

Randy L. Pleva, Sr., National President, Paralyzed Veterans of America

## **Annual Legislative Presentation**

**Randy L. Pleva, Sr.**

**National President**

**Paralyzed Veterans of America**

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**House and Senate Committees on Veterans' Affairs**

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Chairman Akaka, Chairman Filner and members of the Committees, I appreciate the opportunity to present the legislative priorities for 2009 of Paralyzed Veterans of America (Paralyzed Veterans). Since its founding, Paralyzed Veterans has developed a worthy record of accomplishment, of which we are extremely proud. Again, this year, I come before you with our views on the current state of veterans' programs and services and recommendations for continued improvement in the services and benefits provided to veterans.

## BACKGROUND

Paralyzed Veterans was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, the returning veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. Paralyzed Veterans' founders were determined to create an organization that would be governed by the members, themselves, and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals set as their primary goal actions that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury - it remains so today.

To achieve its goal over the years, Paralyzed Veterans has established ongoing programs of research, sports, service representation to secure our members and other veterans' benefits, advocacy in promoting the rights of all citizens with disabilities, architecture promoting accessibility, and communications to educate the public about individuals with spinal cord injury. We have also developed long-standing partnerships with other veterans' service organizations. Paralyzed Veterans, along with AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, co-author *The Independent Budget*-a comprehensive budget and policy document that has been published for 23 years.

Today, Paralyzed Veterans is the only congressionally chartered veterans' service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease.

## **FY 2010 VA HEALTH CARE BUDGET**

The process leading up to FY 2009 was extremely challenging. For the second year in a row, VA received historic funding levels that matched, and in some cases exceeded, the recommendations of *The Independent Budget (IB)*. Moreover, for only the third time in the past 22 years, VA received its budget prior to the start of the new fiscal year on October 1. However, this funding was provided through a combination continuing resolution/omnibus appropriations act. The underlying Military Construction and Veterans Affairs appropriations bill for FY 2009 was not actually completed by Congress in the regular order. While the House passed the bill in the summer, the Senate never brought its bill up for a floor vote. This fact serves as a continuing reminder that, despite excellent funding levels provided over the last two years, the larger appropriations process is completely broken.

Paralyzed Veteran's budget recommendations are part of the joint policy statements contained in this year's *Independent Budget*. This year, we and our *IB* co-authors are proud to mark the 23<sup>rd</sup> year of this joint effort presenting budget and policy direction to the Congress and the Administration for all benefits and services provided to the veterans of this nation

For FY 2010, the new Administration has yet to release a detailed budget submission that includes Department of Veterans Affairs (VA) programs. This is typical during transition years between administrations following a presidential election. Paralyzed Veterans

of America hopes to see another step forward in achieving sufficient, timely, and predictable funding for the VA for FY 2010 when the new Administration submits a budget later this year. With this in mind, for FY 2010, *The Independent Budget* recommends approximately \$46.6 billion for total medical care budget authority, an increase of \$3.6 billion over the operating budget level provided by the FY 2009 appropriations bill.

Our medical care recommendation reinforces the long-held policy that medical care collections should be a supplement to, not a substitute for, operating funds. Therefore, until Congress and the Administration fairly address the inaccurate estimates for medical care collections, the VA operating budget should not include inflated estimates as a component.

Although our health care recommendation does not include additional money to provide for the health care needs of Priority Group 8 veterans currently being denied enrollment into the system, we believe that adequate resources should be provided to overturn this policy decision. Unfortunately, in recent years the VA has not provided estimates that reflect the cumulative number of Priority Group 8 veterans who have been denied enrollment into the VA health care system. Moreover, despite the fact that Congress provided \$375 million in the FY 2009

appropriations bill to begin opening enrollment to some Priority Group 8 veterans, we believe that the VA does not have the resources necessary to completely remove the prohibition on new Priority Group 8 enrollments.

As such, we have received information that suggests that the VA has actually denied enrollment to 565,000 veterans since 2003. We estimate that opening enrollment to these veterans alone would cost

approximately \$545 million in the first year, assuming that about 25 percent (141,250) of these veterans would actually use the system.

