

**STATEMENT OF MAUREEN ELIAS
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PARALYZED VETERANS OF AMERICA
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
ON PENDING LEGISLATION
SEPTEMBER 10, 2020**

Chairman Takano, Ranking Member Roe, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for this opportunity to provide our views on legislation impacting the Department of Veterans Affairs (VA) that is pending before the Committee. No group of veterans understand the full scope of benefits and care provided by VA better than our members—veterans who have incurred a spinal cord injury or disorder (SCI/D). PVA provides comment on the following bills included in today's hearing.

H.R. 7541, the “VA Zero Suicide Demonstration Project Act”

PVA supports this measure which directs VA to establish the Zero Suicide Initiative pilot program at five VA medical centers across the country. The test program would help VA identify gaps in care and create a multi-layered approach with evidence-based interventions to ensure veterans at risk of suicide do not slip through any cracks and transform the culture around suicide prevention.

H.R. 7504, the “VA Clinical TEAM Culture Act of 2020”

This legislation builds on the intent of the VA MISSION Act by directing the VA to develop and regularly update training requirements for non-VA mental health providers within the VA Community Care Program (VCCP) on core competencies regarding suicide, post-traumatic stress disorder, traumatic brain injury, and military sexual trauma within the context of military culture. Multiple studies have shown the need for improved cultural competency and use of evidence-based treatments by non-VA mental health providers.¹ This bill also requires VA to report annually to Congress on the number of providers trained. PVA supports this effort to ensure veterans receive quality, veteran-informed care when receiving VA community care.

H.R. 7879, the “VA Telehealth Expansion Act”

This legislation would provide grants of up to \$75,000 a year to entities that represent or serve veterans, non-profit organizations, private businesses, and other interested parties to allow for telehealth services to be provided by VA or through the VCCP, with preference for grants to go to those who represent highly rural areas or operate in

¹ National Alliance on Mental Illness. (n.d.). Protecting Veterans Access to Mental Health Care. <https://nami-pw.org/wp-content/uploads/sites/129/2017/01/Protecting-Veterans-Access-to-MH-Care.pdf>

medically underserved communities. PVA supports making these grants available but strongly believes that eligibility must be contingent on ensuring accessibility (ingress/egress) to the facilities and their restrooms. Some facilities of veterans service organizations (VSOs) are older structures that lack appropriate physical access. Finally, we are mindful that there are digital deserts in urban, as well as rural areas, and believe that this legislation must take those areas into account to ensure all veterans have access to telehealth services.²

H.R. 7747, the “VA Solid Start Reporting Act”

The VA Solid Start program proactively reaches out to the more than 200,000 veterans transitioning from the military each year to ensure they know what benefits might be available to them. PVA supports H.R. 7747, which directs VA to submit to Congress an annual report on VA’s Solid Start program. This report should include any deviations to the program that may have occurred because of COVID-19.

H.R. 7888, the “REACH VET Reporting Act”

PVA supports H.R. 7888 which directs VA to submit to Congress data on how the REACH VET program has impacted the suicide rate of veterans, how caps are adjusted, why certain conditions were included or excluded, and the feasibility of incorporating the Veterans Benefits Administration’s (VBA’s) economic and employment data into the current model. In considering the feasibility of incorporating VBA’s economic and employment data, VA must consider that while many of our members are not able to work full-time, most do volunteer work and are engaged with their communities. Also, when looking at service connection ratings, it is important to remember that many veterans have disabilities that are not related to their military service and may not be factored into a veteran’s rating. Unless these factors are taken into consideration, the model may end up skewed producing many false positives for veterans with catastrophic injuries or illnesses.

H.R. 7964, the “Peer Support for Veteran Families Act”

This legislation directs VA to set up a pilot program at 10 medical facilities to offer education and peer support programs to veterans’ caregivers and families. With the permission of the veteran, caregivers could receive training in understanding mental illness, coping with stress, and de-escalating crisis situations. This new initiative would allow caregivers to learn from and support each other as well as provide them the opportunity to lead trainings and peer support meetings. While we support the intent of this bill, we remain concerned that it currently defines a family caregiver as those who fall under 38 USC 1720G(d); hence, the bill could be interpreted by VA to mean only veterans with qualified VA caregivers are eligible for the program. Under the recently published final rule, fewer veterans will qualify for VA’s Caregiver Program, which would mean even fewer would qualify for this service.

