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September 25, 2023

The Honorable Jon Tester  
Chairman  
Committee on Veterans' Affairs  
United States Senate  
412 Russell Senate Office Building  
Washington, DC 20510

The Honorable Jerry Moran  
Ranking Member  
Committee on Veterans' Affairs  
United States Senate  
412 Russell Senate Office Building  
Washington, DC 20510

Dear Chairman Tester and Ranking Member Moran:


In light of the Committee's September 20, 2023 hearing, *Invisible Wounds of War: Improving Mental Health and Suicide Prevention Measures for our Nation's Veterans*, attached please find Western Governors' Association (WGA) Policy Resolutions 2023-08, Veterans, and 2022-07, Physical and Behavioral Health Care in Western States.

In the veterans resolution, Western Governors urge the Department of Veterans Affairs to improve mental health care for veterans by: prioritizing the integration of peer support and behavioral health services for traumatic brain injury into mental health care models; providing training and support for peer specialists; focusing on workforce development and retention; supporting suicide prevention programs; ensuring equitable access to essential health care services in rural areas; and conducting ongoing evaluations for the effective implementation of these practices. The health care resolution outlines Western Governors' behavioral health policies and highlights the need to improve the quality and quantity of behavioral health services available to all western residents.

I request that you include these documents in the permanent record of the hearing, as they articulate Western Governors' policy positions and recommendations related to this urgent issue.

Thank you for your attention to this matter and your consideration of this request. Please contact me if you have any questions or require further information.

Sincerely,



Jack Waldorf  
Executive Director

Attachments



## Policy Resolution 2023-08 Veterans

### A. BACKGROUND

American military personnel often return home to a hero's welcome after completing their service, but they face a series of complex challenges. Veterans, whether they volunteered or were drafted, commonly confront a range of issues such as food insecurity, homelessness, unemployment, physical and psychological wounds, and bureaucratic barriers when seeking support services. Western Governors recognize the need to support veterans and address the challenges they face. With one-third of the known veteran population residing in western states, Governors recommend federal regulatory and statutory changes to foster an environment that facilitates access to support services for veterans and encourages further investment in initiatives tailored to assist them.

### B. GOVERNORS' POLICY STATEMENT

1. Western Governors urge the Department of Veterans Affairs (VA) to prioritize the integration of peer support services and behavioral health services for Traumatic Brain Injury (TBI) into mental health care models. Additionally, Western Governors urge the VA to address staffing models to support the increasing health concerns for memory care (Dementia, Alzheimer's) and other neurological disorders. VA should also provide continuous training and support for peer specialists and focus on developing and retaining the behavioral health care workforce. Western Governors have highlighted substantive health care workforce recommendations in our health care policy resolution. Ongoing evaluations should be conducted to ensure effective implementation of these practices, which should be disseminated across all VA health care settings to ensure broad access to peer support services for all veterans.
2. Western Governors acknowledge the importance of the VA Governor's Challenge and urge VA to continue its provision of support for programs aimed at effectively addressing the issue of veterans' suicide.
3. Recognizing the need to improve health program services for women veterans, Western Governors urge VA to take urgent action to address gaps in the VA health care system. Improving the promotion of, access to, and the quality of health care for women veterans is essential and requires timely and effective measures to be implemented across VA. Western Governors recommend that VA initiate research programs to study health issues specific to women veterans.
4. Western Governors recognize the significance of expanding access to health care services for veterans, especially those residing in remote areas. VA should take action to increase the accessibility of:
  - a. VA Community Care for veterans residing in areas that do not have access to VA health care facilities. It is imperative that VA consult with Governors to ensure

that veterans living in rural areas are not disadvantaged in accessing health care;

