

Jeff Denham - June 13, 2018
Statement before the Committee on Veterans' Affairs Subcommittee on Health
HR 5974, the VA COST SAVINGS Enhancements Act

Mr. Chairman: Thank you for the opportunity to speak in support of HR 5974, the VA COST SAVINGS Enhancements Act.

I introduced this bipartisan bill to improve care for our veterans and ensure we are using the latest cost-saving technology.

Specifically, it directs the VA to install on-site medical waste treatment systems in facilities where this will result in a cost-savings within 5 years.

System-wide, this will save the VA millions of dollars each year and directly improve safety and healthcare for our veterans.

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Medical waste, also known as "red bag" or "biohazardous" waste, is infectious waste produced at VA facilities and hospitals.

Since this waste is contaminated by blood or bodily fluids, it poses a risk of transmitting an infection and has to be handled in a special way.

If a VA facility has an on-site sterilization machine, this waste can be disinfected immediately. Otherwise, it must be taken to a special facility off-site.

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On-site sterilization machines, or autoclaves, are steam sterilizers that use temperature and pressure to compact waste and destroy all microbial life.

This process renders a completely safe byproduct that can be disposed of as normal waste.

This technology is vetted by the EPA, and is considered a best practice by the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO).

So, this policy brings the VA in line with the medical community's recommended practices.

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When VA facilities do not treat waste on-site, they have to load it in trucks and drive it to regional waste disposal centers. This is both inefficient and expensive.

It can't be compacted otherwise infections will spread, so the trucks fill up fast.

Additionally, contracting with third parties to ship this waste is expensive.

In a report to Congress, the VA found that on-site treatment costs half as much as hauling waste off-site. Often much less.

Current technologies can treat waste for 7 to 9 cents per pound, compared to 30 to 60 cents off-site.

We are wasting millions of dollars each year shipping infectious waste around the country. My bill stops that.

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In addition to the enormous cost savings, this technology is safer, more environmentally friendly, and increases crisis readiness.

Safety is paramount when caring for our vets, and treating waste on-site prevents the spread of infections. That is why the CDC recommends this technology.

It also reduces carbon emissions.

HR 5974 eliminates the need for hundreds of trucks to be on the road, and stops VA hospitals from shipping infectious waste back through the communities they serve.

Furthermore, it enhances operational stability and improves disaster response.

In the event of an earthquake or flood, transportation infrastructure can be compromised and prevent trucks from reaching a facility.

This ends reliance on outside contractors and ensures medical waste can be immediately dealt with in a disaster scenario.

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The VA recognizes the benefits of this technology and approximately 20% of VA facilities have already installed on-site sterilization.

The 2016 Military Construction and Veterans Affairs Appropriations bill acknowledges “there are cost savings as well as beneficial environmental impacts and [energy] savings associated with on-site medical waste treatment.”

Accordingly, the VA developed a Blanket Purchase Agreement to streamline purchasing of these machines. Unfortunately – implementation has been slow.

It is time to realize the full benefits of this technology and bring the VA into the 21st century.

Our veterans deserve the highest-quality care we can provide.

This technology improves crisis-readiness, and is safer, more efficient, more cost-effective, and more environmentally friendly than traditional medical waste disposal.

Installing these machines will immediately begin saving the VA millions of dollars per year, and directly improve care for our veterans.

I urge my colleagues to support this policy.