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PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
ON PENDING LEGISLATION
H.R. 1506; H.R. 2322; H.R. 3832; H.R. 4334; H.R. 4635; A DRAFT BILL TO AUTHORIZE VA TO CONDUCT AND SUPPORT RESEARCH ON THE EFFICACY AND SAFETY OF MEDICINAL CANNABIS; AND, A DRAFT BILL TO MAKE CERTAIN IMPROVEMENTS IN THE FAMILY CAREGIVER PROGRAM

APRIL 17, 2018

Chairman Wenstrup, Ranking Member Brownley, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views on the broad array of pending legislation impacting the Department of Veterans Affairs (VA) that is before the Subcommittee. No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or disease. Most PVA members depend on VA for 100 percent of their care and are the most vulnerable when access and quality of care is threatened. Several of these bills will help to ensure veterans receive timely, quality care and services.

H.R. 1506, the "VA Health Care Provider Education Debt Relief Act of 2017"

PVA supports H.R. 1506, the "VA Health Care Provider Education Debt Reduction Act of 2017." This legislation would increase the maximum amount of education debt reduction available for health care professionals employed by the Veterans Health Administration (VHA). Currently, the total amount VA may provide for debt reduction of a provider is $120,000 over a five year period, provided the amount does not exceed more than $24,000 per year. This legislation would increase the maximum amount to $150,000 and $30,000, respectively, in order to match education debt average.

If the Secretary determines there is a particular shortage in an area or specialty, VA currently has the authority to waive the maximum amount of debt, and pay the principal plus interest of a provider's loans. This proposal would specify shortages and adopt the Department of Health and Human Services' definition of Health Professional Shortage Areas.

PVA believes VA must be adequately resourced to attract the best and brightest medical professionals. The Education Debt Reduction program has been a markedly successful means to do just that. There is a current and worsening provider shortage in the United States. VA must be able to see that veterans are insulated from this trend. That new residents are hesitant to take a post in an underserved community, should come as no surprise. The cost burden of their education and training is an overwhelming prospect and debt is all but guaranteed. No matter how eager to serve, or desirous of giving back to veterans a new resident may be, a career at an understaffed VA may not be a tenable choice. Loan assistance can cultivate a culture of commitment from those unburdened by their debt and revive areas too long stressed by continuous shortages.

H.R. 2322, the "Injured and Amputee Veterans Bill of Rights"

PVA supports H.R. 2322, the "Injured and Amputee Veterans Bill of Rights" to better educate injured and amputee veterans on their rights and the requirement that VA staff who work at prosthetics and orthotics clinics or who work as patient advocates for veterans understand these

rights as well. This bill would ensure that VA prosthetics clinics around the country prominently display the "Injured and Amputee Veterans Bill of Rights" and, ideally, that VA employees understand it. This reaffirms the idea that a veteran in need of an assistive device or prosthetic gets the highest quality item available and in a timely manner. PVA is concerned, however, that the language ignores veterans who are in need of special equipment because of a specific disease and not a physical injury. Further, we remain concerned VA is not sufficiently resourced to procure prosthetics for veterans in a manner that is timely and clinically precise.

H.R. 3832, the "Veterans Opioid Abuse Prevention Act"

PVA supports H.R. 3832, the "Veterans Opioid Abuse Prevention Act." This legislation would direct the Secretary to enter into a memorandum of understanding with the executive director of a national network of state-based prescription drug monitoring programs (PDMP) in order to assess if opioids have been accessed in other states. Currently, VA doctors cannot consult a national network of state-based PDMPs in order to identify those at high risk for abuse. A July report from the President's Commission on Combating Drug Addiction and the Opioid Crisis said the lack of cross-state interoperability is a shortcoming of state PDMPs and recommended "enhancing interstate data sharing among state-based prescription drug monitoring programs."

In 2016, Public Law 114-198, the "Comprehensive Addiction and Recovery Act" (CARA), required providers at the VHA to participate in their respective state's PDMP. Prescribers must check patient records in the state databases before prescribing pain killers. The pharmacists are responsible for recording when they fill those prescriptions.

The United States is in the midst of an opioid epidemic and PDMPs are a critical tool for safe prescribing practices by providers. VA has been authorized to share prescription data with PDMPs since 2011 and last year, CARA required VHA to participate. The effectiveness of Opioid Safety Initiatives is dependent on the availability of all prescription data and the ability to see it across state lines. This loophole allows for veterans to 'doctor shop' across states with neither entity the wiser. These veterans suffering from chemical dependency must have the

safety protections we can reasonably provide. This bill ensures VA can better mitigate the potential consequences of opioid use.

Given the specialized needs of veterans, it is not uncommon for veterans to travel to different states to receive their care. Each VA Medical Center (VAMC) only shares prescription data to the state PDMP in which the VAMC is located. Some have established regional Memoranda of Understanding, communicating information only with neighboring states. But there are veterans, particularly veterans with a spinal cord injury or disease (SCI/D) who regularly travel across multiple state lines to one of the 24 SCI Centers across the country. There is no assurance that the prescription data of an SCI/D veteran who receives care at an SCI/D center in Minneapolis, but lives in Wyoming, can be shared. We urge the Committee to make sure these specialized patient populations are benefiting from the opioid safety measures in the same way as non-traveling veterans. H.R. 3832 is the means to do just that.

