



**American Orthotic &
Prosthetic Association**

The Wounded Warrior Workforce Enhancement Act
Testimony by the
American Orthotics and Prosthetics Association
Before the House Veterans' Affairs Subcommittee on Health
November 17, 2015

Chairman Benishek, Ranking Member Brownley, and Members of the Committee,

Thank you for including HR 1904, the Wounded Warrior Workforce Enhancement Act, for consideration in your hearing today, and for offering AOPA the opportunity to submit this testimony in strong support of this much-needed legislation.

AOPA is a national trade association that represents over 2,000 orthotic and prosthetic patient care facilities and suppliers that design, fabricate, fit, and supervise the use of orthoses and prostheses. Our members serve Veterans and civilians in the communities where they live, and our goal is to ensure that every patient has access to the highest standard of O&P care from a well-trained clinician.

Wounded Warrior O&P Care Needs

Amputation and Traumatic Brain Injury have become signature injuries of the wars in Iraq and Afghanistan. Although the death rate is much lower than previous wars, the amputation rate has doubled: according to the Department of Defense and the Department of Veterans' Affairs, 6% of those wounded in Iraq have required amputations, compared with a rate of 3% for past wars. The Congressional Research Service reported that, as of November 2014, US service members had undergone 1,573 major limb amputations; more than 80% of the amputees lost one or both legs. The majority of these are young men and women who, with continued, high quality prosthetic care, should be able to live long and active lives.

Traumatic Brain Injury often manifests itself in the same way as stroke, with drop foot and other challenges balancing, standing and walking that require orthotic intervention. As has been widely reported, the number of service members diagnosed with TBI is far greater than those undergoing amputation. The Department of Defense reports that from 2000-2014, there were 320,344 diagnosed cases of TBI among service members. These service members and Veterans are also predominantly young adults who may need decades of high quality care to maintain their independence and quality of life.

Other Veteran Health Trends Add to the Need for O&P Care

The number of Veterans undergoing amputation is increasing dramatically, and is expected to increase at an even more rapid pace in the future. According to Dr. Joseph Webster, the Medical Director for the VHA Amputation System of Care, between 2008-2013, an average of 7,669 new amputations were performed for Veterans every year. In the year 2000, 25,000 Veterans with amputations were served by the VA. By 2013, that number had climbed to more than 80,000 Veterans.

As Dr. Webster describes, the majority of Veterans with amputations have required an amputation because of diabetes or vascular disease. Nationwide, 7% of the US population, or more than 22 million Americans, are veterans. The VA reports that one out of every four Veterans receiving care from the VA has diabetes; 52% of the Veterans in the VHA primary care population have hypertension; 36% have obesity. All of these conditions are associated with orthotic or prosthetic care needs due to stroke, neuropathy, and amputation.

Additional Highly Qualified Clinicians are Needed to Meet Growing Demand

From the battlefield to the aging Veteran population at home, medical conditions requiring prosthetic and orthotic care have become more complex and more challenging to treat. The technologies available to address them are more sophisticated, and require more training and experience to fit and maintain. In recognition of these challenges, entry level qualifications for prosthetists and orthotists were changed to require master's degrees. At the same time, many experienced professionals in the field are themselves getting ready to retire. Providing high quality services to our Wounded Warriors, Veterans, seniors, and civilian amputees is going to require more master's degree programs at American universities to prepare the next generation of practitioners.

The National Commission on Orthotics and Prosthetics Education (NCOPE) commissioned a study of the field, which was completed in May of 2015. The evaluation reported that in 2014, there were 6,675 licensed and/or certified prosthetists and orthotists in the United States. The study concluded that, by 2025, "overall supply of credentialed O&P providers would need to increase by about 60 percent to meet the growing demand."

Currently, there are thirteen schools in the US that offer master's degrees in orthotics and prosthetics. The largest program, Northwestern, accepts 48 students. The majority of programs have classes of 20 or fewer students per year. A total of 230 students are anticipated to graduate with master's degrees in orthotics or prosthetics in 2015.

