

**HJR**

**10**

**CS FOR HOUSE JOINT RESOLUTION NO. 10(HSS)  
IN THE LEGISLATURE OF THE STATE OF ALASKA  
TWENTY-SIXTH LEGISLATURE - FIRST SESSION**

**BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE**

**Offered:**

**Referred:**

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

**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 ensure that health care services follow veterans to where they live and work so  
13 that veterans are not obligated to search for the veterans' services to which they are entitled;  
14 and be it

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

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

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

25 **COPIES** of this resolution shall be sent to the Honorable Barack Obama, President of  
26 the United States; the Honorable Joseph R. Biden, Jr., Vice-President of the United States and  
27 President of the U.S. Senate; the Honorable Robert C. Byrd, President Pro Tempore of the  
28 U.S. Senate; the Honorable Nancy Pelosi, Speaker of the U.S. House of Representatives; the  
29 Honorable Daniel Akaka, Chair of the U.S. Senate Committee on Veterans' Affairs; the  
30 Honorable Bob Filner, Chair of the U.S. House Committee on Veterans' Affairs; the  
31 Honorable Eric K. Shinseki, United States Secretary of Veterans Affairs; the Honorable

1 Michael B. Donley, United States Secretary of the Air Force; the Honorable Pete Geren,  
2 United States Secretary of the Army; and the Honorable Lisa Murkowski and the Honorable  
3 Mark Begich, U.S. Senators, and the Honorable Don Young, U.S. Representative, members of  
4 the Alaska delegation in Congress.

Session:  
State Capitol  
Juneau, Alaska 99801  
(907) 465-4457 Office  
(907) 465-3519 Fax  
(800) 928-4457 Toll Free

*Alaska House of Representatives*  
*David Guttenberg*



*District 8*

*Interim:*  
*1292 Sadler Way*  
*Suite 304*  
*Fairbanks, Alaska 99701-3171*  
*(907) 456-8172*  
*(907) 456-2490 Fax*

## MEMO

To: **Representative Wes Keller, Co-Chair**  
**Representative Bob Harron, Co-Chair**  
House Health and Social Services Committee

From: Representative David Guttenberg

Date: -March 2, 2009 -

Re: Hearing request for CS HJR 10, resolution urging the United States Congress to improve health care for veterans.

I respectfully request that CS HJR 10 be scheduled for a hearing in the House Health and Social Services Committee at your earliest Convenience.

Included you will find:

- The current version of CS HJR 10
- Sponsor statement
- Letters of support

I look forward to discussing the merits of this resolution in the House Health and Social Services Committee. My staff, Chris Reid, is assigned to this legislation if there are any questions, 465-4457. Any additional materials we wish to place before the committee will be submitted no later than 24 hours prior to the scheduled hearing.

*Anderson • Cantwell • Chena • Denali Park • Ester • Geist • Goldstream • Healy • Pike*  
*University Campus • University Hills • University West*  
*Representative\_David\_Guttenberg@legis.state.ak.us*

# ALASKA STATE LEGISLATURE



**Sponsor**

**Statement**

**SESSION:**

Alaska State Capitol, Room 418  
Juneau, AK 99801  
(907) 465-4457 Office  
(907) 465-3519 Fax  
(800) 928-4457 Toll Free

**INTERIM:**

1292 Sadler Way, Suite 304  
Fairbanks, AK 99701  
Office (907) 456-8172  
Fax (907) 456-2490

## Representative David Guttenberg

“A Resolution urging the United States Congress to improve health care for veterans”

The United States government has a responsibility to all veterans for their service to our state and nation. HJR- 10 urges the United State Congress to live up to that responsibility by providing veterans with adequate and improved health care. Alaska has the highest per capita population of veterans in the nation.

The Partnership for Veterans Health Care Budget Reform (a non profit whose mission is to support sufficient, timely and predictable funding for veteran health care) has found the current funding mechanism for veterans' health care to be unreliable and vulnerable to political posturing, cost cutting, and budget gimmickry. Our veterans deserve better than that. Along with the increasing number of veterans is the increasing number of traumatic brain injury and combat-related psychological injuries.

