

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
TO THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING PROPOSED LEGISLATION

May 22, 2019

Chairman Isakson, Ranking Member Tester, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the broad array of pending legislation impacting the Department of Veterans Affairs (VA) that is before the Committee. 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 disorder. 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.

S. 123, the “Ensuring Quality Care for Our Veterans Act”

PVA supports S. 123. This legislation requires VA to establish a third party process for the review of any instance in which a veteran has been treated by a VA provider later found to have a revoked license. It also requires VA to notify veterans if it is determined that an episode of care or services they received was below established levels for acceptable care. PVA supports this common sense approach to help protect the health and well-being of our nation's veterans.

S. 221, the “Department of Veterans Affairs Provider Accountability Act”

PVA supports S. 221, which requires VA to report major adverse personnel actions involving certain health care employees to the National Practitioner Data Bank and to applicable state licensing boards. We believe the key to providing exceptional health care to veterans starts with quality providers. If those providers have major adverse personnel actions, they should be reported to the proper licensing authorities to ensure they are unable to practice elsewhere within the VA health care system.

S. 318, the “VA Newborn Emergency Treatment Act”

PVA strongly supports S. 318. This legislation would correct a cruel oversight in newborn care furnished by VA. While women veterans’ newborns may receive health care coverage up to seven days after birth, VA is not authorized to pay for any emergency transportation that a newborn may require to reach a different medical facility. Currently, veterans must pay the full cost of any ambulance or helicopter transportation needed to transport their newborns for emergency medical care. This legislation will ensure no veteran receives bills for this type of care again. Additionally, this legislation would waive any outstanding debts associated with medically-necessary emergency transportation services for a newborn. It would also expand the seven days of VA provided coverage through a waiver process for medically necessary care. We urge Congress to move quickly to advance this crucial legislation.

S. 450, the “Veterans Improved Access and Care Act of 2019”

PVA supports many efforts to bolster staffing levels at VA facilities, particularly within the Spinal Cord Injury System of Care, which historical data shows is one of the most difficult areas to recruit and retain nursing staff. S. 450 would create a limited pilot project to expedite the onboarding process for new medical providers. PVA agrees with this legislation’s intent, but believes a pilot program unnecessarily delays this critical need at a time when Congress should be enacting legislation that directs VA to expedite its hiring processes department-wide.

S. 514, the “Deborah Sampson Act”

PVA supports S. 514, which helps address some of the quality of care barriers that are unique to women veterans. From transition services, to health care access, to the availability of prosthetics, this bill is a critical and timely step to enhancing the health and well-being of women veterans and their families. As women veterans are the fastest growing population of veterans, we urge Congress to enable VA to fully meet the need for specialized services for women.

This bill would initiate a program for peer-to-peer counseling for women veterans transitioning out of the military and make permanent the availability of readjustment counseling services in group retreat settings. Of the existing readjustment counseling retreats provided through VA, participants consistently showed better understanding of how to develop support systems and to access resources at VA and in their communities. They work with counselors and peers, building on existing support.

If needed, there is financial and occupational counseling. These programs are marked successes and the feedback is overwhelmingly positive for women veterans, who show consistent reductions in stress symptoms as a result of their participation. Other long lasting improvements included increased coping skills. It is essential for women veterans that Congress make this program permanent. We believe the value and efficacy is undeniable.

Importantly, the bill would also authorize hospital stays of up to 14 days for newborns under VA care. VA currently allows a maximum stay of seven days. As the average stay for a healthy newborn is two days, any newborn needing additional coverage is likely to be facing complications immediate after birth or a severe infant illness. The current seven day coverage is in a non-department facility for eligible women veterans who are receiving VA maternity care. Beyond the seven days, the cost of care is the responsibility of the veteran and not VA, even if complications require continued care beyond the coverage period. Post-natal health is critical to newborn health which directly impacts the lives and well-being of veterans and their families. PVA is particularly concerned about those veterans with catastrophic disabilities that can cause high-risk pregnancies or pre-term deliveries. A seven day limit arguably impacts veterans with disabilities at a greater rate than other veterans. Extending newborn coverage to 14 days is the right thing to do.

