

501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD
PARALYZED VETERANS OF AMERICA
FOR THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
ON PENDING LEGISLATION

JULY 12, 2023

Chairman Tester, Ranking Member Moran, and members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on pending legislation impacting the Department of Veterans Affairs (VA) that is before the Committee. No group of veterans understand the full scope of benefits and care provided by VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). PVA provides comment on the following bills included in today's hearing.

S. 449, the Veterans Patient Advocacy Act

The Veterans Patient Advocacy Act seeks to ensure there are an adequate number of patient advocates at VA medical facilities. Patient advocates are highly trained professionals who can help resolve veterans' concerns about any aspect of their health care experience, particularly those concerns that cannot be resolved at the point of care. These advocates listen to any questions, problems, or special needs that a veteran has and works to resolve them. PVA supports S. 449, which directs VA medical center directors to ensure there is no fewer than one patient advocate for every 13,500 veterans enrolled annually in the system. Another provision ensures patient advocates are assigned to rural community-based outpatient clinics to ensure timely access to health care, and assistance with requests for information, compliments, complaints, reimbursements, and clinical appeals. Although we support this legislation, we are concerned that the ratio of one advocate per 13,500 veterans seems rather high and believe it should be examined further to ensure that this number of advocates is adequate.

S. 495, the Expanding Veterans' Options for Long Term Care Act

The VA can refer veterans to assisted living facilities, but it cannot directly pay for that care. PVA strongly supports the Expanding Veterans' Options for Long Term Care Act, which would create a three-year pilot program at six Veterans Integrated Service Networks (VISN), including at least two program sites in rural areas and two in State Veterans Homes to test the benefit of having VA pay for this care. Veterans eligible for the pilot would include those already receiving nursing home-level care paid for by the VA and those who are eligible to receive assisted living services or nursing home care. At the conclusion of the pilot program, participating veterans will be given the option to continue receiving assisted living services at their assigned site, paid for by the VA. We believe this would help veterans and the VA alike by giving greater access to assisted living and reducing costs for long-term care, allowing more veterans to receive needed assistance.

S. 853, the VA Zero Suicide Demonstration Project Act of 2023

PVA supports this measure, which directs the VA to establish the Zero Suicide Initiative pilot program at five VA medical centers across the country. This proposed pilot program would help the VA identify gaps in care and create a multi-layered approach with evidence-based interventions to ensure veterans at risk of suicide do not slip through the cracks and transform the culture around suicide prevention. The pilot program would require the VA to consult with several outside stakeholders and agencies such as the National Institutes of Health, the Department of Health and Human Services, and different offices within the VA.

According to a recent VA Office of Inspector General report, approximately 163,000 veterans were referred to a Suicide Prevention Coordinator between March 2019 and June 2020.¹ This statistic paints a stark picture for veterans. The current system needs strengthening. The Zero Suicide Institute has seen impressive results from its quality improvement model, transforming system-wide suicide prevention and care to save lives. They report a reduction in suicide deaths and hospitalizations, an increase in quality and continuity of care, improvements in post-discharge follow-up visits, and improvements in screening rates.² Implementing a similar project through the VA could reduce veteran suicides and should be pursued.

S. 928, the Not Just a Number Act

VA has implemented many programs in recent years to help combat veteran suicide and it is time to evaluate the efficacy of those efforts. PVA supports the Not Just a Number Act, which directs VA to take a comprehensive look at the factors that best prevent veteran suicide. It requires VA to examine veterans' benefits usage in their annual suicide prevention report, in order to evaluate the relationship between VA benefits and suicide outcomes. It also directs the Department to determine which VA benefits have the greatest impact on preventing suicide, and requires them to issue recommendations for expansion of those benefits.

S. 1037, the Department of Veterans Affairs EHRM Standardization and Accountability Act

PVA supports this bill, which would increase oversight and accountability of VA's Electronic Health Record Modernization (EHRM) and its deployment across the VA health care system. VA has implemented its new electronic health record (EHR) at five of its medical centers, but the system has been plagued with many problems. Passage of this bill would prevent the VA from deploying its new EHR system to additional sites until the Department can demonstrate that significant improvements have been made. Necessary improvements would include the achievement of a minimum up-time and system-wide stability for the EHR system and a report detailing the completion status of the corrections to the customization and configuration of workflow designs. We strongly believe it would be irresponsible to ignore the many challenges and patient safety concerns that have already been triggered by the new system without ensuring they are completely resolved in a timely manner.

¹ [VAOIG Report 20-02186-78, Suicide Prevention Coordinators Need Improved Training, Guidance, and Oversight](#)

² [Zero Suicide Results; the Zero Suicide Institute](#)

S. 1125, the EHR Program RESET Act of 2023

The EHR Program RESET Act would implement much-needed changes to improve the management and monitoring of the EHRM program to ensure health care providers can deliver the highest quality of care to veterans across the country. It would prohibit the VA Secretary from rolling out the new EHR system to additional sites without submitting written certification to the House and Senate Committees on Veterans' Affairs that the EHR system has met the improvement objectives outlined in the bill and the facility's staff and infrastructure are adequately prepared to receive it. Also, it mandates specific reporting requirements to better inform Congress on how the VA and Oracle Cerner are working to address known problems like those listed in the Government Accountability Office's March 15, 2023, report on the EHRM project.³ Like many in Congress, PVA believes there has been a lack of accountability and this bill will help ensure the appropriate individuals and entities bear greater responsibility for the success or failure of future implementations of the EHR system.

