CARL BLAKE NATIONAL LEGISLATIVE DIRECTOR PARALYZED VETERANS OF AMERICA

STATEMENT OF
CARL BLAKE
NATIONAL LEGISLATIVE DIRECTOR
PARALYZED VETERANS OF AMERICA
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS,
CONCERNING
PROPOSED HEALTH CARE LEGISLATION

OCTOBER 24, 2007

Chairman Akaka, Ranking Member Burr, and members of the Committee, on behalf of Paralyzed Veterans of America (PVA) I would like to thank you for the opportunity to testify today on the proposed health care legislation. The scope of issues being considered here today is very broad. We appreciate the Committee taking the time to address these important issues, and we hope that out of this process meaningful legislation will be approved to best benefit veterans.
S. 38, the "Veterans Mental Health and Outreach Act"
PVA supports the provisions of this legislation that directs the Secretary to establish a program for peer support and counseling, readjustment counseling, and mental health services. We particularly believe in the importance of peer counseling in the rehabilitation and readjustment process. This is something that PVA as an organization does in all of the spinal cord injury centers around the country. Every PVA chapter designates individual members to pair up with newly injured veterans to help them get through the early stages of their recovery. I know firsthand that being able to talk to someone who has experienced what you have experienced and has dealt with the same problems you are dealing with can help you overcome bouts of depression, sadness, and anger as you first come to grips with your condition. The peer counselor serves as a motivator to get you moving in the right direction. I credit my own peer counselor while I went through spinal cord rehabilitation with driving me to help other veterans.

PVA opposes the provisions of this legislation which would authorize VA to contract with community mental health centers to meet the needs of veterans dealing with mental illnesses. As we testified earlier this year, we oppose any effort to allow the VA to contract out care when it can do a better and more cost effective job in its own system. Furthermore, by allowing the VA to send these veterans out of the system to receive their care, it effectively relieves itself of the obligation it has to these men and women. The VA must be appropriated adequate funding and it must be provided in a timely manner if it is going to have any chance of meeting these veterans' needs.

Moreover, Congress must continue to conduct aggressive oversight to ensure that funding specifically allocated for mental health initiatives is properly spent. As explained in the Government Accountability Office (GAO) report of November 2006, the VA did not allocate all of the funding it planned to commit in FY 2005 for new mental health initiatives, nor did it spend

all of the funds planned for FY 2006. VA must be held accountable to ensure that it lives up to the goals established in its National Mental Health Strategic Plan. Until such time as the VA meets these goals, the burden for mental health care should not be shifted to the community.

PVA does support the provision of this legislation which would extend the eligibility for hospital care, medical services, and nursing home care from two years to five years for a veteran who served on active duty in a theater of combat operations during a period of war after the Persian Gulf War or in combat against a hostile force after November 11, 1998. This provision has proven especially important to the men and women who have recently served in Iraq and Afghanistan and have exited military service.

S. 2004, Epilepsy Centers of Excellence
PVA principally supports S. 2004, a bill that would create six Epilepsy Centers of Excellence within the VA health care system. Much like the Multiple Sclerosis (MS) and Parkinson's disease Centers of Excellence permanently authorized last year, this proposal recognizes the successful strategy of the Veterans Health Administration (VHA) to focus its system-wide service and research expertise on a critical care segment of the veteran population. The designation of these six Centers of Excellence will provide open access to centers engaged in marshaling VA expertise in diagnosis, service delivery, research and education. Furthermore, these programs will be available across the country through the "hub and spokes" approach. We also hope that this legislation will sow the seeds for broader based research and development into traumatic brain injury (TBI), as we believe the same concept could be crucial for better treatment for veterans in the future.

S. 2142, the "Veterans' Emergency Care Fairness Act"
PVA generally supports the provisions of S. 2142, the "Veterans' Emergency Care Fairness Act," as the legislation is in accordance with the recommendations of The Independent Budget for FY 2008. However, we remain concerned about some of the eligibility criteria that determine what veterans are eligible for this reimbursement. In accordance with The Independent Budget for FY 2008, we believe that the requirement that a veteran must have received care within the past 24 months should be eliminated. Furthermore, we believe that the VA should establish a policy allowing all veterans enrolled in the health care system to be eligible for emergency services at any medical facility, whether at a VA or private facility, when they exhibit symptoms that a reasonable person would consider a medical emergency.

