CARL BLAKE, NATIONAL LEGISLATIVE DIRECTOR, PARALYZED VETERANS OF AMERICA

STATEMENT OF
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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS,
CONCERNING
PROPOSED HEALTH CARE LEGISLATION

MAY 21, 2008

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 health care issues being considered here today is very broad. We appreciate the Committee taking the time to address these many issues, and we hope that out of this process meaningful legislation will be approved to ensure veterans receive the best health care available from the VA.

S. 2273, the "Enhanced Opportunities for Formerly Homeless Veterans Residing in Permanent Housing Act"

PVA supports S. 2273, the "Enhanced Opportunities for Formerly Homeless Veterans Residing in Permanent Housing Act." Homelessness has proven to be a major problem among the men and women who have served in uniform. While estimates vary, it is believed that as many as 250,000 veterans are on the street in any given night. This fact seems incomprehensible in light of the sacrifices that these men and women have made.

The proposed legislation establishes a pilot program to provide grants to up to ten qualifying entities for a period of five years. These grants will be awarded to public and non-profit organizations to coordinate the provision of supportive services that exist in the local community. The target within the veteran population for this program will be those veterans that have previously participated in the Homeless Providers Grant and Per Diem Program. When a veteran achieves the goals within the program, he or she is ready to move into a more permanent living environment. However, in many situations the veteran will still need supportive services to accompany their housing needs as they progress toward a goal of self-sufficiency. These entities can then coordinate supportive services such as continued case management, counseling, job training, transportation, and child care services. By addressing each of these issues, the veteran stands a better chance of getting off of the street and living a productive life once again.

S. 2377, the "Veterans Health Care Quality Improvement Act"

PVA supports S. 2377, the "Veterans Health Care Quality Improvement Act." We certainly appreciate the underlying intent of this bill which is to ensure that the health care provided by the VA is the very best available. Section 2 of the legislation defines standards that must be met for

physicians to practice in the VA. It requires the disclosure of certain information pertaining to the past performance of a physician and requires the Director of each Veterans Integrated Service Network (VISN) to investigate any past disciplinary or medical incompetence issues of physicians to be hired.

PVA supports Section 3 of S. 2377 that requires the Under Secretary for Health to designate a national quality assurance officer and a quality assurance officer for each VISN. This establishes a quality-assurance program for the health care system and provides a method for VA health care workers to report incidents of inconsistency. We believe that one of the keys to high quality health care services is an affective quality assurance program. This program could be beneficial for improving accountability within the health care system.

We likewise support Section 4 of the legislation that offers incentives to attract physicians to work in the VA health care system. It also encourages the VA to recruit part time physicians from local medical schools. PVA has expressed concern in the past that the VA is struggling to attract high quality physicians, particularly to specialized services like spinal cord injury care, blind rehabilitation, and mental health.

S. 2383

PVA recognizes that there is no easy solution to meeting the needs of veterans who live in rural areas. These veterans were not originally the target population of men and women that the VA expected to treat. However, the VA decision to expand to an outpatient network through community-based outpatient clinics reflected the growing demand on the VA system from veterans outside of typical urban or suburban settings.

PVA has no objection to the proposal for a pilot program to use mobile systems in not less than three VISNs. However, the one caution we would offer is that services provided in this manner tend to be more expensive and less cost-effective. We believe that mobile services tend to be much more cost-effective in areas where a large segment of the target population can be served because it drives down the overall cost-per-patient. In other words, the VA could potentially get more "bang for its buck" by having a mobile clinic set up in the downtown area of a major city where an existing medical facility may be beyond capacity.

Furthermore, we are concerned about how these mobile centers will be staffed. The legislation calls for VA physicians, nurses, and mental health specialists, case workers, benefits counselors, and any other personnel deemed appropriate to staff the mobile clinic. While we fully agree with these staffing guidelines, given the difficulty in hiring many of these professionals already, particularly nurses and mental health professionals, we remain skeptical about the ability of the VA to meet this requirement. We are also concerned about the ability of these clinics to meet the needs of women veterans-a segment of the veteran population that is rapidly growing, particularly in rural areas where National Guard and Reserve units are returning.