- b. Vet Centers for veterans living in rural areas, to ensure that they have access to necessary health services and support;
  - c. Health care professionals in rural areas, to provide flexibility for veterans and allow them to access the health care provider of their choosing; and
  - d. Telemedicine services, which are a vital tool that can help bridge the gap in accessing health care services.
5. Western Governors recommend that VA seek consultation and input from tribal leaders and communities to inform the development and administration of its programs and services for American Indian, Alaska Native, and Native Hawaiian veterans.
6. To ensure that veterans have timely access to high-quality health care, Western Governors recommend that Congress prioritize providing VA with the necessary resources, authority, and ability to recruit, hire, train, and retain health care professionals. This includes physicians, nurses, mental and behavioral health providers, long-term care professionals, and administrative staff. In addition, Western Governors believe VA should streamline the hiring process, offer competitive salaries and benefits, and provide ongoing training and professional development opportunities for health care professionals.
7. Western Governors believe VA should collaborate with states and territories to improve and expand the Highly Rural Transportation Grants program. This includes identifying counties that require assistance, simplifying the application and implementation process, and consulting early with Governors for valuable input on their state's needs. Additionally, VA should reevaluate and expand the current eligibility criteria to ensure that more veterans can benefit from the program.
8. Western Governors urge VA to conduct a comprehensive evaluation of the Veteran Transportation Services (VTS) exam and implement necessary revisions to reduce its complexity, facilitating the process for individuals to obtain a license to transport veterans to VA health care facilities and authorized non-VA health care appointments.
9. Western Governors call on VA to improve community care for veterans by enforcing timely referrals and appointments, particularly for programs like VA Community Care. VA should also streamline reimbursement processes to third-party health care providers in line with industry standards and ensure prompt access to services and increased provider participation.
10. To ensure that our nation's veterans receive the benefits and services they are entitled to in a timely and efficient manner, Western Governors urge VA to continue to improve and streamline the claims process, especially with the new Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act (Pub. L. 117-168) claims.
11. Western Governors recommend that VA implement a policy allowing veterans to select their own care providers, including those who are not affiliated with VA health care

facilities. By doing so, veterans would have greater flexibility and choice when seeking health care services.

12. Western Governors recognize the necessity of conducting a comprehensive review of VA regulations regarding payments for State Veterans Homes and urge VA to consult with states to identify the unique needs of each state. Additionally, Western Governors recommend expanding coverage to include all specialty care services, and prioritize funding for specialized cognitive care.
13. Western Governors recommend that VA authorize and prioritize the expansion of VA programs to provide comprehensive financial support for third-party assisted living and nursing facilities, which offer varying levels of care for long-term care services to our nation's veterans.
14. Western Governors urge Congress to pass legislation that requires VA and the Department of Defense (DOD) to modernize their electronic health record-keeping systems and mandate VA to upgrade its overall technology infrastructure. These upgrades are necessary to streamline access to critical health information, enhance coordination between the two departments, and improve the claims process for veterans, which is a priority for the Governors.
15. Western Governors recommend that the federal government provide funding for state and congressionally chartered Veterans Service Organizations (VSOs) to offset the costs of training and to enhance the workforce capacity of VSOs. This would help to improve the level of support and care provided to veterans and their families by such VSOs, ensuring that they have access to the resources and services they need to thrive.
16. Western Governors emphasize the need for VA to provide Veteran Services Officers with access to vital information, enabling them to better assist veterans in navigating VA's programs and services. This will ensure that veterans receive the support and resources necessary to thrive.
17. Western Governors recommend that VA expand its dental services to all veterans enrolled in the VA health care system, regardless of their service-connected dental issues or other narrow criteria.
18. Western Governors urge Congress to authorize and appropriate funds for VA to provide grants to state, territorial, and tribal governments. The purpose of these grants is to increase outreach and assistance to veterans and their families by raising awareness of benefits and aiding them in applying for VA benefits. Priority should be given to areas with high rates of veteran suicide and a shortage of Veteran Services Officers.
19. Western Governors support the idea that service members should be given the opportunity to receive credit or professional credentials for the training they undergo in the military, which can then be transferred to the private sector or educational institutions. This initiative will help veterans transition into civilian careers by providing them with the necessary credentials and recognition for the skills developed through their military service.

20. Western Governors urge Congress to provide diligent oversight over VA and DOD to ensure that transitioning service members receive comprehensive information on VA benefits at least twelve months prior to their transition to civilian life. This includes ensuring that service members are aware of the full range of programs and support services available to them.
21. Western Governors recommend that VA conduct a comprehensive study on their efforts to reduce homelessness and identify those programs that have provided the highest return on investment.