Paralyzed Veterans recognizes the fact that one of the greatest challenges facing the new Administration and Congress is re-opening enrollment to Priority Group 8 veterans who have been barred from the VA health care system since January 17, 2003. However, we contend that despite the recent increases in VA health-care funding, VA does not have the resources necessary to completely remove the prohibition on enrollment of Priority Group 8 veterans. In response to this continuing policy, the Congress included additional funding to begin opening the VA health care system to some Priority Group 8 veterans in the final approved FY 2009 appropriations bill. The bill included approximately \$375 million to increase enrollment of Priority Group 8 veterans by 10 percent. This will allow the lowest income and uninsured category 8 veterans to begin accessing VA health care. We believe that it is time for VA and Congress to develop a workable solution to allow all eligible Priority Group 8 veterans to begin enrolling in the system.

For Medical and Prosthetic Research, *The Independent Budget* recommends \$575 million, an increase of \$65 million over the FY 2009 appropriation. Research is a vital part of veterans' health care, and an essential mission for our national health care system. At a time of war, the government should be investing more, not less, in veterans' biomedical research programs. We were particularly pleased that Congress recognized the critical need for funding in the Medical and Prosthetic Research account by providing significant funding increases for research last year. I doubt any group of veterans understands the importance of research more than PVA and its members.

## **ADVANCE APPROPRIATIONS FOR VA HEALTH CARE**

As you know, the whole community of national veterans' service organizations strongly supports an improved funding mechanism for VA health care. We continue to support removing the VA health care budget from the discretionary process and making it mandatory. However, if the Congress cannot support mandatory funding, there are alternatives which could meet our goals of sufficient, timely, and predictable funding.

Chairman Akaka and Chairman Filner, we were pleased that you, along with bi-partisan support from a number of your colleagues, recently re-introduced the "Veterans Health Care Budget Reform and Transparency Act"-S. 423 and H.R. 1016-that would reform the VA budget process by providing advance appropriations for veterans' health care. The legislation was developed in consultation with the Partnership for Veterans Health Care Budget Reform (Partnership)-a group that consists of nine major veterans service organizations, including Paralyzed Veterans of America. For more than a decade, the Partnership has worked to achieve a sensible and lasting reform of the funding process for veterans' health care. While the Partnership has long advocated converting VA's medical care funding from discretionary to mandatory funding, there has been virtually no movement in Congress in this direction.

The Veterans Health Care Budget Reform and Transparency Act would ensure that the goals of the Partnership-sufficient, timely, and predictable funding-are met. Historically, advance

appropriations have been used to make a program function more effectively, better align with funding cycles of program recipients, or provide insulation from annual partisan political maneuvering. By moving to advance appropriations, veterans' health care programs would accrue all three of these benefits.

To enhance the budget process even further, the proposed legislation includes provisions to add transparency and oversight to VA's internal budget forecasting model. Due to the complex nature of VA's actuarially-based model, the legislation would require GAO to conduct an annual audit and assessment of the Model to determine its validity and accuracy, as well as assess the integrity of the process and the data upon which it is based. GAO would submit public reports to Congress each year that would assess the Model and include an estimate of the budget needs for VA's medical care accounts for the next two fiscal years. Providing Congress with access to the Model and its estimates of VA health care's resource needs, would provide greater confidence in the accuracy of advance appropriations for veterans' medical care, as well as validate future requests for emergency supplemental appropriations. Once again, we appreciate your

support for this proposal and we look forward to working with you as we try to advance this legislation during the 111<sup>th</sup> Congress.

## **ELIMINATION OF CO-PAYMENTS FOR PRIORITY GROUP 4 VETERANS**

In 1985, Congress approved legislation that opened the VA health-care system up to all veterans. In 1996, Congress revised that legislation with a system of rankings establishing priority ratings for enrollment. Within that context, Paralyzed Veterans worked hard to ensure that those veterans with catastrophic disabilities, no matter if those disabilities were service-connected or non-service connected, would have a higher enrollment category. If the primary mission of the VA health-care system is to provide for the service disabled, the indigent and those with special needs, catastrophically disabled veterans certainly fit in the latter priority ranking. VA had an obligation to provide care for these veterans. The specialized services, including spinal cord injury care, unique to VA, should be there to serve them.

