# Testimony for the House Committee on Veterans' Affairs Hearing

Witness: Will Gray, Vice President, Marketing, Commercial Operations, and Government, Boston Scientific

### Introduction

Chairman Bost, Ranking Member Takano, and distinguished members of the committee, thank you for the opportunity to testify today.

My name is Will Gray, and I have proudly been with Boston Scientific for more than 25 years. For the past 13 years, I have collaborated on the VA and DoD commercial strategy, ensuring that veterans and military personnel have access to the latest medical innovations. Prior to my corporate career, I was honored to serve as a United States Marine in the 1990s. Today, I remain dedicated to supporting the veteran community inside and outside Boston Scientific, volunteering as a mentor and advocate for veterans transitioning to civilian careers. That experience has shaped my deep respect for the VA's mission—and it's why Boston Scientific remains focused on supporting the VA and DoD through clinically proven technologies and procurement partnerships that serve those who served us.

In addition to my work with the VA and DoD, I lead our Marketing and Commercial Operations strategy for Corporate Accounts, which serves the largest and most strategic healthcare systems in the U.S. This role gives me a unique perspective on how the most advanced civilian hospitals acquire new technologies and improve patient care by focusing on the Quadruple Aim: improving efficiencies, quality outcomes, cost of care, and patient satisfaction.

## **Boston Scientific: A Leader in Medical Innovation**

Boston Scientific, founded in 1979 and headquartered in the Boston area, is one of the world's leading medical technology companies. We employ approximately 53,000 people worldwide, with a strong U.S. presence—particularly in Massachusetts, California, Indiana, Texas, and Minnesota, where we conduct significant research and manufacturing. While we operate globally, the majority of our business is conducted in the United States, and our mission—"Advancing Science for Life"—drives us to develop minimally invasive medical solutions that improve patient outcomes, efficiency, and cost-effectiveness.

Boston Scientific has a strong connection to military service. One of our cofounders, Pete Nicholas, served in the U.S. Navy, and our other cofounder, John Abele, also has deep ties to the U.S. Navy. That legacy of service continues today, with many veterans among our workforce and an active Veterans Employee Resource Group that supports their transition and professional growth.

Our clinical teams work directly with VA providers across the country, integrating lifesaving and life-enhancing medical technologies such as cardiac stents, pacemakers, wearable cardiac

monitors, pain management implants, endoscopy and urology solutions. These devices improve veterans' quality of life, enabling them to be healthier and more active.

On a national level, Boston Scientific has also been a consistent partner with the VA. In 2017, we began working with industry partners and members of this committee to improve efficiency in the VA procurement process. These efforts led to collaboration with Rep. Jack Bergman and former committee member Rep. Scott Peters to bring clinical expertise and oversight into the Medical Surgical Prime Vendor (MSPV) Program. By placing clinicians at the forefront of contract decision-making, this initiative enabled a rolling process for new product additions. As a result, MSPV has made tremendous strides and serves as a successful model of clinically driven sourcing.

We thank the committee and VA leadership for their hard work in advancing this initiative, and we look forward to continuing efforts to expand timely access to life-saving technology for veterans.

# **Boston Scientific's Highlighted Technologies for Veterans**

At Boston Scientific, we are committed to addressing the most pressing health challenges facing veterans with clinically proven, minimally invasive technologies. We focus on areas where innovation can significantly reduce complications, improve recovery, and lower the long-term burden of disease.

Atrial Fibrillation (AFib) and Stroke Prevention

Veterans experience a high burden of cardiovascular disease and atrial fibrillation (AFib), both of which increase the risk of stroke, heart failure, and diminished quality of life. Boston Scientific provides innovative solutions across key clinical areas.

