STATEMENT OF

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PARALYZED VETERANS OF AMERICA

BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

SUBCOMMITTEE ON HEALTH

CONCERNING

PENDING HEALTH CARE LEGISLATION

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Chairman Benishek, Ranking Member Brownley, and members of the Subcommittee, Paralyzed Veterans of American (PVA) would like to thank you for the opportunity to present our views on the health care legislation being considered by the Subcommittee. These important bills will help ensure that veterans have access to quality and timely health care services through the Department of Veterans Affairs (VA). We are particularly pleased that H.R. 4198, which is a legislative priority of PVA, is among the legislation being reviewed today.

H.R. 183, the "Veterans Dog Training Therapy Act"

PVA does not have an official position on H.R. 183, the "Veterans Dog Training Therapy Act." If enacted, this legislation would direct the VA to conduct a pilot program on dog training therapy for veterans. PVA recognizes that dog training has been successfully used as a beneficial form of therapy for veterans dealing with Post-Traumatic Stress Disorder (PTSD) and other mental health issues. A model program for this service was created in 2008 at the Palo Alto VA Medical Center in conjunction with the Assistance Dog Program. This program, maintained by the Recreational Therapy Service at the Palo Alto VA medical center, was designed to create a therapeutic environment for veterans with post-deployment mental health issues and symptoms of PTSD to address their mental health needs.

In these programs, veterans training service dogs is believed to help address symptoms associated with post-deployment mental health issues and PTSD in a number of ways. Specifically, veterans participating in these programs demonstrated improved emotional regulation, sleep patterns, and a sense of personal safety. They also experienced reduced levels of anxiety and social isolation. Further, veterans' participation in these programs has enabled them to actively instill or re-establish a sense of purpose and meaning while providing an opportunity to help fellow veterans reintegrate back into the community. PVA does not oppose dog training therapy as a non-traditional form of mental health care. However, if this legislation is enacted as written, it would differ from the existing program at the Palo Alto VA medical center in that the VA would be fully responsible for all aspects of caring for the dogs and the training program. PVA does not believe that VA has the resources needed for such an undertaking.

H.R. 2527

PVA strongly supports H.R. 2527, which proposes to amend title 38 United States Code to provide veterans with counseling and treatment for military sexual trauma (MST) that occurred during inactive duty training. As discussed in the FY 2015 *Independent Budget*, currently members of the National Guard or Reserves who experienced sexual trauma during drill training do not have access to VA counseling and treatment for sexual trauma. If a veteran is injured while in drill status, including transit to or from drill training, all such injuries are considered

service-connected. The unfortunate instance of sexual trauma should not be treated differently. To deny veterans who serve in the reserve components of the military VA MST-related care for sexual trauma experienced during inactive duty training is not only inequitable, but detrimental to veterans' health and well-being.

H.R. 2661, the "Veterans Access to Timely Medical Appointments Act"

The "Veterans Access to Timely Medical Appointments Act," proposes to establish a standardized scheduling policy for veterans enrolled in the VA health care system. This scheduling policy would mandate that VA schedule all primary care appointments within seven days of the date requested by the veteran or the health care provider on behalf of the veteran, and require specialty care medical appointments to be scheduled within 14 days of the date requested by the veteran or physician.

Timely access to quality care is vital to VA's core mission of providing primary care and specialized services to veterans. Therefore, PVA believes that the VA must develop reasonable standards for scheduling medical appointments, and have a system that allows VA leadership to assess and evaluate scheduling practices as well as veterans' access to care. It is for this reason that we are pleased that H.R. 2661 addresses the Government Accountability Office's four main recommendations from its March 14, 2013, testimony before the Subcommittee on Oversight and Investigations, "VA Health Care: Appointment Scheduling Oversight and Wait Time Measures Need Improvement." The four recommendations were as follows:

1) Improve the reliability of [VA] medical appointment wait time measures.
2) Ensure VA medical centers consistently implement VHA's scheduling policy.
3) Require VA medical centers to allocate staffing resources based on scheduling needs.
4) Ensure VA medical centers provide oversight of telephone access and implement best practices to improve telephone access for clinical care.

Nonetheless, PVA is concerned with how to determine the best standardized policy for scheduling primary and specialty care appointments. Measuring patient access and demand is an extremely complex task. Despite the VA's stated goals of providing primary care appointments within seven days of a veterans' requested date, and 14 days for primary care, wait times

continue to exist and fall outside of these seven and 14 day goals, and the definition of a veterans "desired" or requested appointment date varies across VA's national system of care.

Legislating these goals as standardized policy for scheduling VA medical appointments has the potential to lead to unintended outcomes that could force VA into contracting for care with private providers too frequently. PVA urges the Subcommittee to work with VA leadership to make access to VA care timelier. We encourage the VA and Congress to determine if VA has adequate resources to develop, implement, and support a patient scheduling system that will address issues involving wait time measures, sufficient staffing levels, and patient demand.

