

HJR

10

<target><bill>HJR 10</bill><subject>HJR
10</subject><comm>HMLV26</comm></target>

ALASKA STATE LEGISLATURE

Sponsor



Statement

SESSION:

Alaska State Capitol, Room 418
Juneau, AK 99801
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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 States 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 26th Alaska State Legislature in favor of better health care reform for all veterans.

26-LS0313\E
Bailey
2/24/09

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

BY

Offered:
Referred:

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

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, but Alaska remains one of three states that does not
6 have a veterans' hospital that provides acute care inpatient services; and

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

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

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

19 **WHEREAS** United States Senator Lisa Murkowski conducted a hearing under the
20 auspices of the Senate Committee on Indian Affairs in November 2007 which established that
21 veterans of the wars in Afghanistan and Iraq who live in rural Alaska have limited, or no
22 access to their earned United States Department of Veterans Affairs health benefits and that
23 the Alaska Native health system, which is severely under funded, is providing care to these
24 veterans without reimbursement from the United States Department of Veterans Affairs at the
25 expense of the Native health system's primary mission; 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 and tribal health organizations infrastructure in
26 Alaska should be used to its full potential to provide access to cost-effective, quality care for
27 Alaska Veterans whether through a Community Based Outpatient Clinic arrangement, a
28 network arrangement, or individual arrangements with individual community or tribal health
29 centers; and

30 **WHEREAS** community and tribal health organizations provide comprehensive
31 primary care and mental health and substance abuse services to medically underserved areas

1 and populations, and to uninsured and underinsured individuals, low-income families,
2 veterans, seniors, seasonal workers, and non-English speaking individuals;

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, including community mental health centers, substance abuse treatment centers, and
19 tribal health organizations in the outlying areas where the United States Veterans
20 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.

ISSUE BRIEF: HEALTH CARE FUNDING REFORM

VA has a long history of significant delays in receiving the funding it needs to treat veterans at VA hospitals and clinics around the nation.

The Situation

- VA has received its annual funding for veterans' health care late 19 of the last 22 years.
- In too many cases, VA is unable to properly treat the physical and mental scars of war, in part because its budget is late and unpredictable. Such an irrational financing system causes unnecessary delays and backlogs in the system. Hiring key staff is put off, or just not done, while injuries like PTSD or TBI are too often not diagnosed or treated in a timely manner.
- A 2007 report by the VA's own Office of Inspector General concluded that 27% of the injured veterans seeking treatment at the VA had to wait more than 30 days for an appointment. These men and women had severe service-related injuries.

The Challenge

- Not knowing when or at what level of funding VA will receive from year to year – or whether Congress will approve or oppose the Administration's proposals – hinders the ability of VA officials to efficiently plan and responsibly manage their health care system.
- Since 2001, the number of VA patients has risen by two million – a 50 percent increase. And our newest generation of veterans has increasingly complex mental and physical healthcare needs that may require a lifetime of care.

The Solution

- DAV and its allies in the Partnership for Veterans Health Care Budget Reform – a coalition of nine veteran service organizations with a combined membership of 8 million veterans – helped develop and fully endorse the *Veterans Health Care Budget Reform Act*. This bill would authorize Congress to appropriate funding for veterans' health care one year in advance, and would add greater transparency to VA's internal budget process, ensuring approval of sufficient funding. The legislation has bipartisan support in Congress and is endorsed by President-elect Obama and VA Secretary-nominee Shinseki.
- Unlike the mandatory funding provided to the Medicare and Medicaid systems, advance appropriations would allow Congress to approve funding each year and retain all of its oversight authority over VA programs.
- Reintroduction and passage of the *Veterans Health Care Budget Reform Act* in the 111th Congress would address the health care funding needs of VA and the veterans they serve.

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Healthcare Among Top Problems Facing Veterans

Posted: Feb 1, 2009 09:15 PM

Updated: Feb 8, 2009 08:38 PM



According to the New York Times, suicide rates of U.S. soldiers are higher than they've been in almost three decades. The economy may be one of the reasons why.