To protect their enrollment status, veterans with catastrophic disabilities were allowed to enroll in Priority Group Four regardless of their incomes and even though their disabilities were non-service connected. However, unlike other Priority Group Four veterans, if they would otherwise have been in Priority Group Seven or Eight, they would still be required to pay all fees and co-payments, just as others in those categories do now for every service they receive from VA.

Paralyzed Veterans of America believes this is unjust. VA recognizes their unique specialized status on the one hand by providing specialized service for them in accordance with its mission to provide for special needs. On the other hand, the system then makes them pay for those services.

Unfortunately, these veterans are not casual users of VA health-care services. Because of the nature of their disabilities they require extensive care and a lifetime of services. Private providers don't offer the kind of sustaining care for spinal cord injury found at the VA even if the veteran is employed and has access to those services. Other federal or state health programs fall far short of what VA can provide. In most instances, VA is the only and the best resource for a veteran with a spinal cord injury, yet, these veterans, supposedly placed in a priority enrollment category, have to pay fees and co-payments for every service they receive as though they had no priority at all.

In previous years, the Administration submitted legislative proposals for an indexed annual enrollment fee of \$250 to \$750 and increases in prescription drug co-payments from \$8 to \$15 that would have had a severe negative impact on these veterans. They quite simply create an even higher burden thereby penalizing these veterans for seeking access to the only source of health care they need. We hope that the new Administration will abandon these proposals when it releases its budget later this year. Meanwhile, we strongly urge Congress to correct this financial penalty. If a veteran is a Priority Group Four because of a catastrophic disability, treat that veteran like all other Priority Group Fours and exempt him or her from fees and co-payments.

## **FAMILY AND CAREGIVER SUPPORT SERVICES**

With regard to family caregiver services, we ask that VA continue its effort to enhance the support and educational services provided to family members caring for veterans. There are approximately 44 million individuals across the United States that serve as caregivers on a daily basis. The contributions of caregivers in today's society are invaluable economically as they obviate the rising costs of traditional institutional care. The services rendered by caregivers are also



priceless socially and emotionally, as they allow ailing and disabled veterans to live more independently and often in the comfort of their own homes with their friends and family.

As the veteran community is aware, family caregivers also provide mental health support for veterans dealing with the emotional, psychological, and physical effects of combat. Many PVA members with spinal cord injury also have a range of co-morbid mental illnesses, therefore, we know that family counseling, and condition specific education is fundamental to the successful reintegration of the veteran into society. Evidence continues to show that the prevalence of mental illness is high in veterans who have served in Iraq and Afghanistan. Combat exposure coupled with long and frequent deployments are associated with an increased risk for Post Traumatic Stress Disorder (PTSD) and other forms of mental illness. In fact, the VA reports that Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans have sought care for a wide array of possible co-morbid medical and psychological conditions, including adjustment disorder, anxiety, depression, PTSD, and the effects of substance use disorder.

The impact of a veteran's mental illness is far reaching and obviously has serious consequences for the individual veteran being affected, but perhaps less obvious are the serious consequences, stemming from a veteran's mental illness, that confront his or her spouse, their children and other family members. With this in mind, Paralyzed Veterans believes that Congress should formally authorize, and VA should provide, a full range of psychological and social support services as an earned benefit to family and non-family caregivers of severely injured and ill veterans.

We believe that Vet Centers should increase coordination with VA medical centers to accept referrals for family counseling; increase distribution of outreach materials to family members with tips on how

to better manage the dislocation; improve reintegration of combat veterans who are returning from deployment; and provide information on identifying warning signs of suicidal ideation so veterans and their families can seek help with readjustment issues. Paralyzed Veterans believes that an effective mental illness family counseling and education program can improve treatment outcomes for veterans, facilitate family communication, increase understanding of mental illness, and increase the use of effective problem solving and reduce family tension.

