NEW JERSEY PSYCHIATRIC REHABILITATION ASSOCIATION REQUEST TO AMEND S1026

May 20th, 2010

Dear Senator Conners:

The New Jersey Psychiatric Rehabilitation Association thanks you for your sponsorship of S1026, which allows corporation business tax credit for certain unreimbursed psychiatric rehabilitation treatment of veterans. The bill is to be considered by the Senate Military and Veterans’ Affairs Committee on Friday, May 21, 2010.

NIPRA respectfully requests the bill be amended to add broader coverage of mental health services to include both psychiatric treatment, and counseling and rehabilitation services needed by our veterans.

Below is an example of the bill with the following suggested language:

"psychiatric treatment, mental health counseling, or rehabilitative services," and paid for services by a psychiatrist, psychotherapist (any person providing psychotherapy services within the scope of his/her license), or psychiatric rehabilitation practitioner (master’s or higher level degree plus CRC, OTR, and/or CPRP).

Thank you for consideration of this request.

Sincerely,

Nancy Pinkin
MBI-GlueckShaw
212 West State Street
Trenton, NJ 08608
Tel: 609-392-3100
Email: npinkin@mbi-gs.com

Date: 02/05/2010 Time: 12:00 AM

SENATE, No. 1026
STATE OF NEW JERSEY 214th LEGISLATURE
INTRODUCED FEBRUARY 4, 2010

Sponsored by: Senator CHRISTOPHER J. CONNORS
District 9 (Atlantic, Burlington and Ocean)

SYNOPSIS Allows corporation business tax credit and gross income tax credit for certain unreimbursed psychiatric treatment of veterans.

CURRENT VERSION OF TEXT As introduced.

AN ACT allowing a corporation business tax credit and gross income tax credit for certain unreimbursed psychiatric
treatment of veterans, supplementing P.L.1945, c.162 (C.54:10A-1 et seq.) and Title 54A of the New Jersey Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. a. (1) For a privilege period commencing after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill), a taxpayer shall be allowed a credit against the tax imposed pursuant to section 5 of P.L.1945, c.162 (C.54:10A-5), in an amount equal to the value, not in excess of $10,000, of qualified uncompensated psychiatric treatment provided by the taxpayer to veterans during the privilege period. The amount of the credit provided under this section shall not exceed $85 per hour of qualified uncompensated psychiatric treatment provided by the taxpayer to veterans.

(2) An unused credit resulting from the limitations of paragraph (3) of this subsection may be carried forward, if necessary, for use in the seven privilege periods following the privilege period for which the credit is allowed.

(3) The order of priority of the application of the credit allowed under this section and any other credits allowed by law shall be as prescribed by the director. The amount of the credit applied under this section against the tax imposed pursuant to section 5 of P.L.1945, c.162 for a privilege period, together with any other credits allowed against the tax imposed pursuant to section 5 of P.L.1945, c.162, shall not exceed 50% of the tax liability otherwise due and shall not reduce the tax liability to an amount less than the statutory minimum provided in subsection (e) of section 5 of P.L.1945, c.162.

(4) A taxpayer shall not be granted a credit pursuant to this section for the value of qualified uncompensated psychiatric treatment provided to veterans that is included in the calculation of a credit against the “New Jersey Gross Income Tax Act,” N.J.S.54A:1-1 et seq., allowed pursuant to section 2 of P.L. , c. (C. ) (pending before the Legislature as this bill).

b. As used in this section:

“Psychiatrist” has the meaning as that term is defined by section 2 of P.L.1987, c.116 (C.30:4-27.2).

“Qualified uncompensated psychiatric treatment” means the provision of medically necessary services by a psychiatrist, psychotherapist (any person providing psychotherapy services within the scope of his/her license), or psychiatric rehabilitation practitioner (master's or higher level degree plus CRC, OTR, and/or CPRP) wherein reimbursement is not received or sought, other than the credit provided pursuant to section 1 of P.L. , c. (C. ) (pending before the Legislature as this bill).

“Veteran” means a resident of this State who has been honorably discharged from the active military service of the United States.

2. a. (1) For a taxable year commencing after the effective date of P.L. , c. (C. ) (pending before the Legislature as this bill), a taxpayer shall be allowed a credit against the tax otherwise due pursuant to the “New Jersey Gross Income Tax Act,” N.J.S.54A:1-1 et seq., in an amount equal to the value, not in excess of $10,000, of qualified uncompensated psychiatric treatment provided by the taxpayer to veterans during the taxable year. The amount of the credit provided under this section shall not exceed $85 per hour of qualified uncompensated psychiatric treatment provided by the taxpayer to veterans.

