

**STATEMENT OF JULIE HOWELL
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PARALYZED VETERANS OF AMERICA
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
ON
PENDING LEGISLATION
JUNE 8, 2022**

Chairwoman Brownley, Ranking Member Bergman, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for this opportunity to present our views on pending legislation impacting the Department of Veterans Affairs (VA) that is before the Subcommittee. No group of veterans understand the full scope of benefits and care provided by VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). Several of these bills would help to ensure veterans receive much needed aid and support. PVA provides comment on the following bills included in today's hearing.

H.R. 291, the VA COST SAVINGS Enhancements Act

PVA supports the VA COST SAVINGS Enhancements Act, which would direct the VA to assess the cost savings of using on-site regulated medical waste treatment systems at certain VA facilities. Currently, most of VA's medical facilities dispose of their medical and biohazardous waste by contracting for its removal by truck. This method is expensive and poses inherent risks by loading waste, such as blood, microbiological cultures, and dressings, onto vehicles that must travel to disposal sites. Waste disposal costs the department around \$8.5 million annually and 22 VA medical centers are already disposing their medical waste on-site. Expanding on-site capability to a greater number of VA facilities could increase the safe handling and disposal of medical waste while reducing costs.

H.R. 345, the Reproductive Health Information for Veterans Act

PVA does not have a position on this legislation.

H.R. 1216, the Modernizing Veterans' Health Care Eligibility Act

This legislation would establish a 15-member, bipartisan commission to assess veterans' eligibility for VA healthcare, and recommend ways to revise and simplify eligibility for consideration by the VA and Congress. As written, H.R. 1216 lacks clarity on why an outside panel is needed to assess the current eligibility system.

While it is true that considerable time has elapsed since overall eligibility for VA healthcare was last examined, we are unaware of any compelling reason that would make appointment of a commission to examine eligibility necessary. Recent efforts by members of Congress and outside organizations to reduce the number of veterans who are eligible to receive VA healthcare, limit the types of medical services provided, and privatize VA healthcare have been repeatedly dismissed by Congress and outside experts alike. We believe Congress, particularly this Committee, should continue to exercise its exclusive authority to conduct oversight of VA healthcare programs to include eligibility.

H.R. 1957, the Veterans Infertility Treatment Act of 2021

PVA strongly supports the Veterans Infertility Treatment Act, which, if passed, could transform the lives of many veterans with catastrophic disabilities seeking to become parents or hoping to expand their families. Infertility is a medical condition. However, if a veteran is diagnosed with infertility, the VA healthcare system does not treat it as such. H.R. 1957 seeks to correct this injustice.

Since 2016, VA has been able to provide in vitro fertilization (IVF) to veterans with a service-connected infertility diagnosis. With continued support from VA's yearly appropriations, these services have continued to be available for eligible veterans. However, funding is not guaranteed, and this transformative benefit continues to need yearly congressional action to ensure service-connected veterans are able to use IVF services. H.R. 1957 would address this issue by classifying infertility as a medical condition and making its treatment part of the regular medical benefits and services available to veterans enrolled in the VA healthcare system.

A number of PVA members have been able to have a family thanks to IVF. One of those members was injured in an IED blast in Afghanistan when he was only 19. After his discharge, he met his wife, and they were eager to start a family. After three failed and heart-wrenching rounds of IVF provided by the VA, doctors determined that the genetic material he produced could not sustain life. Because he could not produce viable sperm, they had to seek donated materials which the VA does not currently allow. As a result, this veteran had to seek care outside of the VA, which cost over \$35,000, despite his injury being related to his service.

When someone joins the military, they undergo significant medical examinations that determine whether they are physically capable and able to perform their duties. If that service member becomes injured or ill in service, our nation's sacred duty is to do whatever it can to make them whole again. The current prohibition on using donated genetic material directly impacts veterans with catastrophic disabilities who have infertility. H.R. 1957 would ensure that these veterans can access needed donated genetic material to fulfill their dreams of having a child.

VA's outreach materials for infertility treatments detail the eligibility criteria for veterans with infertility. The veteran must be "legally married, they must have a service-connected infertility diagnosis, the veteran or spouse must have an intact uterus and at least one functioning ovary, and the veteran or spouse must be able to produce sperm." Women are the fastest-growing cohort of the military and their numbers will swell within the VA over the next several years. Also, with more jobs in the military being open to women, there is an increased likelihood of them facing direct combat and, therefore, an increased risk of injury. A woman veteran with SCI/D may not have an intact and functioning uterus and ovary due to her injury or illness. Although this legislation would address the urgent need to allow use of donated genetic material, it would not provide access to surrogacy.

Assisted reproductive technology is an extraordinary medical advancement that allows people living with infertility to fulfill their dreams of a family. We strongly urge Congress to pass H.R. 1957 to help more of our heroes attain this dream. We also hope that Congress will act to provide access to surrogacy as well.

H.R. 6273, the VA Zero Suicide Demonstration Project Act of 2021

PVA supports this measure which directs the VA to establish the Zero Suicide Initiative pilot program at five VA medical centers across the country. This proposed pilot program would help the VA identify gaps in care and create a multi-layered approach with evidence-based interventions to ensure veterans at risk of suicide do not slip through the cracks and transform the culture around suicide prevention. The pilot program would require the VA to consult with several outside stakeholders and agencies such as the National Institutes of Health, the Department of Health and Human Services, and different offices within the VA.

According to a recent VA Office of Inspector General report, approximately 163,000 veterans were referred to a Suicide Prevention Coordinator between March 2019 and June 2020.¹ This statistic paints a stark picture of the situation our veterans find themselves in. The current system needs additional help and support. The Zero Suicide Institute has seen impressive results from its quality improvement model, transforming system-wide suicide prevention and care to save lives. They report a reduction in suicide deaths and hospitalizations, an increase in quality and continuity of care, improvements in post-discharge follow-up visits, and improvements in screening rates.² Implementing a similar project through the VA could reduce veteran suicides as well.

H.R. 7589, the REMOVE Copays Act

PVA supports this legislation which seeks to remove a potential financial barrier to VA mental healthcare for enrolled veterans by eliminating copays for their first three outpatient mental

¹ [VAOIG Report 20-02186-78, Suicide Prevention Coordinators Need Improved Training, Guidance, and Oversight](#)

² [Zero Suicide Results; the Zero Suicide Institute](#)

health appointments annually. Although we are not aware of this being a widespread barrier for the veterans we represent, it may induce other veterans in crisis to come forward and seek help more quickly.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on the bills being considered today. We look forward to working with the Subcommittee on this legislation and I would be happy to take any questions you may have.

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 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$ 437,745.

Fiscal Year 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

Fiscal Year 2020

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

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.