

STATEMENT OF

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FOR THE RECORD OF THE

Subcommittee on Disability Assistance and Memorial Affairs
Committee on Veterans' Affairs
United States House of Representatives

LEGISLATIVE HEARING
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Chairman Luttrell, Ranking Member Pappas, and Members of the Subcommittee:

Thank you for inviting QTC – a Leidos Company – to submit a statement for the Subcommittee's legislative hearing. Since our company's founding in 1981, we have focused on delivering high Quality, Timely, and Customer-focused examinations. Today, we are the leading provider of medical, disability and occupational health examinations. We are especially proud of our partnership with the Department of Veterans Affairs to serve those who have given much to our country. Claims development is the longest step of the claims process, with evidence gathering that includes examinations if the existing evidence is lacking. We provide veterans with critical access points to compensation and pension disability examinations through our 90 medical clinics, 19,000 subcontract providers, and 12 mobile medical clinics. QTC is pleased to offer our views on the bills under consideration by the Subcommittee, focusing on those bills that would impact disability examinations.

H.R. 5938, Veterans Exam Expansion Act of 2023

QTC supports H.R. 5938 and urges swift enactment of the bill with our recommended enhancements.

With the enactment of the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022* (PACT Act), millions of Veterans with toxic exposures will receive expanded healthcare and compensation benefits from the Department of Veterans Affairs (VA). This landmark legislation established 24 presumptive conditions and is expected to lead to an influx of disability claims numbering in the millions. To process these claims, VA relies on contract primary care physicians, and specialty care physicians, to conduct medical disability examinations (MDEs) for Veterans. However, there is a national shortage of these medical providers who can conduct these exams.

The United States faces a projected shortage of between 37,800 and 124,000 physicians within 12 years, according to the Association of American Medical Colleges. The American Hospital

Association called the workforce shortage that hospitals are experiencing a “national emergency” and projected the overall shortage of nurses to be 1.1 million. This issue is especially acute among behavioral and mental health professionals. Today, more than 150 million people live in federally designated mental health professional shortage areas. According to the American Psychiatric Association, the country will be short between 14,280 and 31,109 psychiatrists, psychologists, and social workers within a few years. Moreover, demand for services is growing, exacerbated by the pandemic and a dwindling supply of professionals as they retire at a rate that outpaces new people entering the field. The shortage of behavioral health professionals is particularly acute in rural areas where many Veterans live.

In March 2013, VA’s disability claims backlog peaked at 611,000 claims, and most Veterans waited more than 125 days to receive their disability benefits. To support VA’s plan to reduce the claims backlog and relieve healthcare providers of the burden of conducting MDEs, Congress passed P.L. 113-235, which expanded contract examination coverage to VA Regional Offices (VAROs). This law enabled VA clinicians to focus on healthcare while contract examiners performed MDEs for disability claims, enabling the VA to achieve a functional zero in the claims backlog by the end of 2015.

QTC used license portability to conduct 35,033 exams with 280 providers in 2021 and increased the number of exams using license portability to 42,581 in 2022. License portability also enabled QTC to provide services to vulnerable Veterans who are hard to reach. Rural hospitals, which treat roughly one in five Americans, are struggling to stay open. Over 180 rural hospitals have closed since 2005, and another 500 are at immediate risk of closing. Nearly 3 million Veterans in rural communities rely on VA for healthcare services. QTC’s rural capacity has increased by more than 50% since Congress authorized licensed clinicians to practice across state lines.

Not all Veterans are able to make their way to a clinic for an in-person examination with physicians and other healthcare providers—and it’s not always the best solution. To provide high-quality medical evaluations for Veterans who are homebound, have limited mobility, or are living in rural communities or areas with limited medical infrastructure, QTC now brings examination services to their doorstep. The company’s 12 mobile medical clinics are state-of-the-art, RV-sized doctor’s offices on wheels.

The 12 mobile clinics traverse the entire continental United States to provide Veterans with all examination services that they would find in a permanent clinic. Available services include radiology, audiology, general medicine, vision services, and mental health exams. Staffed by licensed medical providers, these mobile clinics help reduce wait times from roughly 100 days to close to 2 weeks in many underserved communities, such as Veterans on tribal reservations. QTC completed 24,000 remote exams for Veterans in 2021 and more than 14,000 exams from January through June 2022. H.R. 5938 will enable QTC to expand medical disability exam services to underserved communities.

