

**CS FOR HOUSE JOINT RESOLUTION NO. 10(MLV)**

**IN THE LEGISLATURE OF THE STATE OF ALASKA**

**TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

**BY THE HOUSE SPECIAL COMMITTEE ON MILITARY AND VETERANS' AFFAIRS**

**Offered: 2/25/09**

**Referred: State Affairs, Health and Social Services**

**Sponsor(s): REPRESENTATIVES GUTTENBERG, Kawasaki, Salmon, Kerttula, Gruenberg, Cissna, Lynn, Wilson**

**A RESOLUTION**

1 **Urging the United States Congress to improve health care for veterans.**

2 **BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 **WHEREAS** the Veterans Health Administration in the United States Department of  
4 Veterans Affairs, the gateway to veterans' health care, is backlogged because of inadequate  
5 resources; and

6 **WHEREAS** the Partnership for Veterans Health Care Budget Reform is composed of  
7 the American Legion, AMVETS, Blinded Veterans Association, Disabled American  
8 Veterans, Jewish War Veterans, Military Order of the Purple Heart, Paralyzed Veterans of  
9 America, Veterans of Foreign Wars, and Vietnam Veterans of America; and

10 **WHEREAS** the Partnership for Veterans Health Care Budget Reform has found the  
11 current funding mechanism for veterans' health care to be unreliable and vulnerable to  
12 political posturing, cost cutting, and budget gimmickry; and

13 **WHEREAS** the number of veterans increases every day as members of the military  
14 return from overseas and re-enter civilian life; and

15 **WHEREAS** the medical needs of returning veterans, especially those suffering from  
16 traumatic brain injury, post-traumatic stress syndrome, and other combat-related

1 psychological injuries, must be met; and

2 **WHEREAS** the Veterans Affairs Healthcare System facility in Anchorage, the  
3 Veterans Affairs Community-based Outpatient Clinics at Fort Wainwright and in Kenai, and  
4 the soon to open facilities in the Matanuska-Susitna Borough, Juneau, and Homer provide  
5 outpatient services for Alaska's veterans; and

6 **WHEREAS** the Veterans Health Care Budget Reform and Transparency Act of 2009,  
7 introduced in the 111th Congress, allows for a two-fiscal-year budget authority for veterans'  
8 health care programs and requires the Comptroller General of the United States to conduct a  
9 study on the adequacy and accuracy of baseline model projections for veterans' health care  
10 expenditures of the United States Department of Veterans Affairs; and

11 **WHEREAS** the Partnership for Veterans Health Care Budget Reform endorses the  
12 Veterans Health Care Budget Reform and Transparency Act of 2009;

13 **WHEREAS** veterans of the United States-led wars in Afghanistan and Iraq are  
14 entitled to five years of health care without charge from the United States Department of  
15 Veterans Affairs regardless of the priority group to which they are assigned, but are  
16 reimbursed for the cost of traveling to access that care only if they meet the eligibility criteria  
17 in the travel regulations of the United States Department of Veterans Affairs; and

18 **WHEREAS** United States Senator Lisa Murkowski conducted a hearing under the  
19 auspices of the Senate Committee on Indian Affairs in November 2007 which established that  
20 veterans of the wars in Afghanistan and Iraq who live in rural Alaska have limited, or no  
21 access to their earned United States Department of Veterans Affairs health benefits and that  
22 the Alaska Native health system and Community Health Centers, which are severely under  
23 funded, are providing care to these veterans without reimbursement from the United States  
24 Department of Veterans Affairs at the expense of the Native health system's and Community  
25 Health Centers' primary missions; and

26 **WHEREAS** the Secretary of Veterans Affairs "CARES Decision" states, "Medical  
27 care is a key component of the benefits and services enacted by Congress in recognition of the  
28 service, and sometimes the sacrifice, of the men and women whose military service preserved  
29 and protected America's freedoms."; and

30 **WHEREAS** in written testimony to the United States House Committee on Veterans  
31 Affairs, Andy Behrman, Rural Health Policy chair of the National Rural Health Association,

1 asserted that "The disproportionate numbers of rural Americans serving in the military has  
2 created a disproportionate need for veterans' care in rural areas and yet rural areas are less  
3 likely to have VA services available to them," that "time and distance prevent many rural  
4 veterans from getting their healthcare benefits through a VHA facility," and that other  
5 approaches are "readily available in the VA system and in the rural health landscape that  
6 could improve this situation"; and