H.R. 4334, the "Improving Oversight of Women Veterans' Care Act of 2017"

PVA supports H.R. 4334, the "Improving Oversight of Women Veterans' Care Act of 2017." This legislation would require the Undersecretary of VHA to submit to Congress an annual report on the ability of women veterans to access gender specific care in the community. It would also require each medical facility to report to the Secretary, on a quarterly basis, the compliance and noncompliance of the facility with the environment care standards for women veterans, as defined in VHA Directive 1330.01(1). Each report is to name the person at each facility who is responsible for compliance and the facility plan to strengthen environment of care standards.

According to GAO report 17-52 from December 2016, VHA does not have data and performance measures for women veterans' accessibility to gender-specific care delivered through the Veterans Choice Program. However, VHA does collect data to evaluate women veterans' access to gender-specific care received through PC3 – a different community care program. The report also found VHA does not have accurate or complete data regarding medical

centers' compliance with environment of care standards for women veterans, allowing for instances of noncompliance not reported to VHA.

H.R. 4334 would require VA to report to Congress accessibility to gender-specific health care in any community of care program; and include the average waiting period between the veteran's preferred appointment date and the date on which the appointment is completed, reasons VA could not fulfill the appointment, and driving time required for appointments.

If VA cannot meet the needs of women veterans and refers them to providers in the community, then VA must still ensure that care is the quality, appropriate care that best meets the veterans' needs. Holding VA and community care providers to different standards while the taxpayer pays for both is unacceptable. VA must be able to ensure the care a veteran receives in and outside its walls is the best clinical option available. As such, Congress must have the data to conduct the appropriate oversight on that care.

H.R. 4635, to direct the secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes.

PVA supports H.R. 4635, to "direct the secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes." This legislation would require VA to employ sufficient numbers of peer counselors to meet the needs of women veterans, particularly to address military sexual trauma, post-traumatic stress, and those at risk of homelessness.

For those veterans who have been able to access peer-to-peer counseling or retreats for women provided through VA, participants report a better understanding of how to develop support systems and to access resources at VA and in their communities. Peer counseling programs have been a marked success for most veterans who show consistent reductions in stress symptoms and increased coping skills. It is essential for the life and wellbeing of women veterans that Congress make their needs a priority. By hiring peer counselors familiar with issues specific to women veterans' experiences we can move a step closer to meeting those needs.

A draft bill to authorize VA to conduct and support research on the efficacy and safety on medicinal cannabis

PVA has no position on the drafted legislation at this time.

A draft bill to make certain improvements in the Family Caregiver Program

Established by Public Law 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010," the Program of Comprehensive Assistance for Family Caregivers provides caregivers of post-9/11 service-connected, injured veterans with support services. These include a modest monthly financial stipend, health care through CHAMPVA, mental health services, and respite care.

For those PVA members able to access the program, it has made all the difference in their lives. For eight years, PVA, along with nearly all VSOs, has ardently advocated the program be made accessible to those injured before 9/11 and to those made ill as a result of service in any era.

During the February 6, 2018, full committee hearing, PVA, DAV, and the Elizabeth Dole Foundation asked the House Committee to be as bold as the Senate Committee was last November and pass an expansion effort that treats all veterans the same, regardless of date of injury. This remains our chief legislative priority for the 115th Congress.

PVA's organizational mandate is to expand and improve the Caregiver Program. In this moment in time, the means to most closely accomplish that mandate is the negotiated package that was to be included in the omnibus last month. This legislative package would eliminate the date of injury requirement for the Comprehensive Program; require the implementation and certification of an information technology system to assess, support, and improve the program; and modify the annual evaluation report. While this effort was not actualized in the omnibus, it is our intention to see such a deal, both bipartisan and bicameral, passed as soon as may be accomplished. It is with this in mind that we provide our views on the draft legislation.

As this proposal would make eligible veterans with catastrophic injuries of all eras, PVA would support it as a first step to full expansion. This proposal would achieve what former Secretary Shulkin desired; serve those with a particular high need, while at the same time, simplify the program structure to be more efficiently implemented. A clearly understood eligibility, and efficient assessment, implemented nationwide, would greatly enhance this vital program. In order to accomplish both aims, this draft adopts a restrictive criteria for all future participants to require assistance with three Activities of Daily Living (ADLs).

If the committee moves forward with this restricted eligibility, we strongly encourage VA be enabled to develop or adopt a validated instrument to measure needs and caregiver burden. The current clinical assessment tool of ADLs and tiers can be unnecessarily confusing and does not clearly capture need. Tightening eligibility under the same structure ensures the same concerns of inconsistency, espoused over the years by this Committee, continue. Because the participation is dependent on ADLs and their ongoing clinical assessment, variability is innate to each clinical team's opinion. Using a standardized assessment tool, such as the United Kingdom's Functional Assessment Measurement and Functional Independence Measurement (FAM & FIM), may help to clearly delineate the level of care required to accomplish ADLs and Instrumental Activities of Daily Living (IADL). Such an approach could help to make clear to families the means by which their loved ones needs, both physical and psychological, are measured.

As expressed in the February hearing on caregivers, we encourage the Subcommittee to advance provisions that support research into how to best support family caregivers of veterans with catastrophic disabilities and how to delay the costs of institutional long term care. We also encourage the draft include a GAO report on VA's Home and Community Based Services. It has been nearly a decade since such a study was conducted and would illustrate the needs of pre-9/11 caregivers today.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on the programs affecting veterans and their caregivers. We look forward to working with you to ensure our catastrophically disabled veterans and their families receive the medical services and supports they need.

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 2018

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — $181,000.

Fiscal Year 2017

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — $275,000.

Fiscal Year 2016

Department of Veterans Affairs, Office of **National Veterans Sports Programs & Special Events** — Grant to support rehabilitation sports activities — $200,000.

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.