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

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Chairman Akaka, Ranking Member Craig, 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 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 best benefit veterans.

S. 117, the "Lane Evans Veterans Health and Benefits Improvement Act"
PVA supports the provisions of this legislation that allow veterans who experience mental health conditions to receive treatment from the Department of Veterans Affairs (VA). Likewise, despite the fact that it deals with Title 10 issues-an area that PVA does not typically work in-we support the requirement that post-deployment medical and mental health screening be conducted within 30 days. We would suggest that it should be done even sooner. PVA has expressed concerns repeatedly that pre-deployment and post-deployment screenings are not being handled properly. In fact, we believe that it should not be a screening, but instead, a full medical evaluation and physical. The only way to properly assess the men and women returning from combat theaters of operations is to examine them fully.

PVA also supports the intent of Section 103 of the legislation that requires every service member released from active duty to be given an electronic copy of his or her military records, to include military service, medical, and any other relevant records. We have long felt that electronic transfer of all military service and medical records from the Department of Defense to VA would expedite the claims process. This provision would certainly move the departments in that direction. However, we believe that this could take quite some time to implement and that additional resources should be provided to meet the demands of this legislation.

S. 383
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 will continue to be threatened as long as adequate funding is not provided to meet this specific demand. As we have stated in testimony previously, we believe that the VA is underestimating the number of men and women from the Global War on Terror who are seeking care in the VA, and by extension, has not requested sufficient funding to meet this demand. We appreciate that Congress has recognized the need for more funding than has been requested in recent years, and we hope that you will continue to do what is necessary to care for all of these men and women who choose to come to the VA.

S. 472

PVA supports S. 472 that would authorize the funding necessary to construct a new major medical facility in the Denver, Colorado area. PVA has been involved in the planning and development process for this new facility since the beginning. PVA also appreciates the fact that the Capital Asset Realignment for Enhanced Services (CARES) commission report identified the need for a new spinal cord injury (SCI) center in the Denver area. We hope to remain an active partner in the development and completion of this project to ensure that the needs of SCI veterans are also being met.

We must emphasize that a new spinal cord injury center should move forward along with any decisions concerning a new Denver VA medical center. Any new SCI center must be operated as all current centers are, with dedicated services and staff. The development of a new SCI center must follow the requirements of the Memorandum of Understanding between VA and PVA allowing for architectural review, must operate in compliance with all existing VA policies and procedures, and must continue the relationship between VA and PVA allowing for site visits of SCI center facilities.

S. 479, the "Joshua Omvig Veterans Suicide Prevention Act"

PVA fully supports S. 479, the "Joshua Omvig Veterans Suicide Prevention 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. We believe that this legislation addresses one major hurdle by attempting to break the stigma of mental illness. Clearly, veterans with mental illness are at a higher risk for suicide. And yet, these veterans have been pushed to the edge because they believe they are looked down upon because of their mental conditions. If this program and outreach is going to succeed, it is absolutely essential that the providers, to include doctors, nurses, and other health professionals, are properly trained. In some cases, the first biggest challenge that veterans with mental illness face is a provider who does not handle such a delicate situation properly.

PVA also appreciates the emphasis placed on peer support counseling. This is something that PVA as an organization does in all of the spinal cord injury centers around the country. Every PVA chapter designates individual members to pair up with newly injured veterans to help them get through the early stages of their recovery. I know firsthand that being able to talk to someone who has experienced what you have experienced and has dealt with the same problems you are dealing with can help you overcome bouts of depression, sadness, and anger as you first come to grips with your condition. The peer counselor serves as a motivator to get you moving in the

right direction. I credit my own peer counselor while I went through spinal cord rehabilitation with driving me to help other veterans.

S. 610
PVA has no objection to this legislation. The legislation is meant to correct an apparent inequity in the statute governing full-time retirement benefits for nurses who were recruited by the VA to do part-time work. If this was a benefit that was promised to these nurses, then we see no reason why they should be denied it.

S. 692, the "VA Hospital Quality Report Card Act"
Although PVA has no objection to the requirements for a Hospital Quality Report Card Initiative outlined in this legislation, we remain concerned that this wealth of information will go unused. Collecting this information and assessing it without acting on any findings from that information would serve no real purpose. We would hope that the congressional committees will use this information published in these reports each year to affect positive change within the VA. However, we must emphasize that additional resources should be provided to allow the VA to properly compile this information as we believe that this could be a major undertaking.

S. 815, the "Veterans Health Care Empowerment Act"
PVA finds it difficult to comprehend the rationale for establishing a precedent for veterans in the VA health care system to leave that system and seek services elsewhere, as this proposed legislation would do. Over the past year we have read, as I am sure every member of Congress has, all of the accolades given to VA health care by independent observers, newsweeklies and other publications. While we believe VA represents the best available care, oversight is needed to provide an additional guarantee that VA-provided services are of the highest quality for all veterans who use VA, especially for those with service-connected disabilities.