They've fought for the red, white and blue. Now these veterans fight to be heard. "Healthcare. It's always a main issue," explained John McNeill.

Even more uncertainty comes with a new Commander-in-Chief. "The Bush administration in the last eight years had the greatest increase we ever had in veterans healthcare. Significant increases. We'd like to certainly see that happen," said McNeill of his hopes for the new administration.

Yet in this economy it's a fight for every dollar. "There's always this issue of getting the adequate amount of funding. You're always competing with some other programs that are on Congress' mind," said McNeill.

Without help, many veterans can't afford the medical attention they need. "There's a lot of families that are having problems paying their bills. Even just buying groceries. Just having a hard time making ends meet," Carol Thompson, President of the Nebraska Ladies Auxillary of the VFW, explained.

Many soldiers battle post-traumatic stress disorder. According to the New York Times that along with financial worries (among other things) has led to the highest suicide rate since the Vietnam War. McNeill said, "The one big issue is the unseen wounds, like traumatic brain injury, that were concerned about now."

The crunch also limits the VFW's work, advocating for better health care and serving soldiers returning home. "We rely heavily on donations. The impact there, obviously people are starting to look at where I can donate and where I can't donate and that is a concern for us," McNeill said.

Years after serving their country these veterans hope Washington returns the favor.

Reporter's Notes by Laurie Dutcher:

The Veterans of Foreign Wars held their statewide convention this weekend in Grand Island.

For help for veterans check out the [Veterans Help Network](#).

Or contact your local VFW:

Kearney (308) 234-9714

Grand Island (308) 381-1555

Hastings (402) 463-1262

Or to find another VFW [click here](#).

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\$3.6 billion hike urged for VA health care

By Rick Maze - Staff writer
Posted : Friday Feb 6, 2009 15:11:06 EST

Four leading veterans groups called Friday for a \$4.5 billion increase in veterans programs, including \$3.6 billion for health care.

This is an even bigger increase than the groups asked for a year ago, and puts added pressure on President Barack Obama to keep campaign promises for full funding of Veterans Affairs Department programs.

The increase, which would result in a \$54.6 billion discretionary VA budget, comes in the so-called "independent budget" prepared each year by AmVets, Disabled American Veterans, Paralyzed Veterans of America and Veterans of Foreign Wars.

The \$54.6 billion budget includes health care, administrative and construction funds and some costs related to the administration of benefits, but not the costs of the benefits themselves.

Recommendations made in the independent budget often become a benchmark used by members of Congress to judge the adequacy of administration budget requests. Its timing — before the Obama administration makes its first budget submission — sets the stage for criticism if Obama asks for an increase of less than \$3.6 billion.

This is the 23rd year that veterans' groups have joined efforts to craft a combined budget recommendation.

Randy Pleva Sr., Paralyzed Veterans of America president, said the four organizations "urge" Obama to adopt the independent budget recommendations. "It is good for veterans. It is good for the economy. It is good for America," he said in a statement.

In addition to the health care increase, the budget calls for increases in funding for information technology, the National Cemetery Administration, the VA inspector general's office, administrative costs for processing benefits claims and a \$2 billion increase in construction money.

The big increase in major and minor construction is an effort to reduce a backlog of infrastructure needs, according to the veterans groups.

Part of the health care increase would be used to lease facilities for outpatient care, said Glen Gardner, VFW national commander.

"Forcing disabled veterans to travel great distances because their local VA medical center dropped inpatient care is not the proper way to care for America's veterans," Gardner said.

