

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
PROVIDED TO THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
CONCERNING
PENDING HEALTH CARE LEGISLATION

JUNE 3, 2015

Chairman Isakson, Ranking Member Blumenthal, and members of the Committee, 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 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 dysfunction. Most PVA members depend on VA for 100% of their care and are the most vulnerable when access to health care, and other challenges, impact quality of care. These important bills will help ensure that veterans receive timely, quality health care and benefits services.

S. 297, the “Frontlines to Lifelines Act of 2015”

PVA generally supports S. 297, the “Frontlines to Lifelines Act of 2015.” This bill would revive and expand a pilot program that lapsed in February 2014. This bill would authorize VA to hire 250 intermediate care technicians at facilities with the longest wait times. It would transfer credentialing data of a health care provider who relocates from the Department of Defense to employment with the Department of Veterans Affairs. By rapidly absorbing qualified, experienced health care providers, this bill could ease some of the strains on VA's hiring process.

S. 425, the “Homeless Veterans Reintegration Programs Reauthorization Act of 2015”

PVA supports S. 425, the “Homeless Veterans Reintegration Programs Reauthorization Act of 2015.” This bill would extend authority for the VA Homeless Veterans Reintegration Programs (HVRP) and the Homeless Women Veterans and Homeless Veterans with Children Reintegration Grant Program through Fiscal Year 2020. The HVRP program is one of the most cost-effective and cost-efficient programs in the federal government. Despite being authorized \$50 million per year, it generally is appropriated less than half of that authorized level every year. And yet, it continues to serve a large number of veterans who are taking the necessary steps to overcome homelessness.

This bill would also clarify eligibility to include homeless veterans participating in the Department of Housing and Urban Development—VA Supported Housing program (HUD-VASH), Native veterans receiving assistance under the Native American Housing Assistance and Self Determination Act of 1996, and those transitioning from incarceration.

S. 471, the “Women Veterans Access to Quality Care Act of 2015”

PVA supports S. 471, the “Women Veterans Access to Quality Care Act of 2015.” This bill would establish structural standards in VA health care facilities that are necessary to meet the health care needs of women veterans. Implementation of this bill would generate a report to the House and Senate Veterans’ Affairs Committees listing the facilities that fail to meet these standards and the projected cost to do so. VA would be required to publish the health outcomes of women in each facility, juxtaposed with the men that facility serves. VA would be required to hire a full-time obstetrician or gynecologist at every VA Medical Center, and pilot an OB-GYN graduate medical education program to increase the quality of and access to care for women veterans.

The women veteran population who use VA health care doubled between 2003 and 2012, from 200,631 to 362,014. By 2040, it will have doubled again. Given this projection, VA must increase their capacity to meet the needs of women veterans. This legislation is a crucial step in assessing the quality of care women veterans receive and the steps needed to improve it.

S. 684, the “Homeless Veterans Prevention Act of 2015

PVA supports S. 684, the “Homeless Veterans Prevention Act of 2015” to improve services for homeless veterans.

Section 2 would increase per diem payments for transitional housing assistance that becomes permanent for veterans. Section 3 would authorize per diem payments to provide care for a dependent of a homeless veteran while the veteran receives services from a VA grant and per diem recipient.

Section 4 would instruct VA to partner with public and private entities to provide legal services to homeless veterans and veterans at risk of homelessness. These services, subject to available

funding, would be made available in an equitable geographic pattern to include rural populations and tribal land. The legal services would include those related to housing, including eviction defense and landlord-tenant cases; family law, including assistance with court proceedings for child support, divorce and estate planning; income support, including assistance in obtaining public benefits; criminal defense, including outstanding warrants, fines and driver's license revocation, and to reduce the recidivism rate while overcoming reentry obstacles in employment or housing.

Section 5 would expand the authority of VA to provide dental care to eligible homeless veterans who are enrolled for care, and who are receiving housing assistance under "section 8" for a period of 60 consecutive days. Those eligible also include veterans receiving care in a therapeutic residence; community residential care coordinated by the Secretary; or a setting for which the Secretary provides funds for a grant and per diem provider.