Without a streamlined and comprehensive health care system, veterans are being denied the health care they are entitled to. This house joint resolution seeks to establish the voice of the 26<sup>th</sup> Alaska State Legislature in favor of better health care reform for all veterans.

Representative.David.Guttenberg@legis.state.ak.us  
<http://guttenberg.akdemocrats.org>

# FISCAL NOTE

STATE OF ALASKA  
2009 LEGISLATIVE SESSION

Fiscal Note Number: 1  
Bill Version: CSHJR 10(MLV)  
(H) Publish Date: 2/25/2009

Identifier (file name): \_\_\_\_\_ Dept. Affected: \_\_\_\_\_  
Title CSHJR 10 VETERANS' HEALTH CARE RDU \_\_\_\_\_  
Sponsor Representative David Guttenberg Component \_\_\_\_\_  
Requester Military and Veterans' Affairs Committee Component Number \_\_\_\_\_

**Expenditures/Revenues** (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

	Appropriation Required	Information						
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
<b>OPERATING EXPENDITURES</b>								
Personal Services								
Travel								
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
<b>TOTAL OPERATING</b>		<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>CAPITAL EXPENDITURES</b>								
<b>CHANGE IN REVENUES ( )</b>								

**FUND SOURCE** (Thousands of Dollars)

	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
<b>TOTAL</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY2009) cost: \_\_\_\_\_

**POSITIONS**

Full-time							
Part-time							
Temporary							

**ANALYSIS:** (Attach a separate page if necessary)

Prepared by: House Military and Veterans' Affairs Committee Phone \_\_\_\_\_  
Division \_\_\_\_\_ Date/Time \_\_\_\_\_  
Approved by: Representative Carl Gatto Date 2/24/2009

# STATE OF ALASKA

## DEPT. OF HEALTH & SOCIAL SERVICES

Alaska Commission on Aging

SARAH PALIN, GOVERNOR

P. O. BOX 110693  
JUNEAU, ALASKA 99811-0693  
PHONE: (907) 465-3250  
FAX: (907) 465-1398

February 23, 2009

The Honorable Carl Gatto  
House Military and Veterans' Affairs  
Alaska State Capitol, Room 108  
Juneau, Alaska 99801-1182

**Subject: Support for HJR 10**

Dear Chair Gatto:

The Alaska Commission on Aging (ACoA) encourages support for HJR 10 sponsored by Representative Guttenberg, Representative Kawasaki, Representative Salmon, Representative Kerttula, Representative Gruenberg, and Representative Cissna that encourages the United States Congress to improve health care and access for veterans. ACoA supports this resolution and its intent for Congress to provide sufficient, timely, and stable funding for veterans' health programs and to improve service delivery.

Health care is a key benefit of the services provided to persons who served in the armed forces. The number of veterans returning from military duty, in addition to veterans who are aging, is increasing along with the associated health care expenses. Although Alaska has the highest per capita population of veterans in the nation, our state remains as one of three states in the nation without a veterans' hospital that provides acute care inpatient services.

Moreover, Alaskan veterans come from all areas of the state. Veteran clinic facilities are located only in Anchorage, Fairbanks, Juneau, and Kenai. If a veteran lives outside of these areas and his/her medical condition is not 51% or more service-related, that individual is responsible for paying their own travel expenses. The Commission on Aging supports the Resolution's recommendation of a special "Heroes Health Card" to provide veterans access to health care in communities where they live, including those without veteran clinic facilities, by coordinating care provided by local medical providers and community health care facilities with care provided by military doctors and medical facilities.

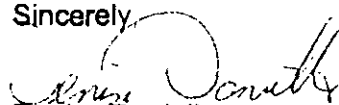
ACoA supports HJR 10 and believes that veterans who served our country deserve decent health care. It is our responsibility and obligation to provide quality and accessible health care for veterans who joined the armed forces to serve and protect our nation. Please feel free to contact Denise Daniello, ACoA's executive director (465-4879), should you have any questions regarding our position. Thank you for your consideration.