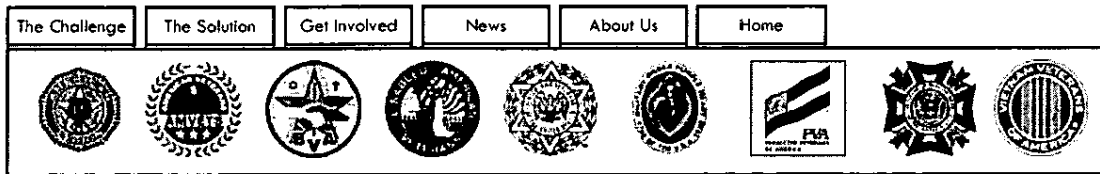
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"There was no way to adequately meet the continuing waves of new patients and properly maintain operations at the facility"

Joseph M. Manley, former VA Medical Center Director in July 2007 Senate testimony



The Challenge

Over the past six years, VA has not received its annual funding on average more than three months after the start of the new fiscal year. While great strides have been made to increase the level of the Department of Veterans Affairs (VA) health care funding during the past several years, there have been significant delays in receiving those funds.

Unlike Medicare or Medicaid, VA health care must rely on Congress and the President to pass a new appropriations law each year that provides VA hospitals and clinics with the funding it needs to treat veterans. But this funding mechanism is unreliable and subject to great political wrangling.

Not knowing when or at what level of funding VA will receive from year to year - or whether Congress will approve or oppose the Administration's proposals - hinders the ability of VA officials to plan their spending for the coming year. Any corporation, for instance, would not perform well without knowing how much money it can spend and when that money would be available for distribution.

Compounding the problem are the new demands placed on the VA system. Since 2001, the number of VA patients has risen by two million - a 50 percent increase. And our newest generation of veterans has increasingly complex mental and physical healthcare needs.

[Contact Us](#)

Chris Reid

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

Thomas E. Kopaceski
99687-1116

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

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 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:

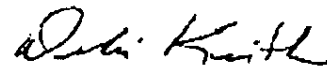
27 **FURTHER RESOLVED** that the Alaska State Legislature encourages the United
28 States Department of Veterans Affairs to create a special health pass or "heroes health card"
29 to provide veterans with health care in local communities by coordinating care provided by
30 local doctors, [and] community 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

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



**MESSAGE TO THE AMERICAN LEGION
SOUTHEAST DISTRICT CONVENTION
JANUARY 29, 2008**

Dear American Legion Members:

Greetings to you from the Alaska VA Healthcare System. Unfortunately, I'm not able to join you in person this year. I felt it important to send you an update on what the Alaska VA has been doing for Alaska veterans during this past year and to bring you some exciting news for Southeast Alaska veterans. We continue to grow in the number of veterans enrolling for care and coming to our VA clinics for care. Over 27,000 veterans have now enrolled for care in the Alaska VA system and last year 14,379 veterans came to the Alaska VA for medical care services.

We continue to grow with additional staff, as well. We recruited staff for the support of returning soldiers from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). We brought on new psychiatrists, a Suicide Prevention Coordinator and a Recovery Coordinator as well as outreach coordinators for these returning veterans. Much of our outreach this year has been focused on our returning OIF/OEF National Guard troops and active duty soldiers. On September 11, 2007, the Alaska VA Healthcare System and Regional Office and the State of Alaska Department of Military and Veterans Affairs signed a Memorandum of Understanding committing that we would work together to outreach to our National Guard men and women. Later in September, a VA outreach team went to six Alaska Native Health Care Corporations to include Juneau and Sitka in Southeast Alaska to assure a seamless transition for Alaska Native veterans who wish to transfer their care to the VA system.

And now for the exciting news I promised for the American Legion Southeast Alaska Convention. It is with great pleasure I announce that the Alaska VA Healthcare System has received approval to move forward on placing a VA Outreach Clinic in Juneau, Alaska. Look for information soon on an official announcement as we secure space and staffing for the clinic. We will keep you informed.

I want to thank each and every one of you who are in attendance of the Southeast convention today and other American Legion members throughout Southeast Alaska for your tireless and consistent efforts to advocate for a VA Clinic presence in your area. Without your support and your voice this approval would not have occurred.