H.R. 2974

PVA supports H.R. 2974, a bill to amend title 38 United States Code to provide for eligibility for beneficiary travel for veterans seeking treatment or care for MST in specialized outpatient or residential programs at VA facilities. For many years, PVA has advocated for expanding beneficiary travel eligibility to specialized groups of veterans, such as catastrophically disabled, and severely injured, ill, and wounded veterans, recognizing that the burden of costs associated with travel for health care services can lead to veterans forgoing much needed medical attention. In fact, PVA testified before the Subcommittee last year in support of H.R. 1284, legislation to expand VA beneficiary travel benefits to catastrophically disabled veterans. It is for these reasons PVA believes that VA should extend the beneficiary travel benefit to veterans seeking treatment for MST, and Congress must ensure that sufficient resources will be provided for the costs associated with expanding eligibility of the beneficiary travel program.

Additionally, it is often the case that veterans who have experienced sexual trauma related to their military service receive care from specialized programs such as specialized outpatient or residential programs outside of their nearest VA medical center or their Veteran Integrated Service Networks. When this is the case, the veteran is not eligible for beneficiary travel because current policy only allows for travel reimbursement benefits from the veteran's home to the nearest VA facility providing the services rendered. The VA's policy for beneficiary travel

benefits should coincide with VA MST policy that veterans who have experienced MST should be referred to treatment that is clinically indicated regardless of geographic location.[1]

H.R. 3508

PVA does not have an official position on H.R. 3508, legislation that proposes to amend title 38 United States Code to clarify the qualifications of hearing aid specialists of the Veterans Health Administration of the VA.

H.R. 3180

PVA does not have an official position on H.R. 3180, legislation that proposes to amend title 38 United States Code to include contracts and grants for residential care for veterans as an exception to the requirement that the federal government recover a portion of the value of certain projects.

H.R. 3387, the "Classified Veterans Access to Care Act"

PVA supports H.R. 3387, the "Classified Veterans Access to Care Act," which proposes to improve the mental health treatment provided by the VA to veterans who served on a classified mission. It is PVA's position that all VA mental health care should meet the specific, individual need of the veteran seeking medical services on a consistent basis. The VA should also ensure that veterans seeking mental health services have access to care options provided in appropriate settings. This is particularly important for veterans who served on classified missions. This particular cohort of veterans should not be compromised by inappropriate care settings that force them to choose between their duty not to improperly disclose classified information and their need to get much needed help. If this legislation is enacted, the VA should make a concerted effort to inform veterans of the option to self identify as a "covered" veteran to help provide immediate mental health care, and alleviate any concerns regarding veterans' military service records not indicating that they participated on classified missions.

[1] "The FY 2015 Independent Budget," www.independentbudget.org.

H.R. 3831, the "Veterans Dialysis Pilot Program Review Act of 2014"

PVA generally supports H.R. 3831, the "Veterans Dialysis Pilot Program Review Act of 2014." If enacted this legislation would require VA to review the dialysis pilot program and submit a report to Congress before expanding the program. Gathering and analyzing data to make the most informed decisions is always best when such choices involve veterans' health care. For this reason, PVA supports the provisions of this bill that require independent analysis of the pilot and a VA report that includes cost comparisons and non-cost factors such as access to care and quality of care provided to veterans. PVA believes that the dialysis pilot should be completed and comprehensive analysis should be conducted to determine the best, most cost-efficient, way to provide veterans with timely, quality access to dialysis care.

On October 30, 2013, the VA testified at the Senate Committee on Veterans Affairs' hearing on health and benefits legislation that requiring implementation of each of the four initial pilot sites for at least two years would prohibit activation of any free-standing dialysis centers until 2015. The VA further testified that such a restriction has the potential to "…adversely impact VA's efforts to optimize Veterans' dialysis care." Keeping the well-being and health care needs of veterans first, projects involving dialysis centers that the VA is currently working to activate should continue to completion without interruption. Additionally, PVA does not support provisions of this bill that would prevent VA from continuing, establishing, or providing dialysis care for veterans within the VA or with outside providers.

H.R. 4198, the "Appropriate Care for Disabled Veterans Act"

PVA strongly supports H.R. 4198, a bill to amend title 38 United States Code, to reinstate the requirement for an annual report on the capacity of the VA to provide for specialized treatment and rehabilitative needs of disabled veterans. Since 1996, the VA has been required to collect and maintain specific information and data that is a reflection of its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans. Initially, the VA was also required to compile this data into a report for Congress on an annual basis. Unfortunately, this reporting requirement expired in April of 2008.

