

501(C)(3) Veterans Non-Profit

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BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

ON

PENDING LEGISLATION

MARCH 21, 2024

Chairwoman Miller-Meeks, Ranking Member Brownley, 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 the VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). PVA provides comment on the following bills included in today's hearing.

H.R. 3225, the BUILD for Veterans Act

The Build for Veterans Act seeks to improve staffing to manage construction of VA assets and ensure that there are concrete plans to improve the planning, management, and budgeting of VA construction and capital asset programs. Currently, the VA has nearly \$180 billion in backlogged infrastructure projects, and the backlog is growing every day. Also, it is important to note that this estimate is a snapshot in time and is based on current market conditions, a baseline capital portfolio, demographic data, and projected needs. The department's real needs are likely to be higher because its Strategic Capital Investment Planning list also does not include projects identified in the Asset and Infrastructure Review Commission needed to meet veterans' care needs.

In fiscal year (FY) 2025, the department is requesting a total of \$2.8 billion for the entire infrastructure account. However, VA Capital Infrastructure's backlog of projects continues to grow faster than VA can address them. In addition to the lack of funding, neither VA's Office of Construction and Facilities Management nor the individual VA facilities have the staff to oversee the amount of work necessary to keep up with the growing backlog, much less decrease it. To overcome VA's infrastructure challenges, Congress must not only provide significantly increased funding to fully address these long-standing issues, but also enact comprehensive planning, budgeting, management, and oversight reforms to ensure more effective use of those funds.

Infrastructure is a top priority for PVA and we fully support this bill. VA's current number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community. As of January, only 169 of VA's 181 SCI/D Long-Term Care beds were actually available, and only one of VA's six specialized long-term care facilities lies west of the Mississippi River. Until construction projects at the Dallas and San Diego VA Medical Centers are completed, only 12 long-term care beds are available for the thousands of SCI/D veterans that reside in this area of the country. VA desperately needs to increase its SCI/D Long-Term Care capacity. Among its many provisions, the BUILD Act directs the VA to report to Congress on the department's current and future anticipated long-term care needs and models of care for women veterans, veterans with SCI/D, traumatic brain injury, and other veteran populations with unique needs. It also requires VA to implement a more concrete schedule to eliminate or repurpose unused and vacant buildings, develop and execute a plan to hire construction personnel, examine infrastructure budgeting strategies and identify required reforms, and provide annual budget requirements over a 10-year period.

H.R. 3303, the Maternal Health for Veterans Act

More women are choosing VA healthcare than ever before with women veterans accounting for over 30 percent of the increase in enrolled veterans over the past five years. PVA supports this legislation which strengthens oversight of VA's maternity care coordination while authorizing new funding to make sure the department has what it needs to provide more women veterans with access to the maternal care they've earned through their service. Additionally, this legislation will require the VA to provide an annual report to Congress that would track maternal health outcomes as well as information pertaining to services provided by the Maternal Health coordinators. With a growing number of women veterans using the VA who are of child bearing age, the department needs to be prepared to fully support them. Congress must take its oversight seriously to ensure the health and welfare of women veterans and their families.

H.R. 3584, the Veterans Care Act

There is a growing body of evidence that cannabinoids are effective for treating conditions like chronic pain, chemotherapy induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia. The Veterans Care Act directs the VA to conduct and support research on the efficacy and safety of certain forms of cannabis and cannabis delivery for veterans enrolled in the VA health care system and diagnosed with conditions such as chronic pain or post-traumatic stress disorder. PVA supports evidence-based alternative treatments, including research into the efficacy of medical cannabis. A series of clinical trials on the use of medicinal cannabis may help determine if it could provide any medical benefits for veterans.

H.R. 3644, the Act for Veterans Act

Veterans eligible for VA healthcare experiencing a medical emergency are allowed to seek medical attention immediately from the nearest emergency medical facility, even if it is not at a VA Medical Center. However, if they are suffering from an eligible condition that prevents them from physically contacting the VA within 72-hours, the VA may still deny payment. PVA supports the Act for Veterans Act which allows the VA to give veterans an additional 24-hour period, at a minimum, to notify the VA when receiving care at a non-VA facility. The additional time will allow for flexibility if a veteran needs additional time to recover from a severe medical condition or if they are experiencing other challenges.

H.R. 3649, the Veterans National Traumatic Brain Injury Treatment Act

Hyperbaric Oxygen Therapy (HBOT) is a well-established treatment for a variety of conditions including decompression illness, carbon monoxide poisoning, or compromised skin grafts and flaps. However, its safety and efficacy to treat Traumatic Brain Injury or Post Traumatic Stress Disorder is unclear. PVA has no objections to this legislation which seeks to establish a pilot program at the VA to furnish HBOT to veterans with these conditions.