Boston Scientific has pioneered two breakthrough solutions for AFib treatment and stroke prevention. FARAPULSE<sup>TM</sup> (Pulsed Field Ablation - PFA) is a revolutionary, non-thermal treatment for AFib that uses pulsed electrical fields to precisely disrupt faulty heart signals while protecting surrounding tissues. FARAPULSE<sup>TM</sup> significantly reduces the risk of damaging critical structures like the esophagus or phrenic nerve.<sup>1</sup>

For AFib patients at high risk of stroke who cannot tolerate blood thinners, Boston Scientific offers the Watchman Flex Pro<sup>TM</sup> (Left Atrial Appendage Closure - LAAC) device. This implant seals off the left atrial appendage (LAA), preventing blood clots from forming and reducing stroke risk. The minimally invasive procedure has a short recovery time and reduces reliance on lifelong blood thinners, lowering the risk of bleeding complications. By ensuring the VA can integrate these life-saving technologies more rapidly, we can provide veterans with the same advanced care available in commercial hospitals, reducing stroke-related disabilities and hospitalizations.

#### Cardiovascular Health and Peripheral Artery Disease

In addition to treating AFib, Boston Scientific's solutions help veterans manage other serious cardiovascular conditions. Cardiovascular disease remains one of the leading causes of morbidity and mortality among veterans. Boston Scientific has developed minimally invasive solutions that restore blood flow, prevent heart attacks, and reduce the risk of amputations. The AGENT<sup>TM</sup> Drug-Coated Coronary Balloon treats coronary artery disease by delivering a therapeutic drug directly to the artery, reducing blockages and preventing re-narrowing of the vessel after treatment.

For veterans suffering from peripheral artery disease (PAD), Boston Scientific offers advanced medical devices designed to keep arteries open longer than traditional treatments, reducing the need for repeat procedures and ultimately helping prevent limb loss and improve mobility.

### Endoscopy, Urology and Gastrointestinal Solutions

Boston Scientific is also a leader in minimally invasive endoscopic, urological and gastrointestinal solutions, helping veterans receive faster, more accurate diagnoses and treatments. These cost-effective therapies allow physicians to better treat a myriad of gastrointestinal, stone management, urinary tract and numerous other conditions. We also manufacture single-use ureteroscopes, which are recommended by FDA, to prevent crosscontamination and reduce infections.

#### Pain Management Innovations

Many veterans suffer from chronic pain conditions, including lower back pain, neuropathic pain, and post-surgical pain. Expanding access to Boston Scientific's advanced, drug-free neuromodulation therapies within the VA can help veterans achieve better long-term pain relief, reduce opioid dependence, and enhance their ability to maintain an active lifestyle.

# Why This Matters: The Case for FARAPULSETM

A prime example of how budget uncertainty and staffing challenges impact veterans' healthcare is the delayed adoption of FARAPULSE<sup>TM</sup>, an innovative pulsed field ablation (PFA) technology that is transforming atrial fibrillation (AFib) treatment.

- AFib is a serious and progressive heart condition that increases the risk of stroke, heart failure, and blood clots.
- For veterans, stroke can be life-altering—leading to paralysis, loss of independence, and a diminished quality of life.
- FARAPULSE<sup>TM</sup> is a breakthrough solution that offers a safe and effective treatment option. Clinical data and real-world use found the system is not only as effective in treating atrial fibrillation as thermal options but also results in fewer unwanted side effects.<sup>2</sup>

Unfortunately, VA hospitals lag significantly behind civilian hospitals in access to this life-changing technology.

## The Disparity Between Civilian Hospitals and the VA

In 2025, it is projected that 61% of all AFib procedures in commercial hospitals will use pulsed field ablation technology like FARAPULSE<sup>TM</sup>.<sup>3</sup> However, in VA hospitals, only approximately 10% of the facilities that perform AFib procedures have access to this leading-edge technology.

This gap is not due to lack of clinical interest or demand but instead stems from budget unpredictability, staffing challenges, and procurement inefficiencies. We must modernize these processes to ensure veterans have access to the same life-saving advancements as civilians.

# **Key Issues and Proposed Solutions**

## 1. Budget Predictability and New Technology Adoption

A structured, predictable budget and acquisition process is essential for timely adoption of life-saving medical technology. Unlike commercial hospitals with consistent annual budgeting cycles, the VA's capital allocation process is often fragmented and reliant on short-term budget solutions.