QTC recommends that the committee amend the legislation to provide VA with the flexibility to leverage the license portability authority for additional provider types, when needed, for providers completing disability examinations on behalf of VA. One way to do so is by granting contract medical disability examiners with the same license portability authorities that Veterans

Health Administration employees already have under 38 USC 7402. In addition, QTC recommends that the license portability authority be extended to at least September 2028 to cover the duration of the current MDE contracts. This would allow the Department to be nimble and swiftly respond to the problem of providers not being available where veterans live.

In 2016, Congress passed Veterans' Health Care and Benefits Improvement Act of 2016, which granted contract MDE providers license portability to ensure that the claims backlog stayed at functional zero. License portability, which authorizes a provider's license to cross state lines, is an effective solution to address the provider shortage in parts of the country where demand outpaces supply. In 2020, Congress expanded license portability to PAs, NPs, audiologists, and psychologists (38 USC 2002). We would like to thank Congress for passing S. 2795 last month, which extended license portability authority for PAs, NPs, audiologists, and psychologists. Additionally, we would like to thank the House of Representatives for passing license portability to the Department of Defense's Military & Family Life Counselors this year.

With the enactment of the PACT Act, Congress provided the legal authority to expand disability benefits. However, Veterans will likely encounter extended wait times if Congress does not concurrently legislate full license portability authority to enable all types of MDE providers to deliver timely, high-quality exams.

H.R. 4306, Michael Lecik Military Firefighters Protection Act

QTC supports H.R. 4306, as introduced

H.R. 4306 would establish a presumption of service connection for a list of diseases that are associated with firefighting. QTC supported the initial effort to baseline medical exams for first responders to the NYC World Trade Center (QTC) site after the September 11th terrorist attacks. We supported the Mount Sinai School of Medicine and the Federal Occupational Health team during 2007-2008. Under these contracts, we provided First Responders with the clinical evaluation needed for their own health and to monitor the effects of the exposures. The information gathered from these exams not only provided early detection of potential WTC-related health problems and enabled individuals to receive proper care and treatment. QTC stands by, ready to help if H.R. 4306 becomes law.

H.R. 5890, Review Every Veterans Claim Act of 2023

QTC supports the intent of H.R. 5890.

H.R. 5890 would limit VA's denial of disability claims on the sole basis that the veteran failed to appear for a medical examination that is associated with the claimed condition. 38 U.S.C. 5103A governs VA's duty to assist claimants. The Department's obligation to help veterans develop their claims includes ordering examinations if the evidence is lacking and believes that examinations will be helpful in resolving the claim.

QTC's scheduling process exemplifies the pro-claimant nature of the VA's duty to assist requirements by making multiple outreach attempts via phone calls, text messages, emails, and

tracked mail packets. Contractually, we have 36 calendar days to schedule, conduct exams, and deliver the complete exam results back to VA. To meet this requirement, we will call the Veteran up to three times to schedule an appointment. If an appointment is not scheduled after the third attempt, then we send the Veteran a letter asking them to call us to schedule an appointment. If we don't receive a response from the Veteran within 3 calendar days, then we will schedule an appointment proactively and send them an appointment letter. If the Veteran does not show, then we send the exam request back to VA. We always call the Veterans to remind them of their appointment a day or two in advance. With these attempts, we have maintained a low no-show rate of 5-7%, which is far lower than the VHA's average (~ 18% for outpatient care) and the national average (23% across all medical specialties and a range of 10% for primary care and over 60% for mental health).^[1]

^[1] Milicevic, Aleksandra, Mitsantisuk, Kannop, Tjader, Andrew and et al. (2020) Modeling Patient No-Show History and Predicting Future Appointment Behavior at the Veterans Administration's Outpatient Mental Health Clinics. *Military Medicine*, Vol.185, Issue 7-8, pages e099-e004. <https://doi.org/10.1093/milmed/usaa095>