Finally, one last suggestion that we would like to offer is that each of these mobile clinics should be accessible for persons with disabilities. There are many disabled veterans who might like to take advantage of these mobile services, and it would be a real disservice to them if they are unable to visit one of these clinics because it is inaccessible.

S. 2573, the "Veterans Mental Health Treatment First Act"
While PVA understands the concepts outlined in S. 2573, the "Veterans Mental Health Treatment First Act," we oppose this proposed legislation. We believe that this legislation tries to draw attention to a concept that the VA ought to be focused on already-the health and wellness of sick and disabled veterans. But this focus should not be at the expense of the veteran. We cannot argue with the importance of proper and effective treatment to address the mental health issues that veterans may face. However, we believe this legislation would simply force near term treatment on veterans in order to save the VA, and by extension the federal government, money paid out in compensation in the long term.

First, we would point out that the legislation calls for a "pre-evaluation" of the veteran exhibiting symptoms of Post Traumatic Stress Disorder (PTSD) to determine if the condition might be related to his or her service. This implies a step not unlike the disability claims process should already be taking. Furthermore, it calls for the Secretary to prescribe regulations dictating what constitutes a relationship to military service-a concept already addressed in Title 38 U.S.C. and the Code of Federal Regulations.

Second, the legislation requires the veteran to delay his or her right to file a claim while participating in the program. While we can certainly see the benefit of a veteran participating in a comprehensive treatment program, we see no reason why he or she should not still be able to file a claim concurrently. Otherwise, the process simply is delayed a year. And while we understand the argument that a veteran would receive a stipend under this program, we do not believe that this is an acceptable method of offsetting the broad range of benefits, along with compensation, associated with adjudication of a claim. Furthermore, depriving a veteran of his or her entitlement to compensation may actually have the unintended effect of providing a financial disincentive to participate in rehabilitation and treatment.

S. 2639, the "Assured Funding for Veterans Health Care Act"
PVA supports S. 2639, the "Assured Funding for Veterans Health Care Act," introduced by Senator Tim Johnson. Despite the fact that Congress has taken significant steps in the last couple of years to address the funding needs of the VA, the appropriations process still puts the VA at a significant disadvantage each year. For 13 of the past 14 years, the VA appropriations bill was not passed before the start of the new fiscal year on October 1. In fact, on several occasions, the VA appropriations bill was not passed before the start of the new calendar year, leaving the VA to react accordingly. We certainly appreciate the efforts Congress has made recently to provide adequate funding for the VA. However, the current process has only met one of the goals we have established for funding the VA health care system-sufficiency, timeliness, and predictability.

We believe that it is time for Congress to truly debate alternative funding mechanisms to provide for the needs of the VA health care system. As such, S. 2639, is one of those alternatives that we believe can be effective. Unfortunately, some members in both the Senate and House have opposed mandatory funding because it would be too costly; however, a Congressional Research Service report provided to Congress last year detailing the running expenditures for the Global War on Terror since September 11, 2001, revealed that Veterans Affairs-related spending constitutes one percent of the government's total expenditure since that date.

Without question, there is a high cost for war, and caring for our nation's sick and disabled veterans is part of that continued cost. A report by a researcher at Harvard's Kennedy School of Government predicted that federal outlays for veterans of the wars in Afghanistan and Iraq would arc between $350 billion and $700 billion over their life expectancies following military service-an amount in addition to what the nation already spends for previous generations of veterans. Thus, it is clear the government will be spending vast sums in the future to care for veterans, to compensate them for their service and sacrifice, but these funds will still only constitute a minute fraction of total homeland security and war spending.

Moreover, too much of the opposition to assured funding legislation revolves around myths that simply are not true. Outside of cost, one of the chief complaints about assured funding is that Congress would lose oversight over the VA health care system. This idea is nonsensical at best. Most importantly, funding would be removed from the direct politics and uncertainties of the annual budget-appropriations process, and Congress would still retain oversight of VA programs and health care services-as it does with other federal mandatory programs.

