American Orthotic & Prosthetic Association

Ensuring Excellent Prosthetic and Orthotic Care for Veterans

Testimony by the
American Orthotics and Prosthetics Association
Before the House Veterans' Affairs Subcommittee on Health

June 13, 2018

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

Thank you for inviting the American Orthotic and Prosthetic Association to offer its perspective on the need to expand our pool of highly educated clinicians who can offer prosthetic and orthotic care to Wounded Warriors who have lost limbs or sustained chronic limb impairment on the battlefield. We thank you for including HR 3696, the Wounded Warrior Workforce Enhancement Act, in this hearing.

AOPA represents over 2,000 orthotic and prosthetic patient care facilities and suppliers that evaluate patients for and design, fabricate, fit, adjust 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. It is not widely known that 80-90% of prosthetic/orthotic care delivered to Veterans is provided in a community-based setting, outside the walls of a VA Medical Center. The vast majority of your constituents who are Veterans and who need a prosthesis or orthosis received a device that was provided and maintained by an AOPA member.

The VA contracts with community-based providers to offer Veterans timely, convenient and high quality prosthetic and orthotic care near the locations where they live and work. Because such a high percentage of care is delivered by community-based providers, the private sector workforce and procurement relationships with the VA must be a part of any discussion of lower extremity prosthetic and orthotic care for Veterans.

Wounded Warriors Need Orthotic and Prosthetic Care

Traumatic Brain Injury (TBI) and amputation are signature injuries of the wars in Iraq and Afghanistan. Traumatic Brain Injury often manifests in the same way as stroke, with orthotic intervention needed to address drop foot and other challenges balancing,

standing and walking. The Defense and Veterans Brain Injury Center has reported that by the start of calendar year 2018, more than 379,500 service members had suffered a TBI.

Although the death rate from conflicts in Iraq and Afghanistan is much lower than in previous wars, the amputation rate doubled. The Department of Defense and the Department of Veterans' Affairs have reported that in past wars, 3% of service members injured required amputations; of those wounded in Iraq, 6% have required amputations. The DoD Surgeon General reported to CRS more than 1,600 service-related amputations from 2001-2016. More than 80% of amputees lost one or both legs. Concussion blasts, multiple amputations, and other conditions of war have resulted in injuries that are medically more complex than in previous conflicts. The majority of these amputees are young men and women who should be able to live long, active, independent lives – sometimes even return to active duty - if they receive timely, high quality, and consistent prosthetic care.

Senior Veterans Need Orthotic and Prosthetic Care

Most Americans are unaware that the majority of Veterans with amputations undergo the procedure as a result of diabetes or cardiovascular disease. According to VA statistics, one out of every four Veterans receiving care has diabetes; 52% have hypertension; 36% are obese. These conditions are associated with higher risk for stroke, neuropathy, and amputation.

These underlying health conditions are the reason that the number of Veterans undergoing amputation is increasing dramatically, and is expected to increase at an even more rapid pace in the future. VHA Amputation System of Care figures show that, in the year 2000, 25,000 Veterans with amputations were served by the VA. By 2016, that number had more than tripled to 89,921. Between 2008-2013, an average of 7,669 new amputations were performed for Veterans every year; in 2016, 11,879 amputation surgeries were performed. 78% of the Veterans undergoing amputation last year were diabetics. 42% had a service-connected amputation condition.

Demand for High Quality Care is Growing While Provider Population Shrinks

From the battlefield to the homeland, medical conditions requiring prosthetic and orthotic care have become more complex and more challenging to treat. New prosthetic and orthotic technology is more sophisticated, and offers potential for greater functional restoration. To ensure professional, high quality care that responds to these shifts, earlier this decade the entry-level qualifications for prosthetists and orthotists were elevated from a bachelor's degree to a master's degree.

Veterans need and deserve clinicians who can successfully respond to their battlefield injuries and service-related health conditions with appropriate, advanced technologies. As the population of amputees grows, many experienced professionals who

were inspired to enter the field to care for Vietnam Veterans are retiring. Currently, only 13 American universities offer master's degrees in prosthetics and orthotics. The largest progra admits fewer than 50 students each year. The majority of programs enroll fewer than 20 students. Despite receiving multiple qualified applicants for every seat, fewer than 250 students are able to enroll *in all 13 programs combined* each year. Providing high quality care to our Wounded Warriors and Veterans with limb loss and impairment is going to require more master's degree graduates from American universities to be the next generation of practitioners.

The National Commission on Orthotics and Prosthetics Education (NCOPE) joined with AOPA to commission an independent study of the O&P field, which was completed in May of 2015. The study found that in 2014, there were 6,675 licensed and/or certified orthotists and prosthetists in the United States. It concluded that, by 2025, "overall supply of credentialed O&P providers would need to increase by about 60 percent to meet the growing demand." Subsequent analysis conducted by NCOPE and AOPA suggests that the current number of providers is closer to 5,500, an even more significant shortage than than previously predicted.

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. Class sizes simply aren't adequate to meet the growing demand for O&P care created by an aging population and rising incidence of chronic disease.

Positions as licensed, certified prosthetists and orthotists are good jobs. Nationally, the average wage exceeds $65,000. These jobs pay good wages, support a family, and can't be outsourced overseas. Most importantly, they help improve the health and quality of life for our Veterans. Veterans need care. The providers who care for them need high quality employees. People want fulfilling careers, and feel great about caring for the men and women who have so nobly served our country. Schools are getting more applicants for O&P programs than they can accept. Where is the imbalance?