(2) A taxpayer shall not be granted a credit pursuant to this section for the value of qualified uncompensated psychiatric treatment provided to veterans that is included in the calculation of a credit against the tax imposed pursuant to section 5 of P.L.1945, c.162 (C.54:10A-5), allowed pursuant to section 1 of P.L. , c. (C. ) (pending before the Legislature as this bill).

b. As used in this section:

“Psychiatrist” has the meaning as that term is defined by section 2 of P.L.1987, c.116 (C.30:4-27.2).

“Qualified uncompensated psychiatric treatment” means the provision of medically necessary services by a psychiatrist, psychotherapist (any person providing psychotherapy services within the scope of his/her license), or psychiatric rehabilitation practitioner (master's or higher level degree plus CRC, OTR, and/or CPRP) wherein reimbursement is not received or sought, other than the credit provided pursuant to section 2 of P.L. , c. (C. ) (pending before the Legislature as this bill).

“Veteran” means a resident of this State who has been honorably discharged from the active military service of the United States.

3. This act shall take effect immediately.

STATEMENT

This bill allows a corporation business tax and gross income tax credit for certain unreimbursed psychiatric treatment of veterans. The bill enables a taxpayer under either tax to take a credit for the value of qualified uncompensated psychiatric treatment provided to veterans in an amount of up to $10,000. Per hour of treatment provided the credit may not exceed $85. To be deemed eligible for a credit, such services must be medically necessary, performed by a psychiatrist and undertaken without reimbursement. The credits created by this bill under the corporation business tax and gross income tax are mutually exclusive such that no taxpayer may take a credit under both taxes for the provision of the same services. The credits afforded under this bill will be available in the privilege periods and taxable years commencing after the effective date.
Veterans Health Care in southern New Jersey

It is becoming harder not to be frustrated at what has become a convoluted process for forward movement on a VA expansion/re-location project for the Ventnor, N.J. community-based outpatient clinic (cboc).

Veterans' advocates here in southern New Jersey have been moving on two fronts in the last several years to do two basic things, the first, upgrading the current cboc in Ventnor and secondly, providing more health care services for veterans in southern New Jersey. Both have been stagnant for some time.

Initially in the issue of expanding or relocating the clinic, an ad hoc committee was formed and tasked with reviewing a number of sites in Atlantic County. Fifteen sites including the current location were reviewed and the committee reduced those under consideration to four sites, again including the current location.

The Atlantic County Veterans Advisory Board endorsed a site that was also endorsed by various veterans groups including but not limited to Ventnor VFW Post 3361, VFW District 16, VFW Department of New Jersey Commander Jack Shiverdaker, Vietnam Veterans of America Chapter 825 and Vietnam Veterans of America New Jersey State Council President Herb Worthington.

The City of Pleasantville, New Jersey supported a location in the city where a contractor proposed the construction of a clinic facility. The ad hoc committee had initially removed this site from consideration.

The matter became embroiled in racial overtones due to the comments of one individual who made some spurious claims as to how the Atlantic County Veterans Advisory Board reached its unanimous decision to support a ready-for-use medical facility in a neighboring community.

All of this served to put the VA officials responsible for this program in an uncomfortable position to say the least. Where the officials once said their goal was to have the expanded or relocated facility ready for occupation by May 2010, veterans are now receiving word that no funding has been ear-marked for this project.

So it appears that initially there was funding available, then after things heated up veterans were advised that funding would have to wait on the passage of the FY2010 VA budget and now veterans have a sense that nothing will occur.

In the December 2009 report to the Ranking Member of the House of Representatives Committee on Veterans' Affairs by the GAO (GAO 10-189), it is not hard to come away thinking that there is a lot of funding being spent on a host of VA construction projects that goes way beyond the funding that was originally set aside for those particular projects. $1,916,321,965 in cost over-runs on 18 projects stands out.

Atlantic County Veterans Advisory Board
A little research into the VA construction history reveals that there are currently VA construction projects that have been authorized but not appropriated, appropriated but not authorized, and projects that are in need of vast amounts of additional funds in order to be completed.

The current clinic in Ventnor is approximately 3,000 square feet, one of the smallest in the VA system. It is limited in space and therefore the number of services it can provide. When the site was initially located in Ventnor, in the building to the rear of its current location, it was small. It moved to its present location and has expanded since. However, the space is still small, the services and staff limited accordingly.

Veterans deserve better. There is no other way to state the case. The VA needs to provide 21st century services to the veterans currently enrolled in the programs and to move to provide expanded and upgraded services to address the needs of women veterans, veterans returning from current theaters of operations and our growing elderly veteran population. As the economy continues to flounder, more veterans are losing their jobs and health care and will continue to turn to the VA for services.

So basically, veterans are seeking support in (1) getting the VA community-based outpatient clinic expansion/relocation project, currently located in Ventnor, back on tract as soon as possible while also (2) maintaining a push for increased services for veterans in a facility that would be larger than a clinic but smaller than a large scale hospital or VA medical center located centrally to the clinics in southern New Jersey.

