

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

NOVEMBER 17, 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. 1319, the “Ask Veterans Act”

PVA generally supports H.R. 1319, the “Ask Veterans Act.” This bill would direct the Secretary of the Department of Veterans Affairs to contract with a non-government entity to conduct annual surveys on veteran experiences in obtaining medical care through VA. The focus of the survey would be patient wait times, access to health care, and the quality of the care provided. The experience of the veterans receiving care must be consistently included in order for VA to provide veterans-focused care.

H.R. 1603, the “Military Sexual Assault Victims Empowerment Act”

PVA supports the intent of H.R. 1603, the “Military Sexual Assault Victims Empowerment Act.” This bill would allow survivors of military sexual trauma (MST) to seek specialized care outside the Veterans Health Administration through the Choice program by setting aside wait time and distance eligibilities. While the VA continues to build its capacity in mental health providers and clinical competency in treating military sexual trauma there may be cases where VA cannot provide the mental health services clinically indicated. In such instances VA already has the authority to contract out such care in the community. MST survivors have needs that often include more than mental health services, such as primary care services, substance abuse treatment, housing, and travel assistance. MST coordinators are available at every VA medical center to assist veterans access services. Direct care in the community cannot provide the veteran-specific, comprehensive care many MST survivors need. VA must do more to ensure that all survivors who seek care are able to receive it in a timely and competent manner. While we understand the intent of this bill, we are concerned that direct care in the community will fractionate the veterans health care and prevent the receipt of benefits and support services they would otherwise have access to.

H.R. 1904 “The Wounded Warrior Workforce Enhancement Act”

PVA supports the goal of this legislation to the extent that it attempts to rejuvenate a declining orthotics and prosthetics workforce. We have a concern, however, as to whether the veteran community will truly capitalize on the return on this investment if the

legislation does not require some level of service commitment from student beneficiaries.

Quality orthotic and prosthetic care is of the utmost importance to PVA members. No group of veterans understands the importance of prosthetics and orthotics more than veterans with spinal cord injury or disease. The Independent Budget Veteran Service Organizations maintain that the VA must ensure that prosthetics departments are staffed by certified professional personnel or contracted staff that can maintain and repair the latest technological prosthetic devices. A key component to this is continued support for the VA National Prosthetics Technical Career Program which aims to address the projected personnel shortages.

In June of 2015, the National Commission on Orthotic and Prosthetic Education (NCOPE) released its analysis projecting orthotics and prosthetics workforce supply and patient demand over the next ten years. The analysis showed that the overall number of credentialed O&P providers will need to increase approximately 60 percent by 2025 to meet the growing demand. This is in part due to the fact that attrition rates from the profession will surpass the graduation rates of those entering the field, ultimately resulting in a decreasing supply of O&P providers. Failure to address both the decreasing supply of providers and the increasing demand for their services will very likely cause the workforce to shift toward non-credentialed providers. Our veterans deserve to be cared for by competent and highly trained individuals.

This legislation is an important step toward ensuring that our veterans continue to be treated by credentialed providers. It promotes the expansion of a qualified teaching and faculty pool which will provide the foundation to accommodate and train a growing number of students seeking to become providers. In addition to the expected dissemination of best practices and knowledge from the proposed Center of Excellence, the legislation also provides eligible institutions built-in flexibility to tailor the use the funds for educational areas where they can achieve the goal of expanding the O&P workforce most effectively. PVA also supports the proposed veterans preference in the

admissions process. As the Independent Budget VSOs have stated before, employing veterans in this arena will ensure a balance between the perspective of the clinical professionals and the personal needs of the disabled veterans.

PVA's concern, though, is that the bill misses an opportunity to capture a more predictable and tangible return on investment. Requiring scholarship recipients to serve a commitment with the VA is a way to strengthen the precision with which these funds are allocated without reducing the previously mentioned institutional flexibility. The goal of this legislation is, after all, to expand the orthotics and prosthetics workforce in order to better serve veterans. While the proposed approach of expanding the overall pool of qualified service providers within the community writ large might have a trickle effect of ensuring that the VA continues to offer certified providers, we believe this suggested change would have a stronger and more immediate impact.