H.R. 6092, the “Veteran’s Prostate Cancer Treatment and Research Act”

² Cooke, K. (2020, August 13). The Top Internet Deserts in the US. Retrieved September 04, 2020, from <https://www.satelliteinternet.com/resources/top-internet-deserts/>

This bill would establish a national clinical pathway for prostate cancer, provide a usable prostate cancer registry clinicians and researchers can use, enable access to lifesaving or life extending precision clinical trials, and create a program evaluation tool for providers to learn best practices of multidisciplinary disease. Although a 2011 study found a decreased risk of prostate cancer among veterans with SCI/D, when it is found, it tends to be at a more advanced stage than those who do not have SCI/Ds.³ This increased risk of advanced disease supports the need for careful screening of male veterans with SCI/D for prostate cancer. Thus, PVA supports this bill because it could have a dramatic impact on extending the lives of veterans with prostate cancer through advanced precision medicine.

H.R. 7469, the “Modernizing Veterans' Healthcare Eligibility Act”

This legislation would establish a 15-member, bipartisan commission to assess veterans' eligibility for VA healthcare and recommend ways to revise and simplify eligibility for consideration by VA and Congress. As written, H.R. 7469 lacks clarity on why an outside panel is needed to assess the current eligibility system. While it is true that considerable time has elapsed since overall eligibility for VA healthcare was last examined, we are unaware of any compelling reason that would make appointment of a commission to examine eligibility necessary. Recent efforts by members of Congress and outside organizations to reduce the number of veterans who are eligible to receive VA healthcare, limit the types of medical services provided, and privatize VA healthcare have been repeatedly dismissed by Congress and outside experts alike. We believe Congress, particularly this Committee, should continue to exercise its exclusive authority to conduct oversight of VA healthcare programs to include eligibility.

Discussion Draft, ANS for H.R. 5697, the “Veterans' ACCESS Act”

This draft legislation requires VA to furnish or pay for emergent suicide care for certain veterans (veterans enrolled in VA health care and individuals who served in the Armed Forces, including reserve components, for more the 90 cumulative days) at a VA medical care facility or non-VA community medical facility. This care, which includes transportation, would be provided as cost-free, emergency treatment to eligible individuals who are in an acute suicidal crisis. VA can collect payment from an eligible individual's health plan if they have one and such care is covered.

The types of emergency treatment provided could include inpatient or crisis residential care not to exceed 30 days and outpatient care not to exceed 90 days if inpatient services are unavailable. If necessary, the VA Secretary can extend treatment periods for veterans who remain in acute suicidal crisis.

VA will be required to determine everyone's eligibility for other VA programs and benefits and make appropriate referrals to VA's Suicide Prevention Coordinator and Office of Community Care. The department must also submit an annual report to the House and Senate Veterans' Affairs Committees on the number of veterans who

³ Patel, N., Ngo, K., Hastings, J., Ketchum, N., & Sepahpanah, F. (2011). Prevalence of prostate cancer in patients with chronic spinal cord injury. *PM & R: the journal of injury, function, and rehabilitation*, 3(7), 633–636. <https://doi.org/10.1016/j.pmrj.2011.04.024>

receive this care and the total cost to provide it. They must also publicize the potential eligibility of VA healthcare services for veterans with other than honorable discharges on forward-facing public websites.

Given that many veterans who die by suicide are not enrolled in the VA healthcare system, we believe passage of this bill could reduce the number of veterans who take their own lives by alleviating the financial burden of obtaining needed care.

Discussion Draft, the “Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020” or “Veterans COMPACT Act of 2020”

The Senate passed version of the “Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019” (S. 785) is a good piece of legislation that was developed in collaboration with many VSOs, subject matter experts, and other interested parties. The “Veterans COMPACT Act of 2020” includes some provisions that would strengthen the good work that has already been done.

Title I of the COMPACT Act has seven sections aimed at improving the transition from the Armed Services to VA. We support many of the changes made to improve the collection of information for reporting and other surveys and appreciate incorporation of PVA-suggested changes. This data collection effort could be improved even further by including some of the demographic language and evidence-based and empirically supported contextual and individual risk factors laid out in Section 102 of S. 785. We would also recommend adding in Section 107 veterans with SCI/Ds among the categories of veterans included in the National Survey of Veterans.