Such a health care facility somewhere in a central location would provide additional services not provided at the clinic level. Veterans served in the Cape May, Ventnor, Brick, Vineland, Fort Dix and other clinics could be sent to this proposed facility, avoiding longer travels to East Orange, Lyons, Wilmington or Philadelphia Medical Centers.

The GAO report highlighting $1,916,321,965 in cost over-runs on 18 projects stands out. Veterans are told here in southern New Jersey that funding is not warranted. And yet apparently there is an extra $1,916,321,965.00 to complete the 18 projects.

Three of the 18 projects have a predicted cost over-run of 2%, 3% and 5% respectively, which may not seem like a drastic increase. If they are removed from the list of the 18 projects, the average cost over-run is 92.73%. That high number speaks for itself.

If veterans in this area had a mere three percent of the cost over-run, we could address the needs of veterans here in southern New Jersey for years to come.

We are not getting a reasonable shake. Congressman LoBiondo has been pursuing improvements for years on behalf of veterans. Being in the minority party, he has had limited success. Veterans here are the ones who are impacted by this situation.
The American Recovery and Reinvestment Act of 2009 distributes $787 billion across the nation. It should not be too much to ask that some of this money be provided to address the shortcomings in veterans health care services in southern New Jersey.

The Department of Veterans Affairs (VA) will spend more than $1.4 billion as part of President Obama's economic recovery plan to improve services to America's Veterans. This funding will be used to improve medical facilities and national cemeteries, provide grants to assist states in acquiring or constructing state nursing homes and extended care facilities, and to modify or alter existing facilities to care for veterans.

Funding already committed involves 90 of VA's 153 medical centers in 38 states and 68 of its 130 national cemeteries. VA met its projection to award 259 projects totaling $151 million by September 4th, 2009.

The value of projects awarded to increase the energy efficiency of VA's numerous hospitals and clinics has grown to almost $24 million at the 200-day mark.

VA will dedicate ARRA funds to hire and train 1,500 temporary claims processors to speed benefits delivery to veterans and pursue needed information technology initiatives for improved benefits and services. Funds will also be used to oversee and audit programs, grants, and projects funded under ARRA.

As part of the President's Recovery plan, VA will also make one-time payments of $250 to eligible veterans and survivors to mitigate the effects of the current economy. These payments will be issued as early as June 2009. VA estimates $700 million in payments will be made to eligible beneficiaries as part of this measure.

So at this point the question becomes one of what is being done to provide for the health care needs of veterans in southern New Jersey. With minimal services and facilities the answer is simple. When one inquires as to what is being done to upgrade facilities and to provide additional services for veterans in southern New Jersey the answer again is simply nothing. That this has occurred is shameful, that it is continuing during a time when billions are available from the ARRA is beyond explanation. What will it take to address this situation?

Robert E. McNulty, Sr.
Health Care Access and Options in Southern New Jersey

Are veterans in southern New Jersey getting their share of Veterans Health Administration funds spent on construction of medical facilities to provide health care options for veterans?

A review of the geographic distribution of VA expenditures for construction of medical facilities for veterans for the time period of 1996 – 2008 presents an alarming picture of the failure to address the need for enhanced medical services in southern New Jersey.

With some of the smallest of the 786 community-based outpatient clinics located in southern New Jersey, services are limited and access restricted. This situation is further aggravated when staff are not available due to their own medical needs.

At approximately 3,000 square feet, the Ventnor VA clinic is limited in both staff & services and room for expansion. In early 2009 the VA discussed expanding the current clinic or relocating to a larger facility. It now appears that this is not going to happen any time soon, if at all. Meanwhile the number of veterans seeking health care continues to grow.

By comparison, the VA has purchased land at the intersection of Diplomat Parkway and Corbett Road, Cape Coral, Florida for construction of a 220,000 gross square feet multi-disciplinary specialty care and outpatient clinic. The new VA owned clinic will replace the current leased Fort Myers VA Clinic, located at 3033 Winkler Extension. The new Lee County VA Outpatient Clinic will be a comprehensive healthcare center designed to accommodate the changing needs of veterans in the region. The clinic will be a state-of-the-art primary and specialty care center also offering mental health, diagnostic radiology, and laboratory services. New or expanded programs will include: audiology, cardiology with cardiac non-invasive diagnostic services, urology, GI, orthopedics, ophthalmology, dermatology, minor surgery, and advanced imaging including CT, MRI, fluoroscopy, ultrasound, nuclear medicine, mammography and vascular Doppler ultrasound. Once constructed, VA will have greater capacity to provide healthcare to a population of over 202,000 veterans in southwest Florida.