The legislation also aims to eliminate barriers to care. For example, it would ensure that every facility has at least one full-time or part-time women's health provider. Furthermore, an additional \$20 million would be authorized to carry out the retrofitting of existing facilities to improve privacy, safety, and environmental needs for women veterans. Finally, the bill would require data collection and reporting by gender and minority status on VA programs serving veterans and a reporting requirement on prosthetic availability for women veterans.

This bipartisan legislation ensures women veterans receive the care and benefits they earned and we support its swift passage.

S. 524, the “Department of Veterans Affairs Tribal Advisory Committee Act of 2019”

PVA supports S. 524 which seeks to establish a VA Advisory Committee on Tribal and Indian Affairs. This advisory committee would help to foster better communication and understanding between VA and Tribal governments. The result will be improved access to VA health care programs, benefits, and services for Native American veterans.

S. 711, the “Care and Readiness Enhancement for Reservists Act of 2019”

PVA supports S. 711, which allows the Department of Defense (DOD) to fund behavioral or mental health care for reservists, regardless of whether they are within the 180 day pre-deployment window, or have never deployed. It also directs VA to furnish mental health services for members of the National Guard and Reserves, and allows them to access veteran centers for mental health screening and counseling, employment assessments, education training, and other services to help them successfully transition to civilian life.

Access to mental health services is a universal issue and we need to make certain that everyone who is serving or has served in uniform has access to the behavioral health services needed to help ensure no veteran is lost to suicide. This legislation compliments existing efforts to reduce this unnecessary loss of life by ensuring all members of the Reserve components have access to needed care.

S. 746, the “Department of Veterans Affairs Website Accessibility Act of 2019”

PVA supports S. 746, which directs VA to study the accessibility of its website and related resources for veterans with disabilities and provide a report of its findings to Congress. Following the study, VA would be required to identify applications that are not accessible to such individuals and VA's plan to make each of them accessible.

Section 508 of the Rehabilitation Act of 1973 requires federal government agencies to develop and maintain information and communication technology that is accessible to persons with disabilities. A formal review of VA's website and related resources to ensure compliance with the law is appropriate.

S. 785, the “Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019”

PVA supports S. 785, which seeks to strengthen and improve VA's mental health care services. Passage of this bill would enable VA's mental health workforce to serve more veterans by giving VA direct hiring authority for more mental health professions, offering scholarships to mental health professionals to work at Vet Centers, and placing at least one Suicide Prevention Coordinator in every VA medical center. It also improves rural veterans' access to mental health care by increasing the number of locations at which veterans can access VA telehealth services and offer grants to non-VA organizations that provide mental health services or alternative treatment to veterans.

This legislation also provides greater support and assistance to service members transitioning out of the military by giving them a full year of VA health care when they leave the military and improves services that connect transitioning veterans with career and education opportunities. We are further pleased that it expands veterans' access to animal, outdoor, or agri-therapy, yoga, meditation, and acupuncture, and investing in VA mental health research. Most importantly, it includes a host of studies and resources provisions specially targeted toward evaluating and improving VA mental health care programs and service with the goal of reducing veteran suicides in mind.

We lose too many veterans each day to suicide and a concerted approach to reducing these numbers is badly needed. S. 785 offers a comprehensive approach toward improving the diagnosis and treatment for mental health conditions which, in the long term, will undoubtedly save lives.

S. 805, the “Veteran Debt Fairness Act of 2019”

PVA supports S. 805. Failure to resolve debt issues in a timely manner can have a lasting, catastrophic impact on a veteran. If the Veterans Benefits Administration (VBA) sends out a notice of an overpayment of benefits, or some other circumstance producing a debt owed by the veteran, it is essential that VBA know whether that notice actually reached the veteran prior to the veteran going into default. Unfortunately, it is not uncommon for veterans to find that one part of VA has updated their contact information, while other parts of VA have not.

We understand and support the Secretary's need to recover on debts, however, it must be done in a manner that maintains due process rights and is not unduly detrimental to the veteran. It is important to ensure that veterans are not going into default for lack of notice, especially in circumstances where the debt itself is a product of VA's mistakes and overpayments.

S. 850, the “Highly Rural Veteran Transportation Program Extension Act”

PVA supports extending the authorization of appropriations to VA for purposes of awarding grants to veterans service organizations for the transportation of highly rural veterans. Access to transportation is critical to ensuring that veterans receive the health care that they need in a timely manner.

