**STATEMENT OF**

**ALETHEA PREDEOUX**

**ASSOCIATE DIRECTOR, HEALTH LEGISLATION**

**PARALYZED VETERANS OF AMERICA**

**BEFORE THE**

**HOUSE COMMITTEE ON VETERANS’ AFFAIRS**

**SUBCOMMITTEE ON HEALTH**

**CONCERNING**

**PENDING HEALTH CARE LEGISLATION**

**MAY 21, 2013**

Chairman Benishek, Ranking Member Brownley, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views on health care legislation being considered by the Subcommittee. These important bills will help ensure that veterans receive the best health care services available. We are particularly pleased that two bills—H.R. 288 and H.R. 1284 that are very high priorities for PVA—are being considered.

**The “Veterans Integrated Mental Health Care Act of 2013”**

PVA does not support the, “Veterans Integrated Mental health Care Act of 2013,” a bill to amend title 38, U.S.C. to direct the Secretary of Veterans Affairs to provide certain veterans with an integrated delivery model for mental health care through care-coordination contracts. The VA is currently working on multiple initiatives to improve care-coordination with private providers and increase timely access to mental health services. Specifically, the VA is developing mental health contracts with community based providers as required by the President’s Executive Order #13625—“Improving Access to Mental Health Services for Veterans, Service Members, and Military Families,” and is also in the process of transforming its national non-VA care program in an effort to improve coordination services with non-VA providers, which includes mental health services. PVA believes that the current VA initiatives should be further developed before additional resources are put into another program for non-VA care-coordination.

**The “Veterans Timely Access to Health Care Act”**

PVA generally supports the intent of the, “Veterans Timely Access to Health Care Act,” which proposes to direct the Secretary of the VA to establish standards of access to care for veterans seeking health care from VA medical facilities. If enacted, this bill would establish a standard for access to care that requires the date on which a veteran contacts the VA seeking an appointment and the date on which a visit with an appropriate health care provider is completed to be 30 days. While this legislation may potentially improve the delivery of VA services, the language does not take into account the fact that the standard for access to care may vary depending on the type of care needed. As such, PVA has concerns regarding the use of a 30 day standard for access to care without specifying the type of care that is being provided. While PVA believes that timely access to quality care is vital to VA’s core mission of providing primary care and specialized services to veterans, it is also important that factors such as the nature of the services provided and efficient use of VA staff and resources be considered when developing standards for access to care.

**H.R. 288, the “CHAMPVA Children’s Protection Act of 2013”**

PVA supports H.R. 288, legislation to amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). CHAMPVA is a comprehensive health care program in which the VA shares the cost of covered health care services for eligible beneficiaries, including children up to age 23. As a part of health reform, all commercial health insurance coverage increased the age for covered dependents to receive health insurance on their parents plan from 23 years of age to 26 years, in accordance with the provisions of P.L. 111-148, the “Patient Protection and Affordable Care Act.” This change also included health care coverage provided to service members and their families through TRICARE.

Today, the only qualified dependents that are not covered under a parent’s health insurance policy up to age 26 are those of 100 percent service-connected disabled veterans covered under CHAMPVA. This unfortunate oversight has placed a financial burden on these disabled veterans whose children are still dependent upon the parents for medical coverage, particularly if the child has a preexisting medical condition. PVA strongly supports this legislation because it will make the necessary adjustment in this VA benefit.

**H.R. 984, Urotrauma Task Force**

PVA supports H.R. 984, legislation that would establish a national Task Force on Urotrauma. Since 2005, the rate of injury to the urogenital organs of service men and women has increased to approximately 10 percent of all war injuries in both Iraq and Afghanistan. The majority of these devastating injuries are the result of exposure to improvised explosive devices (IEDs), with many others from gunshot wounds to the pelvis or abdomen. Similarly, non-urologic injuries such as spinal cord injury affect urologic function. Although less common than extremity injury, trauma to the urogenital organs is no less debilitating both physically and psychologically.