Bay Pines VA Healthcare System is getting a new outpatient clinic in Bay Pines, FL at a cost that was initially projected at $65,100,000. The current cost projection has increased to $131,800,000. - more than double the original projection. This facility will serve more than 95,000 veterans living in a ten county area in west central Florida.

The Department of Veterans Affairs operates one of the largest health care systems in the country. VA, through its Veterans Health Administration (VHA), provided health care to almost 5.5 million veterans in 2008. VA constructs new medical facilities and also maintains and renovates existing medical facilities. Under 38USC8104, any major medical facility construction project over $10 million must be specifically authorized by law. The purpose of this subsection is to enable Congress to ensure the equitable distribution of medical facilities throughout the United States, taking into consideration the
comparative urgency of the need for the services to be provided in the case of each particular facility.

As part of that approval process, according to 38 U.S.C. § 8101 and §8104, VA sends a prospectus or initial estimate that contains information about each planned major project to the House and Senate Committees on Veterans’ Affairs. This information includes an initial estimate of the overall cost of the project and, in some cases, a completion date of the project.

Most VA major construction projects are for VHA medical facilities. To determine potential new major construction projects, VHA officials identify gaps in health service during their strategic planning process, and VHA officials in field offices develop capital needs plans to fill these service gaps. These capital plans are then reviewed by a Capital Investment Panel that gives each proposed project a score based on a number of factors, including, among other things, the plan’s effect on health care, safety, and energy use. The Capital Investment Panel then produces a priority list of projects, and the Secretary of VA determines how many projects to request for funding each year and works with the Office of Management and Budget (OMB) to produce VA’s part of the President’s budget. Some large projects, such as the construction of a new medical center, can be divided into distinct phases and funded over several years. When the President submits VA’s budget to Congress, the budget includes a prospectus for each proposed major construction project. This prospectus includes, among other things, a cost estimate for the project that VA staff has assembled. In addition, some prospectuses include an estimated month and year that the project will be completed, although this is not required by law. This prospectus is the initial estimate that VA sends to Congress. Congress uses this information to authorize and appropriate funds for the project.

As of August 2009, VHA had 32 ongoing major construction projects with an estimated total cost of about $6.1 billion. A review of these projects reveals some troubling aspects. GAO -10-189 VA CONSTRUCTION VA Is Working to Improve Initial Project Cost Estimates, but Should Analyze Cost and Schedule Risks, December 2009, provides some insight as to these projects and the underlying problems. Table 1: Ongoing Projects That Experienced a Cost Increase as of August 2009 in the report lists 18 projects with a cost overrun average of 61%. However, if the three low cost percentage increases are removed from the calculations (2%, 3% and 5% respectively) the average percentage increase of the remaining 15 projects is 92.73%.

In addition, 11 projects have experienced schedule delays. Of the 11 projects that have experienced a schedule delay, 2 are scheduled to be completed within 2 months of their originally scheduled end date, 5 are scheduled to be completed between 12 and 24 months of their originally scheduled end date, and 4 are scheduled to be completed more than 24 months after their originally scheduled end date. Seismic corrections at a facility in Puerto Rico are estimated to end about 7 years after their initial estimated completion date.

Three of the 18 projects in Table 1 have cost overruns that range from $31 million to almost $40 million dollars. Three more cost overruns range from almost $50 million to
$66.7 million dollars. Eight more range from over $110 million to over $314 million in overrun costs. Any of the 14 projects have predicted cost overruns that would be sufficient to establish a facility in southern New Jersey. The total cost increases in all 18 projects is $1,916,321,968 as of August 2009. As these projects are not completed, it is as likely as not that these cost projections could rise further.

As of August 2009, the costs of 13 of the 32 projects have not changed from their initial estimated cost. However this information is misleading as GAO discovered that VA reduced the scope of some projects so that the projects would not exceed their budget. Costs were contained by reducing the size and scope of the original project, leaving veterans with less than was originally sought while the price remained firm. This practice is unacceptable to veterans and taxpayers, but apparently not to those responsible for this abuse.

As we look forward to providing better services for veterans in Southern New Jersey, it appears that establishing an acute care center somewhere in size and scope between a large Medical Center and a Community-Based Outpatient Clinic is advisable.

It has not escaped our notice that a new outpatient clinic in Bay Pines, Florida was initially projected to cost over $65 million dollars, a cost that has more than doubled to over $131 million dollars. The Bay Pines VA Healthcare System, established in 1933, provides services to more than 95,000 veterans living in a ten county area in west central Florida. In addition to the main facility at Bay Pines, VA offers services in one outpatient clinic and 7 community-based outpatient clinics located in Ft Myers, Ellenton, Naples, Palm Harbor, Port Charlotte, Saint Petersburg, Sarasota and Sebring, Florida.

Southern New Jersey is home to 176,133 veterans according to the Dept. of Veterans Affairs. Seven outpatient clinics serve the veteran population.