Some members of Congress also fear that assured funding would open the VA health care system to all veterans. In fact, the Health Care Eligibility Reform Act of 1996 theoretically opened the VA health care system to all 25 million veterans; however, it was never anticipated that all veterans would seek or need VA health care. Current enrollment figures do not support the notion that veterans will flood the VA health care system. Moreover, the Secretary is required by law to make an annual enrollment decision based on available resources-a fact that has left the VA health care system closed to eligible Category 8 veterans for more than five years. This bill would not affect the Secretary's authority to manage enrollment, but would only ensure the Secretary has sufficient funds to treat those veterans enrolled for VA health care.

Finally, as you know, the whole community of national veterans' service organizations strongly supports an improved funding mechanism for VA health care. However, if the Congress cannot support mandatory funding, there are alternatives which could meet our goals of timely, sufficient, and predictable funding.

The Partnership for Veterans Health Care Budget Reform is currently working on a proposal for Congress that would change VA's medical care appropriation to an advance appropriation which would provide approval one year in advance, thereby guaranteeing its timeliness. Furthermore, by adding transparency to VA's health care enrollee projection model, we can focus the debate on the most actuarially-sound projection of veterans' health care costs to ensure sufficiency. Under this proposal, Congress would retain its discretion to approve appropriations; retain all of its oversight authority; and most importantly, there would be no PAYGO problems.

S. 2796

PVA supports S. 2796, a bill that establishes a pilot program to facilitate the use of community-based organizations to ensure that veterans receive the care and benefits that they have earned and deserve. The program will be carried out in five selected locations by providing grants to community-based organizations with the goal of providing information and outreach in rural areas and areas that have a high proportion of minority veterans. This offers an excellent opportunity for the VA to ensure that current information pertaining to available benefits for the veterans and their families is available in previously underserved geographic areas.

S. 2797, Construction Authorization
PVA supports the provisions of S. 2797 that establishes funding authorizations for construction projects in FY 2009. We are pleased to see that significant dollars are being authorized to finally address the problems with the health care facility in Puerto Rico. PVA has been particularly involved with this project to ensure that a quality spinal cord injury (SCI) center is maintained at this medical facility.

We are also particularly pleased to see that funding is authorized for the replacement hospital in Denver, Colorado. Since the inception of the CARES process a number of years ago we have advocated for this replacement facility and a co-located SCI center to serve the veterans of the trans-mountain region. Our architects have been working with VA staff in developing the design and construction plans for this new facility which will obviate the need of veterans with spinal cord injury having to travel to Seattle, WA, Albuquerque, NM or Milwaukee, WI to receive needed care.

We ask that the Committee pay particular attention to this project in light of Secretary Peake's press release of April 24, 2008, announcing a reversal of VA's long-standing position to build a new facility on the Fitzsimmons campus and replace it with leased and shared space in a new tower to be constructed by the University of Colorado and the University of Colorado Hospital. A similar proposal was rejected by then-Secretary Anthony Principi a number of years ago who found that a freestanding, exclusive VA facility was the most appropriate approach to meeting the health care needs of veterans in this region. We ask the Committee to ensure that this project moves forward, as planned as a unique, free-standing tertiary care VA replacement hospital. Allowing the VA to move forward in the manner that Secretary Peake outlined recently could prove detrimental to all veterans in the trans-mountain region, particularly those with specialized health care needs.

S. 2799, the "Women Veterans Health Care Improvement Act"

PVA supports S. 2799, the "Women Veterans Health Care Improvement Act." This legislation is meant to expand and improve health care services available in the Department of Veterans Affairs (VA) to women veterans, particularly those who have served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). More women are currently serving in combat theaters than at any other time in history. As such, it is important that the VA be properly prepared to address the needs of what is otherwise a unique segment of the veteran population.

Title I of the bill would authorize a study that would evaluate the health care needs of women veterans and the services that are currently available to women veterans through the VA. Furthermore, it would also authorize a study to identify barriers and challenges that women veterans face when seeking health care from the VA. We believe each of these studies and assessments can only lead to higher quality care for women veterans in the VA. They will allow the VA to dedicate resources in areas that it must improve upon.

