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Chairwoman
VA Subcommittee on Health

cc: Julia Brownley, Ranking Member, VA Subcommittee on Health

The Amputee Coalition expresses its gratitude to Chair Miller-Meeks, Ranking Member Brownley, and the distinguished members of the VA Health Subcommittee for the opportunity to testify in the hearing titled, *"Life After Limb Loss: Examining VA Amputee Prosthetics Care."*

Established in 1986, the Amputee Coalition is a 501c3 organization that provides support, education, and advocacy for the over 5.6 million individuals who have experienced amputations or were born with limb difference living in the US. The Amputee Coalition provides information, referral, healthcare navigation services, and peer support programming through its operation of the National Limb Loss Resource Center (NLLRC), which is funded through a Cooperative Agreement under the Administration for Community Living (ACL) in the Department of Health and Human Services.

At the heart of the Amputee Coalition's mission is our peer support programs. Our goal is to make sure that no one goes through this journey alone. We believe that support comes in many forms and can make an incredible difference in recovery and rehabilitation. The Coalition offers peer support in the form of support groups, hospital partnership programs, youth camp, and our Certified Peer Visitor program through our HHS grant.

Through an annual contract with the Department of Veteran Affairs, our organization provides technical support, print and digital resources, Certified Peer Visitor (CPV) training as well as train the trainer programs and help facilitate the Amputation Systems of Care (ASoC) Peer Support program.

No one is in a better position to understand the experience of living life with an amputation or supporting a person with limb loss than someone who has traveled that journey. A well-trained peer can offer encouragement and information an individual navigating the start of their own journey can better understand, absorb, process, and accept. A peer-reviewed study published in 2022 noted that peer support interventions "showed promise" in addressing suicide risk (Bowersox et al., 2021).

As noted in a recently published GAO report, over 93,000 veterans living with limb loss receive care through the VHA. Beyond combat-related injury from serving in the armed forces, limb loss could also be the result of the insidious effects of diabetes mellitus (DM). VA reports that most patients living with limb loss treated by ASoC suffer from DM or peripheral vascular disease. Veteran amputees with diabetes may experience further complications if they were exposed to Agent Orange and other related herbicides.

The GAO report also highlighted, as have others who have testified today have noted, that the Amputation Specialty Clinics through which many veterans living with limb loss receive care related to their limb loss, are staffed by an interdisciplinary team. This team includes a prescribing clinician (often a physical medicine and rehabilitation physician), a physical or occupational therapist (or both), a prosthetist, and a rehabilitation coordinator. An interdisciplinary model is the gold standard and one that we at the Amputee Coalition wished civilians could have access to throughout their continuum of care.

Recognizing that some veterans living with limb loss may experience mobility challenges, a virtual amputation clinic exists to access care from a VA Medical Center. This opportunity provides veterans living with limb loss the ability to connect with a provider from various locations, - including at home, a VA clinic, or a community prosthetic partner. The benefits of virtual clinics also include access to veterans with mobility challenges, elimination of transportation challenges, and reduction of work loss and the cost of travel. This is also not a standard of care available to most civilians, and the Amputee Coalition commends the efforts of the VA to make care more accessible for those living with limb loss.

In acknowledging the successes of the VA care model, it's also important to note some of the challenges and potential areas for improvement.

1. Healthcare access challenges faced by individuals experiencing limb loss in rural America continue to be a concern for the Amputee Coalition. The GAO report previously mentioned confirmed that 28% of Medicare Beneficiaries who received amputations lived in rural areas, but only 20% of all Medicare beneficiaries live in rural America. While the report did not provide this data for the veteran population, one cannot ignore that rurality plays a role in access to coordinated healthcare.
2. While the VA employs many certified prosthetists orthotists (CPOs) for its various clinics, much of the prosthetic care received by veterans is still provided by community O&P providers. The anecdotal reports we receive highlight differences in communication processes between clinicians within the VA and those in a community setting that vary from facility to facility. Creating more streamlined and coordinated channels of communication between community providers and VA clinical teams is vital to ensure that care remains coordinated when an individual is receiving prosthetic services outside of a VA setting.
3. Our partners in provider groups representing the orthotic and prosthetic field have expressed their concerns about the orthotics and prosthetics workforce pipeline, and it is my understanding that the National Commission on Orthotic and Prosthetic Education (NCOPE) is in the process of initiating a study to look specifically at those

workforce shortages. While the VA remains an attractive employer for CPOs, the Amputee Coalition is concerned with the recent reports of attrition that are from the Master of Orthotic and Prosthetic (MSOP) programs, especially since there are only 13 programs currently graduating MSOP students.

In closing, the Amputee Coalition expresses its gratitude for the opportunity to be a trusted partner in service to our Nation's veterans every single day. We value our partnership with the VA and are committed to supporting efforts to improve prosthetic care and the mental health and wellbeing of those veterans who have or are at risk of experiencing amputations.

References

Bowersox NW, Jagusch J, Garlick J, Chen JI, Pfeiffer PN. Peer-based interventions targeting suicide prevention: A scoping review. *Am J Community Psychol*. 2021 Sep;68(1-2):232-248. doi: 10.1002/ajcp.12510. Epub 2021 Mar 15. PMID: 33720444; PMCID: PMC9165581.

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