not allow veterans to have them completed via telehealth exams.
Recommendation—Legislation to require VA to bring back DBQs, exempt them from the Paperwork Reduction Act and allow veterans to complete via telehealth, especially during COVID pandemic as many veterans are limited to in-person exams by contract physicians as outlined in H.R. 6493, the Veterans Benefits Fairness and Transparency Act.
- **VA Debt Collection**—VA suspended collections on all new debts but has not applied this to existing debts. The Departments of Education and Treasury have stopped all debt collection actions. VA is allowing veterans to call the Debt Management Center to ask for a pause. The VA cites complaints from veterans during Hurricane Katrina as their rationale for not applying this as a universal policy.
Recommendation—Pause debt collection for veterans owing VA money as outlined in H.R. 6800, the Heroes Act.
- **Aid and Attendance Rate Increase**—Veterans paying for assistance with daily needs in their home via Aid and Attendance (A&A) are experiencing an increase in costs due to personal protective equipment (PPE) requirements from providers. In some cases, Service-Connected Compensation/A&A does not cover the full cost of self-procured home care. Some veterans have been told their rates may increase by as much as 25% to cover the cost of PPE such as masks and gloves.
Recommendation—Temporary increase for A&A during COVID-19 by up to 25% to cover the cost of procuring PPE as outlined in H.R. 6800, the Heroes Act.
- **Automobile Adaptive Equipment Grants**—Service-connected disabled veterans who meet specific eligibility are eligible to receive one automobile grant in their lifetime which helps them procure an adaptable vehicle but, in most cases, cover less than half the cost of the vehicle. Considering vehicles do not last a person's lifetime, veterans should have the ability to purchase a vehicle, with the assistance of an VA Automobile Allowance and Adaptive Equipment (AAE) grant, once every ten years, without having to shoulder the burden of the full cost of a vehicle themselves. In addition, VA must continue to reimburse for adaptive equipment requirements as stated in statute. Veterans and service members should not have to submit an itemized list of this equipment to qualify for the grant. Supporting improvements in the AAE program for veterans with non-service-connected disabilities should also be considered.
Recommendation—Address the transportation needs of service- and non-service-connected veterans to help restore, promote, and preserve the highest state of health possible. Not having a vehicle forces many of these individuals to rely on public transportation which increases their risk to the COVID-19 virus and other potential

hazards. Congress needs to pass legislation allowing service-connected veterans more than one automobile grant and provide greater support to non-service-connected veterans as outlined in H.R. 5761, the AUTO for Veterans Act.

- **PPE Supplies**— Due to the COVID-19 pandemic, PPE requirements will increase for the VA as they return to normal operations. The health and safety of all VA employees, veterans and visitors who utilize VA facilities is most important.
Recommendation—Increase funding to support PPE requirements enterprise-wide for VA operations during the pandemic.

We the undersigned veteran and military service organizations, urge the consideration of the above provisions for inclusion in the final version of the next pandemic relief package. Our organizations look forward to working with you to press forward with this legislation so we can protect and provide peace of mind to veterans and their families during these uncertain times.

Respectfully,
[The Undersigned Organizations]

Air Force Sergeants Association (AFSA)

American Veterans (AMVETS)

Association of the United States Navy (AUSN)

Blinded Veterans Association (BVA)

Disabled American Veterans (DAV)

Gold Star Wives of America, Inc. (GSW)

Iraq and Afghanistan Veterans of America (IAVA)

Military Officers Association of America (MOAA)

Nurses Organization of Veterans Affairs (NOVA)

Paralyzed Veterans of America (PVA)

USCG Chief Petty Officers Association (USCGCPOA)

Veterans Education Success (VES)

VetsFirst, United Spinal Association

Wounded Warrior Project (WWP)