Title II of the bill would target special care needs that women veterans might have. Specifically, it would ensure that VA health care professionals are adequately trained to deal with the complex needs of women veterans who have experienced sexual trauma. Furthermore, it would require

the VA to develop and implement a program of education, training, and certification for health care professionals for the treatment, including evidence-based treatment, of Post-Traumatic Stress Disorder (PTSD) and other co-morbid conditions that are proven effective for women veterans. While many veterans returning from OEF/OIF are experiencing symptoms consistent with PTSD, women veterans are experiencing unique symptoms also consistent with PTSD. It is important that the VA understand these potential differences and be prepared to provide care.

PVA views this proposed legislation as necessary and critical. The degree to which women are now involved in combat theaters must be matched by the increased commitment of the VA, as well as the Department of Defense, to provide for their needs when they leave the service. We cannot allow women veterans to fall through the cracks simply because programs in the VA are not tailored to the specific needs that they might have.

S. 2824

PVA generally supports the provisions of S. 2824, a bill that would improve the collective bargaining rights and procedures for review of adverse actions for certain health care professionals in the VA. These changes would be a positive step in addressing the recruitment and retention challenges the VA faces to hire key health care professionals, particularly registered nurses (RN), physicians, physician assistants, and other selected specialists.

As we understand current practice, certain specific positions (including those mentioned previously) do not have particular rights to grieve or arbitrate over basic workplace disputes. This includes weekend pay, floating nurse assignments, mandatory nurse overtime, mandatory physician weekend and evening duty, access to survey data for setting nurse locality pay and physicians' market pay, exclusion from groups setting physicians' market pay, and similar concerns. This would seem to allow VA managers to undermine Congressional intent from law passed in recent years to ensure that nurse and physician pay are competitive with the private sector and to ensure nurse work schedules are competitive with local markets.

Interestingly, given the VA's interpretation of current laws, these specific health care professionals are not afforded the same rights as employees who they work side-by-side with everyday. For instance, Licensed Practicing Nurses (LPN) and Nursing Assistants (NA) can challenge pay and scheduling policies, while RN's cannot. This simply makes no sense to us.

S. 2889, the "Veterans Health Care Act"

PVA generally supports the provisions of Section 2 of the proposed S. 2889, the "Veterans Health Care Act." This new section is consistent with the other authorities granted under Section 1720 of Title 38. It is important that if the VA chooses to use this authority, then appropriate facilities are chosen to reflect the age and complexity of the issues being faced by Operation Enduring Freedom and Operation Iraqi Freedom veterans.

Likewise, we support Section 4 of the proposed bill that would prohibit the VA from collecting co-payments from veterans receiving hospice care whether in an inpatient or outpatient setting. As we recall, the VA actually supported similar legislation during the 109th Congress. This legislation only makes sense as it will align with current statute that prevents VA from collecting co-payments from veterans receiving hospice care in a nursing home setting.

S. 2899, the "Veterans Suicide Study Act"
The incidence of suicide among veterans, particularly Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) veterans, is a serious concern that needs to be addressed. Any measure that may help reduce the incidence of suicide among veterans is certainly a good thing. As such, PVA supports this legislation. This bill would require the VA to conduct a study to determine the number of veterans who have committed suicide since January 1, 1997.

It is important to note that VA has made suicide prevention a major priority. VA has developed a broad program based on increasing awareness, prevention, and training of health care staff to recognize suicide risk. A national suicide prevention hotline has been established and suicide prevention coordinators have been hired in each VA medical center. Research into the risk factors associated with suicide in veterans and prevention strategies is underway.

However, it is equally important to point out that suicide prevention is something that can be addressed early on in the mental health process. With access to quality psychiatric care and other mental health professionals, many of the symptoms experienced early on can be addressed in order to reduce the risk of suicide down the road. This extends to proper screening and treatment for veterans who deal with substance abuse problems as well.

S. 2921, the "Caring for Wounded Warriors Act"

PVA fully supports the provisions of S. 2921, the "Caring for Wounded Warriors Act." The provisions of this legislation are consistent with recommendations included in The Independent Budget for FY 2009. The difficulties being faced by caregivers-whether family, friend, or professional caregiver-have been documented in recent years as more men and women return from Operation Enduring Freedom and Operation Iraqi Freedom severely injured. Perhaps, no organization understands the importance of caregiver assistance more than Paralyzed Veterans of America. A substantial number of our members rely on caregivers to function daily.

