

**STATEMENT FOR THE RECORD**  
**OF**  
**PARALYZED VETERANS OF AMERICA**  
**FOR THE**  
**HOUSE COMMITTEE ON VETERANS' AFFAIRS**  
**SUBCOMMITTEE ON HEALTH**  
**CONCERNING**  
**PENDING LEGISLATION**  
**SEPTEMBER 26, 2017**

Chairman Wenstrup, 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 percent 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. 93, “to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans”**

PVA supports H.R. 93, to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs (VA) medical care for women veterans. The bill would ensure gender specific services are continuously available at every VA medical center and community based outpatient clinic.

As of 2016, women comprise nearly 10 percent of the total veteran population. That percentage is expected to rise. VA has made strides in recent years to meet the needs of women veterans, by providing basic reproductive health services, preventative screenings and provider training on women’s health issues. However, nearly a third of VA medical centers still lack providers for gynecological services and refer women veterans to community providers.

The great advantage for a patient of the VA health care system over other networks in the United States is the care coordination provided amongst its comprehensive services. For too many women veterans, their care is fractured between their VA medical center, and a bevy of community care providers. They have to worry about record sharing, prescription data, and if VA will pay the provider on time before receiving a bill themselves. For most male veterans at VA, these basic health services are quickly and readily available. All veterans deserve to benefit from the hallmark of the VA system. The number of women enrolling at VA continues to rise. VA must have systems and providers in place to address their unique needs. This legislation would require VA facilities hire or contract with the needed providers.

**H.R. 501, the VA Transparency Enhancement Act of 2017**

PVA generally supports H.R. 501, the “VA Transparency Enhancement Act of 2017.” The bill seeks to increase availability of information regarding the prevalence of surgical infections, cancellations, and transfers. The bill would require quarterly reports to the Committees on Veterans’ Affairs of the House and Senate, and a public release on VA’s website. Currently, VA provides the monthly completed and pending appointment data from local VA medical facilities.

VA does not publically release data on rates of infection or cancelled or transferred surgeries. Hospitals that receive reimbursement from the Centers for Medicare and Medicaid Services (CMS) must report a variety of quality measures to the National Healthcare Safety Network, including surgical infections. This legislation will bring VA in line to be qualitatively compared to the private sector.

### **H.R. 1063, the “Veteran Prescription Continuity Act”**

PVA supports H.R. 1063, the “Veteran Prescription Continuity Act.” This bill would ensure a service member transitioning from Department of Defense to Department of Veterans Affairs while receiving medical treatment is able to maintain their prescription regimen if not included in the joint uniform formulary.

Currently, there is no guarantee a patient transitioning to VA can be prescribed the same drug as prescribed by DOD. The only exception is medication for post-traumatic stress or chronic pain. This bill would have VA offer what DOD prescribed until the veteran’s provider determines it is no longer necessary. This is a logical accommodation for a service member in transition. Ensuring there is a seamless handoff between systems is of the utmost importance.

### **H.R. 1066, the “VA Management Alignment Act of 2017”**

PVA supports H.R. 1066, the “VA Management Alignment Act of 2017.” This legislation would direct VA to submit to Congress a report on the organizational structure of VA and the means to improve such structure to improve access to quality care. GAO reports have revealed VA has not implemented the recommendations for managerial and structural improvement. The report required by this bill would spell out the roles and responsibilities for senior staff and organizational units within VA and how they work together to promote efficiency and accountability, as well as any legislative recommendations to improve access to care.

### **H.R. 1943, the “Restoring Maximum Mobility to Our Nation’s Veterans Act of 2017”**

PVA generally supports H.R. 1943, the “Restoring Maximum Mobility to Our Nation’s Veterans Act of 2017.” The bill would amend title 38, USC, to require VA to ensure each wheelchair, furnished to a veteran with a service connected disability restores the maximum achievable mobility in activities of daily living, employment, and recreation. The bill would amend ‘wheelchair’ to include ‘enhanced power wheelchairs, multi-environmental wheelchairs, track wheelchairs, stair-climbing wheelchairs, and other power-driven devices.’ The bill would allow the Secretary to furnish a wheelchair to a veteran because the wheelchair restores an ability that relates exclusively to participation in a recreational activity.

PVA supports this bill provided such wheelchairs meet all International Organization for Standardization (ISO) criteria and FDA requirements for wheelchairs. The existing regulations and standards will ensure the veteran is using equipment that has been rigidly tested to meet all safety, mechanical and software parameters. This is a difficult standard for many of the mentioned devices, such as tracked vehicles. Our primary concern is the veteran’s safety and well-being. We would not encourage VA to furnish veterans with spinal cord injuries an off road “wheelchair” that could roll over. And there are general safety concerns for these recreational vehicles and the operation of gasoline motors.

### **H.R. 1972, the “VA Billing Accountability Act”**

PVA supports H.R. 1972, 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. 1972 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.

### **H.R. 2147, the “Veterans Treatment Court Improvement Act of 2017”**

PVA firmly believes in the rule of law and that anyone convicted of a crime should be held accountable. Our criminal justice system, though, has long recognized the existence of aggravating and mitigating circumstances that play an important role in influencing the administration of penalties. While advocacy before a sentencing judge following conviction is critical, prosecutorial discretion is also vast. Veterans Justice Outreach Specialists can help veterans use their honorable service, as well as mitigating circumstances arising from that service, to ensure both the prosecutor and judge see more than just a rap sheet when making decisions.