Title II of the COMPACT Act focuses on suicide prevention efforts. Suicide is a significant issue among our nation’s veterans. While there continues to be a lack of knowledge on how suicide impacts the community of veterans with SCI/D, suicide risk remains highest for individuals in the first five years following their injury.⁴ We urge future suicide studies to begin incorporating information of veterans with SCI/D to better capture their unique risk factors.

We made several recommendations to improve Section 201 in the standalone bill, H.R. 8084. We would like to express gratitude to the Committee for including a requirement in Section 202 that grant recipients meet the needs of veterans with physical disabilities, including those with spinal cord injuries. It is essential that veterans with catastrophic disabilities also have access to suicide prevention services.

We also strongly support Section 203 (H.R. 2435, the Accelerating Veterans Recovery Outdoors Act) which directs VA to establish an interagency task force on the use of public lands to provide medical treatment and therapy to veterans through outdoor recreation. In addition to PVA’s nationally recognized sports programs, we also are associated with the national governing bodies of many disabled sports organizations.

⁴ Savic, G., DeVivo, M., Frankel, H. et al. Suicide and traumatic spinal cord injury—a cohort study. *Spinal Cord* 56, 2–6 (2018). <https://doi.org/10.1038/sc.2017.98>

Access to the outdoors can have a tangible and meaningful impact on our veterans' mental health and physical wellbeing. For wheeled mobility device users, outdoor recreation improves perceived competence, increases positive mood state of vigor, and decreases negative mood states such as tension, anger and depression.⁵ Since outdoor recreational programs are associated with mental and physical health improvement, and barriers to participation and levels of sporting/recreational activities decreased significantly after spinal cord injury, it is essential that individuals with impairments affecting participation in these events have access to both formal and informal opportunities in outdoor recreation.⁶

Title III of the COMPACT Act focuses on programs, studies, and guidelines on mental health. We are glad this portion recognizes the importance of including the Secretary of Health and Human Services, Director of the Indian Health Service, and the Administrator of the Substance Abuse and Mental Health Services Administration when developing the toolkit (Section 301). The same can be said for recognizing marginalized communities (Section 302) to ensure these communities and their possible comorbid conditions are included in the clinical practical guidelines for assessment and management of patients at risk for suicide.

Title IV of the COMPACT Act focuses on oversight of mental health care and related services. We applaud the Committee for adding language to Section 401 that ensures veterans with SCI/D are represented in the working groups. We also appreciate the inclusion of veterans who do not use the VA healthcare system, especially since it is apparent that this population is the intended audience.

Title V of the COMPACT Act deals with workforce improvements. We had no recommendations, changes, or improvements to this part of the bill.

Title VI of the COMPACT Act has twelve sections aimed at improving care and services for women veterans. We support these improvements and would like to have language regarding accessibility and treatment options for women who use wheelchairs incorporated in any future changes to the language in Section 604. A requirement should be included in the report to assess the number of women veterans who are on the SCI registry, but are not using VA's SCI/D System of Care.

We also strongly support Section 605 which would establish an anti-harassment and anti-sexual assault policy for VA. PVA has previously testified before this Committee that VA facility leaders must be held accountable for providing access to comprehensive

⁵ Lundberg, N., Bennett, J., & Smith, S. (2011). Outcomes of Adaptive Sports and Recreation Participation among Veterans Returning from Combat with Acquired Disability. *Therapeutic Recreation Journal*, XLV (2), 105-120.

⁶ Tasiemski, T., Bergström, E., Savic, G., & Gardner, B. (2000). Sports, recreation and employment following spinal cord injury—a pilot study. *Spinal Cord*, 38(3), 173-184. doi:10.1038/sj.sc.3100981; Menzies, A., Mazan, C., Borisoff, J. F., Mattie, J. L., & Mortenson, W. B. (2020). Outdoor recreation among wheeled mobility users: Perceived barriers and facilitators. *Disability and Rehabilitation: Assistive Technology*, 1-7. doi:10.1080/17483107.2019.1710772

gender specific mental and physical healthcare, as well as ensuring high standards of quality, privacy, safety, and dignity. Research shows that VA is the best place for a veteran to receive comprehensive care. Therefore, harassment has no place within the walls of a VA facility. Harassment is disruptive to the overall veteran experience and is a barrier to care that VA must work diligently to eliminate.