A certification and training program for caregivers, as outlined in Section 2 of the bill, could be a vital tool for ensuring severely injured veterans receive the care they need. It will help them learn to cope with the tremendous stress that they, as caregivers, must deal with while simultaneously providing care. This is why PVA, in conjunction with The Independent Budget, has previously called on Congress to formally authorize, and for VA to provide, a full range of psychological and social support services as an earned benefit to family caregivers of severely injured and ill veterans. Moreover, The Independent Budget calls for the VA to "establish a pilot program immediately for providing severely disabled veterans and family members residential rehabilitation services, to furnish training in the skills necessary to facilitate optimal recovery, particularly for younger, severely injured veterans." We particularly appreciate the specific provision that allows for compensation of caregivers who take part in the training program.
We would like to make a couple of suggestions as it relates to the pilot program authorized in Section 2 of the legislation. First, these services should not be limited only to caregivers who assist veterans who have experienced traumatic brain injury. There are many veterans of the current conflict, and previous conflicts, who have experienced equally severe injuries and diseases. Second, the certification program should not be limited to families as defined by the

legislation. There are many willing caregivers and paid personal care attendants out there who do not necessarily meet the strict criteria of the definition in the bill, but who could equally benefit from this legislation.

PVA likewise supports the authorization of a pilot program for respite care as outlined in Section 3 of the proposed bill. As with Section 2, we do not believe that the provisions of Section 3 should be limited to veterans who have incurred a traumatic brain injury. Moreover, we do not believe that the relationship established by this legislation should be limited to graduate-level students. As stated in The Independent Budget for FY 2009:

The IBVSOs believe VA should establish a new national program to make periodic respite services available to all severely injured veterans. This program should be designed to meet the needs of younger severely injured or ill veterans, in contrast to the generally older veteran population now served by VA programs. Where appropriate VHA services are not available because of geographic barriers, the VHA should develop contractual relations with appropriate, qualified private or other public facilities to provide respite services tailored to this population's needs.

Finally, as this Committee moves forward with deliberations on how best to provide services to the caregivers and families of severely injured veterans it may be worth reviewing VA progress regarding Section 214 of Public Law 109-461. Section 214 required VA to implement a pilot program to assess and improve caregiver assistance services. Public Law 109-461 required the VA Secretary to carry out the pilot over a two-year period within 120 days following enactment of Public Law 109-461. Caregiver assistance referred to VA services that would assist caregivers such as:

- Adult-day care.
- Coordination of services needed by veterans, including services for readjustment and rehabilitation.
- Transportation services.
- Caregiver support services, including education, training, and certification of family members in caregiver activities.
- Home care services.
- Respite care.
- Hospice services and other modalities of non-institutional VA long-term care.

S. 2926, the "Veterans Nonprofit Research and Education Corporations Enhancement Act"
PVA strongly supports S. 2926, the "Veterans Nonprofit Research and Education Corporations Enhancement Act." The purpose of this legislation is to modernize and clarify the existing statutory authority for VA-affiliated nonprofit research and education corporations (NPCs). This bill will allow the NPCs to fulfill their full potential in supporting VA research and education, which ultimately results in improved treatments and high quality care for veterans, while ensuring VA and congressional confidence in NPC management.

Since passage of P.L. 100-322 in 1988 (codified at 38 U.S.C. § 7361-7368), the NPCs have served as an effective "flexible funding mechanism for the conduct of approved research and education" performed at VA medical centers across the nation. NPCs provide VA medical centers with the advantages of on-site administration of research by nonprofit organizations entirely dedicated to serving VA researchers and educators, but with the reassurance of VA oversight and regulation. During 2007, 85 NPCs received nearly $230 million and expended funds on behalf of approximately 5,000 research and education programs, all of which are subject to VA approval and are conducted in accordance with VA requirements.