S. 857, a bill to Increase the Special Pension for Medal of Honor Recipients

PVA supports S. 857. It has been close to fifteen years since the pension amount for Medal of Honor recipients was increased. With the great honor of this award comes a responsibility from them to share their stories and inspire their fellow citizens. Often times, this requires traveling and participating in events around the country. This responsibility should never become a financial burden on those who have already sacrificed so much. We support this bill which more than doubles the current pension amount to \$3,000.00 per month.

S. 980, the “Homeless Veterans Prevention Act of 2019”

PVA generally supports S. 980. Specifically, we support the provisions in this bill that would help keep veteran families together by allowing VA to house the children of homeless veterans in transitional housing programs; direct VA partnerships with public and private entities to provide legal services for homeless veterans and veterans at risk of becoming homeless; and grant VA the authority to provide dental care to homeless veterans.

However, we do not support the provision allowing VA to stop reporting annually on its assistance programs for homeless veterans. The most recent figures show that 38,000 veterans across the country are without stable housing on any given night in America. Congress needs to continue to hold VA accountable, and require them to report on what programs are being provided.

S. 1101, the “Better Examiner Standards and Transparency for Veterans Act of 2019”

PVA supports S. 1101, which would ensure that only licensed health care providers are conducting medical disability examinations on behalf of VA. Veterans must be able to receive their disability examinations from providers they can trust. We support its swift passage.

S. 1154, the “Department of Veterans Affairs Electronic Health Record Advisory Committee Act”

S. 1154 creates an additional layer of accountability and oversight to ensure the development and roll out of the new Electronic Health Record (EHR) goes smoothly. The 11-member Committee would operate separately from VA and DOD and would be made up of medical professionals, Information Technology and interoperability specialists, and veterans currently receiving care from the VA. The Committee will

analyze the VA's strategy for implementation; develop a risk management plan; tour VA facilities as they transition to the new system; and ensure veterans, VA employees and medical staff, and other participants have a voice in the process.

The development of an integrated DOD-VA electronic health record has been beset with problems for years. We support the intent of S. 1154 because it is a positive step forward. We suspect, however, the Committee's efforts will only be successful if they are given equal latitude to work with, evaluate, and advise DOD on its portion of the EHR as well.

S. ___, the "Janey Ensminger Act of 2019"

PVA understands and supports the intent of the draft legislation known as the "Janey Ensminger Act of 2019." This legislation would amend the Public Health Service Act with respect to the Agency for Toxic Substances and Disease Registry's (ATSDR) review and publication of illnesses and conditions relating to veterans stationed at Camp Lejeune, North Carolina, and their families. The bill would require the ATSDR Administrator to review the scientific data pertaining to the relationship between individuals at Camp Lejeune and the suspected resulting illness or condition. The ATSDR Administrator would be required to determine each condition that may be caused by toxic exposure, categorize the level of evidence for these conditions into three categories: sufficient with reasonable confidence that the exposure is a cause of the illness or condition, modest supporting causation, or no more than limited supporting causation. This information would then be published and continually updated on the Department of Health and Human Services' website. Newly registered veterans and family members would receive care based on the list provided by the ATSDR Administrator.

Research regarding toxic exposures and the subsequent credibility of presumptive conditions has traditionally been the charge of the Institute of Medicine (IOM). The bill does not discuss the processes that should be implemented if the ATSDR conflicts with the findings of the IOM and we hope you will consider this in your deliberations on this measure. That aside, PVA supports this effort to ensure periodic literature reviews of the existing body of research on the relationship between toxic exposures at Camp Lejeune and adverse health conditions.

S. ___, a bill to amend title 38, United States Code, to extend the authority of the Secretary of Veterans Affairs to continue to pay educational assistance or subsistence allowances to eligible persons when educational institutions are temporarily closed, and for other purposes.

PVA generally supports this draft language which would extend educational assistance or subsistence allowances for a brief period of up to two months to ensure stability of Forever GI Bill users when their educational institution closes unexpectedly.

PVA would once again like to thank the Committee for the opportunity to submit our views on the legislation considered today. Enactment of much of this proposed legislation will significantly enhance the health care services and benefits available to veterans, service members, and their families. We look forward to working with the Committee on their passage, and would be happy to take any questions you have 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 2019

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

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.

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.