

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

**H.R. 2787, H.R. 3696, H.R. 5521, H.R. 5693, H.R. 5864, H.R. 5974, H.R. 5938, AND  
DRAFT LEGISLATION  
JUNE 13, 2018**

Chairman Dunn, Ranking Member Brownley, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit 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 better understands the full scope of care provided by the VA 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 and quality of care is threatened. Several of these bills will help to ensure veterans receive timely, quality care and services.

**H.R. 2787, the “Veterans-Specific Education for Tomorrow’s Medical Doctors Act”**

PVA supports H.R. 2787, the “Veterans-Specific Education for Tomorrow’s Medical Doctors Act.” This bill would establish a pilot program in the VA for pre-med students to experience clinical observation before attending medical school. The pilot would be carried out for a three-year period at no more than five medical centers. The goals of this clinical observation pilot would be to increase awareness and knowledge of veterans’ health care for future medical professionals and increase provider diversity. While VA does already allow for clinical observation, this pilot would assist in enhancing the awareness of veteran-specific needs among

future medical professionals. Each session would allow for no fewer than 20 students and 60 observational hours with three sessions per calendar year. In selecting which medical centers and specialties are to participate, the Secretary may select those with the largest staffing shortages. PVA recommends VA provide the participating students with information regarding employment at VA, including educational opportunities and loan repayment programs.

### **H.R. 3696, 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 (IBVSOs) 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 orthotics and prosthetics 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 and use the funds for educational areas where they can achieve the goal of expanding the orthotics and prosthetics workforce most effectively. PVA also supports the proposed veterans’ preference in the admissions process. As the IBVSOs 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. 5521, the “VA Hiring Enhancement Act”**

PVA supports H.R. 5521, the “VA Hiring Enhancement Act.” The bill would amend title 38 to provide for the non-applicability of non-VA covenants not to compete to the appointment of certain Veterans Health Administration personnel. It would also permit VHA to make contingent appointments and require VA physicians to complete residency training. This bill intends to fill vacancies and make VA more competitive by authorizing VHA to begin the recruitment and hiring process up to two years prior to the completion of required training. This would allow for physicians to quickly begin work at VA medical centers upon the completion of their education. This could help to stem the flow of the ever recurring stories of young clinicians who wished to serve veterans but were unable to endure the months of an uncertain onboarding process. Veterans deserve the best this country can offer. Congress should explore every means to ensure VA does not lose out on young professionals due to inefficient hiring practices.

### **H.R. 5693, the “Long-Term Care Veterans Choice Act”**

PVA supports H.R. 5693, the “Long-Term Care Veterans Choice Act.” This bill proposes to amend title 38 to authorize the VA to enter into contracts or agreements for the transfer of veterans to non-VA adult foster homes for certain veterans who are unable to live independently. PVA believes that VA’s primary obligation involving long-term support services is to provide veterans with quality medical care in a healthy and safe environment.

As it relates to veterans with a catastrophic injury or disability, it is PVA’s position that adult foster homes are only appropriate for disabled veterans who do not require regular monitoring by licensed providers, but rather are able to maintain a high level of independence despite needing assistance due to having a catastrophic injury or disability. When these veterans are transferred to adult foster homes, care coordination with VA specialized systems of care is vital to the veterans’ overall health and well-being. The drafted text of this bill requires the veteran to receive VA home health services as a condition to be transferred. As such, PVA believes that if a veteran with a spinal cord injury or disease (SCI/D) is eligible and willing to be transferred to an adult foster home, the VA must have an established system in place that requires the VA home-based primary care team to coordinate care with the VA SCI/D Center and the SCI/D primary care team that is in closest proximity to the adult foster home. When caring for a veteran with a catastrophic injury or disability this specialized expertise is extremely important to prevent and treat associated illnesses that can quickly manifest and jeopardize the health of the veteran. When catastrophically injured or disabled veterans who receive services from one of the VA’s specialized systems of care are placed in a non-VA adult foster home they must be regularly evaluated by specialized providers who are trained to meet the needs of their specific conditions.

### **H.R. 5864, the “VA Hospitals Establishing Leadership Performance Act”**

PVA supports H.R. 5864, the “VA Hospitals Establishing Leadership Performance Act” that would direct the Secretary to establish qualifications for the human resources positions within VHA. It would also require VA to standardize performance metrics and report the findings to Congress. There currently are no such requirements.

### **H.R. 5974, the “Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act”**

PVA supports H.R. 5974, the “Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act.” This legislation would direct the Secretary to use on-site regulated medical waste treatment systems at certain VA facilities.

Currently, most VA facilities dispose of medical and biohazardous waste by contracting for its removal by truck. This method is expensive, and poses inherent risk by loading waste, such as blood, microbiological cultures, body parts, dressings, etc., onto vehicles that must travel to disposal sites. The opportunity for accidents, spillage, and exposure to the public are ever present. This legislation would allow, where it results in savings, for VA to discard its own waste using on-site regulated medical waste treatment systems.

### **H.R. 5938, the “Veterans Serving Veterans Act of 2018”**

PVA supports the intent of this legislation. However, we have some concerns regarding the level of interagency cooperation it would take to enact this legislation. We are eager to learn the position of VA and the Department of Defense (DOD) regarding this bill. Additionally, we have some concerns regarding privacy.

The draft bill would establish a vacancy and recruitment database to facilitate the recruitment of soon to separate members of the Armed Forces in order to fill vacant positions at VA. To do so, it requires DOD to provide the names and contact information of every member of the Armed Forces whose military occupational specialty or skill corresponds to an employment vacancy at the VA. We are unconvinced the current employment databases are so insufficient to navigate that it justifies this degree of interagency upkeep as well as the upfront provision of the names, contact information, and skillsets of individuals soon to leave the military. Most concerning, this database of DOD information, to be maintained by VA, would automatically submit service members’ information and require one to opt-out, rather than opt-in, in writing. While PVA commends the intent of this legislation, to fill vacancies and provide suitable employment to newly separated service members, we recommend privacy and efficiency concerns be addressed.

### **Draft legislation, “to improve productivity of the management of Department of Veterans Affairs health care, and for other purposes”**

PVA supports the intent of this draft legislation. As written, the draft would require VA to track relative value units (RVU) for all VA providers. It would also require all providers to attend

training on clinical procedure coding. In addition, it would direct the Secretary to establish for each facility standardized performance standards based on RVUs that are applicable to each specialty, as well as remediation plans for low productivity and clinical inefficiencies.

RVUs, a private sector standard used to determine productivity against expenses, has been a widely used tool by the Centers for Medicare and Medicaid Services for decades. The primary purpose of which is not to enhance patient outcomes but to determine provider payments. While RVUs could be useful, they are not perfectly applicable for a holistic health system like VA.

PVA strongly supports the use of any tool that betters the care veterans receive. If legislation proposed a tool that would both increase quality and save the taxpayer, we would support it. However, we are not convinced the RVU measure will motivate providers at facilities appropriately. A private sector model is not applicable to veteran centric, complex care provided at VA. As the private sector rarely discloses their own performance under such measurement, we are hesitant to support a flawed comparison between the two systems that benefits neither.

As is often noted, VA providers spend far more time with patients compared with the private sector, to the increased satisfaction of the veteran. And since providers are not compensated by quantity of patients seen, the incentive to spend quality time with a patient is encouraged. We are eager to learn VA's position on this bill.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on the programs affecting veterans. We look forward to working with you to ensure our catastrophically disabled veterans and their families receive the medical services and supports they need.

## **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 2018*

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — \$181,000.

### *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.

## **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.