Sincerely,



Sharon Howerton-Clark  
Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello,  
ACoA Executive Director

Cc: Representative Harris  
Representative Olson  
Representative Buch

Representative Lynn  
Representative Ramras  
Representative Kawasaki

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE  
and ALASKA MENTAL HEALTH BOARD

SARAH PALIN, GOVERNOR

P.O. BOX 110608  
431 N. Franklin Street, Suite 200  
JUNEAU, ALASKA 99811-0608  
PHONE: (907) 465-8920  
FAX: (907) 465-4410  
TOLL FREE: (888) 464-8920

February 10, 2009

Representative David Guttenberg  
Alaska State Capitol, Room 418  
Juneau, Alaska 99801

Re: Support for HJR 10

Representative Guttenberg:

The Advisory Board on Alcohol and Drug Abuse and the Alaska Mental Health Board appreciate your recognition of our nation's responsibility to our returning veterans and military service members. We support HJR 10 calling for a comprehensive national response to our service members' health care needs and offer our assistance in helping to pass this important resolution.

We respectfully recommend the inclusion of a specific provision to address the behavioral health needs of veterans and returning service members. We also recommend specifically including tribal health organizations as an important resource in the coordination of care for returning service members, since many Alaskan veterans return to rural communities served exclusively by tribal health organizations. We also would strongly recommend that any expansion of veterans' health care services be carefully constructed so as not to result in a reduction of services already being provided to veterans with service-connected disabilities.

We respectfully offer the following language to be considered as a possible amendment to the resolution:

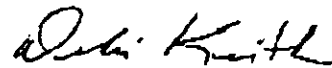
27 **FURTHER RESOLVED** that the Alaska State Legislature encourages the United  
28 States Department of Veterans Affairs to create a special health pass or "heroes health card"  
29 to provide veterans with health care in local communities by coordinating care provided by  
30 local doctors, [and] community health care facilities, community mental health centers and  
31 substance abuse treatment centers, and tribal health organizations with care provided by  
32 military doctors and medical facilities.

We appreciate your advocacy on behalf of our military service members and look forward to working with you on this issue.

Sincerely,



Lonnie Walters, Chair  
ABADA



Debi Keith, Chair  
AMHB

## Chris Reid

---

**From:** k8819tejk@netscape.net  
**Sent:** Friday, February 13, 2009 5:53 AM  
**To:** Chris Reid  
**Subject:** Leeter of Agreement

Thomas E. Kopaceski

February 13, 2009 P. O. Box 871115 Wasilla, Ak.

99687-1116

Dear Representative David Guttenberg,

Since I am a Viet Nam veteran, I have reviewed HJR10 Resolution. I am in total support of HJR10.

Sincerely,

Thomas E. Kopaceski

# STATE OF ALASKA

## DEPT. OF HEALTH & SOCIAL SERVICES

SARAH PALIN, GOVERNOR

P.O. BOX 110693  
 JUNEAU, ALASKA 99811-0693  
 PHONE: (907) 465-3250  
 FAX: (907) 465-1398

*Alaska Commission on Aging*

March 4, 2009

The Honorable Bob Herron  
 The Honorable Wes Keller  
 House Health and Social Services  
 Alaska State Capitol, Rooms 415 and 13  
 Juneau, Alaska 99801-1182

**Subject: Support for CSHJR 10 (MLV)**

Dear Chair Herron and Chair Keller:

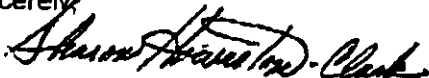
The Alaska Commission on Aging (ACoA) supports CSHJR 10 sponsored by Representative Guttenberg, Representative Kawasaki, Representative Salmon, Representative Kerttula, Representative Gruenberg, Representative Lynn, and Representative Cissna. ACoA concurs with this resolution and its petition to Congress to improve health care and access for veterans by providing sufficient, timely, and stable funding for their health programs and enhanced service delivery.

Health care is a key benefit of the services provided to persons who served in the armed forces. The number of veterans returning from military duty, in addition to veterans who are aging, is increasing along with the associated health care expenses.