The American Legion has been a wonderful supporter of the Alaska VA throughout the years and an effective advocate for services to Alaska veterans. We at the Alaska VA Healthcare System value the partnership we have with you as one of our veterans service organizations.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Spector".

Alex Spector
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;"¹ 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;"² 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;"³ 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;"⁴ 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

Alaska Primary Care Association

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



presents a model where CHCs "function as a Community Based Outpatient Clinics (CBOCs) as defined by the Department of Veterans Affairs;"⁵ and

WHEREAS the proposed model mentioned above would help provide access by enhancing CHCs ability to serve Alaska's Veterans in rural communities and the written proposal provides the following rationales for CHCs functioning as CBOCs:

- The goal of the CBOC program to increase access to primary care for its Veterans is consistent with the mission of community health centers and the President's Initiative.
- Community health centers offer the wide range of services that meet or exceed VA's requirements for CBOCs [Community Based Outpatient Clinics] including primary care, laboratory, radiology, mental health, and women's services;"⁶
- Veteran patient population health demographics are consistent with the patient health demographics of community health center patients and the program's efforts to further develop disease collaboratives.
- Community health centers are well suited to meet the CBOC Performance Measures, as established by the VA, in the areas of JCAHO accreditation, travel distance, mental health, patient satisfaction, ect.
- There is a growing community health center commitment to health information technology, high speed internet connectivity, and an electronic health record which is consistent with the Veterans Administration's Commitment to the Computerized Patient Record Systems (CPRS).
- Community health centers are organized in BPHC funded networks that can provide the infrastructure and expertise in information technology, contracting and care management;"⁷

WHEREAS CHCs are an existing infrastructure within Alaska and should be utilized to their full potential in providing access to cost-effective, quality care for Alaska's Veterans whether through a CBOC arrangement, a network arrangement, or individual arrangements with individual CHCs; and

WHEREAS the Secretary of Veteran Affairs CARES Decision states, "Medical care is a key component of the benefits and services enacted by Congress in recognition of the service, and sometimes the sacrifice, of the men and women whose military service preserved and protected America's freedoms."⁸

THEREFORE BE IT RESOLVED that the Alaska Primary Care Association supports federal and state legislative and other efforts to assure Veterans across the state have access to quality health care, including in outlying areas where there are no VA-run clinics.

Alaska Primary Care Association

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



SUBMITTED BY:

Regan Mattingly, State Affairs Coordinator

Shelley S. Hughes, Government Affairs Director

Marilyn Kasmar, Executive Director

DONE AND DATED THE 21st DAY OF January IN THE YEAR 2009

SIGNED BY

A handwritten signature in black ink, which appears to read 'Sonia Handforth-Kome'.

Sonia Handforth-Kome, APCA Board President

¹ National Rural Health Association. *Written Testimony*, Andy Behrman. Prepared for the Health Subcommittee of the House Committee on Veterans' Affairs Oversight Hearing on "Access to VA Health Care: How Easy is it for Veterans? Addressing the Gaps," April 18, 2007.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Selig, David R. *Utilizing Community Health Centers As a Vehicle for Increasing Access to Primary Care for Veterans Through the Rapid Activation of Community Based Outpatient Clinics (CBOCs)*. May 2007.

⁶ Ibid.

⁷ Ibid.

⁸ Department of Veterans Affairs, *Secretary of Veterans CARES Decision*, Office of the Secretary, May 2004.