In Section 607, we would like to see a requirement added for grant recipients to meet the needs of veterans with physical disabilities, including those with SCI/D, to ensure all women veterans are able to fully partake in the programming offered. We also believe that only organizations whose facilities accessible to women veterans with SCI/D should be able to receive grants as prescribed in Section 612.

PVA strongly supports Section 610 which would conduct a nationwide analysis of the need for women-specific programs in VA that treat and rehabilitate women veterans with drug and alcohol dependency. Substance use disorders are prevalent and associated with poor outcomes in individuals with SCI/D, with 14 percent of individuals with SCI/D reporting significant alcohol-related problems and 19.3 percent reporting heavy drinking.⁷ Finally, as we have still been unable to obtain rates of suicide among veterans with SCI/D from VA, we would ask that Section 611 be amended to include information about types of illness, injury, or disorder (including SCI/D) among women veterans who die by suicide.

Discussion Draft, the “Ensuring Veterans' Smooth Transition Act”

This draft legislation would allow automatic enrollment of eligible veterans in VA’s patient enrollment system. It also directs the department to give veterans the ability to access an electronic version of their certificate of eligibility for VA healthcare enrollment and an electronic mechanism by which the veteran may opt-out of such enrollment. PVA believes the transition from active duty to civilian life should be as smooth and seamless as possible. For this reason, PVA supports the “Ensuring Veterans' Smooth Transition Act.”

Discussion Draft, the “VA Research Infrastructure Act”

PVA supports this draft bill which directs VA to use accredited commercial institutional review boards to examine research proposal protocols of the department, and to establish an Office of Research Reviews at VA. The department has a great research program and the additions outlined in this draft legislation will go a long way to help ensure it remains beyond reproach.

H.R. 8033, the “Access to Suicide Prevention Coordinators Act”

This legislation would ensure each VA medical center (VAMC) has one full-time employee to serve as a suicide prevention coordinator and work with the Comptroller General to ensure compliance with Public Law 116–96. It also directs the Office of Mental Health and Suicide Prevention to conduct a study on how to realign and

⁷ Bombardier, C. H., Azuero, C. B., Fann, J. R., Kautz, D. D., Richards, D. S., & Sabharwal, S. (In Publication). Management of Mental Health Disorders, Substance Use Disorders, and Suicide in Adults with Spinal Cord Injury. Washington, DC: Paralyzed Veterans of America.

reorganize suicide prevention coordinators to fall within the organizational structure of VA's Suicide Prevention Program. PVA supports this legislation that would better align VA resources to capture information and coordinate resources pertaining to suicide prevention. We firmly agree it is a good idea to have someone solely focused on coordinating suicide prevention efforts at each VAMC.

H.R. 8108, the “VA Serious Mental Illness Act”

This bill directs VA to work with the Secretary of Defense and Secretary of Health and Human Services to develop clinical guidelines for any mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with major life activities. Once these guidelines are developed, the VA Secretary must develop a plan to implement and disseminate the guidelines. Following the completion of these guidelines, the three departments are to work collaboratively to determine if an update to the 2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders is needed. We support his effort to ensure service members, veterans, and their families have access to updated, empirically validated clinical treatment.

H.R. 8084, the “Lethal Means Safety Training Act”

This legislation directs the VA to work collaboratively with specific entities to update the VA Lethal Means Safety and Suicide Prevention training course to ensure it is culturally appropriate and uses best practices identified by appropriate subject matter experts. This training is to be updated annually and published on their public facing website along with percentages of each group assigned to take the training. Individuals required to receive this training include VA new hires; VA employees that regularly interact with veterans in their work duties; compensation and pension examiners; VetCenter and vocational rehabilitation employees; community care providers, if providing care under 38 USC 1703; and caregivers that fall under 38 USC 1720G.