Alaskan veterans come from all areas of the state. Veteran clinic facilities are located only in Anchorage, Fairbanks, Juneau, and Kenai. If a veteran lives outside of these areas and his/her medical condition is not 51% or more service-related, that individual is responsible for paying their own travel expenses. The Commission on Aging supports the Resolution's recommendation of a special "Heroes Health Card" to provide veterans access to quality health care in communities where they live, including those without veteran clinic facilities, by coordinating care provided by local medical providers, community health care facilities, mental health centers, substance abuse treatment centers, tribal health organizations, and other appropriate providers with care provided by military doctors and medical facilities. In addition, ACoA supports the Resolution's request for Congress to increase funding for research into traumatic brain injuries and to improve its electronic claims filing process.

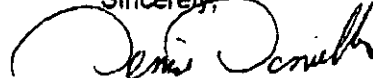
ACoA supports CSHJR 10 and believes that veterans who served our country deserve decent health care where they live. It is our responsibility and obligation to provide quality and accessible health care for veterans who joined the armed forces to serve and protect our nation. Please feel free to contact Denise Daniello, ACoA's executive director (465-4879), should you have any questions regarding our position. Thank you for your consideration.

Sincerely,



Sharon Howerton-Clark  
 Chair, Alaska Commission on Aging

Sincerely,



Denise Daniello,  
 ACoA Executive Director

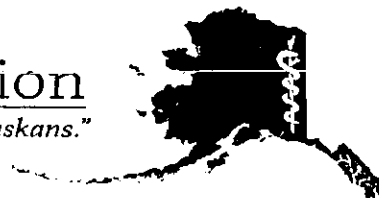
Cc: Representative Coghill  
 Representative Seaton

Representative Lynn  
 Representative Cissna

Representative Holmes

# Alaska Primary Care Association

"...uncompromising in the pursuit of access to primary care for all Alaskans."



Honorable Carl Gatto, Chair  
House Military and Veterans Affairs Committee  
State Capitol, Room 108  
Juneau, Alaska 99801

February 24, 2009

Re: Support of HJR 10 *Veterans' Health Care*

Dear (H)MVA Chair, Representative Gatto,

The Alaska Primary Care Association (APCA) works to promote primary care access for all Alaskans and is strongly in support of HJR 10 *Veterans' Health Care*. Many of the veterans in Alaska reside in medically underserved areas; with the current funding levels and criteria for VA sponsored health care, many of our Alaskan veterans do not have adequate primary care access. When the medical condition is not service-related and does not exceed a certain degree of disability, these veterans in outlying areas have primarily three choices: 1) cover their own expenses to fly in to Anchorage or Fairbanks to access VA care; 2) go without care; or 3) access services at a non-VA clinic, very likely to be one of the 141 Community Health Center (CHC) sites in the state.

For those veterans who opt for the third choice above, often, the CHC does not receive reimbursement because the veteran did not file the necessary paperwork in advance. The CHC typically eats the cost. The APCA is working at this time with the Alaska VA Health Care System to increase access for all the veterans who live in areas outside of the vicinity of the VA clinics, including all the veterans who have gone without but need care and all those who have had limited care because of the cost of travel.

It is very important that Congress adequately fund VA health care so that veterans from every corner of Alaska have appropriate access – all veterans, those returning from the current conflict with pressing issues as well as those who served previously and are experiencing increasing health care needs as they age. The APCA urges congress to utilize the CHC infrastructure across Alaska rather than duplicate services by establishing new VA clinics where there is already a CHC.

The Alaska Primary Care adamantly supports HJR 10 and appreciates the Alaska State Legislature working to promote health care access for veterans throughout the state by passing this important resolution in order to communicate this priority to the U.S. Congress.