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

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: HJR 10
 () Publish Date: _____

Identifier (file name): _____ Dept. Affected: _____
 Title HJR 10 VETERANS' HEALTH CARE RDU _____
 Component _____
 Sponsor Representative David Guttenberg
 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 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES							
Personal Services							
Travel							
Contractual							
Supplies							
Equipment							
Land & Structures							
Grants & Claims							
Miscellaneous							
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES							
CHANGE IN REVENUES ()							

FUND SOURCE (Thousands of Dollars)

	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						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2009) cost: _____

POSITIONS

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
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: Represtatave Carl Gatto Date 2/24/2008

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;"¹ 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;"² 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;"³ 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;"⁴ 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

Alaska Primary Care Association

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presents a model where CHCs "function as a Community Based Outpatient Clinics (CBOCs) as defined by the Department of Veterans Affairs;"⁵ and

WHEREAS the proposed model mentioned above would help provide access by enhancing CHCs ability to serve Alaska's Veterans in rural communities and the written proposal provides the following rationales for CHCs functioning as CBOCs:

- The goal of the CBOC program to increase access to primary care for its Veterans is consistent with the mission of community health centers and the President's Initiative.
- Community health centers offer the wide range of services that meet or exceed VA's requirements for CBOCs [Community Based Outpatient Clinics] including primary care, laboratory, radiology, mental health, and women's services;"⁶
- Veteran patient population health demographics are consistent with the patient health demographics of community health center patients and the program's efforts to further develop disease collaboratives.
- Community health centers are well suited to meet the CBOC Performance Measures, as established by the VA, in the areas of JCAHO accreditation, travel distance, mental health, patient satisfaction, ect.
- There is a growing community health center commitment to health information technology, high speed internet connectivity, and an electronic health record which is consistent with the Veterans Administration's Commitment to the Computerized Patient Record Systems (CPRS).
- Community health centers are organized in BPHC funded networks that can provide the infrastructure and expertise in information technology, contracting and care management;"⁷

WHEREAS CHCs are an existing infrastructure within Alaska and should be utilized to their full potential in providing access to cost-effective, quality care for Alaska's Veterans whether through a CBOC arrangement, a network arrangement, or individual arrangements with individual CHCs; and

WHEREAS the Secretary of Veteran Affairs CARES Decision states, "Medical care is a key component of the benefits and services enacted by Congress in recognition of the service, and sometimes the sacrifice, of the men and women whose military service preserved and protected America's freedoms."⁸

THEREFORE BE IT RESOLVED that the Alaska Primary Care Association supports federal and state legislative and other efforts to assure Veterans across the state have access to quality health care, including in outlying areas where there are no VA-run clinics.

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SUBMITTED BY:

Regan Mattingly, State Affairs Coordinator
Shelley S. Hughes, Government Affairs Director
Marilyn Kasmar, Executive Director

DONE AND DATED THE 21st DAY OF January IN THE YEAR 2009

SIGNED BY

Sonia Handforth-Kome, APCA Board President

¹ National Rural Health Association. *Written Testimony*, Andy Behrman. Prepared for the Health Subcommittee of the House Committee on Veterans' Affairs Oversight Hearing on "Access to VA Health Care: How Easy is it for Veterans? Addressing the Gaps," April 18, 2007.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Selig, David R. *Utilizing Community Health Centers As a Vehicle for Increasing Access to Primary Care for Veterans Through the Rapid Activation of Community Based Outpatient Clinics (CBOCs)*. May 2007.

⁶ Ibid.

⁷ Ibid.

⁸ Department of Veterans Affairs, *Secretary of Veterans CARES Decision*, Office of the Secretary, May 2004.

Alaska Primary Care Association

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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

AMENDMENT

Offered in the House

by Representative Scott Kawasaki

Page 2, lines 5 and 6, following "services for Alaska's veterans,"

Delete: "but Alaska remains of three states that does not have a veteran's hospital that provides acute care inpatient services"

Page 2, line 23, following "Alaska Native health system"

Delete: ", which is"

Insert: "and Community Health Centers, which are"

Page 2, line 25, following "Alaska Native health"

Delete: "system's"

Insert: "system and Community Health Centers"

Page 3, line 25, following "the existing"

Delete: "community"

Insert: "Community Health Center"

Page 3, lines 28 and 29, following "with individual"

Delete: "community or tribal health centers"

Insert: "Community Health Centers or tribal clinics"

Page 3, line 30, following "Whereas"

Delete: "community"