NPCs provide a full range of on-site research support services to VA investigators, including assistance preparing and submitting their research proposals; hiring lab technicians and study coordinators to work on projects; procuring supplies and equipment; monitoring the VA approvals; and a host of other services so the principal investigators can focus on their research and their veteran patients.

Beyond administering research projects and education activities, when funds permit, these nonprofits also support a variety of VA research infrastructure expenses. For example, NPCs have renovated labs, purchased major pieces of equipment, staffed animal care facilities, funded recruitment of clinician-researchers, provided seed and bridge funding for investigators, and paid for training for compliance personnel.

Although the authors of the original statute were remarkably successful in crafting a unique authority for VA medical centers, differing interpretations of the wording and the intent of Congress, gaps in NPC authorities that curtail their ability to fully support VA research and education, and evolution of VA health care delivery systems have made revision of the statute increasingly necessary in recent years. S. 2926 contains revisions that will resolve all of these and will allow the NPCs to better serve VA research and education programs while maintaining the high degree of oversight applied to these nonprofits.

The legislation reinforces the idea of "multi-medical center research corporations" which provides for voluntary sharing of one NPC among two or more VA medical centers, while still preserving their fundamental nature as medical center-based organizations. Moreover, accountability will be ensured by requiring that at a minimum, the medical center director from each facility must serve on the NPC board. This authority will allow smaller NPCs to pool their administrative resources and to improve their ability to achieve the level of internal controls now required of nonprofit organizations.

The legislation also clarifies the legal status of the NPCs as private sector, tax exempt organizations, subject to VA oversight and regulation. It also modernizes NPC funds acceptance and retention authorities as well as the ethics requirements applicable to officers, directors and employees and the qualifications for board membership. Moreover, it clarifies and broadens the VA's authority to guide expenditures.

PVA has been a strong supporter of the NPCs since their inception, recognizing that they benefit veterans by increasing the resources available to support the VA research program and to educate VA health care professionals. We urge expeditious passage of S. 2926 so that veterans may

benefit even more from the enhancements in operational capabilities and oversight that this bill provides.

S. 2937

PVA fully supports the provisions of S. 2937, a bill that provides permanent treatment authority for participants in Department of Defense chemical and biological testing conducted by Deseret Test Center and an expanded study of the health impact of Project Shipboard Hazard and Defense (SHAD). The impact of these tests conducted during World War II and subsequent years has only become more evident in recent years. Given the hardships that these men endured then, it is only appropriate that they receive adequate care now.

S. 2963

PVA generally supports the provisions of S. 2963, a bill to enhance mental health services for service members and veterans. We believe that the scholarship program outlined in Section 1 of the bill is an innovative way for the VA to fill important professional positions in behavioral specialties. With growing demand on the VA to be able to meet the behavioral health needs of the men and women returning from Iraq and Afghanistan, this scholarship program can help the VA better address that demand.

PVA has no objection to allowing service members who served in Operation Enduring Freedom or Operation Iraqi Freedom to receive readjustment counseling and mental health services at Vet Centers as called for in Section 2 of the legislation. Vets Centers are the frontline access point for these men and women to seek care in the VA. It only makes sense to afford these men and women this opportunity. Furthermore, this provision continues the move to open certain benefits and services to service members who have not become veterans yet.

Likewise, PVA has no objection to Section 4 of the legislation that would allow for suicide of a former member of the Armed Forces that occurs during the two-year period beginning on the date of the separation or retirement from the military to be treated as a death in the line of duty. This consideration is contingent upon the requirement that the service member have a medical history of combat-related mental illness, Post Traumatic Stress Disorder (PTSD), or Traumatic Brain Injury. Our only caution is that for the purposes of this legislation, medical history should be defined as having a clinical diagnosis. With the considerations of this provision, the surviving spouse or beneficiary of the service member would then be eligible for certain benefits. This legislation is extremely important in light of the ever-increasing incidence of suicide, particularly among OEF/OIF veterans.

S. 2969, the "Veterans' Medical Personnel Recruitment and Retention Act"

Overall, PVA is extremely supportive of the Committee's efforts to enhance VA's ability to recruit and retain valuable health-care professionals through the provisions of S. 2969, the "Veterans' Medical Personnel Recruitment and Retention Act." As you are aware, the nation is experiencing critical shortages of invaluable health care professionals, particularly registered

nurses (RN), registered nurse anesthetists, physical and occupational therapists, speech pathologists, pharmacists and physicians.