**C. GOVERNORS' MANAGEMENT DIRECTIVE**

1. The Governors direct WGA staff to work with congressional committees of jurisdiction, the Executive Branch, and other entities, where appropriate, to achieve the objectives of this resolution.
2. Furthermore, the Governors direct WGA staff to consult with the Staff Advisory Council regarding its efforts to realize the objectives of this resolution and to keep the Governors apprised of its progress in this regard.

*This resolution will expire in June 2026. Western Governors enact new policy resolutions and amend existing resolutions on a semiannual basis. Please consult <http://www.westgov.org/resolutions> for the most current copy of a resolution and a list of all current WGA policy resolutions.*



## Policy Resolution 2022-07

### Physical and Behavioral Health Care in Western States

#### A. BACKGROUND

1. Ensuring access to high-quality, affordable health care is critical to enhancing the quality of life in western states for our growing populations and is the foundation of building and maintaining healthy and vibrant communities and economies.
2. The COVID-19 pandemic illustrated the importance of our health care and public health systems and the urgency with which we must improve health inequities and disparities. Despite warnings of an impending global pandemic, federal, state, local and Tribal governments encountered significant issues containing and responding to the virus, resulting in economic turmoil, supply chain shortages, and a devastating loss of life. In addition, inequities and disparities fueled the spread of COVID-19, affecting many racial and ethnic minority groups who are more likely to live and work in suboptimal conditions.
3. Western states face unique challenges in health care that have been compounded by the pandemic, including growing rates of behavioral health conditions, which encompass mental health and substance use disorders; provider shortages in underserved and rural areas; and limited access to broadband, which has limited the availability of telehealth services. Low population densities and the vast distances between population centers also make it difficult for providers to establish economically sustainable health care practices in rural areas.
4. In addition, distance and density inhibit construction of the technology infrastructure that would provide or improve broadband connectivity in underserved and rural areas. Expanding broadband access provides numerous quality-of-life benefits for rural Americans, including economic development, social connectivity, education, public safety, and access to telehealth and telemedicine.
5. Telehealth utilization has skyrocketed due to the loosening of federal and private insurance restrictions to meet emergency needs during the pandemic. Telehealth is an essential tool to advance health care access, especially in rural areas and among underserved populations, but its use has been limited over the years by federal regulations and licensing barriers.
6. The health care sector faces severe workforce shortages in western states despite efforts of Western Governors, such as the foundation of Western Governors University and other medical training programs in western states, to ensure adequate numbers of qualified medical personnel. This issue has been further exacerbated by COVID-19 and is particularly acute in the West's underserved and rural areas. Ensuring access to health care services requires an adequate number and distribution of physicians, nurses, mental and behavioral health counselors, and other trained health care professionals. Population growth, aging residents, and challenges involving Tribal health care and services for veterans require a renewed focus on developing our nation's health care workforce.

7. Social and economic factors distinct from medical care are powerful predictors of health outcomes and disease burden throughout a person's life. The U.S. Department of Health and Human Services (HHS) defines these social determinants of health (SDOH) as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. It has also identified five key areas of SDOH: economic stability; education; social and community context; health and health care; and neighborhood and built environment.
8. In many cases, SDOH disproportionately affect communities of color and other minority populations in the West and drive disease, worsen health disparities, and present barriers to accessing health care. As such, the integration of health and human services is important to promote a whole person orientation to care that is focused on prevention and is delivered in a culturally and linguistically appropriate manner. Understanding the effect of SDOH on health and health care can inform the development of effective policy to increase access and improve health outcomes for these populations.
9. Western states have a unique body of experience, knowledge, and perspective with respect to health care. The Western Governors' Association (WGA) is ideally situated to collect and disseminate information, including best practices, case studies and policy options, that states can use to improve the foundation for health care services and advocate for shared policy priorities on behalf of their citizens.