S. 2162, the "Mental Health Improvements Act"
First, I would like to say that PVA generally supports this proposed legislation which improves services provided by the VA to veterans with Post-Traumatic Stress Disorder (PTSD) and substance use problems. Current research highlights that Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) combat veterans are at higher risk for PTSD and other mental health problems as a result of their military experiences. In fact, the most recent research indicates that 25 percent of OIF/OEF veterans seen at a VA facility have received mental health diagnoses.

We are pleased with the provisions of Section 102 and 103 of the legislation. In fact, The Independent Budget is set to recommend that VA provide a full continuum of care for substance use disorders including additional screening in all its health care facilities and programs-

especially primary care. We also believe outpatient counseling and pharmacotherapy should be available at all larger VA community-based outpatient clinics. Furthermore, short-term outpatient counseling including motivational interventions, intensive outpatient treatment, residential care for those most severely disabled, detoxification services, ongoing aftercare and relapse prevention, self help groups, opiate substitution therapies and newer drugs to reduce craving, should be included in VA's overall program for substance abuse and prevention.

Although we support the creation of PTSD Centers of Excellence outlined in Section 105 of the legislation, we wonder whether this step is necessary. The VA already maintains a broad network of PTSD treatment centers. Furthermore, in 1989, the VA established the National Center for Post-Traumatic Stress Disorder as a focal point to promote research into the causes and diagnosis of this disorder, to train health care and related personnel in diagnosis and treatment, and to serve as an information clearinghouse for professionals. The Center offers guidance on the effects of PTSD on family and work, and notes treatment modalities and common therapies used to treat the condition. This center already functions as a center of excellence. At the very least, it should be incorporated into this new network of centers of excellence.
PVA has some concerns with the pilot program outlined in Title II of the bill. While we certainly support the emphasis placed on peer counseling and outreach, as expressed in our statement earlier, we maintain our concerns about contract services with community health centers. The VA should be able to provide the services described in the legislation through judicious application of its already existing fee basis authority. We do, however, appreciate the emphasis on ensuring that the non-VA facilities are compliant with VA standards, particularly through additional training managed specifically by the VA.

While we also support Title III of the legislation regarding research into comorbid PTSD and substance use disorder, we wonder if this is duplicative with activities already taking place at the National Center for PTSD. However, PVA has long supported research initiatives into various types of conditions and the treatments associated with them.

Finally, we recognize the unique challenge associated with providing mental health services to families of veterans. This is an area that the VA has had little experience with in the past. Likewise, we see no problem with the VA examining the feasibility of providing readjustment and transition assistance to veterans and their families. It is certainly an issue that has become more apparent as more men and women return from conflicts abroad broken and scarred. The impact that this has on the veteran and his or her family cannot be overstated.

S. 2160, the "Veterans Pain Care Act"
PVA supports the draft legislation that would establish a system-wide pain care initiative within the VA. We agree with the finding that comprehensive pain care in not consistently provided across the entire system. We have seen firsthand the benefits of pain care programs as each VA facility that supports a spinal cord injury (SCI) unit also maintains a pain care program. Veterans with spinal cord injury know all to well the impact that pain, including phantom pain, can have on their daily life. The pain care programs that SCI veterans have access to have greatly enhanced their rehabilitation and improved their quality of life.

The one concern we have is the expectation that every facility in the VA should have a pain care program. Does this suggest that every community-based outpatient clinic (CBOC) should have a

similar program? This might be an unreasonable expectation. We do support the idea of cooperative centers for research and education on pain. The work done at these locations can only benefit the provision of pain care services throughout the system.

Mr. Chairman and members of the Committee, PVA once again thanks you for the opportunity to testify. We look forward to working with you to ensure that veterans continue to have access to the best health care services in America.

I would be happy to answer any questions that you might have.