If the specialist demonstrates that the veteran is entitled to health care or disability benefits, the judge or prosecutor might be able to fashion a sentence or plea offer that incorporates utilization of these services in lieu of imposing solely punitive sanctions. It could also lead to an outright deferment of prosecution conditioned on the veteran exploring and obtaining all services available to him or her. This scenario is especially enticing to the judicial system given the constant struggle to find resources, particularly for in-patient substance abuse rehabilitation programs and mental health care.

For some veterans, this path might help them avoid being permanently stigmatized with a criminal conviction. For others, it might be the ticket that lifts them out of homelessness and the corresponding criminal recidivism, specifically with petty and/or vagrancy crimes. It is no secret that some veterans go years before realizing they were entitled to certain benefits that might have helped them avoid poverty and dejection. A court order pointing the veteran to the Department of Veterans Affairs can sometimes turn into a life-changing event. At the least, more veterans touched by this program will re-engage productively with society. That is a goal worth pursuing.

### **H.R. 2225, the “Veterans Dog Training Therapy Act”**

PVA supports H.R. 2225, 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-deployment 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. This pilot program would be located at VA medical centers and administered by VA’s Center for Compassionate Innovation. We believe that this construct will provide the conditions that lead to effectively trained service animals for veterans with disabilities.

### **H.R. 2327, the “Puppies Assisting Wounded Servicemembers (PAWS) Act of 2017”**

PVA generally supports H.R. 2327, the “Puppies Assisting Wounded Servicemembers (PAWS) Act of 2017,” to provide service animals to veterans who need them. If enacted, this legislation would direct the VA to carry out a pilot program to provide service dogs to certain veterans with severe post-traumatic stress disorder (PTSD). Service animals provide crucial assistance to many veterans living with catastrophic disabilities. The benefits of using a service animal are multi-faceted. Service animals promote independence and help to break down societal barriers. Many members of Paralyzed Veterans have personally experienced these benefits.

Through the PAWS Act, VA will provide grants to service animal organizations to assist veterans referred by VA who have PTSD. This pilot program will provide service dogs to veterans with PTSD who have completed evidence-based treatment for PTSD but who continue to have a PTSD diagnosis. We support efforts to increase access to service animals for veterans with disabilities. It is our hope that this program will be funded. However, we strongly discourage it be done by offsetting resources for VA's Office of Human Resources and Administration, which could derail VA's efforts to hire and retain qualified personnel.

Additionally, the bill as written does not appropriately reflect the fact that the VA currently does not provide service animals to any veteran directly. Service animals are provided to veterans by organizations responsible for the training and provision of service animals, not the VA. The VA currently bears no direct cost when it comes to providing service animals. As it is, we are not aware of a demonstrated need for VA to be the procurer of service animals. Additionally, this bill would have the VA provide service dogs only to veterans with PTSD, excluding veterans with other mental health conditions and physical disabilities who would also benefit.

VA provides veterinary health insurance and other ancillary benefits to service animals used for veterans with physical disabilities. While this bill would make PTSD service dogs eligible for existing benefits, (something VA currently has the authority to do) it goes a step beyond by charging VA with procuring a trained, capable dog. We are concerned that creating a new process to place service dogs with veterans with PTSD confuses the process among veterans with other needs.

**Draft legislation to “make certain improvements in VA’s Health Professionals Educational Assistance Program”**

PVA supports the draft legislation to make certain improvements in VA's Health Professionals Educational Assistance Program. The bill would designate at least fifty scholarships to medical or dental students. The goal is to award such scholarships until the Secretary determines the staffing shortage of these providers is less than 500. The recipient of the scholarship agrees to serve as a full-time employee in VHA for a period of obligated service of 18 months of each

school year or part thereof that the scholarship was provided. The bill would also establish within VA a Specialty Education Loan Repayment Program. The purpose is to incentivize medical residents to work at VHA, particularly in specialties where recruitment and retention have proven difficult. This bill would allow for the Secretary to waive maximum loan repayment caps established under the Specialty Education Loan Repayment Program and pay the total amount of the principal and interest on a participant's loan. The participant's obligated service would be determined on a scale of the amounts repaid. Additionally, Section 4 of the bill would establish a pilot program to fund the medical education of ten eligible veterans throughout the Teague-Cranston medical schools.

Given the critical shortage of health care providers VA must be able to pursue the means to recruit and retain new residents. The majority of providers at VA and throughout the United States will soon retire and there are not enough poised to take their place. And with an aging patient population and uncertain healthcare landscape, these challenges require quick action

That potential health care students are reluctant to commit to medical school, or new residents are hesitant to take a post in an underserved community, should come as no surprise. The cost burden of their education and training is an overwhelming prospect and debt is all but guaranteed. No matter how eager to serve, or desirous of giving back to veterans a new resident may be, a career at an understaffed VA may not be a tenable choice. By providing scholarships to cover the cost of medical school or paying off loans, in exchange for a period of service, VA would become an obvious choice. Removing the financial barriers encourages the best and the brightest to make their mark at VA. Additionally, such programs would cultivate a culture of commitment by those unburdened by debt and revive areas too long stressed by continuous shortages. VA must be given the resources to address this current and looming crisis. The health and wellbeing of our nation's veterans depend on it.



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

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

*Fiscal Year 2017*

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$275,000.

*Fiscal Year 2016*

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$200,000.

*Fiscal Year 2015*

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

**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.