Insert: "Community Health Centers"

Page 4, lines 1 and 2, following “and populations”

Delete: “and to uninsured and underinsured individuals, low-income families, veterans, seniors, seasonal workers, and non-English speaking individuals”

Insert: “including veterans who do not reside in the vicinity of a VA health care facility”

Page 4, line 18, following “quality health care, including”

Insert: “at Community Health Centers,”

Page 4, line 18, following “substance abuse treatment centers,”

Delete: “and”

Page 4, line 19, following “tribal health organizations”

Insert: and other appropriate local providers”

Chris Reid

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

Thomas E. Kopaceski

99687-1116

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

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



**MESSAGE TO THE AMERICAN LEGION
SOUTHEAST DISTRICT CONVENTION
JANUARY 29, 2008**

Dear American Legion Members:

Greetings to you from the Alaska VA Healthcare System. Unfortunately, I'm not able to join you in person this year. I felt it important to send you an update on what the Alaska VA has been doing for Alaska veterans during this past year and to bring you some exciting news for Southeast Alaska veterans. We continue to grow in the number of veterans enrolling for care and coming to our VA clinics for care. Over 27,000 veterans have now enrolled for care in the Alaska VA system and last year 14,379 veterans came to the Alaska VA for medical care services.

We continue to grow with additional staff, as well. We recruited staff for the support of returning soldiers from Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF). We brought on new psychiatrists, a Suicide Prevention Coordinator and a Recovery Coordinator as well as outreach coordinators for these returning veterans. Much of our outreach this year has been focused on our returning OIF/OEF National Guard troops and active duty soldiers. On September 11, 2007, the Alaska VA Healthcare System and Regional Office and the State of Alaska Department of Military and Veterans Affairs signed a Memorandum of Understanding committing that we would work together to outreach to our National Guard men and women. Later in September, a VA outreach team went to six Alaska Native Health Care Corporations to include Juneau and Sitka in Southeast Alaska to assure a seamless transition for Alaska Native veterans who wish to transfer their care to the VA system.

And now for the exciting news I promised for the American Legion Southeast Alaska Convention. It is with great pleasure I announce that the Alaska VA Healthcare System has received approval to move forward on placing a VA Outreach Clinic in Juneau, Alaska. Look for information soon on an official announcement as we secure space and staffing for the clinic. We will keep you informed.

I want to thank each and every one of you who are in attendance of the Southeast convention today and other American Legion members throughout Southeast Alaska for your tireless and consistent efforts to advocate for a VA Clinic presence in your area. Without your support and your voice this approval would not have occurred.

The American Legion has been a wonderful supporter of the Alaska VA throughout the years and an effective advocate for services to Alaska veterans. We at the Alaska VA Healthcare System value the partnership we have with you as one of our veterans service organizations.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex Spector".

Alex Spector
Director

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
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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:

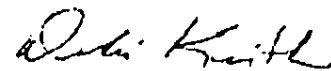
27 **FURTHER RESOLVED** that the Alaska State Legislature encourages the United
28 States Department of Veterans Affairs to create a special health pass or "heroes health card"
29 to provide veterans with health care in local communities by coordinating care provided by
30 local doctors, [and] community 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
AMIIB

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

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Alaska House of Representatives
David Guttenberg



District 8

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Fairbanks, Alaska 99701-3171
(907) 456-8172
(907) 456-2490 Fax

MEMO

To: **Representative Carl Gatto, Chair**
House Military and Veterans' Affairs Committee

From: Representative David Guttenberg

Date: February 11, 2009

Re: Hearing request for HJR 10, "Urging the United States Congress to improve health care for veterans"

I respectfully request that HJR 10 be scheduled for a hearing in the House Military and Veterans' Affairs Committee at your earliest Convenience.

Included you will find:

- The current version of HJR 10
- Sponsor statement
- Support and background materials

I look forward to discussing the merits of this bill in the House Military and Veterans' Affairs 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