While this legislation may be well intentioned, the potential unintended consequences far outweigh any benefit that this bill might provide. There would almost certainly be a diminution of established quality, safety and continuity of VA care if veterans were to leave the system. It is important to note that VA's specialized health care programs, authorized by Congress and designed expressly to meet the needs of combat-wounded and ill veterans, such as the blind rehabilitation centers, prosthetic and sensory aid programs, readjustment counseling, poly-trauma and spinal cord injury centers, the centers for war-related illnesses, and the national center for post-traumatic stress disorder, as well as several others, would be irreparably affected by the loss of service-connected veterans from those programs. The VA's medical and prosthetic research program, designed to study and hopefully cure the ills of disease and injury consequent to military service, would lose focus and purpose were service-connected veterans no longer present in VA health care. Additionally, Title 38, United States Code, section 1706(b)(1) requires VA to maintain the capacity of these specialized medical programs, and not let their capacity fall below that which existed at the time when Public Law 104-262 was enacted.

As a consequence of enactment of this bill some service-connected veterans might seek care in the private sector as a matter of personal convenience; however, they would lose the many safeguards built into the VA system through its patient safety program, evidence-based medicine, electronic medical records and medication verification program. These unique VA features culminate in the highest quality care available, public or private. Loss of these safeguards, that

are generally not available in private sector systems, would equate to diminished oversight and coordination of care, and ultimately may result in lower quality of care for those who deserve it most. With all of these considerations, PVA strongly opposes this proposed legislation.

S. 874, the "Services to Prevent Veterans Homelessness Act"
PVA has no objection to the provisions contained in the proposed legislation. Clearly, the most important factor in combating the problem of homelessness among veterans is preventing homelessness in the first place. This legislation would seem to accomplish that task by offering financial assistance to organizations or entities that provide permanent housing and support services to very low income veteran families. In the mean time, we believe that additional resources should be invested in programs that actually target veterans and their families who are experiencing homelessness as well. With more than 200,000 veterans on the street on any given night, it is time to make real, meaningful efforts to end this problem.

S. 882
PVA supports the concept of the proposed legislation that would establish "navigators" to assist veterans and disabled veterans as they enter the VA system for health care and benefits. This legislation would offer $25 million in grants over 5 years to support these navigators. This legislation would particularly allow veterans service organizations and other organizations to apply for grants so that they could hire and train navigators to provide assistance, on an individualized basis, to members of the Armed Forces as they transition from military service to VA health care and as they seek benefits provided by VA. The only point that we must emphasize is that as the VA begins awarding these grants, it must ensure that the absolute best qualified entities are chosen for this assistance. The VA must ensure that rigorous qualification standards are established and subsequently met by organizations applying for the grants. This will ensure that veterans do not receive inadequate assistance as they navigate the VA system.

S. 994, the "Disabled Veterans Fairness Act"
PVA fully supports S. 994, the "Disabled Veterans Fairness Act," which would align the mileage reimbursement rate afforded to eligible veterans with the rate that all federal employees get when they are on travel. It is wholly unacceptable that veterans have to live with the 11 cents per mile reimbursement rate that the VA currently provides when all federal employees receive 48 cents per mile. In fact, PVA believes that some of the difficulty in providing care to veterans in limited access areas, particularly rural areas, might be eliminated with a sensible reimbursement rate. We believe that veterans would be less likely to complain about access issues as a result of their geographic location if they know that they will not have to foot the majority of the travel expense out of their own pocket. This is a change that has been long overdue, and we urge the Committee and all of Congress to take immediate action to correct this inequity.

S. 1026
PVA generally concedes to the wishes of our local chapters, as well as other local veterans' service organization members and State Congressional delegations on issues involving naming VA facilities. At this time, PVA has no position on S. 1026.

S. 1043
PVA has no specific position on the proposed legislation. However, we do concur with the

principle of the legislation that the needs of veterans in the Los Angeles area should trump any outside considerations.

S. 1147, the "Honor Our Commitment to Veterans Act"
PVA fully supports S. 1147, the "Honor Our Commitment to Veterans Act." The provisions of this legislation are in accordance with the recommendations of The Independent Budget. We have continued to advocate for this policy to be overturned since it was put into place. It is unacceptable that these veterans, many of whom have served in combat, are being denied access to health care simply because the Administration and Congress have been unwilling to provide the necessary funding to reopen the VA health care system to them. We believe this policy should be overturned and that adequate resources should be provided to overturn this policy decision.

VA estimates that more than 1.5 million category 8 veterans will have been denied enrollment in the VA health-care system by FY 2008. Assuming a utilization rate of 20 percent, in order to reopen the system to these deserving veterans, The Independent Budget estimates that VA will require approximately $366 million in discretionary dollars.

