



Maryland Department of Veterans Affairs

Office of the Secretary

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GEORGE W. OWINGS III
SECRETARY

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The Honorable Guy Guzzone
Chair, Budget & Taxation
Members, Budget & Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401

The Honorable Shane Pendergrass
Chair, Health & Government Operations
Members, Health & Government Operations
241 House Office Building
Annapolis, MD 21401

SB 656/HB 874 Maryland Veterans Trust Fund – CAM for Veterans Grant Program – Established (David Perez Military Heroes Act (End 22 a Day))

Dear Chairman Guzzone & Members of the Budget & Taxation Committee,

The Maryland Department of Veterans Affairs would like to share some information regarding SB 656/HB 874 – Maryland Veterans Trust Fund – CAM for Veterans Grant Program – Established (David Perez Military Heroes Act (End 22 a Day)).

The purpose of these bills is to require the Trust Fund to be used for ‘complementary and alternative medical treatments (CAM)’. The Trust Fund Administrator is not a medical or behavioral health professional. There is no one in MDVA who is professionally trained in CAM treatments (i.e. acupuncture, meditation, guided imagery, progressive muscle relaxation, biofeedback, etc). The MDVA does not have a behavioral health program. Therefore, it would take an extraordinary amount of time to research and vet programs. Further, the efficacy of such vetting may be questionable given that MDVA does not provide behavioral health services or have medical professionals on staff.

While there is limited evidence about the efficacy of CAM as a treatment for PTSD, the United States Department of Veterans Affairs (VA) is offering the treatment to veterans enrolled in the Veterans Health Administration. CAM treatments are also provided at some Vet Centers located across Maryland. Vet Centers provide readjustment counseling for combat veterans of any service era as well as counseling for survivors of military sexual trauma. The VA is best suited to provide these treatments and has the capacity to not only provide the treatment, but to cover the cost, and to screen for suicide risk during appointments. It is unknown the degree to which civilian CAM treatment providers understand military culture, know suicide risk screening best practices, and the resources available to refer a veteran should they screen positive for risk.

Senate Bill 656/House Bill 874 Maryland Veterans Trust Fund- CAM for Veterans Grant Program- Established (David Perez Military Heroes Act (End 22 a Day) will fundamentally shift the Trust Fund from assisting veterans having financial difficulties to something completely different. One

singular grant administrator manages the Trust Fund with grants distributed most often for rent and utility assistance. Trust Fund Grants are distributed directly to the property manager or utility company, NEVER directly to the veteran. Because the bills state that the program 'is to provide grants to veterans' it would be impossible to ensure that grants were going for their intended purpose. MDVA must ensure the integrity of the Trust Fund and therefore will only provide grants to a reputable entity, i.e. BGE, Pepco, etc.

There is strong evidence economic and social conditions influence a person's health status. A 2019 study at the VA Pittsburgh Health Care System's Center for Health Equity Research and Promotion determined that seven negative social conditions were strongly associated with suicidal ideation and attempts. Of the seven, housing instability and financial or employment problems were two. The Trust Fund is designed to address housing and financial challenges. Depleting the Trust Fund and reallocating funds to a treatment already being provided by the VA would leave more veterans at risk of homelessness, financial instability and increased risk of suicide.

While there is benefit to alternative medical treatments for some veterans experiencing post-traumatic stress disorder, placing a program such as this within the MDVA, specifically the Trust Fund, will come with extreme barriers and challenges as there is simply no staffing to support implementation and management. If this bill should move forward, it is best suited to be implemented in an agency providing behavioral health services and within a program with CAM subject matter expertise.

The Department is proud to continue in its service to the veteran community and we do all that we can to ensure they have access to the benefits to which they are entitled.

Sincerely,

George W. Owings III
Secretary