The Wounded Warrior Workforce Enhancement Act

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. There are currently 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.

One way to address this problem is by passing The Wounded Warrior Workforce Enhancement Act, introduced in the House by Representative Cartwright with bipartisan support. This bill is a limited, cost-effective approach to assisting universities in creating or expanding accredited master's degree programs in orthotics and prosthetics. It 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 ensure that students become familiar with and can respond to the unique needs of service members and Veterans. The bill was endorsed by Vietnam Veterans of America and VetsFirst, which recognize 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 testified that its O&P fellowship program, which accepted nineteen students that year, was a sufficient pipeline to meet its need for internal staff. The VA offered similar testimony at a House Veterans Affairs Health Subcommittee hearing in November 2015.

The Senate rejected the VA's argument. Acknowledging that most prosthetic and orthotic care to Veterans is provided by community-based facilities, the Committee concluded that nineteen students could not meet the system-wide need. Committee members also agreed that Veterans and the VA would benefit from a larger pool of clinicians with master's degrees, whether those graduates were hired internally at the VA, or by community-based providers. The Committee included provisions of the Wounded Warrior Workforce Enhancement Act in S. 1950, which passed Senate VA Committee unanimously in 2013. Due to factors unrelated to O&P, the omnibus bill did not advance. Related provisions were included in the Senate's omnibus package Veterans' legislation in 2016, but were not included in the final conferenced bill.

AOPA looks forward to working with you to expand the number of highly qualified prosthetists and orthotists who can meet the needs of Veterans with limb loss and limb impairment, and to reducing the barriers to timely, appropriate lower extremity care. No Veteran should suffer from decreased mobility or independence because of lack of access to high quality care, regardless of where it is provided.

A Proud History of Caring for Veterans in the Community Is Under Threat

AOPA commends the VA for its historical leadership in ensuring that Veterans who have undergone amputations have access to appropriate, advanced prosthetic technology, often before the same technology is made available to patients in the private sector. For example, when the first microprocessor-controlled knee came to market, it was initially considered beneficial for the fittest, most active amputees. Fred Downs, then National Director of the Prosthetic and Sensory Aids Service, was himself a Vietnam Veteran who lost an arm in combat. He had the idea that the greater stability offered by microprocessor control might be even more beneficial to older, less active Veterans with limb loss who were less steady on their feet. After testing the computer-controlled knees with older Veterans undertaking activities such as walking in the community and riding Metro

escalators, the VA became the first payor to approve microprocessor-controlled knees for older and less active patients. Today, following the VA, Medicare and private insurance companies widely accept that microprocessor-controlled knees improve safety and increase activity levels for patients with limb loss across a wide spectrum of activity levels.

O&P care is unusual in providing care to Veterans largely through contracts with private sector providers – often family-owned, small businesses. There are multiple advantages to the VA, and to Veterans, from this long-time public-private partnership in O&P. With a private sector network of O&P clinics supplementing care available from VA employees, wait times are reduced and Veterans receive the care they need more quickly than if they were relying solely on overburdened VA facilities and federal employees. Community-based providers are often closer to Veterans' homes or workplaces. Frequently, they offer Veterans more convenient care, with less travel time and expense, less time away from work, and less interruption to their daily lives.

It is in part because of this strong history of providing high quality care in the community to Veterans who need it that AOPA is deeply concerned by the October 16, 2017 Federal Register Notice and proposed rule regarding "Prosthetic and Rehabilitative Items and Services." Under the proposed rule, the Veterans' Administration, not the Veteran, would decide if a Veteran can receive care from a local provider or if that Veteran must drive – sometimes for hours, over hundreds of miles – to receive care in a VA facility. In fact, the proposed policy states that, if the VA has the materials in-house, care shall be provided in the VA. The policy, which is described in the Federal Register as a "clarification," in fact upends decades-long precedent allowing Veterans to choose to receive prosthetic and orthotic care in the community. AOPA is grateful to Representatives Walberg and Rutherford, who recently offered an amendment prohibiting use of appropriated funds to finalize the proposed policy. AOPA joins with Veterans' Service Organizations that have called for the VA to withdraw this proposal immediately, and urges the VA instead to affirmatively rebuild the public-private partnership that has provided such high quality care.

AOPA is also deeply concerned about the impediments the coding policies of the Centers for Medicare and Medicaid services are posing with respect to the development of new, more advanced technologies needed by prosthetic and orthotics patients, and Veteran access to these advanced technologies. The VA recently announced that it would reverse its longstanding practice of making payments for new prosthetic technologies under a "Not Otherwise Classified" code. This decision, and other related policies, appear to be limiting Veterans' access to newer, advanced and more effective prosthetic and orthotic technologies. The VA has never provided a comprehensive explanation for its policy changes. We are grateful to former subcommittee Chairman Wenstrup for his work on this issue, including his work on a joint hearing or round table with the House Ways and Means Committee.

Chairman Dunn, Ranking Member Brownley, and members of the Committee, we know you share our belief that Veterans who have suffered limb loss or limb impairment as a result of their military service, or as a result of service-connected illness, deserve the best

possible care that a grateful country can provide. We look forward to working with you to ensure that all Veterans continue to receive that care.