

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
ON PENDING LEGISLATION
JULY 14, 2021

Chairwoman Brownley, Ranking Member Bergman, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit 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 VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). PVA provides comment on the following legislation included in today's hearing.

H.R. 913, the Build a Better VA Act

Current scoring mechanisms used by the Congressional Budget Office have made it very difficult for the House and Senate Veterans' Affairs Committees to authorize new facility leases. PVA strongly supports the Build a Better VA Act which would make it easier for VA to move forward with leases on major medical facilities by eliminating the requirement they must first be authorized in law. Instead, the House and Senate VA committees would only need to pass a resolution approving the lease which is the same process currently used for other agency leases that are executed by the General Services Administration.

Discussion Draft, the Department of Veterans Affairs Continuing Professional Education Modernization Act or the VA CPE Modernization Act

Today's health care professionals' practice in a highly technological, multidisciplinary environment. To provide safe, effective, and high-quality patient care, health care professionals must have the opportunity to learn new skills and techniques which for the most part comes through continuing professional education (CPE). PVA supports this draft bill which would increase the amount of money VA is permitted to reimburse clinical employees for CPE expenses. CPE is not only one of the best investments VA can make in its employees, but it is also a powerful recruiting and retention tool.

Discussion Draft, the Veterans Improved Access to Care Act of 2021

PVA supports this draft bill which would amend the VA MISSION Act of 2018 (P.L. 115-182) to expand reporting on hiring in the Veterans Health Administration (VHA) and direct VA to carry out a pilot program to expedite the onboarding process for new medical providers. Ensuring proper health care staffing is a top priority for PVA in our efforts to advocate for continued access to VA's specialized care services. This legislation would help VA to determine ways to reduce the lengthy hiring process for its providers; thus, improving patient care.

Discussion Draft, to clarify and improve the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs, and for other purposes.

This draft bill would prohibit the Board of Veterans' Appeals (BVA) from reviewing VA decisions on applications for its Program of Comprehensive Assistance for Family Caregivers (PCAFC). It would also give VA the authority to begin the second phase of the PCAFC expansion sooner. Finally, it would direct VA to provide Congress quarterly reports about denials of PCAFC applications based on the "best medical interest" criteria.

Since the day it was created, the PCAFC has had problems ensuring decisions are applied logically, equitably, and fairly, particularly with revocations from the program. Decisions related to recent changes with the program are likely to fuel this problem and PVA believes these disabled veterans deserve to have multiple ways to challenge decisions made in error.

On April 19, 2021, the Court of Appeals for Veterans Claims issued a decision which gave veterans and their caregivers the opportunity to appeal adverse benefits decisions under the PCAFC to BVA once they have exhausted their options through the VHA appeals process. PVA opposes language in section 2 (a) of this draft bill which would eliminate the opportunity to appeal caregiver decisions to the Board. Instead, Congress should be working to ensure access to BVA appeals which could help restore veteran confidence in VA's decision-making process.

Subsection 2 (b) of the draft legislation allows VA to begin the second phase of the PCAFC expansion no later than two years after the date when VA submitted its initial certification of its caregiver management program. The VA MISSION Act outlined a two-phase approach for implementing the caregiver expansion. The law required the first phase to begin on October 1, 2019, approximately 16 months after the law was enacted. However, due to information technology delays and failures, VA did not begin the first phase – which includes eligible veterans who became severely injured or ill on or before May 7, 1975 – until October 1, 2020, a full year later than the law required. As a result, the second phase – which will include veterans who became severely injured or ill between May 8, 1975, and September 10, 2001 – will not begin until October 1, 2022, two years later as required by the law.

While PVA appreciates the intent of this effort to move up the start date of the second phase, as written, VA could announce the start date on September 30, 2022, so no actual acceleration would take place. There are no logistical or operational impediments to moving up the second phase of the caregiver expansion to October 1, 2021, as Congress intended. We recommend this Subcommittee amend the language of this section and require a start date as close to October 1 as possible. This will eliminate the confusion some PVA members and other veterans are currently experiencing solely due to their era of service and date of their injury or illness.

PVA does support subsection 2 (c) of the draft legislation which requires quarterly reporting to Congress on the number of PCAFC applications that have been denied due to the "best medical interest" criteria. This section could be strengthened to better support the needs of Congress and veterans by including requirements that VA regularly and

publicly report on other aspects of the program like comprehensive data on the number of applications, approvals, denials, and appeals. VA should also provide an explanation for the application denial rate. Absent this higher level of transparency, veterans, caregivers, veterans service organizations, and Congress will not be able to determine if the PCAFC is working effectively.

Discussion Draft, to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to veterans and members of the Armed Forces using certain educational assistance benefits.

VA Vet Centers first opened in 1979 to aid Vietnam era veterans. Today, they are community-based counseling centers that provide a wide range of social and psychological services, including professional readjustment counseling to eligible veterans; active duty service members, including National Guard and Reserve components; and their families. Readjustment counseling is offered to make a successful transition from military to civilian life or after a traumatic event experienced in the military. Individual, group, marriage, and family counseling is offered in addition to referral and connection to other VA or community benefits and services. Vet Center counselors and outreach staff, many of whom are veterans themselves, are experienced and prepared to discuss the tragedies of war, loss, grief, and transition after trauma.