S. 1172, the Removing Extraneous Loopholes Insuring Every Veteran Emergency (RELIEVE) Act

In August 2019, the VA Office of Inspector General reported that a significant number of emergency care claims were inappropriately denied.⁴ As a result, many veterans faced an undue financial hardship. Failing to cover a veteran's emergency care during a period without coverage can result in a crippling amount of debt that could take a lifetime to pay off. PVA supports the RELIEVE Act, which proposes to close a current gap in coverage of emergency care by treating enrollment in the VA health care system the same as receiving health services at the VA. Upon entering the VA health care system, veterans would have 60 days to complete their first doctor's appointment. Emergency care at non-VA facilities will be insured during that time, and once a veteran completes their first appointment, they will qualify for regular coverage under the VA's 24-month rule, eliminating the gap.

S. 1315, the Veterans' Health Empowerment, Access, Leadership, and Transparency for our Heroes (HEALTH) Act of 2023

PVA appreciates and supports provisions in this bill that require the VA to publicize wait times at its medical facilities and document veterans' preferences for scheduling of appointments for health care and related services. Together with the online education portal established by Section 207, these provisions will help veterans make more educated decisions about the health care they receive. However, we have strong concerns with how two provisions in this bill would affect care for disabled veterans with the greatest support needs. First, care in the community should only be offered when it is unavailable at VA facilities, or when it is based on sound medical judgement in the best interest of the veteran. Section 101 expands the criteria the VA must consider when authorizing community care, and the additional variables could result in expanding the community care program beyond these tenets, which would harm VA's ability to provide the care. Second, Section 109 allows VA to negotiate with third party administrators to establish the use of value-based reimbursement models under the Veterans Community Care Program (VCCP). Value-based models were designed for the "for profit" health care sector and are often not suitable for the management of complex medical conditions.

³ [GAO-23-106685, ELECTRONIC HEALTH RECORD MODERNIZATION: VA Needs to Address Change Management Challenges, User Satisfaction, and System Issues](#)

⁴ [VA OIG Report #18-00469-150, Non VA Emergency Care Claims Inappropriately Denied and Rejected](#)

We have concerns about how VA might implement such a model. Codifying access standards or implementing financial incentives would not measurably improve catastrophically disabled veterans' access to care, but investing in VA's health care infrastructure and improving staffing would expand services. This is particularly true in more rural areas where VA and the private sector's medical footprint is extremely limited. As always, we appreciate the Committee's interest in this area and look forward to working with you on improving access to VA-provided quality specialty care.

S. 1436, the Critical Health Access Resource and Grant Extensions (CHARGE) Act of 2023

PVA supports the CHARGE Act, which reauthorizes several essential programs and authorities for homeless veterans, caregivers, and State Veterans Homes that expired with the end of the national emergency on May 11, 2023. The bill would increase the maximum reimbursement amount for VA grant recipient organizations providing temporary and transitional housing for homeless veterans. This is especially essential for organizations in rural areas with limited access to alternative funding sources. Further, it allows the VA to provide gap services and support to homeless veterans when other supportive programs are not available—including shelter, transportation, landlord incentives for permanent housing, and more. It also extends authority to allow veterans and caregivers in the VA's Program of Comprehensive Assistance for Family Caregivers to elect for virtual home visits through September 30, 2023, or until VA finalizes their new regulations for the program.

S. 1545, the Veterans Health Care Freedom Act

This bill would require VA's Center for Innovation for Care and Payment to implement a three-year pilot program in four VISNs and would allow veterans participating in the test to receive care thru any VA facility or VCCP provider with virtually no restrictions. Four years after enactment, the pilot would automatically be rolled out to the entire country, all VA access standards would be eliminated, and all enrolled veterans could choose any primary, specialty, or mental health care provider in VA or in the Community Care Network (CCN). PVA supported the VA MISSION Act (P.L. 115-182) as a means to supplement VA care not supplant it. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA and it should be for Congress, too. We urge the Committee to reject efforts like this which would undermine the VA health care system and in particular, it's capacity to provide the specialized services that veterans with catastrophic disabilities need.

S. 1612, the Reimburse Veterans for Domiciliary Act

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315) authorized the VA to cover the costs of in-home care for veterans provided by State Veterans Homes, but the VA has still not begun processing the reimbursements. This delay puts an unnecessary financial burden on State Veterans Homes, veterans, and their families. PVA supports this bill, which directs the VA to publish a proposed rule to implement reimbursements as required by Section 3007(a) of P.L. 116-315, and ensure payments that were made by State Veterans Homes are reimbursed retroactively to January 5, 2021.