7 **WHEREAS** the written testimony of the National Rural Health Association also  
8 stresses the problem that "Federally Qualified Community Health Centers (CHCs) serve  
9 millions of rural Americans, but most veterans cannot use their VA health benefits to receive  
10 care at these CHCs" because a "national policy advocating VHA-CHC collaboration has not  
11 emerged in an effective way"; and

12 **WHEREAS** the written testimony of the National Rural Health Association  
13 emphasizes that a "limited number of collaborations between the VHA and CHCs already  
14 exist and have proven to be prudent and cost-effective solutions to serving eligible veterans in  
15 remote areas" and that this "model of collaboration between VHA and CHCs might do well in  
16 other rural states and with other rural providers and systems of care and should be  
17 implemented further"; and

18 **WHEREAS** a report written by David R. Selig, Chief Executive Officer of the  
19 Community Care Network of Virginia, provides a concrete proposal of collaboration between  
20 community health centers and the United States Department of Veterans Affairs by  
21 suggesting that community health centers "serve as a vehicle for increasing access to primary  
22 care for Veterans" and presents a model where community health centers "function as a  
23 Community Based Outpatient Clinics (CBOCs) as defined by the Department of Veterans  
24 Affairs"; and

25 **WHEREAS** the existing Community Health Centers and tribal health organizations  
26 infrastructure in Alaska should be used to its full potential to provide access to cost-effective,  
27 quality care for Alaska Veterans whether through a Community Based Outpatient Clinic  
28 arrangement, a network arrangement, or individual arrangements with individual Community  
29 Health Centers or tribal clinics; and

30 **WHEREAS** Community Health Centers and tribal health organizations provide  
31 comprehensive primary care and mental health and substance abuse services to medically

1 underserved areas and populations, including veterans who do not reside near a VA health  
2 care facility;

3 **BE IT RESOLVED** that the Alaska State Legislature urges the United States  
4 Congress to provide adequate funding and resources to enable the Veterans Health  
5 Administration to properly care for the health care needs of all veterans by adopting a method  
6 similar to that proposed in the Veterans Health Care Budget Reform and Transparency Act of  
7 2009; and be it

8 **FURTHER RESOLVED** that the Alaska State Legislature urges the United States  
9 Congress to provide the United States Department of Veterans Affairs with sufficient, timely,  
10 and predictable funding for veterans' health care programs; and be it

11 **FURTHER RESOLVED** that the Alaska State Legislature urges the United States  
12 Congress to increase funding for research into traumatic brain injuries; and be it

13 **FURTHER RESOLVED** that the Alaska State Legislature urges the United States  
14 Congress to encourage the Veterans Health Administration to improve its electronic claims  
15 filing process and its ability to use information contained in military records; and be it

16 **FURTHER RESOLVED** that the Alaska State Legislature supports federal and state  
17 funding and other efforts to ensure that veterans across the state have access to quality health  
18 care at Community Health Centers, community mental health centers, substance abuse  
19 treatment centers, tribal health organizations, and other appropriate local providers in the  
20 outlying areas where the United States Veterans Administration does not have clinics.

21 **COPIES** of this resolution shall be sent to the Honorable Barack Obama, President of  
22 the United States; the Honorable Joseph R. Biden, Jr., Vice-President of the United States and  
23 President of the U.S. Senate; the Honorable Robert C. Byrd, President Pro Tempore of the  
24 U.S. Senate; the Honorable Nancy Pelosi, Speaker of the U.S. House of Representatives; the  
25 Honorable Daniel Akaka, Chair of the U.S. Senate Committee on Veterans' Affairs; the  
26 Honorable Bob Filner, Chair of the U.S. House Committee on Veterans' Affairs; the  
27 Honorable Eric K. Shinseki, United States Secretary of Veterans Affairs; the Honorable  
28 Michael B. Donley, United States Secretary of the Air Force; the Honorable Pete Geren,  
29 United States Secretary of the Army; and the Honorable Lisa Murkowski and the Honorable  
30 Mark Begich, U.S. Senators, and the Honorable Don Young, U.S. Representative, members of  
31 the Alaska delegation in Congress.