S. 1205
PVA supports this proposed legislation that would establish a pilot program to assist veterans service organizations and other organizations in developing and implementing peer support programs. The peer support program would help veterans reintegrate into their local communities. As we stated in our testimony regarding suicide prevention and peer support, the benefits of any type of peer support or counseling are invaluable. PVA chapters lead the charge at each spinal cord injury center to provide peer counseling to newly injured veterans coming through the system. The program authorized by this legislation could allow these local level veterans service organization representatives to expand their reach and provide better support to the veterans who need the most assistance.

Veterans service organizations understand better than any other entity that community reintegration is vital because most of their members have likely experienced this situation. We believe it makes perfect sense to tap into this knowledge and expertise to help new veterans return to civilian life easier.

S. 1233, the "Veterans Traumatic Brain Injury Rehabilitation Act"
PVA generally supports the provisions of S. 1233, the "Veterans Traumatic Brain Injury Rehabilitation Act." It is fair to say that traumatic brain injury (TBI) is considered the signature health crisis for Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. We believe that the provisions of this legislation will enhance the ability of the VA to provide comprehensive care for veterans with TBI. With this in mind, it only makes sense that the VA be required to develop a comprehensive treatment plan to address the individualized treatment needs of these veterans. We believe that this approach gives these severely disabled veterans the best chance to succeed in their recovery.

PVA is concerned about the authority provided by Section 4 of the legislation. We understand that outside facilities and programs can bring some level of expertise to this population of veterans. However, we would hope that the VA would see fit to invest the majority of its resources in improving its own TBI programs, even as it taps into outside expertise. We do appreciate the effort of the legislation to ensure that outside facilities meet certain standards before the services are acquired. We would hope that this provision would ensure a level of care that should be expected from any facility treating these veterans.

Meanwhile, we think that the legislation also unnecessarily rewrites contracting authority that already currently exists in the fee basis statute. The legislation seems to explain medically unfeasible and geographic inaccessibility in new language, when the VA already has authority to follow these guidelines under fee basis. This would simply require the VA to more judiciously apply its own regulation.

PVA supports the establishment of a research, education, and clinical care program to provide intensive neuro-rehabilitation to veterans with severe traumatic brain injury. We would hope that this program will be coordinated with the polytrauma centers that are currently providing complex care to severely disabled veterans, to include veterans with TBI.

Likewise, we support the provision for a pilot program to assess the effectiveness of assisted living services for these veterans. PVA believes that age-appropriate VA non-institutional and institutional long-term care programming for young OIF/OEF veterans, particularly the severely disabled including veterans with TBI, must be a priority for VA. New VA non-institutional care programs must come on line and existing programs must be re-engineered to meet the various needs of a younger veteran population. VA's non-institutional long-term care programs will be required to assist these younger severely injured veterans who need a wide range of support services such as: personal attendant services, programs to train attendants, peer support programs, assistive technology, hospital-based home care teams that are trained to treat and monitor specific disabilities, and transportation services. These younger veterans need expedited access to VA benefits such as VA's Home Improvement/Structural Alteration (HISA) grant, and VA's adaptive housing and auto programs so they can leave institutional settings and go home as soon as possible. PVA also believes that linking these assisted living programs to the poly-trauma centers and possibly the proposed research, education, and clinical care program is a must.

Lastly, we fully support the inclusion of research on TBI as part of existing research programs. If the long-term affects of the injuries of these veterans have not even been identified yet, it is essential that the VA makes its best effort to stay ahead of the needs of these men and women as they arise. The best way to accomplish that is through additional research.

The "Comprehensive Veterans Benefits Improvement Act"
As with S. 1147, PVA supports the provision of this proposed legislation that would overturn the policy decision to prohibit Category 8 veterans from enrolling in the VA health care system. However, we must emphasize that if this policy is overturned additional adequate funding must be provided to meet this demand. It makes no sense to make this change without providing the funding necessary to meet the new demand.

PVA fully supports Section 102 of the proposed legislation in accordance with the recommendations of The Independent Budget. We are particularly pleased with the emphasis that Category 4 veterans with catastrophic disabilities that are non-service connected be exempted from paying co-payments and fees. This has been a long-standing initiative of PVA. The veterans affected by this proposal are not casual users of VA health care services. Because of the nature of their disabilities they require substantial, ongoing care and a lifetime of services. Private insurers 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 VA. In most instances, VA is the only and the best resource for a veteran with a spinal cord injury, and 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. It is certainly time for Congress to correct this financial penalty.

Mr. Chairman and members of the Committee, PVA once again thanks you for the opportunity to testify. We look forward to working with you to ensure that veterans continue to have access to the best health care services in America.

I would be happy to answer any questions that you might have.