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STATEMENT OF CARL BLAKE,
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BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS,
CONCERNING
THE "VETERANS HEALTH CARE IMPROVEMENTS ACT OF 2005,"

S. 481,

S. 614, THE "VETERANS PRESCRIPTION DRUGS ASSISTANCE ACT,"

S. 716, THE "VET CENTER ENHANCEMENT ACT OF 2005,"

THE "SHELTERING ALL VETERANS EVERYWHERE ACT,"

THE "VETERANS MENTAL HEALTH CARE CAPACITY ENHANCEMENT
ACT OF 2005,"

THE "NEIGHBOR ISLANDS VETERANS HEALTH CARE
IMPROVEMENTS ACT OF 2005,"

THE "BLINDED VETERANS CONTINUUM OF CARE ACT OF 2005,"

AND OTHER PROPOSED LEGISLATION

JUNE 9, 2005

Chairman Craig, Ranking Member Akaka, members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to testify today on the "Veterans Health Care Improvements Act of 2005," the "Mental Health Capacity Enhancement Act of 2005," the "Neighbor Islands Veterans Health Care Improvements Act," S. 481, S. 614, the "Veterans Prescription Drugs Assistance Act," S. 716, the "Vet Center Enhancement Act of 2005," and the "Sheltering All Veterans Everywhere Act." As more and more veterans are entering the Department of Veterans Affairs (VA) health care system, it is important that we continue to upgrade the health care options available to them.

THE "VETERANS HEALTH CARE IMPROVEMENTS ACT OF 2005"

PVA appreciates the efforts of the Committee to address the many health care issues facing veterans with this proposed legislation. PVA supports the provision of Section 3 of the bill that would exempt former prisoners of war from paying co-payments for extended care services. It is

only right that we recognize the extreme hardships that these men and women faced in defense of this country.

However, we strongly oppose the provision that would repeal Section 1710B(b). This section ensures that the VA maintains bed and staffing levels at the same level established by the P.L. 106-117, the "Veterans Millennium Health Care and Benefits Act." Despite an aging veteran population and passage of P.L. 106-117, the VA has continuously failed to maintain its 1998 VA nursing home required average daily census (ADC) mandate of 13,391. VA's average daily census (ADC) for VA nursing homes has continued to decline since 1998 and is projected to decrease to a new low of 9,795 in FY 2006. The VA is ignoring the law by serving fewer and fewer veterans in its nursing home care program.

PVA is deeply troubled by this move to eliminate the mandatory ADC requirement contained in the Millennium Health Care bill. This proposed change is not driven by current or future veteran nursing home care demand. In fact, the General Accounting Office (GAO) reported "the numbers of aging veterans is increasing rapidly, and those who are 85 years old and older, who have increased need for nursing home care, are expected to increase from approximately 870,000 to 1.3 million over the next decade."

PVA strongly feels that the repeal of the capacity mandate will adversely affect veterans and is a step toward allowing VA to reduce its current nursing home capacity. This is not the time for reducing VA nursing home capacity with increased veteran demand looming on the near horizon.

PVA does not oppose the provisions of Section 3 which would allow the VA to reimburse a veteran for expenses incurred while receiving emergency treatment at a non-VA medical facility. However, we have concerns about some of the eligibility criteria that determine what veterans are eligible for this reimbursement. In accordance with The Independent Budget for FY 2006, we believe that the requirement that a veteran must have received care within the past 24 months should be eliminated. Furthermore, we believe that the VA should establish a policy allowing all veterans enrolled in the health care system to be eligible for emergency services at any medical facility, whether at a VA or private facility.

PVA supports Section 4 of the legislation that would authorize the VA to provide care to newborn children of women veterans who are receiving maternity care. The woman veteran may be receiving care at a VA medical center or at a non-VA facility that the woman's care was contracted to.

PVA supports the authorization of the Homeless Providers Grant and Per Diem Program at a level of \$130 million. This reflects a significant increase over the current authorized level of \$99 million. However, as a participating member in the National Coalition of Homeless Veterans (NCHV) we would like to recommend that the authorization level be increased to \$200 million. This provision is necessary because as the per diem rate to cover the daily cost of care rises annually, there could be an actual reduction in the number of beds if the authorization level is not increased.

PVA has no position on Section 7 which established qualifications for marriage and family therapy and calls for a report on marriage and family therapy workload. PVA supports Section 8

of the bill which would authorize the VA Chief Nursing Officer to receive a salary at the Senior Executive Service level. PVA has no position on Section 9.

PVA opposes Section 10 which would allow the VA to use money appropriated for health care to be used to conduct cost-comparison studies between the provision of care by the VA and private and commercial contractors. Now is not the time to allow the VA to draw away critical health care dollars when the medical system is already struggling to meet the demand being placed on the system. Furthermore, we do not believe that contracted care is more cost-effective than the care provided by the VA, and we certainly do not believe that the VA will find the same level of high-quality care in the private sector.