PVA applauds this legislation for recognizing the importance of lethal means safety training. We recognize and research shows that patients benefit from the inclusion of caregivers in preventative approaches.⁸ Mandating that those who participate in VA's comprehensive caregiver program receive this training is our primary concern. To ensure poor communication from VA does not result in the disruption of payment for these individuals, we recommend an extended timeline to allow for training. We also recommend that the training for this non-clinical population be developed separately from that targeted to the various professional care providers of the VA system, so it is relevant and in a format that is easy to understand and access. We would also recommend training for non-clinical providers, such as VBA and non-clinical Veterans Health Administration staff be formatted for the intended target audience.

H.R. 8068, the “American Indian and Alaska Native Veterans Mental Health Act”

⁸ Le Moal, V., Lemey, C., Walter, M., & Berrouiguet, S. (2018). Viewpoint: Toward Involvement of Caregivers in Suicide Prevention Strategies; Ethical Issues and Perspectives. *Frontiers in Psychology*, 9, 2457. <https://doi.org/10.3389/fpsyg.2018.02457>

This PVA-supported legislation mandates each VA medical facility have a minority veterans coordinator trained in the delivery of culturally competent mental health care for Native veterans. These coordinators, along with the facility's suicide prevention coordinator and local tribal leadership, would work to create specific outreach plans for Native veterans. This bill also requires VA to collect and provide data on the minority status, tribal enrollment, and second language capacity of VA mental health providers.

H.R. 8144, the “VA Mental Health Staffing Improvement Act”

VA's current shortage of mental health providers overworks existing staff which can lead to burn out, injury, loss of work time, or staff departures. In some instances, it even jeopardizes the healthcare of veterans. PVA supports H.R. 8144 which directs VA to review its mental health staffing plan and report back to Congress about the necessary number of mental health care provider positions; how many are unfilled; and how the department plans to address those gaps, including any geographically-specific recruitment and retention incentives. VA would also be required to explain any legislative authority the department would need to meet appropriate mental health staffing goals.

H.R. 8130, the “VA Peer Specialists Act”

PVA supports this bill requiring VA, working in conjunction with VA's Office of Inspector General to conduct an in-depth analysis of its current staffing plan for peer specialists who are women and to report to Congress about their geographic distribution. It would also direct VA to examine how that data matches up with the population and geographic distribution of women veterans, what the specified responsibilities are for peer specialists, and what percentage of these specialists focus on mental health and/or suicide prevention. We are also pleased it includes PVA's recommended description of the duties and responsibilities of women peer specialists, including number of hours worked per week, to better define, delineate, and standardize qualifications, performance goals, performance duties, and performance outcomes for peer specialists and their managers.

H.R. 8145, “To provide for a staffing improvement plan and occupational series for licensed professional mental health counselors and marriage and family therapists of Department of Veterans Affairs, and for other purposes”

This legislation requires VA to provide Congress with a plan to address shortages of licensed mental health counselors and marriage and family therapists within VA. As stated previously, PVA supports efforts like this to ensure VA has an adequate number of mental health providers.

H.R. 8147, “To direct the Secretary of Veterans Affairs to expand an existing pilot program, and to establish a new pilot program, related to complementary and integrative health services for veterans”

This legislation authorizes the VA Secretary to expand the pilot program from title IX of Public Law 114-198; title 38 USC. The pilot program was established to look at the use and efficacy of complementary and integrative health services to address mental health, pain management, and chronic illness. This bill would extend the time allowed for

services under the pilot and require an assessment of those who have used the services of the pilot program. It would also establish a pilot program to provide complementary and integrative health (CIH) services within VA and through non-department entities targeted at treating post-traumatic stress disorder, depression, anxiety and other conditions and require a report on the services provided.

While we applaud this legislation, which would provide management alternatives for chronic pain, a condition that affects many of our members, the time for pilot programs has passed. A 2020 report from the Creating Options for Veterans' Expedited Recovery (COVER) Commission found that CIH is already available at many VA facilities but that these programs varied tremendously across VA and struggled with the ability to standardize for widespread simulation. Among their recommendations was the need for a standardized, redesigned, and supportive central infrastructure across VA to ensure these services are available to all veterans. Instead of another pilot program, PVA would rather see resources dedicated to support the change in infrastructure so CIH services can be made available to all veterans using VA healthcare.

PVA would once again like to thank the Committee for the opportunity to submit our views on some of the legislation being considered today. We look forward to working with you on this legislation and would be happy to take any questions you have for the record.

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.