The aspects of personal independence and quality care are of particular importance to veterans with spinal cord injury/dysfunction. Paralyzed Veterans has over 60 years of experience understanding the complex needs of spouses, family members, friends, and personal care attendants that love and care for veterans with life long medical conditions. As a result of today's technological and medical advances, veterans are withstanding combat injuries and returning home in need of medical care on a consistent basis. Such advances are also prolonging and enhancing the lives and physical capabilities of injured veterans from previous conflicts. No matter the progress of modern science, these veterans need the health-care expertise and care from a health team comprised of medical professionals, mental health professionals, and caregivers. As a part of the health care team, caregivers must receive ongoing support to provide quality care to the veteran. It is for this reason, that we strongly urge VA to develop support and educational programs by conducting caregiver assessments that identify the needs and problems of caregivers currently caring for veterans. The VA must also work to enforce and maintain an efficient case management system that assists veterans and family caregivers with medical benefits and family support services.

Our experience has shown that when the veteran's family unit is left out of the treatment plan, the veteran suffers with long reoccurring

medical and social problems. However, when family is included in the health plan through services such as VA counseling and education services, veterans are more apt to become healthy, independent, and productive members of society.

## **VHA WORKFORCE**

Given the Veterans Health Administrations' (VHA) leadership position as a health system, it is imperative that VA aggressively recruit health-care professionals and work within established relationships with academic affiliates and community partners to recruit new employees. In order to make gains on these needs, VA must update and streamline its human resource processes and policies to adequately address the needs of new graduates in the health sciences, recruits, and current VA employees. Today's health-care professionals and other staff who work alongside them need improved benefits, such as competitive salaries and incentives, child care, flexible scheduling, and generous educational benefits. VA must actively address the factors known to affect current recruitment and retention, such as fair compensation, professional development and career mobility, benevolent supervision and work environment, respect and recognition, technology, and sound, consistent leadership, to make VA an employer of choice for individuals who are offered many attractive alternatives in other employment settings.

Paralyzed Veterans is particularly concerned that the VA continues to experience a serious shortage of qualified, board-certified spinal cord injury (SCI) physicians, making it difficult to fill the role of chief of a Spinal Cord Injury or Dysfunction (SCI/D) service. Several major SCI/D programs are under "acting" management with resultant delays in policy development and a loss of continuity of care. In some VA hospitals the recruitment for a new chief of service has been inordinately prolonged with acting chiefs assigned for indefinite time periods.

We are even more concerned about the continuing shortage of nurses, particularly in spinal cord injury units. Paralyzed Veterans believes that the basic salary for nurses who provide bedside care to SCI veterans is too low to be competitive with community hospitals. This leads to high attrition rates as these nurses seek better pay in the community. Recruitment and retention bonuses have been effective at several SCI centers, resulting in an improvement in the quality of care for veterans as well as the overall morale of the nursing staff. Unfortunately,

these are localized efforts by the individual VA medical facilities. We believe that the VHA should authorize substantial recruitment incentives and bonuses.

We call on Congress to conduct more oversight of the VHA in meeting its nurse staffing requirements for SCI units as outlined in VHA Directive 2005-001. Currently nurse staffing numbers do not reflect an accurate picture of bedside nursing care provided because administrative nurses, non-bedside specialty nurses, and light-duty staff are counted as part of the total number of nurses providing bedside care. Furthermore, not all SCI centers are in full compliance with the regulation for the staffing ratio of professional nurses to other nursing personnel. With proper congressional oversight, these mistakes can and must be corrected.

VA's ability to sustain a full complement of highly skilled and motivated personnel will require aggressive and competitive employment hiring strategies that will enable it to successfully compete in the national labor market. VA's employment success within the VHA will require constant attention by the very highest levels of VA leadership. Additionally, Members of Congress must understand the gravity of VA personnel issues and be ready to provide the necessary support and oversight required to ensure VA's success.

Chairman Akaka and Ranking Member Burr, Paralyzed Veterans of America would also like to express our support for S. 252, the "Veterans Health Care Authorization Act of 2009," which includes provisions concerning recruitment and retention for nurses and other health care professionals. We look forward to working with both Committees to see that these important provisions are enacted.

## **LONG-TERM CARE**

Like other veterans' service organizations, Paralyzed Veterans' membership is aging. As our members become older we expect their need for VA long-term care services to increase at a quicker rate than that of the general veteran population because of the catastrophic nature of their injury. We request your support to require that VA increase its nursing home capacity for veterans with spinal cord injury and disease.