PVA supports the provisions of Section 11 which would improve and expand the mental health services provided by the VA. We believe that mental health disorders and Post-Traumatic Stress Disorder (PTSD) will prove to be common problems that the men and women returning from Iraq and Afghanistan will have to face. The additional authorization for funds for these programs is also critical to ensure that the VA has the resources it needs to meet what we believe will be significant demand.

PVA supports the remaining sections of the proposed legislation. We are particularly pleased with Section 13 which would expand the number of personnel serving as readjustment counselors so that they can conduct additional outreach to National Guard members. It is important that National Guard members and Reservists not be left out as we expand the services available to those men and women who have served and are serving in the military.

S. 481

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

However, PVA believes that the ability of the VA to provide this essential care is threatened by the strain being placed on the veterans' health care budget. We know that the VA will continue to meet this important requirement for the young men and women who have sacrificed so much; however, at what cost will the VA meet this demand? The VA must receive adequate funding to ensure that it can provide the care to veterans who are eligible under this provision of Title 38 as well as all other veterans eligible for health care. The VA should not be placed in a position to determine which veterans will be denied care so that it might treat other veterans.

S. 614, THE "VETERANS PRESCRIPTION DRUGS ASSISTANCE ACT"

The proposed legislation would allow a Medicare-eligible veteran to receive medications from the VA on an outpatient basis. These veterans will not otherwise be eligible for medical care services from the VA. PVA has expressed concerns in the past about similar expansions of prescription drug benefits. We believe that opening up the VA pharmacy system in the way that this legislation does could ultimately change the basic primary mission of the entire VA which is

to provide health care to sick and disabled veterans. The VA does not need to take on the role of the veterans' drug store.

PVA fears that if we embark upon this path of only providing certain limited health benefits to certain categories of veterans, we could very well see the erosion of the VA's mission. The VA would essentially revert back to the way it determined who received care and services prior to eligibility reform, when health care was not governed by medical needs but rather by arbitrary budget-driven classifications stratifying veterans' health care eligibility into "have" and "have not" categories.

With the VA having taken steps to drastically reduce access by denying enrollment to Category 8 veterans two years ago and a budget situation that could lead to even further restrictions on enrollment, now is not the time to take chances with the lives and health of veterans by dramatically, and fundamentally, changing the nature of the VA health care system. The VA would then take on the new role of managing a prescription drug plan for a whole new category of eligible veterans.

PVA opposes the provision of this legislation that would shift the cost burden of administering this program onto the backs of veterans. This is yet one more attempt to shift the responsibility for providing quality care and services away from the federal government. This measure would be unnecessary if Congress provided adequate funding to meet the needs of these veterans.

S. 716, THE "VET CENTER ENHANCEMENT ACT OF 2005"

PVA supports S. 716, the "Vet Center Enhancement." The Vet Centers managed by the VA provide vital readjustment services to the men and women who have placed themselves in harm's way and to their families. Vet Centers offer various types of readjustment counseling, including bereavement counseling, as well as related mental health services. The mental health services are especially important as the men and women returning from Iraq and Afghanistan seek to cope with the stress and related difficulties they faced while in combat.

This legislation would authorize the VA Secretary to hire 50 additional Operation Enduring Freedom and Operation Iraqi Freedom veterans to serve as outreach coordinators for the Vet Centers. These men and women are a valuable resource because they can closely relate to the new veterans and their families who they will be helping readjust. We also appreciate the provision that clarifies the availability of bereavement counseling to the parents of those servicemembers who have made the ultimate sacrifice. In many cases, the parents are the next of kin to the men and women who have been killed because there is no surviving spouse.

THE "SHELTERING ALL VETERANS EVERYWHERE ACT"

The VA estimates that more than 200,000 veterans are homeless on any given night, and that more than 500,000 veterans experience homelessness in a year. PVA believes that the key to overcoming homelessness among the veterans population is employment. A veteran is unable to provide for himself or herself, much less a family, without the benefit of gainful employment.

As a participating member of the NCHV, PVA supports Section 3 of this legislation. As we previously testified, increasing the authorization level for the Grant and Per Diem Program from \$99 million to \$200 million will ensure that the number of beds and the services provided are not

reduced as the daily cost of care continues to increase.

PVA supports Section 4 of the bill that would expand the Homeless Veterans Reintegration Program to include veterans who are deemed to be at imminent risk of homelessness. PVA also supports the reauthorization of the HVRP through FY 2011. The change reflects one of the goals of the NCHV. Moreover, PVA, as a member of the National Coalition for Homeless Veterans (NCHV), also supports the reauthorization of the program at a \$50 million funding level. The HVRP is perhaps the most cost-effective and cost-efficient program in the federal government. In spite of the success of HVRP, it remains severely under-funded. Even more tragically, DOL does not request a full appropriation in its budget submission. For FY 2006, the Administration only requested \$22 million to support this program. Enactment of this legislation would ensure that homeless veterans who need a high level of support get it.