H.R. 4198 would reinstate the annual reporting requirement, mandating that the VA provide an annual report to Congress that includes information such as utilization rates, staffing, and facility bed censuses. Requiring the VA to compile such data into the form of a report to share with Congress annually will lead to more accountability within the VA, help ensure more efficient allocation of VA resources, particularly in the area of staffing, and improve veterans' access to care in VA's specialized systems of care. Ultimately, the VA's capacity to provide specialized care and rehabilitative treatment for disabled veterans is directly correlated to its ability to provide veterans with timely, quality health care services.

Within the VA's Spinal Cord Injury and Dysfunction (SCI/D) system of care, access to timely care is critical to the health and well-being of this population of veterans. Many of the VA's specialized systems of care and rehabilitative programs have established policies on the staffing requirements and number of beds that must be available to maintain capacity and provide high quality care. When VA facilities do not adhere to these staffing policies and requirements, veterans suffer with prolonged wait times for medical appointments, or in the case of PVA members, having to limit their care to an SCI/D clinic, despite the need to receive more comprehensive care from an SCI/D hospital. There have been instances within VA's SCI/D system of care when staffing positions have gone vacant for long periods at a time, and as a result, the facility's bed capacity is decreased, decreasing veterans' access to care. Requiring the VA to provide Congress with an annual capacity report, to be audited by the VA Office of Inspector General, will allow VA leadership and Congress to have an accurate depiction of VA's ability to provide quality care and services to disabled veterans—blinded veterans, veterans with spinal cord injury/disorder, and veterans who have sustained a traumatic brain injury—as it relates to access and bed capacity of VA specialized services and rehabilitative programs.

Recognizing that not all VA specialized services and rehabilitative programs for disabled veterans require inpatient care, the current language of title 38 United States Code, Section 1706, does not fully allow for accurate evaluation of VA's current capacity to provide many specialized and rehabilitative health care services that cannot be sufficiently measured using a bed census. PVA urges the Subcommittee to not only reinstate the reporting requirement, but also update the language in title 38 to most accurately reflect the current specialized services

within the VA, especially in the areas of VA long-term care, mental health care and substance use disorders.

We thank the Subcommittee for recognizing VA's capacity to provide specialized services as a priority in VA health care delivery and look forward to working with our VSO partners and the Subcommittee to update this report so that it reflects useful information that will improve care delivery for all veterans receiving services through VA specialized systems of care.

Draft Legislation to Authorize Major Medical Facility Projects for the Department of Veterans Affairs for Fiscal Year 2014 and for Other Purposes

PVA generally supports the draft legislation to authorize major medical facility projects for the VA for fiscal year 2014. PVA fully supports provisions of this bill that authorizes fiscal year 2014 major medical facility leases. Authorization of funding for these facilities is critical to the VA maintaining its ability to provide health care services. We urge Congress to continue to work towards the most viable solution for dealing with the long-term costs of VA facilities given the Congressional Budget Office's current scoring methodology for facility leases.

Of particular importance to PVA is section four of this legislation which includes amendments to modify the definition of a medical facility and to authorize VA to plan, design, construct, or lease joint VA and federal use medical facilities. PVA is aware that while there are not many instances where VA shares federal medical facilities, such arrangements do exist. However, we have concerns regarding shared federal medical facility projects and leases as it has the potential to result in situations that diminish VA's unique mission of providing solely for veterans medical health care needs. Sharing medical facilities with federal agencies has the potential to dilute not only VA's mission, but the quality of care delivered to veterans. This is particularly the case when considering shared facilities with federal agencies that are not accustomed to building health care services around patients that are veterans and military service members like VA and the Department of Defense.

This concludes my statement. PVA would like to thank the Subcommittee for allowing us to testify on these important issues involving veterans' health care services from the VA. We look

forward to working with both the Subcommittee and the VA to improve veterans' access to care and the quality of services provided through the VA.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2013

National Council on Disability — Contract for Services — $35,000.

Fiscal Year 2012

No federal grants or contracts received.

Fiscal Year 2011

Court of Appeals for Veterans Claims, Administered by the Legal Services Corporation — National Veterans Legal Services Program — $262,787.

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Alethea joined Paralyzed Veterans of America in 2007 and works in PVA's National Office in Washington, D.C. As a member of PVA's Government Relations staff, Alethea is responsible for monitoring and analyzing policy within the Department of Veterans Affairs (VA) to determine how such policies impact the health care of disabled veterans, particularly, veterans with Spinal Cord Injury/Dysfunction (SCI). Alethea also covers issues involving women veterans, VA human resources, prosthetics, and mental health. Alethea's professional experience is in the area of legislative affairs and government policy.

In addition to her policy work, Alethea also manages the production of *The Independent Budget*, a comprehensive budget and policy document produced by veterans for veterans.

Alethea earned a Master's Degree in Public Policy from George Mason University, and completed her undergraduate studies in Political Science at Spelman College.