### **Behavioral Health Integration**

10. Behavioral health needs are often associated with negative stigma and harmful misperceptions, which can have many detrimental effects, including: a lack of understanding by family members, friends, coworkers, and others; reduced professional, educational, and personal opportunities; various forms of discrimination; and bullying, physical violence, or harassment. Stigma can result in a reluctance to seek help or treatment and contribute to self-doubt and shame associated with behavioral health conditions, including mental health and substance use disorders.
11. Two-thirds of all diagnosable mental illness onset before adulthood, yet the vast majority of adolescents do not receive any treatment. Access to prevention and early intervention services and support for children and youth helps treat behavioral health conditions before they become debilitating and lead to negative outcomes in adulthood.
12. Western states experience higher than average suicide rates. Suicide is the second leading cause of death among youth, and the ten states with the highest suicide rates in the nation are all located in the West.
13. Integrating behavioral and physical health care services and supports can have many positive effects on health outcomes and health care spending. Behavioral health integration presents a more holistic approach to patient care and offers increased access for consumers. Integration can also be an effective tool to de-stigmatize treatment for behavioral health.
14. Substance use disorders (SUDs), including alcohol and drug misuse, are a major public health and safety crisis affecting nearly 21 million Americans. They are particularly prevalent in western states, where individuals are more likely to experience SUDs or have a family member who has. SUDs cross all social and economic lines and tragically take the

lives of tens of thousands of Americans every year. Much attention has been focused on opioid use, and recent federal investment has prioritized opioid prevention and treatment. In western states, however, methamphetamine overdose deaths outpace those resulting from opioid use. It is important to recognize that SUDs encompass all drug classes and polysubstance misuse, and to balance federal SUD investments accordingly. While state and federal progress has been made to address SUDs, additional efforts are necessary to help bridge prevention, treatment, and recovery gaps in western states.

15. Jails and prisons have become de facto behavioral health treatment facilities, which are unequipped to provide needed care. This reality results in inefficient use of public resources and poor outcomes for patients. Youth experiencing a first episode of psychosis are too often sent to juvenile halls, and adults with mental illness and SUD become incarcerated without proper treatment for their underlying chronic behavioral health conditions.
16. Many people experiencing homelessness also struggle with a behavioral health condition, which contributes to the risk of being unhoused. Both supportive housing and adequate, coordinated health and social services must be available to prevent and reduce homelessness for people with mental health and SUDs.
17. The quality and completeness of patient records is an important element of care coordination and patient safety. Ensuring the protection and privacy of these records is a critical aspect of maintaining patient confidence in the health care system and ensuring that patients are forthcoming about their behavioral health needs.
18. Currently, federal privacy rules prohibit SUD treatment providers from fully participating in health information exchanges. This may leave health care providers without a full understanding of a patient's medical history and use of medications, which can reduce the quality of care and lead to negative patient outcomes, including potentially deadly medication interactions.
19. Electronic health records (EHR), state Prescription Drug Monitoring Programs (PDMP), and Health Information Exchange (HIE) are important tools in improving care coordination and addressing the opioid crisis, allowing prescribers and pharmacies to help prevent opioid misuse. At present, there are instances of limited interoperability between EHRs and PDMPs that reduce the potential positive effect of these tools on patient safety. Robust systems for HIE can help to address these shortfalls.
20. Current federal statute limits the ability of state Medicaid programs to cover inpatient and residential treatment and recovery services at facilities with more than 16 beds, also known as the Institutions for Mental Diseases (IMD) exclusion. This antiquated limitation prevents many adults with behavioral health needs from receiving adequate treatment in a licensed health care facility. Waivers for this exclusion offered by the U.S. Department of Health and Human Services (HHS) have provided states with important flexibility and improved access to treatment for patients with SUD, but barriers still remain.
21. Medication-assisted treatment (MAT), including opioid treatment programs, combines behavioral treatment and recovery services with medications to treat SUDs. While MAT has been proven to improve health outcomes and reduce mortality among opioid addiction patients, stigma and myths surrounding the use of MAT limit its potential use in SUD treatment and recovery.