<table>
<thead>
<tr>
<th>Veterans</th>
<th>County</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,630</td>
<td>Atlantic, NJ</td>
<td>Ventnor VA Health Clinic (Ventnor, NJ)</td>
</tr>
<tr>
<td>35,629</td>
<td>Burlington, NJ</td>
<td>Ft Dix OPC at Marshall Hall (Ft. Dix, NJ)</td>
</tr>
<tr>
<td>31,525</td>
<td>Camden, NJ</td>
<td>Camden VA Outpatient Clinic (Camden, NJ)</td>
</tr>
<tr>
<td>8,756</td>
<td>Cape May, NJ</td>
<td>Cape May VA Outpatient Clinic (Cape May, NJ)</td>
</tr>
<tr>
<td>9,179</td>
<td>Cumberland, NJ</td>
<td>VA Clinic (Vineland, NJ)</td>
</tr>
<tr>
<td>20,034</td>
<td>Gloucester, NJ</td>
<td>Veterans Health Clinic at Gloucester County (Sewell, NJ)</td>
</tr>
<tr>
<td>50,183</td>
<td>Ocean, NJ</td>
<td>James J. Howard Community Clinic (Brick, NJ)</td>
</tr>
<tr>
<td>5,197</td>
<td>Salem, NJ</td>
<td></td>
</tr>
<tr>
<td>176,133</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: VetPop2007County: County-Level Veteran Population by State, 2000-2030

We argue that with the change in demographics, the influx of retired veterans into the southern New Jersey communities, the number of veterans returning from Iraq and Afghanistan, the nature of injuries sustained by those returning from combat, the long-overdue need to address the delivery of health care for our women veterans and the need to move beyond what at the turn of the century was considered sufficient for veterans towards what we now know is required; the concept of a establishing a "Health
Care Center Facilities" (HCCF) program in southern New Jersey is warranted.

The two options appear to be to (1) provide costly upgrades at the facilities in Philadelphia, Wilmington, Lyons and East Orange or to (2) provide new facilities in southern New Jersey closer to the veterans who will utilize these services.

Veterans' support has been on the basis of enhanced services being provided. Veterans want to see that VA plans and delivers services in a more efficient manner that also properly balances the needs of veterans. These tremendous costs overruns noted in the GAO report do not inspire confidence in the current construction processes.

Additional concerns are the lack of emphasis on mental health care and long-term care. Long-term care is an issue that continues to unfold here in southern New Jersey. The early stages of the CARES process excluded many services for our aging veteran community for the most part because they lacked an adequate model to project the need for these services in the future. This problem is not going away.

By most measures it is apparent that the availability of funds for construction projects in New Jersey has not kept pace with most other states, based on either the total amount of funds provided for construction or the number of veterans who reside in New Jersey. The result is veterans in southern New Jersey are short-changed in the delivery of services. This is reflected in the long travel times to VAMC locations in northern New Jersey, Philadelphia or Wilmington for many veterans who reside in southern New Jersey. This hardship is compounded for our elderly veterans and their spouses or others responsible for their care.

<table>
<thead>
<tr>
<th>Year</th>
<th>* Ranking by # of veterans</th>
<th>* Ranking by construction dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>29&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2007</td>
<td>16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>25&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>2006</td>
<td>14&lt;sup&gt;th&lt;/sup&gt;</td>
<td>42&lt;sup&gt;nd&lt;/sup&gt;</td>
</tr>
<tr>
<td>2005</td>
<td>13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>27&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>2004</td>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>35&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>2003</td>
<td>12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>30&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>2002</td>
<td>13&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>1999</td>
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<td>1998</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>28&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>1997</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
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<tr>
<td>1996</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>9&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

* These figures were obtained from the Geographic Distribution of VA Expenditures for the Fiscal Years as noted. Areas included are the 50 states, the District of Columbia and Puerto Rico, and in some cases the Northern Mariana Island and American Samoa.
Table 1: Ongoing Projects That Experienced a Cost Increase as of August 2009

