

**STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
SUBCOMMITTEE ON HEALTH
OF THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING
PENDING LEGISLATION**

JULY 14, 2015

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 the broad array of pending legislation impacting the Department of Veterans Affairs (VA) that is before the Subcommittee. No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disease. Most PVA members depend on VA for 100% of their care and are the most vulnerable when access to health care, and other challenges, impact quality of care. These important bills will help ensure that veterans receive timely, quality health care and benefits services.

H.R. 272, “Medal of Honor Priority Care Act”

PVA supports H.R. 272, “Medal of Honor Priority Care Act,” to amend title 38 of the United States Code to move Medal of Honor recipients from priority group three to group one for enrollment in the Department of Veterans Affairs (VA) health care system. Currently, under Section 1705(a)(3), Medal of Honor awardees are listed in priority group three. As our most revered and decorated veterans, awarded for valor in action against an enemy of the United States, they deserve nothing less than to be granted rapid access to hospital care and the highest possible quality medical services.

H.R. 353, the “Veterans’ Access to Hearing Health Act of 2015”

PVA supports H.R. 353, the “Veterans’ Access to Hearing Health Act of 2015,” legislation to amend title 38, United States Code, to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the Department of Veterans Affairs. Hearing loss and tinnitus are the most common service-connected disabilities treated by VA healthcare. Demand for hearing services has increased, dramatically, over recent years. This is due to the large cohort of aging veterans compounded by a newly returned veteran population from the most recent conflicts. With limited resources VA cannot meet the demand in a timely manner. Currently, hearing aid specialists are not authorized by VA as an approved care provider, and as such, VA can only procure hearing services from an audiologist. Authorizing hearing aid specialists would expand VA’s network of providers and reduce veterans’ need to travel long distances.

H.R. 359, the “Veterans Dog Training Therapy Act”

PVA supports H.R. 359, the “Veterans Dog Training Therapy Act.” This legislation would require the Department of Veterans Affairs (VA) to contract with certified non-government entities to test the effectiveness of addressing veterans’ post-development mental health and post-traumatic stress disorder (PTSD) symptoms through training service dogs for fellow veterans with disabilities.

PVA knows that service animals provide tremendous benefits for many veterans living with disabilities. The benefits of service animals are multi-faceted. Service animals promote

independence for veterans with disabilities and help them to break down barriers in their communities. Many PVA members have personally experienced these benefits.

The Veterans Dog Training Therapy Act will allow VA to explore potential therapies for veterans with certain mental health issues to include training of service animals. Not only could this provide additional treatment options for veterans living with PTSD and other similar conditions but it will provide highly trained service animals for veterans living with disabilities. Requiring VA to contract with non-government entities that have expertise in training service animals will ensure that VA is able to test the effectiveness of the pilot without having to develop its own service dog training program. We believe that this construct will provide the conditions that lead to effectively trained service animals for veterans with disabilities.

H.R. 421, the “Classified Veterans Access to Care Act”

PVA supports H.R. 421, the “Classified Veterans Access to Care Act,” which proposes to improve the mental health treatment provided by the VA to veterans who served on a classified mission. It is PVA’s position that all VA mental health care should meet the specific, individual need of the veteran seeking medical services on a consistent basis. The VA should also ensure that veterans seeking mental health services have access to care options provided in appropriate settings. This is particularly important for veterans who served on classified missions. This particular cohort of veterans should not be compromised by inappropriate care settings that force them to choose between their duty not to improperly disclose classified information and their access to much needed help. If this legislation is enacted the VA should make a concerted effort to inform veterans of the option to self identify as a “covered” veteran to help provide immediate mental health care, and alleviate any concerns regarding veterans’ military service records not indicating that they participated on classified missions.

H.R. 423, the “Newborn Care Improvement Act”

PVA supports H.R. 423, the “Newborn Care Improvement Act,” a bill to amend Section 1786 of title 38, United States Code, to authorize hospital stays of up to 14 days for newborns under VA care. The current provision allows for a maximum stay of seven

days. As the average hospital stay for a healthy newborn is two days, H.R. 423 would provide enormous relief for families facing complications immediately after birth or severe infant illness.

H.R. 1356, the “Women Veterans Access to Quality Care Act of 2015”

PVA supports H.R. 1356, the “Women Veterans Access to Quality Care Act of 2015.” This bill would establish structural standards in VA health care facilities that are necessary to meet the health care needs of women veterans. Implementation of this bill would generate a report to the House and Senate Veterans’ Affairs Committees listing the facilities that fail to meet these standards and the projected cost to do so. VA would be required to publish the health outcomes of women in each facility, juxtaposed with the men that facility serves. VA would be required to hire a full-time obstetrician or gynecologist at every VA Medical Center, and pilot an OB-GYN graduate medical education program to increase the quality of and access to care for women veterans. The women veteran population who use VA health care nearly doubled between 2003 and 2012, from 200,631 to 362,014. By 2040, it is expected to double again. Given this projection, VA must increase their capacity to meet the needs of women veterans. This legislation is a crucial step in assessing the quality of care women veterans receive and the steps needed to improve it.