Section 6 would repeal the sunset on authority to carry out the program of referral and counseling services for veterans at risk for homelessness who are transitioning from certain institutions. Section 7 would extend the authority for financial assistance for supportive services for very low-income veteran families in permanent housing. Section 8 of this bill would require VA to assess and measure:

- Whether existing capacity meets the needs of the subpopulations of homeless veterans located in each geographic area.
- The amount of capacity that recipients of grants under sections 2011 and 2061 and per diem payments under section 2012 of such title have to provide services for which the recipients are eligible to receive per diem under section 2012(a)(2)(B)(ii) of title 38, United States Code, as added by section 3(5)(B) of this bill.

Assessment and recommendations for improvements of the programs would be submitted to Congress by the Secretary.

Section 9 would require the GAO to complete a study of VA programs that provide assistance to homeless veterans and a review of the privacy, safety, and security of women veterans receiving assistance from such programs. Section 10 would repeal the requirement for annual reports on assistance to homeless veterans.

Draft Bill, the "Veterans Health Act of 2015"

PVA supports the "Veterans Health Act of 2015." This bill would include immunizations in the statutory definition of "medical services," thereby improving access to immunizations. It would expand the availability of chiropractic care in VA facilities; extend the sunset date of VA transportation programs for veterans to access VA health care; and make publicly available the results of VA research.

While VA already conducts an immunization program, this bill would broaden and regulate immunizations in accordance with the adult immunization schedule established by the Secretary of Health and Human Services.

This bill would expand the provision of chiropractic care and services to veterans. It would require chiropractic services be made available in two VA medical Centers in each VISN in two years from enactment, and in 50% of VA Medical Centers in each VISN in three years. It would also see that “chiropractic services” be included in title 38, United States Code, as a medical service, a rehabilitative service, and a preventative health service.

The proposal would extend to December 31, 2016, VA’s ability to directly transport certain veterans for the purpose accessing health care. The bill would also authorize \$4 million to carry out the program, and would require a VA report on the program within one year of enactment. The extension of this program would allow veterans to maintain their ability to access VA health care.

Further, it requires VA to create a website containing VA research data as well as a digital archive of published manuscripts of all VA-funded research.

Lastly, it would also require the VA-DOD Joint Executive Committee to submit a report to the respective Secretaries recommending methods to facilitate greater sharing of research between the departments addressing the outcomes of military service on veterans, family members and their communities.

Draft Bill, “to require the Secretary of Defense and the Secretary of Veterans Affairs to establish a joint uniform formulary with respect to systemic pain and psychiatric drugs that are critical for the transition of an individual from receiving health care services furnished by the Secretary of Defense to health care services furnished by the Secretary of Veterans Affairs, and for other purposes.”

The bill would exempt the established joint uniform formulary for transitioning service members from the existing requirements of DOD’s pharmacy benefits program. This bill would not interfere with each agency’s maintenance of its own formulary for other purposes. The bill would require a joint report by DOD and VA to Congress on the establishment of the new process. This bill allows for DOD and VA to work more closely together in order to provide consistent, quality care to service members transitioning.

Draft – Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act

PVA supports the “Department of Veterans Affairs Purchased Health Care Streamlining and Modernization Act.” This bill is a necessary tool to allow the VA to meet the wide-ranging and unique health care needs of veterans, particularly veterans with spinal cord injury and dysfunction.

Through various authorities VA purchases private sector health care services for veterans, their families and survivors. Among veterans and community providers, the multiple avenues for procuring care often creates more confusion than resources. Under this proposed rule, VA would

be able to obtain extended care services for veterans from providers who are closer to veterans' homes and communities.

The proposed legislation would protect VA's ability to continue to purchase private medical care when not otherwise available through VA, contracts, or sharing agreements. This allows VA to purchase care through agreements that are not subject to provisions of law governing federal contracts, ensuring providers are treated similar to Medicare providers. This would enable VA to meet the needs of veterans in an effective manner.

This measure preserves the protections against waste, fraud and abuse, based on the Federal and VA Acquisition Regulations. However, this legislation will also accelerate the purchasing process of a veteran's care by avoiding some of the complicated contracting rules governed by Federal Acquisition Regulations. This authority should prove extremely appealing to solo practitioners and small practices.

This concludes PVA's statement for the record. We would be happy to answer any questions for the record that the Committee may have.