Supporting health care for Alaska's veterans,

Regan Mattingly  
State Affairs Coordinator

Shelley S. Hughes  
Government Affairs Director

Marilyn Kasmar  
Executive Director

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
ADVISORY BOARD ON ALCOHOLISM AND DRUG ABUSE  
and ALASKA MENTAL HEALTH BOARD

SARAH PALIN, GOVERNOR

P.O. BOX 110608  
431 N. Franklin Street, Suite 200  
JUNEAU, ALASKA 99811-0608  
PHONE: (907) 465-8920  
FAX: (907) 465-4410  
TOLL FREE: (888) 464-8920

March 6, 2009

Representative David Guttenberg  
Alaska State Capitol, Room 418  
Juneau, Alaska 99801

Re: Support for CSHJR 10

Representative Guttenberg:

The Advisory Board on Alcohol and Drug Abuse and the Alaska Mental Health Board appreciate your recognition of our nation's responsibility to our returning veterans and military service members. We support CSHJR 10 calling for a comprehensive response to our service members' health care needs, including the behavioral health needs of veterans and returning service members.

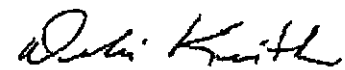
We support expanded cooperation between the Veteran's Administration and Alaska's community health care providers to increase access for returning veterans with service-connected disabilities. Many veterans are returning to rural communities. The most effective and efficient way for them to access needed health care is through community mental health centers, substance abuse treatment centers, community health centers, and tribal health organizations. By expanding partnerships between the Veteran's Administration and local health care providers, we can insure that veterans with service-connected disabilities receive the health care they need as close to home as possible.

We appreciate your advocacy on behalf of our military service members and look forward to continuing work with you on this issue.

Sincerely,



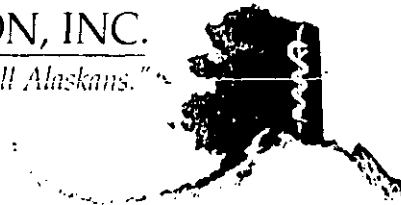
Lonnie Walters, Chair  
ABADA



Debi Keith, Chair  
AMHB

# ALASKA PRIMARY CARE ASSOCIATION, INC.

*"... Uncompromising in the pursuit of access to primary care for all Alaskans."*



Honorable Wes Keller, Co-Chair  
Honorable Bob Herron, Co-Chair  
House Health and Social Services Committee  
State Capitol  
Juneau, Alaska 99801

March 6, 2009

Re: Support of CSHJR 10 (MLV) *Veterans' Health Care*

Dear (H)HSS Co-Chairs Keller and Herron and Members of the House Health & Social Services Committee,

The Alaska Primary Care Association (APCA) works to promote primary care access for all Alaskans and is strongly in support of CSHJR 10 (MLV) *Veterans' Health Care*. Many of the veterans in Alaska reside in outlying areas where they are unable to access VA health care facilities. When their medical conditions are not service-related and do not meet certain criteria, these veterans in outlying areas have three choices: 1) cover their own expenses to travel to access VA care; 2) go without care; or 3) access services at a non-VA clinic, very likely to be one of the 141 Community Health Center (CHC) sites in the state.

For those veterans who opt for the third choice above, often, the CHC does not receive reimbursement because the veteran did not file the necessary paperwork in advance. The CHC typically eats the cost. Although the APCA has been working with the Alaska VA Health Care System to increase access for all the veterans who live outside the vicinity of the VA clinics, little progress has been made due to federal barriers within the VA system. Currently, veterans cannot readily use their VA health benefits to receive care at CHCs because a national policy advocating VA-CHC collaboration has not emerged in an effective way. CSHJR 10 (MLV) would encourage such collaboration.

The APCA urges the VA system to utilize the CHC infrastructure across Alaska rather than duplicate services by establishing new VA clinics where CHCs already exist. CHCs are well-positioned to provide access to cost-effective, quality care for Alaska's veterans whether through a CBOC arrangement, a network arrangement, or individual arrangements with individual CHCs

Lastly, it is very important that Congress adequately fund VA health care so that veterans from every corner of Alaska have access – all veterans, those returning from the current conflict with pressing issues as well as those who served previously and have increasing health care needs as they age.

The Alaska Primary Care adamantly supports CSHJR 10 (MLV) *Veterans' Health Care* and appreciates the Alaska State Legislature working to promote health care access for veterans throughout the state by passing this important resolution in order to communicate this priority to the U.S. Congress.

