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## Ready for Some Good News?

Good news from Congress is not flashy, but it is encouraging.

Congress is making important strides by studying, writing and passing significant legislation affecting our veterans and older adults.

The following laws are at various stages in the legislative process.

The status of pending legislation is noted at the end of each summary.

**The VA Choice and Quality Employment Act of 2017.** By signing this emergency-spending bill, President Trump extended funding for the Veterans Choice Program. This program allows veterans to access healthcare from non-VA doctors if the veteran must wait at least 30 days for an appointment or drive more than 40 miles to a VA facility.

The program was established in 2014 after a scandal revealed that veterans waited weeks or months for appointments while phony records covered up the lengthy waits. Currently, more than 30 percent of VA appointments are in the private sector, up from fewer than 20 percent in 2014. The Act will provide more than \$2 billion for this program thereby extending it until February 2018. Leaders of the House Veterans Affairs Committee said the six-month funding plan was urgently needed and would give Congress more time to debate broader issues regarding the VA's future.

*Status:* This bill was enacted after being signed by the president on Aug. 12, 2017.

**The Veterans Appeals Improvement and Modernization Act of 2017.** The president signed this legislation on Aug. 23, 2017. This is an attempt to fix the clogged VA appellate process. When a veteran believes that he (or she) is disabled as a result of military service, he applies for disability benefits. A VA healthcare provider will examine the

veteran, and then the veteran is given a disability rating. Based on the facts of the case, and in particular that rating, a VA claims processor will either deny or grant the veteran's claim. If the veteran disagrees with the decision, he files an appeal. Often the veteran must wait months or years for a hearing and an ultimate decision. There are a whopping 470,000 appeals pending. The VA predicts that it will take at least five years to work through the existing appeals.

The Veterans Appeals Improvement and Modernization Act of 2017 is a plan to separate the appeals into three "lanes." In the "Local Higher Level Review Lane," an adjudicator would review the same evidence considered by the original claims processor. In the "New Evidence Lane," the veteran could submit new evidence for review and a hearing. In the "Board Lane," jurisdiction for the appeal would immediately transfer to the Board of Veterans' appeals. This new system will be tested while the VA creates a plan for full implementation.

*Status:* This bill was enacted after being signed by the president on Aug. 23, 2017.

**Quicker Veterans Benefits Delivery Act of 2017.** An additional attempt to move veterans' disability claims along is the Quicker Veterans Benefits Delivery Act. This would require (current law authorizes) the VA to accept a report of a medical examination administered by a private physician without requiring

confirmation by a Veterans Health Administration physician, if the report is sufficiently “complete.” In order for the private physician’s report to be complete, it must be “competent, credible, probative, and containing such information as required to make a decision on the claim for which the report is provided.”

If this bill is signed into law, the VA will be required to submit: (1) a report on the progress of the VA’s Acceptable Clinical Evidence initiative in reducing the necessity for in-person disability examinations, and (2) an annual report for each VA regional office regarding claims for which private medical evidence was determined to be unacceptable.

*Status:* On May 24, 2017, this bill was received in the Senate and read twice. It was then referred to the Committee on Veterans’ Affairs.

**Supporting Grandparents Raising Grandchildren Act.** Due in large part to the opioid crisis, grandparents are now raising approximately 2.6 million children. The Supporting Grandparents Raising Grandchildren Act would create a federal task force charged with developing and distributing information designed to help grandparents raising grandchildren to navigate the school system, plan for their families’ futures, address mental health issues for themselves and their grandchildren, and build social and support networks.

“The opioid crisis is not only straining families, communities, law enforcement and health care systems, but it also presents new challenges for older Americans,” Sen. Susan Casey said. “As older Americans respond by stepping in to care for their grandchildren, this legislation is designed to say that you are not alone and that we have your back, with a focused federal effort to providing the information and supports grandparents need.”

*Status:* As of May 2017, this bill was

read twice before the Senate and then sent to the Committee on Health, Education, Labor and Pensions.

#### **The Seniors Fraud Prevention Act.**

According to the Government Accountability Office, seniors are bilked out of about \$2.9 billion per year because of financial exploitation. The Seniors Fraud Prevention Act is an effort to fight scammers who target seniors. This would be accomplished through education and improving the response to fraud complaints. The bill would also require the Federal Trade Commission, the agency responsible for handling consumer complaints, to coordinate with other agencies to monitor the market for fraud schemes targeting seniors. To learn more about protecting seniors from fraud, one may contact the Aging Committee’s Fraud Hotline at 1-855-303-9470 and download the book, *Fighting Fraud: Senate Aging Committee Identifies Top Ten Scams Targeting our Nation’s Seniors* (<https://www.aging.senate.gov/imo/media/doc/Fraud%20Book%202017.pdf>).

*Status:* On Aug. 2, 2017, the Senate passed the bill. Presently, the House Committee on Energy and Commerce is reviewing the bill.


#### **Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act.**

This legislation would allow Medicare Advantage plans more flexibility to improve the health of those who suffer chronic conditions by offering social supports and other non-medical services to members. For example, CHRONIC would allow meals and rides to the doctor to be included as a benefit in Medicare Advantage plans. For people with chronic illnesses, a ride to the doctor may prevent trips to the emergency room and hospitalizations. A hot nutritious meal helps to stave off malnutrition. The Bipartisan Policy

Center estimates that for an additional \$5 per month, Medicare Advantage plans could provide a member with in-home meal delivery, non-emergency medical transportation, minor home modifications, and targeted case management services.

In a demonstration project (CAPABLE), the patients were assigned a team that included an occupational therapist, a nurse and a handyman. The team first determined a patient’s goals and then provided modest home repairs and modifications as well as assistive devices as needed. With this simple support system, three-quarters of participants improved their ability to do activities such as walking, dressing or bathing.

*Status:* CHRONIC was introduced in the Senate in April 2017. In August 2017 it was placed on the Senate Legislative Calendar under General Orders.

**Care Planning is now a covered service.** In other news, Medicare and TriCare will now cover care planning for people living with Alzheimer’s disease and other dementia-related illnesses. TriCare is a health care plan for uniformed service members, including retired service members, and their families. Care planning is critical for people diagnosed with a dementia-related illness. This is especially true for those who suffer from another chronic illness. With this coverage, doctors will be encouraged to provide helpful information about treatment options and medical and community services. 

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