PVA supports this draft bill which would expand eligibility for readjustment counseling and related mental health services in VA's Vet Centers for veterans or members of the Armed Forces from various service eras who are pursuing a course of education using certain veteran and military educational assistance benefits. However, language should be added to ensure future funding levels are commensurate with the expected growth in demand for Vet Center services, including the need to hire additional staff or conduct outreach efforts to inform veterans of this change in eligibility.

Discussion Draft, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be conducted once every 10 years, and for other purposes.

This draft bill requires independent assessments of VA's health care delivery and departmental management processes. Based on the draft text, it appears this new evaluation would be looking at virtually the same processes and procedures as VA's Quadrennial Review which Congress directed in 38 U.S.C. § 7330C. Until we have a better understanding of why an independent assessment is necessary, and the cost of performing a redundant evaluation, we are unable to take a position.

Discussion Draft, the VA Quality Health Care Accountability and Transparency Act

VA provides services directly to veterans, survivors, and other customers; so, clarity in all its communications is critical. This draft bill requires VA to make certain staffing and quality of care data publicly available on its Access to Care internet website (or a successor website). Among other elements, the information published on the website should include statistics related to patient wait times, effectiveness of care, and staffing and vacancy information. The website must be (1) directly accessible from the main VA website and the main websites of each VA medical center, and (2) understandable and usable by the public.

VA would also be required to implement a self-auditing process to assess the accuracy and completeness of data it posts, and through an agreement with the VA Inspector General or another entity, validate the results. Additionally, the Government Accountability Office (GAO) would be tasked with reviewing the website to assess VA's compliance and to provide recommendations on how to improve the website. VA currently publishes patient safety, quality of care, outcome measures and patient wait times on its Access to Care website. Also, staffing and vacancy information is publicly available as required by Public Law 115–182.¹ However, combining all this information on a single site with additional efforts to ensure the veracity of the data, make it more visible, and easier to access could be extremely beneficial for veterans and their families.

Discussion Draft, the Supporting Education Recognition for Veterans during Emergencies Act, or the SERVE Act

PVA supports this draft bill which would help ensure more veterans with military medical qualifications and expertise are used by VA during public health emergencies. The SERVE Act would make permanent the Intermediate Care Technician (ICT) program to ensure more veterans with medical experiences work at VA medical centers and allow more veterans to use a web portal to communicate health issues during times of crisis. It would also provide them with a streamlined process as they look to offer their help at the state and federal levels. Another possible benefit of this legislation is that helping veterans with medical backgrounds gain additional training for a national crisis could lead them to seek VA employment.

Discussion Draft, the Vet Center Support Act

PVA supports this draft legislation which would require VA to submit a report on mental health care furnished by the Department in certain states to the House and Senate VA Committees. This report must contain information on VA's ability to provide assessments and referrals for medical issues, employment, and veterans benefits, and to deliver certain types of counseling services to include readjustment counseling and therapy for post-traumatic stress, group, bereavement, marriage, and family counseling, as well as counseling services for military sexual trauma. VA would also be required to provide an analysis of staffing shortages at Vet Centers, an assessment on the feasibility of increasing staff levels at existing Vet Centers to ensure proper coverage, and an outreach strategy for various Vet Center community access points to ensure that mental health care services can be provided to veterans residing in underserved areas.

Discussion Draft, the Veterans Preventive Health Coverage Fairness Act

Under current law, veterans with service-connected disabilities rated at less than 50 percent who receive care through VA must pay copayments for preventive prescription medications and services even though these types of care are generally covered without cost sharing by nearly all private insurance companies. PVA supports this draft bill which would make health care more affordable for these veterans by eliminating copay requirements for preventive services and medications recommended by the U.S. Preventive Services Task Force, the Centers for Disease Control and Prevention, and the

¹ [VA-wide workforce data, In accordance with Public Law 115-182, the VA Mission Act of 2018, Section 505.](#)

Health Resources and Services Administration. Specifically, the draft bill would ensure that care such as immunizations; screenings for depression; intimate partner violence; breast cancer; breastfeeding support and supplies; contraceptives; well-woman visits; and certain drugs that prevent more advanced, costly medical conditions would be available to veterans at no cost.

Discussion Draft, the VA Infrastructure Powers Exceptional Research Act of 2021 or the VIPER Act of 2021

For nearly a hundred years, VA's Research and Development program has been improving the lives of veterans and all Americans through health care discovery and innovation. This draft bill would exclude VHA's research activities from the requirements of the Paperwork Reduction Act (P.L. 96-511) in the same manner that the National Institutes of Health receives for sponsored research. PVA strongly supports the elimination of this obstacle to critical biomedical research.

The draft bill would also authorize additional resources to help address long-standing infrastructure needs for research labs and facilities, including repairs for life-safety deficiencies to ensure VA researchers can perform their work in safe workspaces. The additional funding could also allow VA to purchase information technology necessary to improve manipulation of large health datasets, such as data from its renowned MVP (Million Veterans Program) genetic initiative.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on some of the legislation being considered today. We look forward to working with the Subcommittee on this legislation and would be happy to take any questions for the record.

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 2021

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$455,700.

Fiscal Year 2020

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$253,337.

Fiscal Year 2019

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$193,247.

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.