We particularly appreciate the focus on enhancement of VA's ability to recruit and retain RN's. However, we would like to ask the Committee to consider extending the specialty pay provisions of S. 2969 to include nurses providing care in VA's specialized service programs, such as spinal cord injury/disease (SCI/D), blind rehabilitation, mental health and brain injury.

Veterans who suffer spinal cord injury and disease require a cadre of specialty trained registered nurses to meet their complex initial rehabilitation and life-long sustaining medical care needs. PVA's data reveals a critical shortage of registered nurses who are providing care in VA's SCI/D system of care. The complex medical and acuity needs of these veterans makes providing care for them extremely difficult and demanding. These care conditions become barriers to quality registered nurse recruitment and retention. Many of VA's SCI/D nurses are often forced onto light duty status because of injuries they sustain in their daily tasks. This situation has become a significant problem because it puts additional strain on those SCI/D nurses without medical problems to meet patient needs. PVA believes SCI/D specialty pay is absolutely necessary if nurse shortages are to be overcome in this VA critical care area. We are eager to assist the Committee staff in developing legislative language that will create specialty pay for VA nurses working in these critical care areas.

With regards to specific provisions of the legislation, PVA supports the provision to eliminate a duplicative probationary period for a part-time VA nurse who previously completed the required probationary period when in a full-time status. We also support the exemption for Certified Registered Nurse Anesthetists from limitation on authorized competitive pay. These nurse specialists are in short supply and competition is keen for their services. We believe this provision could improve recruitment and retention efforts. Likewise, PVA supports eligibility of part-time nurses for additional nurse pay and the increased limitation on special pay for nurse executives from $25,000 to $100,000.

PVA congratulates the Committee on its aggressive efforts to enhance VA's capacity to recruit and retain scarce health care professionals. We especially appreciate your consideration of providing specialty pay for VA registered nurses serving in VA SCI/D Centers and in other specialized care units.

S. 2984, the "Veterans' Benefits Enhancement Act"

PVA has no particular position on most of the provisions of Title III of S. 2984, the "Veterans' Benefits Enhancement Act." We do have concerns however about Section 304 of the proposed legislation. As we understand the bill, this section would repeal two reports that are required of the VA. The first report is an annual nurse pay report that is meant to be submitted to the House and Senate Committees on Veterans' Affairs. According to Title 38, this report shall set forth, by

health-care facility, the percentage of such [pay] increases [to nurses] and, in any case in which no increase was made, the basis for not providing an increase. We wonder what the motivation is for eliminating this reporting requirement. It seems that the information garnered from the Nurse Pay Report could be helpful in addressing hurdles that exist when hiring nurses.

We are equally concerned about the repeal of the requirement to submit a report to Congress outlined in Section 8107, Title 38 U.S.C. Current statute states: "In order to promote effective planning for the efficient provision of care to eligible veterans, the Secretary, based on the analysis and recommendations of the Under Secretary for Health, shall submit to each committee an annual report regarding long-range health planning of the Department." More importantly it states that the report should include: "A five-year strategic plan for the provision of care under chapter 17 of this title to eligible veterans through coordinated networks of medical facilities operating within prescribed geographic service-delivery areas, such plan to include provision of services for the specialized treatment and rehabilitative needs of disabled veterans (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) through distinct programs or facilities of the Department dedicated to the specialized needs of those veterans."

By repealing this report, it seems that this would allow the VA to conduct its construction planning without any transparency for key stakeholders-specifically the House and Senate Committees on Veterans' Affairs. We hope that the Committee will investigate the intent behind the repeal of these two reports and consider eliminating these provisions from the proposed legislation.

PVA appreciates the efforts of this Committee to improve the health care services available to the men and women who have served and sacrificed so much for this country. We look forward to working with you to ensure that meaningful changes are made to best benefit veterans.

Thank you again for the opportunity to testify. I would be happy to answer any questions that you might have.