The Capital Asset Realignment for Enhanced Services (CARES) process called for an additional 120 designated VA SCI/D nursing home beds to be added to the system. However, to date only 30 of these beds have been completed and are operational. VA's capacity for SCI nursing home beds is already severely limited and waiting lists exist for the current available beds. A major concern for Paralyzed Veterans is that there are still no designated SCI beds west of the Mississippi River. Our members desperately need additional designated SCI nursing home beds in the western portion of our country.

The nursing home care needs of our members are different from most other veterans. If our older members are to thrive, they require an environment that is specifically designed to meet their needs and a

medical staff of specialized long-term care professionals that understands SCI/D medicine.

At the same time, because of the nature of their disability our members have been long users of VA's home and community-based long-term care services. These services have enabled thousands of our members to remain in their own homes and to remain productive members of our society. However, we know that the full range of VA home and community-based services is not available in every Veterans Integrated Service Network (VISN) and at every VA medical

facility. The Government Accountability Office (GAO) recently issued another report that pointed out this issue (GAO-09-145) and other flaws with the VA Strategic Planning Process.

Members of the Committees, Paralyzed Veterans calls upon you to require VA to issue its Strategic Long-Term Care plan and to expand its non-institutional services in order to close existing service gaps in these very important services. VA's home-and community based services are a good investment because they enable veterans with serious disabilities to remain in their own communities and avoid more expensive nursing home care. Additionally, these services keep veterans where they want to be as they grow older, at home.

#### **CONSTRUCTION ISSUES-HEALTH CARE FACILITY LEASING**

Paralyzed Veterans of America is pleased that the "American Recovery and Reinvestment Act of 2009" (also the Stimulus bill) included a substantial amount of funding for veterans' programs. The legislation identified areas of significant need within the VA system, particularly as it relates to infrastructure needs. While we were disappointed that additional funding was not provided for major and

minor construction in the Stimulus bill, we recognize that the funding that was provided will be critically important to the VA going forward.

As explained in *The Independent Budget*, there is a significant backlog of major and minor construction projects awaiting action by the VA and funding from Congress. We have been disappointed that there has been inadequate follow-through on issues identified by the Capital Asset Realignment for Enhanced Services (CARES) process. In fact, we believe it may be time to revisit the CARES process all together. For FY 2010, *The Independent Budget* recommends approximately \$1.123 billion for Major Construction and \$827 million for Minor Construction. The Minor Construction recommendation includes \$142 million for research facility construction needs.

We are also pleased that the Stimulus bill identified two areas of particularly critical need-non-recurring maintenance (included in the Medical Facilities account) and grants for state extended care facilities. In the last couple of years, Congress has provided substantial increases in funding for non-recurring maintenance. The VA has historically not invested adequate funding into its maintenance needs. In fact, the non-recurring maintenance accounts were often cannibalized during periods of budget shortfalls. The funding included in the stimulus bill should allow the VA to begin to break the logjam of maintenance needs.

There is also a real demonstrated need for additional funding for state extended care facility construction. Considering the rapidly aging veterans' population and the growing demand for long-term care services, it is imperative that state grant funding be increased to better position the VA and states for the future.

We believe that the time to address the large number of construction issues facing VA is now. Unfortunately, throughout the entire Capital Asset Realignment for Enhanced Services (CARES) process, construction needs were severely neglected. The Administration cannot continue to put off new construction or critically needed facility upgrades and maintenance. Moreover, we believe that the CARES planning model should not be completely thrown out simply because

time has passed since it was originally completed. It establishes an effective blueprint that is critical for the VA to expand or contract its infrastructure where necessary.

Paralyzed Veterans is also concerned with the future plans for VA infrastructure, particularly in light of the Health Care Center Facility (HCCF) leasing program proposed by the VA in 2008.

This proposal first gained attention with the ongoing debate about the delivery of health care services in Denver, Colorado. As you may be aware, there has been a great deal of controversy concerning the VA plan for providing health care in the Denver/Rocky Mountain region. The ongoing controversy surrounding the Department of Veterans Affairs' decision to stop construction planning for a free-standing replacement hospital in Denver, Colorado and, instead, lease space from the University of Colorado Medical Center in a tower it plans to construct continues to generate opposition. The long awaited replacement facility which was to include a thirty bed spinal cord injury center was first approved by VA in 2002 and planning and design began in 2007 once Congress had appropriated funds.