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Initial estimate</th>
<th>Estimated cost as of August 2009</th>
<th>Cost increase</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Las Vegas</td>
<td>NV New medical facility</td>
<td>$286,000,000</td>
<td>$600,400,000</td>
<td>$314,400,000</td>
<td>110</td>
</tr>
<tr>
<td>Orlando, FL</td>
<td>New medical facility</td>
<td>$347,700,000</td>
<td>$658,800,000</td>
<td>$311,100,000</td>
<td>89</td>
</tr>
<tr>
<td>New Orleans, LA</td>
<td>New medical facility</td>
<td>$636,000,000</td>
<td>$925,000,000</td>
<td>$289,000,000</td>
<td>45</td>
</tr>
<tr>
<td>Denver, CO</td>
<td>New medical facility</td>
<td>$621,000,000</td>
<td>$800,000,000</td>
<td>$179,000,000</td>
<td>29</td>
</tr>
<tr>
<td>San Juan, PR</td>
<td>Seismic corrections</td>
<td>$145,200,000</td>
<td>$299,200,000</td>
<td>$154,000,000</td>
<td>106</td>
</tr>
<tr>
<td>St. Louis, MO</td>
<td>Medical facility and cemetery</td>
<td>$69,053,000</td>
<td>$211,300,000</td>
<td>$142,247,000</td>
<td>206</td>
</tr>
<tr>
<td>Biloxi, MS</td>
<td>Hospital restoration/consolidation</td>
<td>$174,600,000</td>
<td>$310,000,000</td>
<td>$135,400,000</td>
<td>78</td>
</tr>
<tr>
<td>Pittsburgh, PA</td>
<td>Medical center consolidation</td>
<td>$195,076,000</td>
<td>$295,600,000</td>
<td>$100,524,000</td>
<td>60</td>
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<tr>
<td>Bay Pines, FL</td>
<td>New outpatient clinic</td>
<td>$65,100,000</td>
<td>$131,800,000</td>
<td>$66,700,000</td>
<td>102</td>
</tr>
<tr>
<td>Gainesville, FL</td>
<td>Renovate patient rooms</td>
<td>$85,200,000</td>
<td>$136,700,000</td>
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<td>San Juan, PR</td>
<td>Seismic corrections</td>
<td>$50,000,000</td>
<td>$49,473,968</td>
<td>$49,473,965</td>
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<td>Palo Alto, CA</td>
<td>Seismic corrections</td>
<td>$14,013,000</td>
<td>$39,987,000</td>
<td>$25,974,000</td>
<td>183</td>
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<tr>
<td>Fayetteville, AR</td>
<td>Clinical addition</td>
<td>$56,163,000</td>
<td>$93,000,000</td>
<td>$36,837,000</td>
<td>66</td>
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<tr>
<td>Syracuse, NY</td>
<td>Spinal cord injury/disease center</td>
<td>$53,900,000</td>
<td>$84,969,000</td>
<td>$31,069,000</td>
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<tr>
<td>Tampa, FL</td>
<td>Polytrauma expansion</td>
<td>$223,800,000</td>
<td>$231,500,000</td>
<td>$7,700,000</td>
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<tr>
<td>Long Beach, CA</td>
<td>Seismic corrections</td>
<td>$107,845,000</td>
<td>$112,845,000</td>
<td>$5,000,000</td>
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<td>Atlanta, GA</td>
<td>Modernize patient wards</td>
<td>$20,700,000</td>
<td>$24,534,000</td>
<td>$3,834,000</td>
<td>18</td>
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<td>Des Moines, IA</td>
<td>Extended care building</td>
<td>$25,000,000</td>
<td>$25,550,000</td>
<td>$550,000</td>
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<td><strong>Total</strong></td>
<td></td>
<td><strong>$3,166,350,000</strong></td>
<td><strong>$5,082,671,968</strong></td>
<td><strong>$1,916,321,965</strong></td>
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GAO United States Government Accountability Office
Report to the Ranking Member, Committee on Veterans’ Affairs, House of Representatives
VA CONSTRUCTION
VA Is Working to Improve Initial Project Cost Estimates, but Should Analyze Cost and Schedule Risks
December 2009

(If the three low % increases are removed from the calculations (2%, 3% and 5%) the average percentage increase of the 15 remaining projects is 92.73%).

Prepared by
Robert E. McNulty, Sr.

Vietnam Veterans of America, New Jersey State Council, Government Affairs Chairman
Veterans of Foreign Wars, Department of New Jersey, Legislative Committee member
Atlantic County Veterans Advisory Board, Vice Chairman
The American Recovery and Reinvestment Act of 2009

The American Recovery and Reinvestment Act of 2009 distributed $787 billion dollars across the nation. The Veterans Health Administration received $1,080,987,227.00 that was distributed into non-recurring maintenance programs nation-wide. Of that sum, New Jersey received $14,502,000 for various VHA projects.

$2.5 million of that funding will be utilized to repave parking lots and roads at the East Orange Campus of the VA New Jersey Health Care System. Another $2.5 million will address repairs and upgrades to the storm water system at the Lyons Campus of the VA New Jersey Health Care System. Over $2 million is dedicated to the security systems at the two campuses. $2.775 million is going towards upgrades of the heating, ventilation, air conditioning and plumbing systems at East Orange.

How much of that funding made its way to southern New Jersey? Actually there were several awards as follows: $10,000 to evaluate feasibility of a solar photovoltaic system at the VA clinic on the USCG Base in Cape May, $10,000 to evaluate feasibility of a solar photovoltaic system at the VA Finns Point National Cemetery (Salem County), $10,000 to evaluate feasibility of a solar photovoltaic system at the Fort Dix VA clinic and $10,000 to evaluate feasibility of a solar photovoltaic system at the VA Beverly National Cemetery (Burlington County). That's it folks for south Jersey. $40,000 for 4 studies of the feasibility of solar photovoltaic systems at two cemeteries and two clinics.