Supporting health care for Alaska's veterans,

Shelley S. Hughes  
Government Affairs Director

# Alaska Primary Care Association

*"...uncompromising in the pursuit of access to primary care for all Alaskans."*



## Alaska Primary Care Association Board of Directors

### RESOLUTION 2009-10

#### Veteran Access to Health Care (State and Federal)

**WHEREAS** the mission of the Alaska Primary Care Association is to improve access to primary care for all Alaskans by supporting Community Health Centers (CHCs) and safety net providers throughout the state; and

**WHEREAS** CHCs provide comprehensive primary care services to medically underserved areas and populations including but not limited to uninsured and underinsured individuals, low income families, Veterans, seniors, seasonal workers, non-English speaking individuals; and

**WHEREAS** a National Rural Health Association (NRHA) Written Testimony by Andy Behrman, NRHA Rural Health Policy Board Chair, prepared for the Health Subcommittee of the House Committee on Veteran's Affairs, asserts, "The disproportionate number of rural Americans serving in the military has created a disproportionate need for veteran's care in rural areas and yet rural areas are less likely to have VA services available to them;"<sup>1</sup> and

**WHEREAS** the above mentioned written testimony states that "time and distance prevent many rural veterans from getting their healthcare benefits through a VHA facility" and that approaches, including CHCs, are "readily available in the VA system and in the rural health landscape that could improve this situation;"<sup>2</sup> and

**WHEREAS** the written testimony also stresses the problem that "Federally Qualified Community Health Centers (CHCs) serve millions of rural Americans, but most veterans cannot use their VA health benefits to receive care at these CHCs" because a "national policy advocating VHA-CHC collaboration has not emerged in an effective way;"<sup>3</sup> and

**WHEREAS** the NRHA written testimony emphasizes that a "limited number of collaborations between the VHA and CHCs already exist and have proven to be prudent and cost-effective solutions to serving eligible veterans in remote areas" and that this "model of collaboration between VHA and CHCs might do well in other rural states and with other rural providers and systems of care and should be implemented further;"<sup>4</sup> and

**WHEREAS** a report written by David R. Selig, Chief Executive Officer of the Community Care Network of Virginia, provides a concrete proposal of collaboration between CHCs and the VA by suggesting that CHCs "serve as a vehicle for increasing access to primary care for Veterans" and



Military Order of the  
*Purple Heart*  
Department of Alaska



**Date: March 6, 2009**

**The Honorable Carl Gatto  
House Military and Veterans Affairs  
Alaska State Capitol, Room 108  
Juneau, AK 99801-1182**

**Subject: Support for HRJ 10.**

**Dear Chairman Gatto, and other sponsors/supporters of HJR 10.**

**The MOPH, Department of Alaska, is in full support of HJR 10 and its intent to provide the best health care available to our veterans. Those who answered the call to defend our country have fully earned the right to have the country be there for them in their time of need.**

**As the current military conflict continues there will be an ongoing need to care for those who will stand among others who served previously. It is only fair for our nation to provide the care and assistance that our veterans have rightfully earned. Reasonable access to that health care is equally important, especially to those who suffer the most and often need special assistance just to get to the location providing that health care. While many veterans are fortunate to be able to drive to and walk to the point of health care assistance, it is important to not forget about those who need wheel chairs or other special assistance. The need to reach out to provide adequate care can be stated like this "LET NO VETERAN BE LEFT BEHIND" and that responsibility falls on the system charged with providing the health care that has already been paid for by our nations veterans.**

**HRJ 10 is a commendable approach in proving that Alaska truly cares about its veteran population. As such HRJ 10 has the support of the MOPH, Department of Alaska.**

*Ron Siebels*

**Ron Siebels  
MOPH, Department Commander, Alaska**

**MOPH Alaska**



Jill Hodges  
Alaska Brain Injury Network  
3745 Community Park Loop #140  
Anchorage, Alaska 99501  
March 6, 2009

Representative David Guttenberg  
Alaska State Legislature  
State Capitol Building  
Juneau, Alaska 99801

Dear Representative Guttenberg:

Thank you for your continued concern for returning service members in Alaska, as well as traumatic brain injury research. The Alaska Brain Injury Network supports HJR 10 – Veterans Health Care.