This means that current accredited schools will barely graduate enough entry-level students with master's degrees to replace the clinicians who will be retiring in coming years. Current class sizes aren't adequate to prepare sufficient numbers to meet the growing demand for prosthetic and orthotic care created by an aging population and increases in chronic disease that often require prosthetic and orthotic care.

The Wounded Warrior Workforce Enhancement Act

Despite the need for additional clinicians with advanced degrees, O&P master's programs are costly and challenging to expand. The need for lab space and sophisticated equipment, and the scarcity of qualified faculty with PhDs in related fields, contribute to the barriers to expanding existing accredited programs. Under current law, there are no federal resources available to schools to help create or expand advanced education programs in O&P. Funding is available for scholarships to help students attend O&P programs, but do not assist in expanding the number of students those programs can accept.

The Wounded Warrior Workforce Enhancement Act is a limited, cost-effective approach to assisting universities in creating or expanding accredited master's degree programs in orthotics and prosthetics. The bill authorizes \$5 million per year for three years to provide one-time competitive grants of \$1-1.5 million to qualified universities to create or expand accredited advanced education programs in prosthetics and orthotics. Priority is given to programs that have a partnership with Veterans' or Department of Defense facilities, including opportunities for clinical training, to help students become familiar with the unique needs of service members and Veterans.

The Act in the 113th Congress

The Wounded Warrior Workforce Enhancement Act was first introduced in the 113th Congress and gained bipartisan support. The bill was endorsed by Vietnam Veterans of America and VetsFirst, which recognized the need for additional highly qualified practitioners to care for wounded warriors.

In May of 2013, the Senate Committee on Veterans Affairs held a hearing to consider the Wounded Warrior Workforce Enhancement Act and other Veterans' health legislation. The VA testified that the grants to schools were not necessary because it did not anticipate any difficulty filling its seven open internal positions in prosthetics and orthotics. The VA described its O&P fellowship program, which accepted nineteen students that year, as a sufficient pipeline to meet its need for internal staff.

The Senate committee rejected the VA's argument because it did not represent the reality of how Veterans access O&P care. Acknowledging that more than 80% of prosthetic and orthotic care to Veterans is provided by community-based facilities, the committee concluded that the nineteen students enrolled in the VA fellowship program could not meet the system-wide need for highly qualified O&P staff. Committee members also agreed that increasing the number and pool of clinicians with master's degrees benefitted Veterans, whether they were hired internally at the VA or by community-based providers, particularly if those students had clinical experience working with service members and Veterans.

Responding to the need for highly qualified clinicians in every setting that provides care to Veterans, the Senate committee included provisions of the Wounded Warrior Workforce Enhancement Act in S. 1950, which passed Senate VA Committee unanimously.

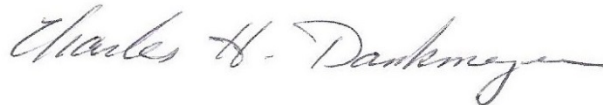
Due to factors unrelated to O&P, the omnibus bill did not advance and no resources for advanced education in prosthetics and orthotics were made available to schools.

The Need and the Opportunity Are Present Today

That need for a larger pool and pipeline of highly qualified prosthetists and orthotists to care for Veterans with limb impairment and limb loss has only become more pressing. The competitive grants created under the Wounded Warrior Workforce Enhancement Act could spark the expansion necessary to meet Veteran needs for high quality care, in Veterans' Administration facilities and community-based settings.

No Veteran should suffer from decreased mobility because of lack of access to high quality care. The Wounded Warrior Workforce Enhancement Act is a limited, cost-effective approach to training the skilled clinicians who will care for Veterans for decades to come. Thank you for considering this bill today, and for your commitment to providing the highest level of O&P care for our Veterans. If you have any questions or would like more information, please do not hesitate to contact AOPA.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Charles H. Dankmeyer, Jr." The signature is written in black ink and is positioned above the printed name and title.

Charles H. Dankmeyer, Jr., CPO, President
American Orthotic and Prosthetic Association