Here in Atlantic County we are several years into the process to upgrade, enlarge or re-locate the 3,000 square foot veterans community based outpatient clinic in Ventnor.

Meanwhile on January 15th, 2010 the VA announced a $53 million contract being awarded to construct a new 220,000 square foot clinic in Cape Coral, Fla. Last year, VA spent more than $6.3 billion in Florida on behalf of veterans.

The idea of building a super-clinic in the southern New Jersey area to provide additional services for the veterans of southern New Jersey is not gaining any traction either.

With $787 billion dollars available, it is unthinkable that not one dollar is being spent improving health care services for local veterans. NOT ONE DOLLAR! No additional space for increased services, no additional staff, no upgrades, no effort to provide services for our women veterans.

Robert E. McNulty, Sr.
VA Community based outpatient clinics in S. Jersey
(mileage is from Somers Point VFW Post 2189 for reference only)

1) Ventnor VA Health Clinic (460HE) 6601 Ventnor Avenue, Suite 302
   Ventnor, NJ 08406  Approximate distance of 6.4 miles
   Primary Care
   Podiatry (Monday appointments)
   Behavioral Health (Social Workers)
   Homeless Coordinator

2) Vineland Clinic 1051 West Sherman Avenue, Bldg 3 Unit B
   Vineland, NJ 08360  Approximate distance of 25.4 miles
   Primary Care
   Behavioral Health (Individual and/or group therapy)
   Podiatry & Orthotics (Wed. and Thurs. appointments)
   Nursing Services

3) VA Clinic NJ Veterans Memorial Home (460HG) Northwest Boulevard
   Vineland, NJ 08360  Approximate distance of 25.4 miles
   Eye care – Wednesday appointments
   Audiology – Tuesday appointments

4) Cape May VA Outpatient Clinic (460GD) 1 Monro Avenue
   Cape May, NJ 08204  Approximate distance of 30.1 miles
   Primary care
   Optometry - Tuesday appointments
   Podiatry – appointments 1st Thursday of each month
   Behavioral Health

5) Veterans Health Clinic at Gloucester County (642GD) 211 County House Road
   Sewell, NJ 08080-2525  Approximate distance of 40.1 miles
   Primary Care
   Behavioral Health
   Optometry – appointments every day except Thursday
   Cardiology – every other week, call for appointment

6) Camden VA Outpatient Clinic 300 Broadway, Suite 103
   Camden, NJ 08104  Approximate distance of 60.3 miles
   Primary Care 5 days a week;
   Women's Health Tues & Fri;
   Post Deployment counseling Tues & Thu;
   Behavioral Health Mondays;
   Counseling Mondays;
   Nurse Clinic Mon – Fri;
   Cardiology on Mondays.
7) James J. Howard Community Clinic (Brick, NJ) 970 Rt. 70, Brick, NJ 08724  Approximate distance 65.6 miles
   Primary Care 5 days a week;
   Behavioral Health counseling;
   Audiology 5 days a week;
   Surgery one day a week;
   Podiatry 3 days a week;
   Ear Nose & Throat one day a week;
   Urology 1 day a week;
   Dental for those service connected 5 days a week.

8) Fort Dix Outpatient Clinic  8th & Alabama Ave.
Fort Dix, NJ 08640  Approximate distance of 69.5 miles
   Primary care services for veterans in the Burlington County area.
   Behavioral Health services including individual, group and family counseling, and
   programs such as QuitSmart Smoking Cessation.
   Podiatry services
   Women's Health Services

9) Trenton Community Based Outpatient Clinic 171 Jersey St.
Trenton, NJ 08611  Approximate distance 108 miles
   Primary Care 5 days a week;
   Psychiatry Mon, Tues & Fri;
   Diabetic Retinal Screening Mon, Tues & Wed;
   Women's Clinic 1st Friday of every month;
   Diabetic Education classes once a month;

   VA Medical Centers

1) Philadelphia VAMC 3900 Woodland Ave.
Philadelphia, PA. 19104 Approximate distance 77.1 miles

2) Wilmington VAMC 1601 Kirkwood Highway
Wilmington, DE. 19805 Approximate distance 89.6 miles

3) East Orange Campus of the VA NJ Health Care System  385 Tremont Ave.
East Orange, NJ 07018  Approximate distance 119 miles

4) Lyons Campus of the VANJ Health Care System 151 Knollcroft Rd.
Lyons, NJ 07939  Approximate distance 130 miles
"Veterans Health Care, Capital Asset, and Business Improvement Act of 2003"

PUBLIC LAW 108–170—DEC. 6, 2003

Subtitle D—Plans for New Facilities

SEC. 231. PLANS FOR FACILITIES IN SPECIFIED AREAS.
(a) SOUTHERN NEW JERSEY.—(1) The Secretary of Veterans Affairs shall develop a plan for meeting the future hospital care needs of veterans who reside in southern New Jersey.