The Alaska Brain Injury Network is a non-profit 501 (c) 3 whose mission is to educate, plan, coordinate, and advocate for a comprehensive service delivery system for survivors of traumatic brain injury and their families.

ABIN supports the need for traumatic brain injury research; yet also requests the committees take into consideration equal access to rehabilitation and ongoing support programs for all Alaskans with cognitive disabilities.

Recent studies show at least 20% of service members will return from war with a traumatic brain injury. Additionally, there are 800 Alaskans each year hospitalized for more than 24 hours with a moderate to severe traumatic brain injury (Alaska Trauma Registry). There is an estimated 3000 Alaskans that visit the Emergency Department each year (CDC). Falls, motor vehicle crashes, assault, ATV/Snowmachine and bicycle crashes are the leading causes of traumatic brain injury in Alaska. The Alaska Brain Injury Network, "10 Year Plan for TBI in Alaska" highlights the many recommendations needed to provide information and referral, case management, acute and post-acute rehabilitation, educational supports, vocational supports, and long-term care to all Alaskans with brain injuries. ([http://www.alaskabraininjury.org/documents\\_akbrain/10%20Year%20TBI%20Plan.pdf](http://www.alaskabraininjury.org/documents_akbrain/10%20Year%20TBI%20Plan.pdf))

It is important to understand brain injury affects Civilians and Military Members alike. The health care issue is a matter of access, as well as availability of services locally and payment for those serves. Currently the Alaska VA Health Systems and the Department of Defense, 3rd Medical Unit are developing TBI clinics, polytrauma clinics and brain injury rehabilitation and ongoing support services which will benefit both active duty and veterans; however these programs are being built with little coordination among the state and community providers. At the same time Alaska community providers are planning the development of brain injury residential programs because currently there are civilians who are not receiving the care they need to recover and/or

best learn to live with their cognitive disability. Alaska does not have the workforce to operate three separate brain injury service delivery systems (including the Tribal system).

### **ABIN Activities Promoting Coordination among Military, State, Tribal, and Community**

ABIN has been meeting with military partners since October 2007 for the purposes of determining the impact of returning service members with brain injuries and the impact it will have on state and community providers and resources. Participants have included 3rd medical unit, Elmendorf, TBI Clinic; Alaska VA Health Systems Polytrauma and Neuropsychology program; National Guard; Service and Family Assistance Center-Warrior Transition Battalion; Marines; Vet Center representatives; and Alaska Federal Health Care Partnership. We have learned that we can share outreach and awareness resources, but with program planning and implementation there has been little collaboration.

### **Potential Challenges**

It is important to recognize how service members with brain injury may have challenges without the proper services and supports and are at risk for additional brain injuries. Highest rates of brain injury in civilians are among rural Alaskans and Alaska Natives. Many national guardsmen/women live in rural Alaska. A risk factor for a brain injury is history of brain injury; i.e. A national guardsperson is in an IED blast in Afghanistan. He/she returns to Alaska and may have challenges with balance, memory, attention, etc. He is riding his snowmachine and crashes, no helmet or maybe even with a helmet, he sustains an additional brain injury. There is potential for an influx of brain injuries in the next 5-20 years; a coordinated TBI prevention program and service delivery system would benefit all Alaskans.

### **Recommendations**

The leadership and collaboration among State Government, Tribal Systems, Military and Veterans, and Community Providers is key to developing appropriate, timely, and coordinated brain injury services in Alaska.

If we do not have the essential brain injury awareness and treatment in Alaska

- Alaskans are at risk for bankruptcy, homelessness, divorce, or institutional care.
- This impacts State and local behavioral health, corrections, and educational systems greatly.

The Alaska Brain Injury Network encourages coordination in planning and implementation of brain injury programs in-state, as well as a state funding source to support the payment of brain injury rehabilitation and long-term care for both military and civilians.

The Alaska Brain Injury Network supports HJR 10-Veterans Health Care. We also support collaboration efforts in the planning and implementation of the services that are needed in both rural and urban Alaska to support veterans and civilians.

Sincerely,

Jill Hodges