This proposed bill requires the Department of Defense, in conjunction with the VA and the Department of Health & Human Services, to establish a national commission on urotrauma. The commission’s objectives are:

1) to conduct a comprehensive study of the present state of knowledge of the incidence and duration of, and morbidity and mortality rates resulting from urotrauma;

2) to study the social and economic impact of such conditions;

3) evaluate the public and private facilities and resources (including trained personnel and research activities) for the prevention, diagnosis, treatment of, and research in such conditions; and

4) to identify programs (including biological, behavioral, environmental, and social) through which improvement in the management of urotrauma can be accomplished.

The nature of the sacrifice that the service men and women who have experienced urogenital injuries have made is beyond measure. It is incumbent upon Congress and the Administration to take every step necessary to help make these men and women as whole as possible. This task force is a necessary first step.

**H.R. 1284**

PVA strongly supports H.R. 1284, a bill to amend title 38, U.S.C., to provide for coverage under the beneficiary travel program of the VA of certain non-service connected catastrophically disabled veterans for travel in connection with certain special disabilities rehabilitation. This legislation is one of our priorities for the current Congress. If enacted, this legislation would provide reimbursement for travel that is in connection with care provided through a VA special disabilities rehabilitation program to veterans with a spinal cord injury or disorder, double or multiple amputations, or vision impairment. Such care must also be provided on an inpatient basis or during temporary lodging at a VA facility.

For this particular population of veterans, their routine annual examinations often require inpatient stays, and as a result, significant travel costs are incurred by these veterans. Too often, catastrophically disabled veterans, particularly non-service connected veterans who do not have the benefit of travel reimbursement, choose not to travel to VA medical centers for care due to significant costs associated with their travel. When these veterans do not receive the necessary care, the result is often the development of far worse health conditions and higher medical costs for the VA. For veterans who have sustained a catastrophic injury like a spinal cord injury or disorder, timely and appropriate medical care is vital to their overall health and well-being.

PVA believes that expanding VA’s beneficiary travel benefit to this population of severely disabled veterans will lead to an increasing number of catastrophically disabled veterans receiving quality, timely comprehensive care, and result in long-term cost savings for the VA. Eliminating the burden of transportation costs as a barrier to receiving health care, will improve veterans’ overall health and well being, as well as decrease, if not prevent, future costs associated with exacerbated health conditions due to postponed care.

**The “Demanding Accountability for Veterans Act of 2013”**

PVA does not have an official position on the, “Demanding Accountability for Veterans Act of 2013.” If enacted, this bill would amend title 38 U.S.C. to improve the accountability of the VA secretary to the Inspector General of the VA. PVA supports the overall intent of this legislation to guarantee that systems of checks and balances are in place to help make certain that federal services are effective and provided in a timely manner. PVA believes that it is the responsibility of the VA to provide an action plan in response to VA Inspector General Reports, and carry out such plans as determined appropriate for the successful delivery of veterans’ benefits and health care services. Yet, we must question the need for such legislation when Congress already has the authority to conduct oversight.

We would once again like to thank the Subcommittee for the opportunity to submit our views on the legislation considered today. Enactment of much of the proposed legislation will significantly enhance the health care services available to veterans, service members, and their families. We would be happy to answer any questions that you may have for the record.

**Information Required by Rule XI 2(g)(4) of the House of Representatives**

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

***Fiscal Year 2013***

No federal grants or contracts received.

***Fiscal Year 2012***

No federal grants or contracts received.

***Fiscal Year 2011***

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program— $262,787.

**Alethea Predeoux**

**Associate Director of Health Legislation**

**Paralyzed Veterans of America**

**801 18th Street NW**

**Washington, D.C. 20006**

**(202) 416-7712**

Alethea joined Paralyzed Veterans of America in 2007 and works in PVA’s National Office in Washington, D.C. As a member of PVA's Government Relations staff, Alethea is responsible for monitoring and analyzing policy within the Department of Veterans Affairs (VA) to determine how such policies impact the health care of disabled veterans, particularly, veterans with Spinal Cord Injury/Dysfunction (SCI).  Alethea also covers issues involving women veterans, VA human resources, prosthetics, and mental health. Alethea’s professional experience is in the area of legislative affairs and government policy.

In addition to her policy work, Alethea also manages the production of *The Independent Budget*, a comprehensive budget and policy document produced by veterans for veterans.

Alethea earned a Master's Degree in Public Policy from George Mason University, and completed her undergraduate studies in Political Science at Spelman College.