Additionally, staffing shortages in procurement roles exacerbate these challenges, leading to:

- Delays in purchasing decisions, slowing technology adoption.
- Added strain on clinical providers who depend on modern equipment.
- Reliance on outdated technologies due to prolonged purchasing cycles.

To address these challenges, we recommend:

- Implementing a structured, transparent annual budget cycle to enable better financial planning.
- Investing in procurement professionals to improve efficiency and eliminate bottlenecks.
- Mandating at least two product add periods annually for all national contracts, such as the Prosthetics and Sensory Aid Services (PSAS) IDIQ contract, to prevent widespread delays in integrating new technology.
- Creating a VA Innovation Fast Track solution for high-impact medical technologies requiring immediate integration into veteran treatment.

# 2. Modernizing Procurement

The VA's procurement process is highly complex, involving multiple layers of approval across procurement officers, clinical committees, and regional VISNs. While intended to ensure careful evaluation, this structure creates significant delays, that prevent veterans from receiving timely access to medical advancements.

# **Enhancing VA Procurement Through Clinician-Guided Strategies**

The Department of Veterans Affairs (VA) operates in a uniquely mission-driven and clinically intensive environment. Many of the technologies used within the VA—particularly in cardiology, urology, endoscopy, and neuromodulation—require direct input from physicians and clinical leaders to ensure that the right products are selected for the specific needs of veteran patients. This clinician-driven approach has been instrumental in enhancing patient care by ensuring that procured products meet rigorous clinical standards and practices.

Importantly, many VA physicians also practice at affiliated academic medical centers and other commercial hospitals, where they routinely work with the most advanced technologies. To ensure consistency, safety, and continuity of care for veterans, it is essential that the VA maintain access to comparable innovations.

As procurement systems evolve, we respectfully encourage the Committee to consider how best to preserve the VA's ability to:

- Maintain clinician involvement in the evaluation and selection of medical technologies;
- Rapidly adopt innovative solutions that improve outcomes for veterans; and
- Retain the flexibility needed to meet specialized clinical needs that may not align with standardized government-wide contracts.

Programs like PSAS and MSPV have already demonstrated how clinician-led sourcing can be both thoughtful and efficient. These clinician-led programs ensure that procurement reflects real-world clinical needs and improves both care quality and resource utilization.

# Progress in the Prosthetics and Sensory Aid Services (PSAS) Office

Building on that success, additional focus is needed to address persistent challenges within the PSAS program—particularly related to technology adoption timelines and administrative inefficiencies.

The Prosthetics and Sensory Aid Services (PSAS) Office plays a vital role in providing access to prosthetics and implants for veterans. Led by dedicated and reform-minded staff, the program has performed well. However, delays in adding new technologies—often ranging from 12 to 18 months—have created backlogs that slow access to the latest standards of care.

Post-procedure procurement is also inefficient, with some procedures requiring multiple purchase orders for a single supplier payment, leading to:

- 1. Redundant administrative work for VA staff.
- 2. Delays in supplier payments.
- 3. Inefficient allocation of resources.

To address these inefficiencies, we are working with staff to develop legislative solutions that will:

- Streamline the PSAS approval process for faster technology adoption.
- Ensure timely product updates to maintain the latest standard of care.
- Simplify supplier payment processes to improve efficiency.

By modernizing these processes, the VA can reduce delays, improve efficiency, and ensure veterans receive the best available medical innovations.

## Conclusion

The VA has made tremendous strides in advancing clinically driven procurement, but further modernization is needed to ensure veterans receive timely access to cutting-edge medical solutions. By addressing budget predictability, procurement efficiency, and staffing shortages, we can eliminate delays, improve financial planning, and strengthen supply chain operations.

We share your commitment to ensuring that veterans receive the highest standard of care. With continued collaboration, we can modernize systems, eliminate delays, and deliver the medical innovations our veterans deserve.

Thank you, and I welcome any questions.

Best Regards,

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