

STATEMENT FOR THE RECORD
OF
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING PROPOSED LEGISLATION

NOVEMBER 20, 2019

Chairman Takano, Ranking Member Roe, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the pending legislation impacting the Department of Veterans Affairs (VA) before the Committee today. PVA is proud of its rich history and no group of veterans understand the full scope of care and benefits provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disorder (SCI/D), such as Amyotrophic Lateral Sclerosis (ALS).

We also thank the Committee for last week's roundtable discussion on H.R. 3495, the "Improve Well-Being for Veterans Act." Too many service members and veterans are dying by their own hand; so, we applaud you and the VA for trying to provide veterans with additional treatment options to meet their needs and combat their struggles. However, we remain concerned that unless veterans are offered evidence-based solutions, many of the programs funded by this legislation will have little effect on the problem, and waste precious resources.

To be clear, PVA supports the intent of having VA coordinate with federal, state, and local agencies, as well as private and not-for-profit organizations, to combat the epidemic of veteran suicide. We believe that legislation focused on assisting veterans at risk for suicide should concentrate on identifying those who are not enrolled in the VA health care system and assessing their needs. Unfortunately, the language in H.R. 3495 is too broad and it needs to be constricted to ensure limited resources are directed toward quality programs with proven results that can be monitored and assessed on a periodic basis. Furthermore, the lack of detail in this legislation makes it difficult to gauge its potential benefit for our membership. For example, are these programs going

to be accessible to veterans with significant disabilities? If they are, what is the referral process if a community provider encounters a veteran with a spinal cord injury or disorder (SCI/D) who is in crisis?

With this in mind, PVA makes the following recommendations which we believe will strengthen the legislation.

1. PVA does not believe extending clinical care to veterans through non-VA providers outside of the Community Care Network is appropriate at this time. Instead, there should be greater effort by VA to increase its internal capacity to provide mental health care services in accordance with Section III of P.L. 115-182, the VA MISSION Act of 2018.
2. Many organizations claim to have programs that are designed to reduce veteran's risk of suicide, but they lack the empirical data to support their assertions. Before an eligible entity can receive a grant, they should be required to provide evidence-based, scientific data that shows how any services being offered will reduce rates of suicide.
3. The goal of the grant program should be to identify veterans who are not connected with VA, assess and assist them with their immediate needs, and if they meet eligibility requirements, to help reconnect them with VA, which is better equipped to address their long-term health care, economical, and educational needs. We do not believe that the provision of temporary cash assistance through grantees is an appropriate use of resources.
4. Before a grantee is approved to participate in the program, they should be required to submit a detailed plan that addresses the following:
 - a. The kinds of assistance the grantee is offering.
 - b. The number of staff supporting the program.
 - c. The number of veterans they can assist at any given time.
 - d. A demonstrated capability to assist catastrophically disabled veterans and those with significant disabilities. The plans should also state how referrals for these individuals will be handled.
 - e. How the assistance being offered will meet the veteran's needs, and most importantly, help them achieve and then sustain a healthy lifestyle that can lead to a fulfilling life.
 - f. The length of time that services will be required, e.g., up to twelve visits over a six month period.

- g. A detailed plan on how they intend to conduct one-on-one engagement with veterans.
 - h. A plan for documenting each veteran's progress that increases the likelihood that services being provided can/will meet the agreed upon objectives.
 - i. In the event the services offered did not meet the veterans's expectation, what (if any) avenues of recourse they have.
5. Because VA is the payer of these services, they retain the responsibility to ensure that care and services being provided by grantees meet pre-established standards. PVA believes each beneficiary should be assigned a VA case manager who will be required to monitor the beneficiary's progress. When the case manager determines the desired outcomes are not being met, they can make recommendations to include terminating the services, if necessary.

We readily stand behind any effort to improve health care for all veterans but remain concerned about the ability of VA to continue to meet the health care needs of the most vulnerable veteran populations, such as those with SCI/D and polytrauma.

Specialized services are part of the core mission and responsibility of VA. As the Department continues its trend toward greater utilization of community care, Congress must be cognizant of the impact these decisions may have on veterans who need the level of complex care that only VA can deliver. Under no circumstances should funding the programs in H.R. 3594, the proposed amendment, or other similar legislation undermine VA's ability to provide foundational care and services for all veterans with serious disabilities. VA must receive a dedicated, robust funding stream to ensure its core functions are not impaired in any way.

PVA would once again like to thank the Committee for the opportunity to submit our views on the legislation considered today and are committed to working with you to develop a package that will improve the health and well-being of all America's veterans.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

Fiscal Year 2018

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$181,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.