

**STATEMENT OF ROSCOE BUTLER
ASSOCIATE LEGISLATIVE DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE THE HOUSE COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON HEALTH
CONCERNING PROPOSED LEGISLATION
September 11, 2019**

Chairwoman Brownley, Ranking Member Dunn, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for this opportunity to provide our views on some of the pending legislation you will be reviewing today.

H.R. 3867, the “Violence Against Women Veterans Act”

PVA supports H.R. 3867, the “Violence Against Women Veterans Act.” We believe that any veteran—*male or female*—who experienced domestic violence or sexual assault while serving on active duty should have access to appropriate health care and services to help them overcome the trauma they encountered while serving our nation at home and abroad. When VA is not able to provide the needed care or services, this legislation would authorize the Secretary of Veterans Affairs (VA) to establish partnerships with domestic violence shelters and programs; rape crisis centers; state domestic violence and sexual assault coalitions; and such other health care or service providers. Partnerships like these could help veterans who experienced domestic violence receive the care and services they need and deserve.

H.R. 4096, the “Improving Oversight of Women Veterans’ Care Act of 2019”

PVA supports H.R. 4096, the “Improving Oversight of Women Veterans’ Care Act of 2019.” This legislation would require the Under Secretary for Health to submit to Congress an annual report on the ability of women veterans to access gender-specific care in the community, including the average waiting period between the veteran’s preferred appointment date and the date on which the appointment is completed, reasons VA could not fulfill the appointment, and the driving time required for appointments. It would also require each medical facility to report to

the Secretary, on a quarterly basis, the compliance and noncompliance of the facility with the environment care standards for women veterans, as defined in Veterans Health Administration (VHA) Directive 1330.01(1). Each report is to name the person at the facility who is responsible for compliance and provide the facility plan to strengthen the environment of care standards.

According to a December 2016 U.S. Government Accountability Office Report (17-52), VHA does not have data and performance measures for women veterans' access to gender-specific care delivered through the Veterans Choice Program. However, VHA does collect data to evaluate women veterans' access to gender-specific care received through PC3 – a different community care program. The report also found VHA does not have accurate or complete data regarding medical centers' compliance, or noncompliance with the environment of care standards for women veterans.

If VA cannot meet the needs of women veterans and refers them to providers in the community, then VA must still ensure that the care is quality, appropriate care that best meets the veterans' needs. Holding VA and community care providers to different standards is unacceptable. VA must be able to ensure the care a veteran receives, whether provided by VA or in the community, is the best clinical option available. As such, Congress must have the data to conduct the appropriate oversight on that care.

H.R. 1163, the “VA Hiring Enhancement Act”

PVA encourages many efforts to bolster staffing levels at VA facilities, particularly within the Spinal Cord Injury System of Care, which the historical data shows is one of the most difficult areas to recruit and retain physicians and nursing staff. We strongly support the “VA Hiring Enhancement Act,” which seeks to release physicians from “non-compete agreements” for the purpose of serving at VA. It would also allow VA to begin recruiting and hiring physicians on a contingent basis up to two years before they complete their residency. These contingent-appointed physicians would still have to satisfy VA's requirements in order to receive a permanent appointment. Removing these barriers would help encourage more of the best and brightest doctors and nurse practitioners coming out of medical school to pursue a career with VA.

H.R. 2628, the “Veterans Early Treatment for Chronic Ailment Resurgence through Examinations Act of 2019” or the “VET CARE Act of 2019”

PVA supports H.R. 2628, which would expand eligibility for VA dental care to certain veterans. Studies show a person's oral health has a major impact on their physical health and gum disease is often associated with diabetes, heart disease, and many other serious medical conditions.

Even though dental benefits are the bridge to health and wellness, VA closely ration these services citing the severe underfunding of its dental departments. Currently, VA dental care is limited to a small number of veterans such as those who are 100 percent disabled or have a service-connected dental condition, former prisoners of war, and homeless veterans. Dental care may also be available if a dental condition is aggravating a service-connected condition or complicates treatment of that condition.

Simply put, the VET CARE Act would require VA to establish a four-year pilot program for older veterans with type 2 diabetes. Since the VA spends most of its health care costs on treating veterans with chronic conditions like diabetes, expanding dental coverage to these individuals will help improve their overall health and may bring those costs down.

H.R. 2681, to direct the Secretary of Veterans Affairs to submit to Congress a report on the availability of prosthetic items for women veterans from the Department of Veterans Affairs

PVA supports H.R. 2681 which directs the VA Secretary to submit to Congress a report on the availability of prosthetic items for women veterans from VA. Female veterans are more likely than male veterans to receive a prosthesis that does not properly fit. This can cause these women additional medical problems, such as socket burn, and higher rates of hip and knee osteoarthritis. Women veterans in need of prosthetics appliances are on an increase, and VA must ensure prosthesis for women veterans meet all of their health and social needs.

H.R. 2816, the “Vietnam-Era Veterans Hepatitis C Testing Enhancement Act of 2019”

PVA supports this legislation which directs VA to carry out a one-year pilot program making hepatitis C testing available to covered veterans at outreach events organized by veterans service organizations (VSOs). Veterans who have

this disease need to be identified in order to receive treatment for it. We believe that increasing outreach through VSOs will facilitate these efforts.

H.R. 2982, the “*Women Veterans Health Care Accountability Act*”

PVA supports H.R. 2982, which directs the VA Secretary to conduct a study of the barriers for women veterans to health care from VA. Accessibility at VA facilities to gender-specific care has been an area of concern for many of our members.

Ingress/Egress

The first hurdle women veterans may encounter is the entrance to the woman’s health clinic. Many clinics were hastily established so they did not receive the careful level of planning necessary to ensure wheelchair users could enter the facility. For example, the entrance to a VA women’s health care clinic we recently visited did not have an automatic door for patients to use. To complicate matters further, the entrance was not visible to staff so they could not see if a patient outside required assistance, nor was there an external bell for the patient to alert someone. In this case, it was an outside entrance, so any patient needing assistance would be exposed to the elements until someone came along to help them.

Accessible Exam Rooms

Accessibility to doctors' offices is essential in providing medical care to people with severe or catastrophically disabilities, but often this is the next hurdle a women veteran may encounter at VA. Some of VA’s exam rooms are too small to accommodate a women veteran in a wheelchair and a portable lift. Other rooms may not be big enough for a larger wheelchair to enter at all. A portable lift would be unnecessary if the examination rooms had a built-in lift to hoist a women veteran from her wheelchair to the examination table, but many women’s health clinics do not have these lifts installed.

Barriers like these tend to make individuals with severe disabilities less likely to get their routine preventative medical care. It is a major concern because wheelchair users face the insidious health threat of having to sit all day. Loss of muscle tone and diminished circulation cause pressure sores to develop, and it is very important that seemingly minor problems like these be detected and treated early before turning into major, and possibly life-threatening, problems. However,

if the patient is unable to enter the exam room or be placed upon the exam table, the physician will be forced to examine the patient in her wheelchair, diminishing the quality of the exam and any care provided.

Mammography Examinations

Some VA medical centers do not have diagnostic equipment to conduct mammography examinations. For the facilities that do, wait times are excessively long (two months or longer), or the equipment is inaccessible for women veterans in wheelchairs, particularly quadriplegics. While there are mammography machines that allow women with physical disabilities to lay on an exam table, not every VA health care facility has this type of equipment.

In light of these concerns, we believe that H.R. 2982 should specifically address the need to evaluate the barriers faced by women veterans with spinal cord injuries and disorders in receiving proper gender-specific health care.

H.R. 3036, the “*Breaking Barriers for Women Veterans Act*”

Making VA facilities work for women veterans is the goal of H.R. 3036. This legislation directs VA to ensure each of its medical facilities has at least one full or part-time women’s health primary care provider; provides \$1 million in funding each fiscal year for a Women Veterans Health Care Mini-Residency Program; and ensures that providers in the community network are equipped with training nodules specific to women veterans. To verify that these standards are being met, the bill also instructs VA to conduct a study to make sure that staffing levels specific to women veterans are appropriate. PVA supports H.R. 3036 because it will strengthen VA’s ability to deliver easily accessible, high quality care for women veterans at VA facilities.

Discussion Draft, to amend title 38, United States Code, to establish in the Department of Veterans Affairs the Office of Women’s Health, and for other purposes

VA’s Center for Women Veterans was established by Congress in November 1994 (P.L. 103-446) to monitor and coordinate VA’s administration of health care and benefits services, and programs for women veterans. It also serves as an advocate for a cultural transformation (both within VA and in the general public) in recognizing the service and contributions of women veterans and works to raise awareness of the responsibility to treat women veterans with dignity and

respect. Establishing a separate Office of Women's Health would elevate the good work currently being done by the Women's Health Services Program Office; therefore, we support this proposed legislation.

H.R. 2645, the “*Newborn Care Improvement Act of 2019*”

PVA supports H.R. 2645 which would raise the number of days a newborn under VA care could stay in the hospital from 7 to 14. Most newborn births are without complications, but if problems develop, the infant may be required to remain in the hospital for an undetermined period. H.R. 2645 ensures the newborn is covered for a greater period of time so women veterans and their families can focus on their child's health rather than worrying about how to pay for the hospital bill.

H.R. 2752, the “*VA Newborn Emergency Treatment Act*”

VA's current newborn care authority provides hospital care but does not cover emergency transportation when medically necessary transportation is required. PVA supports H.R. 2752 which would authorize the VA Secretary to furnish medically necessary transportation for newborn children of certain women veterans. This common sense legislation will ensure that women veterans are not forced to think about the cost of such transportation when considering emergent care options for their newborns.

H.R. 2798, the “*Building Supportive Networks for Women Veterans Act*”

PVA supports H.R. 2798, the “Building Supportive Networks for Women Veterans Act,” which would make the existing pilot on counseling in retreat settings for newly separated women veterans a permanent program. This legislation provides VA with the authority to extend the program using the same measurements and eligibility requirements. PVA supported the original program established by the “Caregivers and Veterans Omnibus Health Services Act of 2010” and has been pleased to see it continue.

In surveys conducted after the program, participants consistently showed better understanding of how to develop support systems and to access resources at VA and in their communities. The OEF/OIF women veterans at these retreats are most often coping with effects of severe Post-Traumatic Stress and Military Sexual Trauma. They work with counselors and peers, building on existing support. If needed, there is financial and occupational counseling. To be eligible,

women veterans must have been deployed in OEF/OIF, and have completed at least three sessions of counseling in the past six months.

The program, managed by the Readjustment Counseling Service, has been a marked success since its inception in 2011. The results have been overwhelmingly positive for women veterans, who experience consistent reductions in stress symptoms as a result of their participation. Other long-lasting improvements included increased coping skills. It is essential for women veterans that Congress make this program permanent. We believe the value and efficacy of this program is undeniable.

H.R. 1527, the “*Long-Term Care Veterans Choice Act*”

PVA supports the “Long-Term Care Veterans Choice Act” which would authorize 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. This should include access to a medical foster home as desired by the veteran.

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 have a catastrophic injury or disability and can sustain a high level of independence. When these veterans are transferred to adult foster homes, care coordination with VA’s specialized systems of care is vital to the veterans’ overall health and well-being.

This bill requires the veteran to receive VA home health services as a condition to being transferred. As such, PVA believes that if a veteran with a spinal cord injury or disorder 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 Spinal Cord Injury (SCI) Center and the SCI 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. Thus, these veterans must also be regularly evaluated by specialized providers who are trained to meet the needs of their specific conditions.

H.R. 2972, to direct the Secretary of Veterans Affairs to improve the communications of the Department of Veterans Affairs relating to services available for women veterans, and for other purposes

PVA supports H.R. 2972 which would expand the capabilities of VA's Women Veterans Call Center by including a text messaging capability and establishing a single website where women veterans can find information about the benefits and services available to them. The call center already has text messaging capability, but the benefit of having a one-stop resource for information on women veterans' health care and benefits cannot be overstated.

H.R. 3224, to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans

Without additional clarification, PVA cannot support H.R. 3224 as written.

Subsection 1720J(a) would require that the Secretary ensure that gender-specific services are continuously available at every VA medical center and community-based outpatient clinic. However, H.R. 3224 does not define the type of "Gender-Specific Services" VA is required to provide. VHA Directive 1330.01(02), Health Care Services for Women Veterans breaks down gender-specific care into several categories, e.g., primary care and specialty care. It is gender-specific specialty care which concerns PVA. VHA Directive 1330.01(02), paragraph j, provides a list of gender-specific specialty services that must be available in-house to the greatest extent possible. If gender-specific specialty services are not available in-house, such services must be provided through non-VA medical care, contractual or sharing agreements, academic affiliates, or other VA medical facilities within a reasonable traveling distance (less than 50 miles).

Unless additional clarification is provided, VA could interpret Congress's intent with this legislation as a requirement to offer all gender-specific services in each VA medical center or community based outpatient clinic. There are a number of gender-specific specialty services listed in the directive that VA medical centers and community-based outpatient clinics are not capable of providing—particularly when it comes to maternity and newborn care.¹ PVA recommends that this legislation be amended to include language defining the types of gender-specific

¹ VHA DIRECTIVE 1330.01(2), "Health Care Services for Women Veterans"

services that VA would be required to provide.

H.R. 3798, the “*Equal Access to Contraception for Veterans Act*”

The Affordable Care Act (ACA) prevents individuals with insurance from being charged pharmaceutical co-payments for all 11 categories of preventive medicine as determined by the U.S. Preventive Task Force and Centers for Disease Control and Prevention. Yet, with VA being exempt from the ACA, Section 1722A(a)(3) requires VA to charge for these categories with exemptions provided by the Secretary for immunizations and smoking cessation. Veterans are experiencing a disparity in co-payment requirements for the remaining nine categories including contraceptives women veterans receive from the pharmacy. PVA supports H.R. 3798 which eliminates this undue and unjust barrier to accessing birth control that only women veterans and the uninsured must face.

Again, PVA appreciates this opportunity to express our views on some of the many important pieces of legislation being examined today. We look forward to working with the Subcommittee to improve the quality and accessibility of health care for women veterans, and to enhance the quality of health care benefits for veterans in general.

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 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

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.

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.