S. 1828, the Veterans Homecare Choice Act

The VA currently excludes nurse registries in the CCN, which prevents them from qualifying for reimbursement. Meanwhile, veterans want to live independently in their own homes but sometimes they need extra assistance to do so. For many of our members, this is not an option.

Across the country, there is an increasing shortage of direct care workers, and a national effort is needed to expand and strengthen this workforce. Until then, we should leverage as much of the existing workforce as possible to help ensure veterans' needs are being met. Previously, the VA would reimburse veterans who employed a home care professional via a nurse registry, making it a great option for many veterans. The practice ended with the June 2018 passage of the VA MISSION Act. Since that time, only services provided by a home care agency have been covered. PVA supports this bill, which seeks to correct an obvious error, giving veterans more options for their home care needs.

S. 1954, the Improving Whole Health for Veterans with Chronic Conditions Act

Even though dental benefits are the bridge to health and wellness, the VA closely rations these services citing the severe underfunding of its dental departments. Currently, VA dental care is limited to a small number of veterans, such as those who are 100 percent disabled or have a service-connected dental condition, former prisoners of war, and homeless veterans. Dental care may also be available if a dental condition is aggravating a service-connected condition or complicates treatment of that condition. Numerous studies show that poor dental hygiene is directly linked to chronic health care conditions such as diabetes and heart disease. PVA supports this legislation, which establishes a four-year pilot program to provide dental care to veterans diagnosed with these conditions. It also directs VA to study the health outcomes and cost effectiveness of providing such care, and offers loan reimbursement opportunities for qualified dental care professionals who agree to serve for the duration of the pilot at VA dental clinics with high needs.

S. 2067, the Service Dogs Assisting Veterans (SAVES) Act

Service dogs provide invaluable assistance to disabled veterans with the greatest support needs, allowing them to live more independent lives in their communities. PVA supports the SAVES Act which requires the VA to establish a competitive grant program to fund nonprofit organizations that provide service dogs to veterans with a variety of disabilities, such as mobility or vision impairments or post-traumatic stress disorder. Nonprofit organizations would be required to submit an application to the Secretary that includes a description of the training that will be provided by the organization to eligible veterans; the training of dogs that will serve as service dogs; the aftercare services that the organization will provide for the service dog and eligible veteran; the plan for publicizing the availability of service dogs through a marketing campaign; and the commitment of the organization to have humane standards for animals. Nonprofit organizations would also need to certify that they are accredited by Assistance Dogs International or another widely recognized accreditation organization.

Senate Discussion Draft, the Making Community Care Work for Veterans Act of 2023

PVA believes that investing in VA's health care infrastructure and improving staffing is the quickest and most effective way to improve health care access for veterans. Therefore, we strongly support provisions in this draft bill to expand VA's capacity to provide care by expanding recruitment and retention programs for critical health care positions. We also support provisions in the draft bill that seek to increase training and compliance by community care providers, expand reporting of quality metrics by community care providers, and ensure that community care appointments are scheduled in a timelier manner. However, we believe care in the community should only be offered when it is unavailable at VA facilities, or when it is based on sound medical judgement in the best interest of the veteran.

We do not believe codifying access standards would improve catastrophically disabled veterans' access to care. Instead, it could actually harm the ability of VA to continue providing critically needed specialty health care services.

Senate Discussion Draft, the Department of Veterans Affairs Income Eligibility Standardization Act

This draft legislation would expand entitlement to VA health care for certain veterans by directing VA to eliminate all subcategories of priority for enrollment in Priority Group 8. Veterans in that group do not have compensable service-connected disabilities, their gross household income exceeds the VA national income threshold and the geographically adjusted income threshold for their resident location, and they agree to pay copays. PVA would be generally supportive of this draft bill as long as eliminating the subcategories does not adversely impact service-connected veterans' priority access to care, as well as that of catastrophically disabled veterans.

Senate Discussion Draft, the Leveraging Integrated Networks in Communities for Veterans Act

This draft legislation requires VA to carry out a pilot program to establish community integration network infrastructure for services for veterans and collect information from veterans about social determinants that may be impacting their health. Using a new or existing network, the program would test the coordination of public and private providers and payors of services for veterans for things such as nutritional assistance, transportation, job training, caregiving or respite care, and disability assistance. PVA supports the draft bill and is confident the results of the pilot will enable VA and Congress to better understand the needs of veterans in certain subpopulations, such as those with catastrophic disabilities; racial or ethnic minorities; LGBTQ+ groups; women veterans; and those residing in rural or underserved parts of the country.

Senate Discussion Draft, the Rural Vital Emergency Transportation Services (VETS) Act

This draft legislation directs the VA to reimburse highly rural veterans for the cost of ambulance service, to include air ambulance service, to either VA or non-VA facilities for care, regardless of whether the veteran qualifies for payment or allowances for beneficiary travel. Concerns about transportation costs may deter veterans from getting the care they need. PVA supports this bill, which seeks to eliminate that concern for veterans residing in highly rural areas.

PVA would once again like to thank the Committee for the opportunity to submit our views on some of the bills being considered today. We look forward to working with you on this legislation and would be happy to take any questions for the record.