Unfortunately, in early 2008 the VA suddenly and without notice stopped all development on a free-standing medical facility and began planning to lease space in a new medical center to be built by the University of Colorado, with financing by the VA. Moreover, the VA jettisoned the plan for the recommended 30-bed spinal cord injury center in Denver as outlined by the Capital Asset Realignment for Enhanced Services (CARES) report. The VA has since made additional changes to the plan for SCI care simply as a means to ease the concerns of Paralyzed Veterans.

However, we believe the VA will not be able to meet several important benchmarks for SCI care while leasing in the new University of



Colorado tower. First, we believe the spinal cord injury unit will not be created to meet VA's own design guidelines, including first floor location in the proposed new tower and dedicated SCI/D parking. Second, we do not believe that staffing requirements for the unit will be consistent with the guidelines agreed to by VA and Paralyzed Veterans of America. Third, we believe the new leasing arrangement will prevent Paralyzed Veterans from the same access afforded us in other VA spinal cord injury centers to both counsel veterans and conduct site visits. Finally, VA's guidelines call for the establishment of spinal cord injury centers at a tertiary care hospital to ensure that the center is supported by the full range of medical and ancillary health services. We do not believe this new leased facility will support all the necessary medical specialties and services with VA staff.

Veterans' organizations on the national level have joined with their local affiliates in opposing this action by VA. In a letter sent to the previous Secretary of Veterans Affairs, James Peake, national veterans' organizations, including Paralyzed Veterans of America and the union representing VA employees, articulated our opposition and concerns and questioned whether this change in strategy was a first step in altering how VA has historically provided care. Veterans are rightly concerned that this may well be an approach that leads to greater privatization of services and ultimately lead to a diminution of VA and, specifically, its specialized services.

It is time for the VA to return to the previous long-term plan to construct a free-standing, tertiary care hospital in Denver, CO that includes a spinal cord injury center in accordance with the recommendations of the CARES commission. In the meantime, we hope that the Committees will monitor this situation closely so as to ensure that the VA is not laying the groundwork in Denver for a long-term health care delivery plan that could ultimately lead to lower quality of care across the entire VA health care system with the expansion of contract care.

## **IMPROVEMENTS TO THE CLAIMS PROCESS**

We believe that a number of issues within the claims process must be closely monitored as the VA seeks to update and modernize the process. We were particularly pleased with the fact that Congress appropriated significant increases in funding for VBA over the last couple of years.

Likewise, we appreciate the emphasis placed on hiring many new claims adjudication personnel. We have long argued that the only way to give the VA a fighting chance at overcoming the rapidly growing claims backlog is to provide for adequate staffing.

However, it is important to note that simply hiring additional staff is not enough. Equally important is to ensure proper training and accountability of claims adjudication staff at all levels of the process. While it is easy to blame first-line claims staff for improper ratings decisions, much of the blame also has to fall to the management within VBA. Performance measures for all levels of adjudication staff have wrongly focused too much on quantity of claims decided rather than quality.

Paralyzed Veterans is also concerned that VBA is not really spending the new funding Congress has provided in the last couple of years in the manner that Congress intended and the veterans' service organizations (VSO) desired. Specifically, we believe that VA is spending too much of this new funding on pilot projects and special programs rather than on basic hiring and systemic needs.

Moreover, we believe that VBA must accelerate the progress toward an electronic claims record system. As long as VA continues to use a paper file shipped around the country, the claims and appeals process

will be done in an expensive and antiquated manner. Under the current system, VA staff need the actual claims file to act on claims. In a paperless, environment VA staff could act on claims without having to access a claimant's actual claims file. Additionally, transition to a paperless system will permit claims work to be seamlessly transferred to any of VA's regional offices, allowing for quicker decision-making on claims. As demonstrated by the Veterans Health Administration's outstanding electronic medical record system, similar gains in access to records can be realized in the claims and appeals process. We urge Congress to accelerate funding of VA's transition to an electronic claims record.