H.R. 1688

PVA supports H.R. 1688, a bill to amend the Veterans Access, Choice, and Accountability Act of 2014 to designate 20 graduate medical education residency positions specifically for the study of optometry.

H.R. 1862, the “Veterans’ Credit Protection Act”

PVA supports H.R. 1862, the “Veterans’ Credit Protection Act.” This bill would require the Secretary of Veterans Affairs to conduct outreach informing veterans of how to resolve credit issues manifested by delayed payments to non-VA care. Further, the Secretary would be required to report on the effectiveness of each Veterans Integrated Service Network (VISN) to pay claims on time. The report would also determine the

worst performing VISNS and require their directors to submit a performance improvement plan.

H.R. 2464, the “Demanding Accountability for Veterans Act of 2015”

PVA supports H.R. 2464, the “Demanding Accountability for Veterans Act of 2015.” The bill would require the Secretary of the Department of Veterans Affairs (VA) to identify by name the employee responsible for resolving an issue as identified by a report by the Inspector General. As a “responsible manager” that employee would be made aware of the issue and provided a mitigation plan to rectify the problem. No end of year bonuses would be paid to the responsible manager if an unresolved issue remains. Lastly, if the issue remains at the time of a performance review, VA can terminate the manager’s employment. In light of the seeming glacial pace VA moves to utilize accountability measures in eliminating bad actors, it is clear a more direct means, as outlined in this bill, is necessary.

H.R. 2914, the “Build a Better VA Act”

PVA supports H.R. 2914, the “Build a Better VA Act,” as it is consistent with our position on the draft bill, the “Construction Reform Act of 2015.”

H.R. 2915, the “Female Veteran Suicide Prevention Act”

PVA strongly supports H.R. 2915, the “Female Veteran Suicide Prevention Act.” This bill would direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans. Newly published data by VA determined that female military veterans commit suicide at nearly six times the rate of other women. For young women, ages 18-29, the suicides are twelve times as high. The rate among women veterans nearly reaches the rate of male veterans. The annual suicide deaths for every 100,000 people, male veterans comprised 32.1, and other men 20.9. Among women veterans they comprised 28.7 compared to just 5.2 among other women. This is a particularly concerning statistic since men, on average, are far more likely than women to commit suicide. VA is woefully ill-equipped to address women veterans’ mental health needs, particularly as

relates to risk for suicide. H.R. 2915 would make a first and giant step in addressing these inadequacies.

Draft bill, to clarify the role of podiatrists in the Department of Veterans Affairs

PVA supports the draft bill to clarify the role of podiatrists in the Department of Veterans Affairs. Podiatrists at VA are currently classified among optometrists and other allied health professionals, rather than among physicians and dentists. The VA pay scale incorrectly differentiates podiatrists from other physician providers. The resulting salary discrepancies are significant and create further challenges for VA in the recruitment and retention of podiatrists. With a growing aging veterans population, so too is the demand for podiatrists. Parity in pay among other physicians will allow VA to better resource the health care system to meet the demand of veterans needs.

Draft bill, the “Construction Reform Act of 2015”

PVA supports the draft legislation to “authorize Department major medical facility construction projects for fiscal year 2015, to amend title 38, United States Code, to make certain improvements in the administration of Department medical facility construction projects, and for other purposes.” In light of the egregious construction management failures in places like Denver, Colorado, Orlando, Florida, and New Orleans, Louisiana, a serious discussion about VA's responsibility in the construction business is finally taking place. The fact is VA construction management reform is long overdue. This bill reflects the critical need for such reform.

PVA particularly appreciates the provision of the bill authorizing the funding for a Spinal Cord Injury (SCI) center in San Diego, California. This project will replace the current 30 acute care beds, outpatient clinic, and therapy clinic at the SCI center while also adding 20 long term care SCI beds for the growing aging population. SCI long term care beds have been identified as a critical shortage across the VA health care system.

This concludes PVA's statement for the record. We would be happy to answer any questions for the record that the Committee may have.

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 2015

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$425,000.

Fiscal Year 2014

No federal grants or contracts received.

Fiscal Year 2013

National Council on Disability — Contract for Services — \$35,000.

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.