22. The passage of the SUPPORT for Patients and Communities Act in 2018 was a significant step forward for MAT, including by promoting greater flexibility in its use and expanding access to and coverage for MAT. However, significant limits remain on MAT use and providers' ability to take full advantage of these treatment methods.
23. Support from individuals with lived experience, peer support groups, and community-based organizations, including faith-based and cultural organizations, are important components of effective treatment and recovery for SUD and other behavioral health conditions.

**B. GOVERNORS' POLICY STATEMENT**

1. Federal efforts to address health care workforce and access needs should reflect early, meaningful, and substantive input from Governors, who are best positioned to assess the needs of their states and help develop solutions to meet these needs. State-federal collaboration and coordination are integral to addressing these health care challenges. Wherever possible, and where appropriate, the federal government should respect state authority and maximize flexibility granted to states and Governors.
2. The federal government should work with states to facilitate the deployment of broadband to underserved and rural areas, recognizing that adequate broadband access has a direct correlation to rural populations' ability to access telehealth and telemedicine.
3. Western Governors urge the federal government to make permanent regulatory changes based on waivers and authorizations granted during the COVID-19 public health crisis to provide flexibility and increase access to telehealth and telerenting. We propose actions to create an environment conducive to the expansion of telehealth beyond the pandemic, including but not limited to permanently changing provisions of 42 CFR and Section 1834(m) of the Social Security Act (SSA) such as:
  - a. Eliminating the requirement for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allowing visits to be conducted, as appropriate, via telehealth options (42 CFR 483.30);
  - b. Waiving interactive telecommunications systems requirements and permitting audio-only visits for certain services (Section 1834(m)(1) of the SSA);
  - c. Removing requirements specifying the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site, which expands the type of practitioner that can provide services through telehealth and allows all practitioners eligible to bill Medicare for services to deliver those services via telehealth (Section 1834(m)(4)(E) of the SSA);
  - d. Making Federally Qualified Health Centers and Rural Health Clinics qualified distant site providers of telehealth services (1834(m) of the SSA);
  - e. Granting clinicians the ability to provide remote patient monitoring services to new and established patients for both acute and chronic disease management and for patients with only one disease condition (1834(m) of the SSA);

- f. Eliminating originating site requirements to allow patients to take visits from their homes (42 CFR 409.46(e)); and
- g. Expanding geographies to include all counties, not just those located outside metropolitan statistical areas or in health professional shortage areas (1834(m) of the SSA).

Any changes to federal telehealth policy should ensure that patient needs are at the center of those changes. Any changes should also ensure that patient choice to receive in-person services is preserved and only clinically appropriate services are provided via telehealth.

4. Despite efforts by Western Governors to address the shortage of qualified health care workers, significant challenges remain. Governors urge the federal government to examine and implement programs to ensure states have an adequate health care workforce – including in primary care, behavioral and oral health as well as other in-demand specialties – that is prepared to serve diverse populations in urban, suburban, and rural communities. Additionally, the federal government should consider funding new types of personnel, such as community health workers or promotores, in order to further extend the health care team and ensure that patients are connected to resources. Understanding that there remain significant disparities in access and treatment for many populations, Governors also support efforts to increase diversity and representation in the health care workforce to improve health outcomes for all.
5. Western Governors recognize the role that social determinants of health (SDOH) have on the health outcomes and well-being of our citizens, and the effect that social determinants – including economic stability, education, social and community context, and neighborhood and built environment – have on an individual’s health status. Western Governors support efforts to identify risks facing high utilizers of health care services, including food insecurity, domestic violence risk, unmet transportation needs, lack of housing and housing instability, utility, and other essential supports and services, and to develop innovative models designed to improve coordination of medical and non-medical services and use of evidence-based interventions. These models can provide valuable information on how meeting non-health needs and addressing other social determinants can improve overall health status and decrease health spending.
6. Western Governors encourage Congress to adopt legislation that would empower states and local governments to address persistent economic and social conditions – like limited access to health care providers, stable housing, reliable transportation, healthy foods, and high-quality education – that often hinder health outcomes. Such legislation would assist states in developing plans to target social determinants that negatively affect health outcomes for western populations.
7. Western Governors acknowledge the importance of improving our nation’s public health preparedness and response systems. The federal government must examine the lessons learned from COVID-19 in collaboration with states and ensure that we have the capability and necessary public health infrastructure investment to effectively confront future public health challenges. We recommend that the federal government clarify pandemic response roles and build operational capacity within the appropriate health-related agencies. The federal government should also consider how to expand our international health surveillance and public health threat detection mechanisms.