H.R. 2639 “Marriage and Family Therapists for Veterans Act”

PVA supports the “Marriage and Family Therapists for Veterans Act.” When a veteran suffers a spinal cord injury, this life-changing event not only impacts the veteran, but his or her family as well. PVA members appreciate the importance of maintaining and strengthening relationships with their spouses who so often step into the role of being the veteran's primary caregiver. As the Independent Budget VSO's have stated consistently, family caregivers supporting severely wounded, injured, and ill veterans require considerable strength to tend to the needs of family and home, assist their veterans with everyday activities, take their veterans to appointments, or simply be there in their veterans' times of need. With proper support, many severely injured or ill veterans can benefit from residing at home instead of being institutionalized. Support from family caregivers plays a crucial role in improving veterans' psychosocial well-being, but it takes endurance, commitment, love, and patience. As these challenging circumstances test the strength of a veteran's marriage, it is supremely important that they and their spouse have quality and timely access to Marriage and Family Therapy mental-health services. Currently, there are numerous qualified MFT practitioners willing and able to serve the VA, but the current law's stringent requirements are preventing

them from becoming eligible to provide services for the VA. This legislation will help eliminate those bureaucratic obstacles and provide an important catalyst to the VA's current efforts to expand access to MFT mental-health professionals.

H.R. 3234, the “Failing VA Medical Center Recovery Act”

PVA does not have a position on H.R. 3234, the “Failing VA Medical Center Recovery Act.” This bill would create within VA a new “Office of Failing Medical Center Recovery.” The new office would be headed by an Under Secretary for Failing Medical Center Recovery charged with assembling VA's top managers and ‘deploying’ them to fix Medical Centers that are deemed ‘failing’. PVA understands frustration inherent in the intent of this bill toward VA Medical Centers for not completing patient appointments in a timely manner. However, the bill does not address how the creation of a new bureaucracy within the existing one will improve the access and quality of veterans health care.

H.R. 3471 “Veterans Safety Mobility Act of 2015”

The adaptive automobile equipment grant is an important issue for PVA members, as they are the highest users of this particular benefit. Those veterans with catastrophic disabilities have a critical need for mobility to help maintain a high quality of life and allow them to continue to be active members of their community despite their disability. PVA supports the effort to ensure veterans with mobility impairment receive adaptive equipment and adaptations that meet industry standards and specifications. As technology advances, new automotive adaptive devices continue to open the door to more drivers with disabilities. Each person with a mobility issue is unique and has individual requirements and specific features that will allow them to feel confident and comfortable while they drive. The law as it is currently written requires that before providing an automobile under this section, the Secretary determine that the eligible person is able to operate the vehicle safely. In response to this provision, Veterans currently receive training from the VA's Driver's Rehabilitation Program on how to safely operate their new vehicle or equipment before embarking out onto public roadways. The bulk of the training, however, is rendered meaningless if the adaptive equipment itself

fails. Requiring that vendors offering such services be certified is simply a matter of due diligence in line with the previously mentioned requirements. One can easily recognize the gravity of harm that can ensue upon not only the veteran, but other motorists, passengers and pedestrians when this type of equipment fails due to faulty installation or repairs. While competition and innovation provoke the establishment of putative best practices and product benchmarks, this legislation is an important step in ensuring that as the industry evolves, veterans who are mobility-impaired can rest assured that companies meet industry-determined certification standards for selling, servicing and repairing adaptive vans and equipment. There are also secondary benefits to this policy. It prevents duplicative costs associated with failing to appropriately vet the vendor the first time around. And in addition to limiting potential waste of VA funds, it limits the financial exposure of already vulnerable veterans.