H.R. 4424, the Vietnam Veterans Liver Fluke Cancer Study Act

PVA supports this bill which directs VA, with the assistance of the Centers for Disease Control, to determine the prevalence of cholangiocarcinoma (bile duct cancer) in Vietnam era veterans. Bile duct cancer is an aggressive disease that attacks the gallbladder, bile ducts, and liver and has been linked to infections by parasitic worms known as liver flukes, which are common in Asia. The study would identify the rate of incidence of cholangiocarcinoma in covered veterans of the Vietnam era and in residents of the United States, from the beginning of the Vietnam era to the date of enactment of this Act. It also requires the VA to track and report on the prevalence of cholangiocarcinoma using the VA Central Cancer Registry.

H.R. 5247, the Expedited Hiring for VA Trained Psychiatrists Act of 2023

PVA supports this legislation which authorizes the VA to appoint a psychiatrist who completes a residency at a Veterans Health Administration (VHA) facility to a VHA health care position immediately after such residency, without regard to civil service or classification laws, if (1) the psychiatrist meets the qualifications established in regulations prescribed for the position, and (2) the position has been unfilled for at least 35 days. The critical shortage of psychiatrists within the VA is well documented and extends wait times for veterans seeking this level of mental health care. Passage of this bill would help ensure some of them receive needed care sooner.

Many SCI/D Centers lack the direct support of a psychiatrist. This forces other members of the care team (psychologists, social workers, and other SCI/D staff) to submit an Intra Facility Consult—and in some cases, an Inter Facility Consult for all veterans with SCI/D requiring psychiatric care. The response time to these consults are lengthy, delaying essential psychiatric care and services for these veterans. The dedicated SCI/D psychologists provide crucial mental health services; however, many veterans require specialized services only a psychiatrist can deliver. The change authorized by this legislation may help alleviate shortages like these, enabling SCI/D veterans to receive the essential psychiatric care they need in a timely manner.

H.R. 5530, the VA Emergency Transportation Access Act

The VA Emergency Transportation Access Act would bar the VA from reducing rates of pay and reimbursement for special mode transportation providers, including ground and air ambulances, unless the department meets certain requirements that ensure rate changes will not reduce veterans' access to this essential service. Specifically, it requires the VA to conduct a thorough review of the impact a change in rates would have on veterans' access to care; consult industry experts, Centers for Medicare and Medicaid Services, appropriate VA subject matter experts, and veterans service organizations when conducting the review; and develop a formal process of updating the rates that protects or expands veterans' current access to emergency transportation. Most importantly, it ensures the new rates reflect the actual costs of transportation. Having access to VA's Special Mode of Transportation is the only way many veterans can safely get to their VA and authorized non-VA medical appointments. PVA supports this legislation, because it helps ensure changes in reimbursement rates do not adversely impact veterans.

H.R. 6324, the FY 2024 VA Major Medical Facility Authorization Act

PVA wholeheartedly supports this bill which authorizes the VA to carry out 11 major medical facility projects during FY 2024 and sets maximum spending amounts for each one of them. This includes more than \$300 million to support the ongoing construction of a new SCI/D Acute and Long-Term Care Center and related facilities at the San Diego VA Medical Center.

In addition to meeting the acute care needs of veterans with SCI/Ds, the new facility would house 20 new, desperately needed long-term care beds. Currently, only 12 long-term care beds are available for the thousands of SCI/D veterans that reside in this area of the country, so completion of this project is extremely important to PVA members. We urge you to pass this important legislation as quickly as possible.

H.R. 6373, the Veterans STAND Act

Veterans with SCI/Ds rely heavily on the use of assistive technologies to increase their independence and enhance participation in work, their families, and communities. These range from a simple cane to complex systems that allow the veteran to stand and move at eye level. In recent years, the neuroscience and biomedical communities have made great strides in developing new technologies to help restore mobility for people with SCI/Ds. Many of the newest and more complex technologies are limited to those with specific physical and mental capabilities amongst other factors. Still, PVA wishes to ensure those who meet the appropriate clinical criteria are considered for emerging assistive technologies.

We support the STAND Act which would first ensure that veterans with SCI/Ds are offered an annual medical exam. These annual assessments are important because it allows the veterans physician to identify and treat health issues before they worsen; review any changes that have occurred over the last year; and identify risk factors that could lead to future health problems and offer expert advice on how to mitigate them. Some VA facilities do an excellent job reaching out to SCI/D veterans to offer them an annual assessment—*but not all*, so there is room for improvement in this area. Second, the bill directs the VA to ensure veterans are assessed for, and briefed on the types of assistive technologies they may be eligible for during these annual evaluations. Advancements in technology could provide life-changing options for veterans with SCI/Ds, so it is extremely important that they are made aware of anything that could improve their mobility, functionality, or independence.

We would like to note that we do have a minor concern with the requirement under Section 2 (3)(B) for the VA to consult with the manufacturers of assistive technologies. Veterans are determined to be qualified candidates to use complex assistive technologies like exoskeletons based on clinical criteria. VA should work with industry, as appropriate, but we are concerned about such collaboration being required. Thus, the language should be modified as appropriate.

PVA would once again like to thank the subcommittee for the opportunity to discuss our views on some of the bills being considered today. We look forward to working with the subcommittee on this legislation and would be happy to answer any questions.

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 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$479,000.

Fiscal Year 2022

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

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.