PVA supports Section 5 which would clarify the outreach efforts of the VA towards veterans and members of the armed forces to help them avoid homelessness. We also support the continuation of treatment and rehabilitation for the seriously mentally ill and homeless through 2011. PVA supports the remaining sections of the proposed legislation.

THE ?VETERANS MENTAL HEALTH CARE CAPACITY ENHANCEMENT ACT OF 2005?

PVA supports the proposed legislation introduced by Senator Akaka that would improve mental health care services within the VA. We believe that quality mental health services will become vital as the rigors of combat in Iraq and Afghanistan begin to take their toll on the men and women serving there. PVA is pleased to see the strengthening of the performance measures for mental health programs outlined in Section 3. We appreciate the indexing requirement for funding specialized treatment and rehabilitation services in Section 4.

PVA also understands the need to create a joint workgroup between the VA and Department of Defense (DOD) to address the mental health problems that servicemen and women returning from overseas face. It is important that the agencies work to educate servicemembers that there is no stigma associated with treatment for a potential mental health disorder. This is particularly true of the DOD who we believe has helped perpetuate this belief in servicemembers through adverse personnel actions in the past. It is important that the DOD and VA identify the men and women who have potential mental health problems early so that they can get the treatment that they need.

THE ?NEIGHBOR ISLANDS VETERANS HEALTH CARE IMPROVEMENTS ACT OF 2005?

PVA supports the proposed legislation introduced by Senator Akaka that would improve the provision of health care and services to veterans who live in Hawaii. We recognize the unique challenges faced by veterans who live there. They do not have easy access to all of the same services available to veterans who live on the mainland. We support the requirements to build health care clinics on selected islands of Hawaii. This will ease the travel burden for those veterans seeking to get health care from the VA.

PVA supports Section 6 which authorizes the VA to conduct a study on the demand and access to specialized care and fee-basis care from the VA on the Hawaiian Islands. It is important that the VA maintains the capability to provide whatever care is needed to veterans living there.

THE "BLINDED VETERANS CONTINUUM OF CARE ACT OF 2005"

PVA shares a unique relationship with Blinded Veterans of America (BVA) and the veterans that they represent. Much like PVA members, BVA members live with a catastrophic disability every day. Blinded veterans also rely on the specialized services provided by the VA just as spinal cord injured veterans rely on the same services. PVA fully supports the "Blinded Veterans Continuum of Care Act of 2005." The establishment of specialists at designated VA medical centers to improve the ability of the VA to meet the needs of blinded veterans is essential. The nature of the fighting in Iraq and Afghanistan has led to increasing numbers of men and women with visual impairments.

LONG-TERM CARE STRATEGIC PLAN

PVA supports the proposed legislation introduced by Senator Salazar that would require the VA to publish a strategic plan for long-term care. The VA has recognized the massive needs that the nation's oldest veterans, veterans of World War II and the Korean War, will present as they near the end of their lives. The VA has done incomparable work when it comes to studies of aging as well as the establishment of clinical approaches, research, education and new treatment models to deal with diseases of old age. VA has established 130 VA nursing home care units, and has aided the States in establishing and sustaining 128 state homes for the long-term care of elderly veterans. Despite these efforts, the VA continues to struggle to meet the long-term care needs of America's aging veterans. Furthermore, the Capital Asset Realignment for Enhanced Services (CARES) Commission originally avoided the issue all together. And now the VA is proposing to shift the burden of providing long-term care and move into a type of niche market where it provides care to only that subset physically amenable to rehabilitation.

It is imperative that the VA develop and implement a viable strategy to meet the ever-growing long-term care needs of the aging veterans' population. PVA is astounded by the fact that the VA has proposals on the table, such as the legislation considered today to repeal the Millennium Health Care bill capacity requirements and a horrific budget proposal, even though aging veterans are a significant part of the population that the VA will have to care for in the future. Congress must make every effort to ensure that the VA develops a reasonable and effective strategic plan to provide long-term care, and that the VA immediately implements that plan.

TRANSPORTATION FOR RURAL VETERANS

Although PVA recognizes the difficulties some veterans have in accessing health care within the VA, PVA believes that it is a viable system. With over 800 community-based outpatient clinics, the VA has established a good network for meeting the needs of a vastly spread veterans population.

PVA supports the legislation proposed by Senator Salazar that would establish a grant program to provide innovative transportation options to veterans who live in remote areas. This program would allow veterans to continue to access the high quality care provided at VA medical facilities without placing a financial burden for travel costs on the veteran. It will also keep veterans from

venturing into the private sector to receive care that in many cases is substandard as compared to the VA.

PVA appreciates the efforts the Committee is making to address the many issues facing veterans today. We would be happy to address any additional legislative proposals for the record. Thank you.