Recent hearings have demonstrated how far behind the VBA is in using information technology in its claims adjudication process. While we believe that the entire claims process cannot be automated, there are many aspects and steps that certainly can. We have long complained to the VA that it makes no sense for severely disabled veterans to separately apply for the many ancillary benefits to which they are entitled. Their service-connected rating immediately establishes eligibility for such benefits as the Specially Adapted Housing grant, adaptive automobile equipment, and education benefits. However, they still must file separate application forms to receive these benefits.

Furthermore, certain specific disabilities require an automatic rating under the disability ratings schedule. For example, it does not take a great deal of time and effort to adjudicate a below knee single-leg amputation. An advanced information technology system can determine a benefit award for just such an injury quickly. We believe that it is time for the VA to automate consideration of ancillary benefits and specific ratings disabilities that are generally automatic.

Finally, we are very concerned about the implementation of the 21<sup>st</sup> Century GI Bill, set to become available to eligible veterans and

service members in August. Progress towards an effective implementation plan began with much difficulty. While we believe that the VA is being as proactive as possible to ensure that the benefit is available accurately and on time, we remain concerned about whether the VA will actually be ready to go when the effective date arrives. The VA has continued to offer monthly updates on its progress and we believe continued oversight by the veterans' service organizations and Congress will be critical

throughout the spring and summer. In the end, any problems that lead to inaccurate payment of benefits or delayed payments will be unacceptable.

#### **PROTECTION OF SPECIALIZED SERVICES**

Finally, we must emphasize that specialized services are part of the core mission and responsibility of the VA. For a long time, this has included spinal cord injury care, blind rehabilitation, treatment for mental health conditions-including post-traumatic stress disorder (PTSD)-and similar conditions. We believe that traumatic brain injury (TBI) and polytrauma injuries are new areas that the VA must focus on as part of their specialized care programs.

Specialized services were initially developed to care for the unique health care needs of veterans. The VA's specialized services are incomparable resources that often cannot be duplicated in the private sector. With this in mind, we believe that the VA must be given the opportunity to show what it is capable of doing in addressing TBI and polytrauma conditions for this newest generation of veterans.

The provision of specialized services is vital to maintaining a viable VA health care system. Specialized services are part of the primary

mission of the VA. The erosion of these services would lead to the degradation of the larger VA health care mission. With growing pressure to allow veterans to seek care outside of the VA, the VA faces the possibility that the critical mass of patients needed to keep all services viable could significantly decline. All of the primary care support services are critical to the broader specialized care program provided to veterans with spinal cord injury. If primary care services decline, then specialized care is also diminished.

As such, we believe the VA can apply the model that it has developed for spinal cord injury care to treatment for polytrauma and TBI. Paralyzed Veterans believes that the hub-and-spoke model used in the VA's spinal cord injury service serves as an excellent model for how this network of polytrauma centers can be used. Second level treatment centers (spokes) refer spinal cord injured veterans directly to one of the 21 spinal cord injury centers (hubs) when a broader range of specialized care is needed.

The polytrauma center structure could function in the same fashion. The new level two polytrauma centers (spokes) being established will better assist VA to raise awareness of TBI issues. These increased access points for TBI veterans will also allow VA to develop a system-wide screening tool for clinicians to use to assess TBI patients. When more comprehensive treatment is needed, a veteran can be referred to the level one polytrauma center that serves as the hub. Unfortunately, the ability of VA to provide this critical care has been called into question. Paralyzed Veterans recognizes that the VA's ability to provide the highest quality TBI care is still in its development stages; however, it continues to meet these veterans' needs while continuing to expand its capabilities.

Paralyzed Veterans of America appreciates the opportunity to present our legislative priorities and concerns for the first session of the 111<sup>th</sup> Congress. We look forward to working with the committees to ensure

that sufficient, timely, and predictable resources are provided to the VA health care system so that eligible veterans can receive the care that they have earned and deserve. We also hope that the committees will take the opportunity to make meaningful improvements to the benefits that veterans rely on.

Mr. Chairmen, I would like to again thank you for the opportunity to testify. I would be happy to answer any questions you have.