H.R. 3549, the “VA Billing Accountability Act”

PVA supports H.R. 3549, the “VA Billing Accountability Act.” This bill would authorize the Secretary of Veterans Affairs to waive the requirement of certain veterans to make copayments for hospital care and medical services in the case of an error by the VA. Many VA Medical Centers struggle to send billing statements for co-payments to veterans in a timely manner. For some veterans this means being sent a bill years after the service. H.R. 3549 would mandate that a veteran receive their bill within 120 days from receiving care at a VA Medical Center and within 18 months if seen at a non-VA facility. Further, the bill grants the Secretary the authority to waive the co-payment altogether if these billing timelines are not adhered to. If the bill is sent after the required time VA must notify the veteran of the option to receive a waiver or create a payment plan before the payment can be collected. Veterans and their families should not be burdened with unknown debts resulting from mistakes in VA’s own processes.

VA Legislative Proposal

PVA supports the VA Legislative Proposal “Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act.” This bill is a necessary tool to allow the VA to meet the wide-ranging and unique health care needs of veterans, particularly

veterans with spinal cord injury and dysfunction. Through various authorities VA purchases private sector health care services for veterans, their families and survivors. Among veterans and community providers, the multiple avenues for procuring care often creates more confusion than resources. Under this proposed rule, VA would be able to obtain extended care services for veterans from providers who are closer to veterans' homes and communities. The proposed legislation would protect VA's ability to continue to purchase private medical care when not otherwise available through VA, contracts, or sharing agreements. This allows VA to purchase care through agreements that are not subject to provisions of law governing federal contracts, ensuring providers are treated similar to Medicare providers. This would enable VA to meet the needs of veterans in an effective manner. This measure preserves the protections against waste, fraud and abuse, based on the Federal and VA Acquisition Regulations. However, this legislation will also accelerate the purchasing process of a veteran's care by avoiding some of the complicated contracting rules governed by Federal Acquisition Regulations. This authority should prove extremely appealing to solo practitioners and small practices.

Draft bill, the "Promise Act"

PVA supports the "Promising Responsible Opioid Management and Incorporating Scientific Expertise Act" discussion draft. This bill targets problems identified in the VA's use of opioids in treating veterans. Additionally, it seeks to improve patient advocacy by the Department and expand availability of complementary and integrative health Services.

This bill would require the Department of Defense (DOD) and the VA to jointly update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain that has not been updated since 2010. VA would adopt safe opioid prescribing guidelines for chronic, non-cancer pain in outpatient settings. It would require each health care provider of VA and DOD to use VA's Opioid Therapy Risk Report tool before starting opioid therapy, emphasizing discussions with patients about alternative pain management therapies. The education and training of health care professionals would

be improved for identifying patients at-risk for addiction and effective tapering programs for patients on an opioid regimen.

Additionally, the VA would be given the authority to increase the availability of naloxone, or “Narcan,” a highly effective opioid antagonist. This drug is on the World Health Organization’s list of essential medicines in a basic health system. Naloxone reverses the effects of an opioid overdose (typically depression of the central nervous system). When one is prescribed opioids there is always a possibility of an overdose. The ability to respond to a worst case scenario of overdose, accidental or otherwise, must be available at every medical facility. According to a 2011 VA study based on 2005 data, veterans ages 30-64 who received care at VA died of accidental overdoses at two times the rate of their civilian peers. Naloxone has no risk of dependency and can be administered by a layman in the nasal spray form. It is a critical tool that can save lives while the department works to address the widespread use of opioids.

VA would also be required to develop mechanisms for real-time patient information on existing opioid prescriptions from VHA as well as patient prescription information from the state drug monitoring program. This mechanism would alert pharmacists of potential “double-prescribing.” A pain management board would be established in each Veterans Integrated Service Network (VISN). It would serve as a resource of best practices recommendations for veterans, families, and providers alike.

Finally, this bill would require VA to incorporate alternative pain management therapies like yoga and acupuncture. PVA fully supports the use of complementary and alternative medicine and believes such care options will give veterans with catastrophic injuries and disabilities additional options for pain management and rehabilitative therapies.

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.