2) For purposes of paragraph (1), the term "southern New Jersey" means the following counties of the State of New Jersey: Ocean, Burlington, Camden, Gloucester, Salem, Cumberland, Atlantic, and Cape May.

More than making laws, the need to make them work is also something that needs to be addressed.

Programs will have to be managed well if those programs are to succeed — and good management is, sadly, neither a government specialty nor a priority for either political party.

But even if one party was intent on managing the necessary bureaucratic evils, and even if the other party understood that making the government run brilliantly was the key to building support for their programs, there would be problems inherent in the nature of the beast. The problem exists in that most bills are designed for passage, not implementation.

It has been over six years since passage of the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003. Has anyone seen a plan for meeting the future hospital care needs of veterans who reside in southern New Jersey as developed by the Secretary of Veterans Affairs?

Looking at VA clinics in NJ, the clinic located at the USCG Base is not centrally located to county residents. The same can be said for the Ventnor clinic in Atlantic County and the Brick clinic in Ocean County. There is nothing convenient about the location of East Orange, Lyons, Philadelphia or Wilmington for many veterans in southern New Jersey. At what point do veterans get considered? For the aged and those unable to travel, these facilities are out of reach. Is this the best our nation can do?

Robert E. McNulty, Sr.
Concerns

Understaffing At The Clinic

As with any other operation working with a limited staff, when one or more persons is away from the process for whatever reason, the number of patients that can be treated is reduced. When there are no provisions to fill the gaps in personnel with replacement practitioners, the patients have their appointments postponed until a later date. With a system as big as the Department of Veterans Affairs any known absences for prolonged periods of time should be resolved with minimal impact to the stakeholders.

Flex Hours Needed

The younger members of the veteran community, especially those who have recently returned from Iraq and Afghanistan would be able to make better use of the clinic if evening or weekend hours were instituted for those veterans gainfully employed during the day time hours. In this economy where jobs are scarce, leaving work for clinic appointments during the week daytime hours is a luxury some of our newer vets cannot afford. Setting a side a block of hours on a weekend or in the evening for these cases would enhance delivery of services to those involved.

Specialty Clinic

The number of services available are limited. Such limitations require travel to Wilmington, Philadelphia, East Orange or Lyons for services not available locally. After consideration of the many years the clinic has been available and the still limited number of services available locally it is apparent the VA is not interested in providing services that are convenient for our veterans, especially those whose age and or medical conditions do not permit long travel to other facilities.

Bus Limitations

For those individuals who can endure a trip by bus to Wilmington, the bus is a great option. However the bus does not go to any of the other regional medical centers, so if the needed treatment is provided by one of the other medical centers, the bus is not available for those requiring transportation.

Mechanism For Redress

Should an individual disagree with any service provided by the VA or lack of service, there is no mechanism for redress. Should any veteran be unable to make travel arrangements for needed services, there is no mechanism for redress. A prime example is coming to the clinic just to have blood drawn or to provide a urine sample and then coming at another time to get weighed and have blood pressure checked. There is no reason why these services cannot be rendered during one visit. The Cape May clinic does not require separate visits, Ventnor however does. Is their some point in making it inconvenient for veterans by requiring separate trips?
Service Connected Treatment For Physical Treatment Requires A Trip To Wilmington

An individual requiring multiple treatments for physical treatment is required to make multiple travels to Wilmington. Depending on the area being treated, the travel may cause more harm then the treatment can resolve.

TBI care limited to East Orange

Traumatic brain injury is the signature injury from Iraq and Afghanistan. That care for this condition is only available in East Orange is an absolute disgrace. How many recently returned veterans are unable to avail themselves of the services available due to the travel involved?

Mandatory Insurance Will Drive Vets To VA Healthcare

As the requirements to obtain mandatory insurance for healthcare go into effect, more eligible veterans will turn to the VA. This and the poor economy will result in an increased workload on an already overworked and small facility locally.

Emergency Services Billing

All matters relative to emergency services billing need to be resolved without further delay. Veterans should not be penalized for an emergency or the care provided when they are unable to travel during the emergency to Wilmington, Philadelphia, East Orange or Lyons.

VA Access To DD214 To Speed Entry For Homeless Veterans

VA needs a faster system for verifying veterans, eligibility for services provided for the homeless veteran cohort.

Robert E. McNulty, Sr.
Submitted by Robert E. McNulty Sr., representing Atlantic County Veterans Advisory Board: