STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

ON

"THE SILVER TSUNAMI: IS VA READY?"

MARCH 3, 2020

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 input as you examine the Department of Veterans Affairs' (VA) readiness to handle rapidly growing numbers of aging veterans who are relying on VA for their health care.

PVA continues to be concerned about the lack of VA long-term care (LTS) services for veterans with spinal cord injury or disorder (SCI/D). Approximately 8,650 of our members are now over 65 years of age and more than 4,000 are currently between 55 and 64. These aging veterans are experiencing an increasing need for VA's home and community-based services and VA's specialized SCI/D nursing home care. Unfortunately, we believe that VA is not requesting, and Congress is not providing, sufficient resources to meet the demand.

In 2012, VA's own research[1] warned that a wave of elderly veterans with SCI was coming and the department should prepare for them. At the time, aging veterans, new cases of SCI from recent conflicts, and increasing numbers of women veterans were dramatically changing the profile of the Veterans Health Administration's (VHA) SCI/D population. Sadly, little preparation has taken place since that time. VA's SCI footprint is relatively the same and the wave is peaking and ready to crest.

Like the general VHA population, veterans with SCI/D are aging in large numbers. Growing older imposes additional physical and medical challenges on all veterans, but especially for those with an SCI/D. Having an SCI/D can exacerbate physical and physiologic declines—including in the musculoskeletal, cardiovascular, gastrointestinal, pulmonary, and integumentary systems—brought on by the aging process. Furthermore, veterans with SCI/D are also more likely than the general population to experience chronic pain, bone loss, pressure injury (pressure sores), kidney and

[1] "Who are the women and men in Veterans Health Administration's current spinal cord injury population?" https://www.rehab.research.va.gov/jour/2012/493/pdf/page351.pdf.

bladder stones. As a general rule, the need for direct, hands on care increases exponentially as veterans with SCI/Ds age.

A small but distinct subpopulation among veterans approaching the silver tsunami, are women veterans with SCI/D. Women are one of the fastest growing groups of veterans. Women veterans with an SCI/D are less likely to be married; have a higher burden of disease, and greater reliance on outside assistance; are diagnosed with more health conditions than men; and have higher diagnosis rates of lifetime depression.

PVA believes that the most pressing concerns for addressing the needs of aging veterans with catastrophic disabilities include preserving access to VA's specialty care services, increased access to VA's caregiver supports, and improved access to VA's long-term services and supports. We will discuss each of these issues below.

Preserve Access to Specialty Care Services

Catastrophically disabled veterans are among the most vulnerable individuals VA serves. It is essential that VA preserves its capacity to provide specialty care services***.*** PVA consistently testifies that VHA is the best health care provider for veterans. The VA's SCI/D System of Care, comprised of 25 SCI Centers and six LTC facilities, provides a coordinated life-long continuum of services for veterans with an SCI/D that has led to increased lifespans of these veterans by decades. VA's specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, polytrauma care, and mental health care—remains the highest priority for PVA. However, if VA continues to woefully understaff facilities, their capacity to treat veterans will be diminished, which could lead to the closure of facilities, halt improvements in the lives of those with SCI/D, and reduce the services available to them.

Nearly 49,000 VA staffing positions went unfilled last year. In September 2019, VA's Office of the Inspector General[2] reported that 131 of the 140 VA medical facilities had severe shortages for medical officers and 102 of the 140 facilities had severe nurse shortages. Additional shortages in Human Resources Management positions compounded this problem department-wide. In 2015, SCI/D nurses worked more than 105,000 combined hours of overtime due to understaffing. A system that relies upon floating nurses, not properly trained to handle SCI patients, overworks existing SCI/D nursing staff. This leads to burn out, injury, and loss of work time or staff departure and is unacceptable. In some circumstances, it even jeopardizes the health care of veterans.

VA's ability to meet the highest standard of care to our veterans relies on more than just having the right number of physicians and nurses. They also need qualified and well-trained housekeepers. Last year, at some VA medical facilities, staffing levels for environmental (custodial) employees dipped below 50 percent, which heightens the health risks to veteran patients, particularly those with compromised immune systems, such as those with serious illnesses or catastrophic injuries. Low

[2] Veterans Health Administration, OIG Determination of Veterans Health Administration's Occupational Staffing Shortages, September 30, 2019, https://www.va.gov/oig/pubs/VAOIG-19-00346-241.pdf.

pay, a cumbersome hiring process, and a lack of qualified applicants are often cited as major contributing factors to the VA staffing problem.

Staffing problems have a direct, adverse impact on the SCI system. Lengthy, cumbersome hiring processes make it difficult to hire and retain staff, which prohibits SCI/D Centers from meeting adequate staffing levels necessary to care for this specialized population. PVA estimates there is a shortage of 600 nurses in the SCI/D System of Care. Considering SCI/D veterans are a vulnerable patient population, the reluctance to meet legally mandated staffing levels is tantamount to willful dereliction of duty. SCI/D Centers with nursing shortages limit bed availability for admission to an SCI/D Center, reducing access for specialized care delivery. Veterans are often admitted to a VA non-SCI/D ward and treated by untrained SCI/D clinicians for days or weeks until an SCI/D bed becomes available. As SCI/D LTC facilities are exceptionally limited, veterans with SCI/D who have chronic medical issues are being treated in community institutions, by providers not trained in SCI/D. This results in compromised quality of care and poor outcomes. Given the magnitude of this situation, PVA strongly advocates for Congress to provide enough funding for VA to reform its hiring practices and hire additional medical professionals, particularly physicians, nurses, psychologists, social workers, and rehabilitation therapists, to meet demand for services in the SCI/D System of Care and ensure the positions, pay, and other incentives they offer are competitive with the private sector.

Increase Access to VA Caregiver Supports

The VA MISSION Act requires VA to expand access to the Comprehensive Family Caregiver program to include veterans who incurred a serious injury on or before May 7, 1975; and two years later, to those who incurred or aggravated a serious injury in the line of duty after May 7, 1975, through September 10, 2001. The law further required the Secretary to implement an information technology system that fully supports the program and allows for data assessment and comprehensive monitoring of the program on or before October 1, 2018. VA has failed, however, to meet any of the deadlines to expand this benefit. Consequently, thousands of eligible veterans and their caregivers will have to wait longer than Congress intended.

VA continues to provide shifting goals for its rollout of the expansion of the caregiver program. Without accountability and follow through, these goals mean nothing and weaken the belief in the VA's ability to fulfill their obligations to those most in need. At the February 27, 2020, House Veterans' Affairs Committee hearing on VA's fiscal year 2021 budget, Secretary Wilkie stated VA's current goal for expansion of the caregiver program is June 2020. PVA calls on Congress to perform effective oversight to press VA to implement the expansion of caregiver benefits to eligible veterans and caregivers by June. Also, since Congress intended the final phase of the expansion to service-connected injured veterans be initiated on October 1, 2021, we call on Congress to hold the department to that date so these veterans will not experience further delays.

There is, however, another deserving group of veterans who were not included under the original program or the expansion: veterans with service-connected illnesses such as amyotrophic lateral sclerosis (ALS) or the hundreds of other illnesses included in the VA's Presumptive Disease List. This

too is unjust. For this program to be genuinely inclusive of all our nation's veterans and their caregivers, it must not exclude those with service-connected illnesses. Therefore, PVA urges the Committee to approve H.R. 4451, the "Support Our Services to Veterans Caregivers Act" by Representatives Ruiz and Higgins which would expand the program to veterans with service-connected catastrophic illnesses, not just injuries, from all eras of service.

Improve Access to VA's Long-Term Services and Supports

PVA continues to be concerned about the lack of VA LTC beds and services for veterans with SCI/D. Many aging veterans with an SCI/D are currently in need of VA LTC services. Unfortunately, VA is not requesting and Congress is not providing sufficient resources to meet the current demand. In turn, as a result of insufficient resources, VA is moving toward purchasing care in the community instead of maintaining in-house LTC for these veterans, even though it is very difficult to find placement for veterans who are ventilator dependent.

VA designated six specialized LTC facilities because of the unique, comprehensive medical needs of veterans with SCI/D, which are usually not appropriately met in community nursing homes and non-SCI/D–designated facilities. These veterans require more nursing care than the average patient. Additionally, in SCI/D LTC units, the distribution of severely ill veterans is even more pronounced as a sizable portion require chronic pressure ulcer, ventilator, and bowel and bladder care due to secondary complications of SCI/D issues.

The Long Beach VA Medical Center is the department's newest LTC facility and it is also the only SCI/D LTC Center located west of the Mississippi to serve 11 acute SCI/D Centers. It has a capacity of 12 inpatient beds and because it is always full, it has a long wait list to receive admissions. A recent GAO report[3] stated that veterans needing LTC have moved from the Northeast to the South, and that VA now has too many LTC beds in the Northeast and too few in the South. While the GAO report focused on veterans in general, the same finding likely holds true for those with SCI/D. Unfortunately, the woefully inadequate number of beds available barely addresses the high demand. In these instances, the only option is to place the veteran into the local community where they receive suboptimal care by untrained SCI/D-health professionals.

Four of the six SCI/D LTC Centers have sufficient staffing. Of the other two facilities, one has some staffing needs and the other is in dire need of personnel. Thus, some facilities are operating at or near capacity, while others only achieve a fraction of theirs. The VA claims they face challenges hiring staff needed for LTC facilities and this problem will grow as the nation's health care provider shortage worsens.

Although VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations, such plans have been languishing for years.

[3] GAO-19-478, Estimating Resources Needed to Provide Community Care: https://www.gao.gov/products/GAO-19-478

Currently VA has 18 SCI/D-related construction projects in various states of priority and design. Some are partially funded but need more money assigned against the project in order for it to proceed. The Administration is requesting funding for two major projects in its fiscal year 2021 budget proposal to Congress;[4] a new SCI/D Center with 30 (replacement) acute beds and 20 (new) LTC beds in San Diego, California, as well as a new 30 bed LTC Center with space for an additional future 30 beds in Dallas, Texas. PVA encourages Congress to fulfill their funding request for this pair of desperately needed facilities, but also urges you to increase funding for the Dallas LTC Center to complete all 60 beds at the same time. Lastly, in accordance with the recommendations of "*The Independent Budget* Policy Agenda for the 116th Congress," PVA recommends that VA SCI/D leadership design an SCI/D LTC strategic plan that addresses the need for increased LTC beds in VA SCI/D Centers.

VA also offers a number of specialized long-term services and supports to include Spinal Cord Injury-Home Care, Medical Foster Homes, Veterans Directed Care, and Respite Care. All of these programs are covered by VA, with the exception of the Medical Foster Home program. In accordance with VA Policy, VHA Directive 1141.02(1), Medical Foster Home Procedures, VA may refer veterans to a VA approved Medical Foster Home, but VA does not have the authority to cover the cost of services provided.

Medical Foster Homes serve as an alternative to nursing homes for selected veterans who are no longer able to live independently due to functional, cognitive, or psychosocial impairment, at about half of the cost of nursing home care and are intended to serve veterans who are unable to live independently due to functional, cognitive, or psychosocial impairment resulting from conditions such as complex chronic disease, psychological disorder, SCI/D or Polytrauma. Medical Foster Homes are private residences where the caregiver and relief caregivers provide care and supervision 24 hours a day, 7 days a week. Based on a veteran's income and the level of care they need, the monthly charge for a Medical Foster Home is about $1,500 to $3,000.

We urge the Committee to approve H.R. 1527, the ''Long-Term Care Veterans Choice Act,'' which would authorize VA to enter into contracts with Medical Foster Homes that meet VA's standards and to cover the cost of care. Medical Foster Homes allow veterans to remain in a more home-like environment and receive adequate care and services at a fraction of the cost of living in a nursing home or LTC facility. It's a win-win for the veteran and the taxpayer.

Chairwoman Brownley, Ranking Member Dunn, PVA appreciates this opportunity to express our views on VA's current readiness to address the needs of aging veterans with catastrophic disabilities. We look forward to working with the Subcommittee on increasing VA's capacity.

[4] FY2021 Budget Submission for the Department of Veterans Affairs, Construction and Long-Range Plan, https://www.va.gov/budget/docs/summary/fy2021VAbudgetVolumeIVconstructionAndLongRangePlan.pdf.

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 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $253,337.

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.

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.