## **Behavioral Health Policy**

8. Western Governors believe patients should have the same access to behavioral health care as they have for physical health care, including prevention and early intervention services and supports for chronic conditions like mental illness.
9. Western Governors support efforts to improve the quality and quantity of behavioral health services and supports available to our residents, as these services and supports are essential to reducing suicide rates and treating a range of behavioral health conditions, including mental illness and SUDs.
10. Western Governors recognize and support efforts at the federal, state, and local levels to promote the integration of physical and behavioral health services. The Governors encourage Congress to adopt legislation and the Administration to implement policies that support states' integration efforts and that encourage health care providers to better integrate behavioral and physical health into their practice of care.
11. Western Governors also support innovation within the behavioral health workforce to create new classifications and address gaps in the continuum of care professionals.
12. Western Governors believe the federal government should work toward treating addiction as a chronic illness and work with Western Governors to develop strategies for addressing SUD that work in concert with state efforts and recognize regional variations in SUD patterns.
13. Western Governors believe that the federal government should take steps to increase opportunities for early intervention and law enforcement diversion to prevent entry into the justice system for individuals with behavioral health conditions. That includes providing law enforcement and emergency service providers with the resources and training they need to divert when appropriate and expanding the availability of community reentry programs that provide appropriate treatment for underlying behavioral health conditions that contribute to involvement in the justice system.
14. Western Governors support efforts to increase the availability of transitional and permanent supportive housing with coordinated health and social services to more fully support and sustain recovery for people with behavioral health conditions.
15. Western Governors encourage Congress to pass legislation that aligns federal privacy requirements for SUDs (42 CFR Part 2) with the requirements for all other types of medical conditions under the Health Insurance Portability and Accountability Act (HIPAA) to improve care coordination and reduce stigma for patients with SUD.
16. The exchange of health information is fragmented and often does not occur, limiting the ability of a provider or team of providers to understand the complete needs of a patient and provide whole-of-person care. Western Governors believe the federal government should take steps to support and help sustain states' administration of PDMPs and ensure that EHRs and PDMPs are fully interoperable between states and the federal government, accessible to relevant health care providers, including opioid treatment providers, and include adequate protections for patients from stigmatization and discrimination.

17. Western Governors support legislation to address the so-called Institutions for Mental Diseases (IMD) exclusion to improve access to SUD treatment and recovery services at residential and inpatient facilities with more than 16 beds, as well as to the full continuum of community-based behavioral health care. This policy solution must also improve access to both inpatient and ongoing, recovery-focused treatment in community settings. Until a legislative solution is enacted, the federal government should continue working with states to provide IMD waivers that offer important flexibility and improve access to treatment for patients with SUD. Implementation of these waivers must also occur in connection with expansions of the full community-based continuum of behavioral health care so that consumers receive services in the lowest level of clinically appropriate care in the community whenever possible.
18. Western Governors support legislative action to increase access to MAT for patients with SUD. This includes eliminating the unnecessary and burdensome registration requirements for physicians, physician assistants, and nurse practitioners to obtain a waiver from the Drug Enforcement Administration to treat opioid use disorder with buprenorphine, which would provide health care professionals with additional flexibility to use MAT to treat opioid-related SUD.
19. Western Governors urge the federal government to develop an evidence-based, culturally competent national education and awareness campaign to reduce the stigma associated with mental health and SUDs and encourage individuals to seek help for these health conditions.

**C. GOVERNORS' MANAGEMENT DIRECTIVE**

1. The Governors direct WGA staff to work with congressional committees of jurisdiction, the Executive Branch, and other entities, where appropriate, to achieve the objectives of this resolution.
2. Furthermore, the Governors direct WGA staff to consult with the Staff Advisory Council regarding its efforts to realize the objectives of this resolution and to keep the Governors apprised of its progress in this regard.

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