

**STATEMENT OF BLAKE ORTNER
DEPUTY GOVERNMENT RELATIONS DIRECTOR
PARALYZED VETERANS OF AMERICA
PROVIDED TO THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
CONCERNING PENDING LEGISLATION**

APRIL 23, 2015

Chairman Benishek, Ranking Member Brownley, and members of the Subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to present our views on the broad array of pending legislation impacting the Department of Veterans Affairs (VA) that is before the Subcommittee. No group of veterans understand the full scope of care provided by the VA better than PVA's members—veterans who have incurred a spinal cord injury or dysfunction. Most PVA members depend on VA for 100% of their care and are the most vulnerable when access to health care, and other challenges, impact quality of care. These important bills will help ensure that veterans receive timely, quality health care and benefits services.

Draft legislation: Reproductive Services for Disabled Veterans

PVA supports the draft legislation to provide assisted reproductive technology (ART), such as in-vitro fertilization (IVF) to certain disabled veterans. For many disabled veterans, one of the most devastating results of spinal cord injury or dysfunction is the loss of, or compromised ability, to have a child. As a result of the recent conflicts in Afghanistan and Iraq, many service members have incurred injuries from explosive devices that have made them unable to conceive a child naturally. While the Department of Defense does provide ART to service members and retired service members, VA does not. When a veteran has a loss of reproductive ability due to a service-connected injury, they must bear the total cost for any medical services should they attempt to have children. It is often the case that veterans cannot afford these services and are unable to receive the medical treatment necessary for them to conceive. For many paralyzed veterans procreative services have been secured in the private sector at great financial and personal cost to the veteran and family.

Procreative services, provided through VA, would ensure that certain disabled veterans are able to have a full quality of life that would otherwise be denied to them as a result of their service. For more than a decade, improvements in medical treatments have made it possible to overcome infertility and reproductive disabilities, and veterans who have a loss of reproductive ability as a result of a service-connected injury should have access to these advancements.

The bill would also offer veterans the option of cryopreservation of genetic material for three years. This empowers veterans to protect their viability to have a family should they undergo medical treatments that would be hazardous to a pregnancy or take medications that could affect the quality of genetic materials. These are invaluable services that will overwhelmingly improve the well-being of our veterans.

While PVA strongly supports this draft legislation, we note that it is limited in addressing the needs of women veterans. Some women veterans with a catastrophic injury may be able to conceive through IVF but be unable to carry a pregnancy to term due to their

disability. In such an instance implantation of a surrogate may be their only option. The current draft of the bill is not inclusive of all women veterans with a catastrophic reproductive injury.

Further, we believe clarification is necessary where the draft prohibits “any benefits relating to surrogacy or third-party genetic material donation.” For veterans who have sustained a blast injury or a toxic exposure that has destroyed their “genetic material,” a third-party donation may be the only option. For example, if a veteran loses his testicles in a blast injury, would a family friend be permitted to donate sperm for an IVF cycle with the veteran’s wife’s eggs? Would VA be unable to conduct the fertilization unless the genetic material was from the veteran? We believe these types of questions must be addressed before the legislation is advanced.

Draft legislation: Annual VHA Report

PVA generally supports this draft legislation. The bill would require a yearly evaluation of overall effectiveness of the Veterans Health Administration (VHA) in improving access to care and the quality of it. The report would require an assessment of physician and employee workload, patient demographics and utilization rates, physician compensation, percentages of care provided in VA facilities, and pharmaceutical prices.

PVA believes it is critical that VHA be required to assess the services it provides continuously. The information relayed is also imperative for the function of Congress in its oversight responsibilities. However, during the Subcommittee on Health hearing held on January 28, 2015, Deputy Under Secretary for Health Dr. Tuchs Schmidt spoke on VA’s existing ability to conduct statistical analyses on some of the assessment requirements outlined in this bill. He commented further on VA’s goal to make VHA data more readily accessible. Is this bill intended to mandate what the VA committed to doing during the hearing on January 28?

In order to improve this bill, PVA strongly encourages adding language to reinstate the reporting requirement on the capacity of VHA to provide specialized services to disabled

veterans. The VA has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disease, blindness, amputations and mental illness—as mandated by P.L. 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996.” This law requires VA to maintain its capacity to provide for the special treatment and rehabilitative needs of catastrophically disabled veterans.

As a result of P.L. 104-262, the VA developed policy that required the baseline of capacity for VA’s Spinal Cord Injury/Disease (SCI/D) system of care to be measured by the number of staffed beds and the number of full-time equivalent employees assigned to provide care. Under this law, the VA was also required to provide Congress with an annual “capacity” report. This reporting requirement expired in 2008.

Currently, within the SCI/D system of care, the VA is not meeting capacity requirements for staffing and the number of inpatient beds that must be available for SCI/D veterans. Reductions of both inpatient beds and staff in VA’s acute and extended care settings have been consistently reported throughout the SCI/D system. VA has eliminated staffing positions that are necessary for an SCI/D center or clinic to maintain its mandated capacity to provide care, or operated with vacant health care positions for prolonged periods of time. When this occurs, veterans’ access to VA decreases, remaining staff become overwhelmed with increased responsibilities, and the overall quality of health care is compromised.

As a component of workforce planning, VA tracks the status of vacant and staffed health care positions throughout the Veterans Health Administration. They also track the number of veterans utilizing health care within the specialized systems of care. With this information readily available, VA is able to compile and use the collected data for annual reports and assess its ability to meet the capacity mandate.

The “Toxic Exposure Research Act of 2015”

PVA understands the intent of and generally supports this legislation. This bill would require the VA Secretary to select one VA medical center to serve as the national center for research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving in the Armed Forces. It would also require the establishment of an advisory board for the national center to determine links between exposure and health conditions. However, the bill does not discuss the processes should the advisory board conflict with the findings of the IOM. We encourage the Subcommittee and VA to work together to ensure the legislation fulfills the IOM Committee recommendations.

H.R. 271, the “Creating Options for Veterans Expedited Recovery Act”

PVA generally supports H.R. 271, the “Creating Options for Veterans Expedited Recovery Act.” This legislation would establish a commission to examine VA’s current mental health therapy model and the potential benefits of incorporating complementary alternative therapies. The bill aims to fill in the needs gaps for those who are not effectively served by traditional, evidence-based treatment plans. PVA believes that effective medical care, traditional or alternative, ought to be readily available to a veteran in need. Therapies for the commission to evaluate range from outdoor sports therapy, to accelerated resolution therapy, to equine therapy. These options fall outside VA’s typical services. It is PVA’s position that all VA mental health care should meet the specific, individual need of the veteran seeking medical services, on a consistent basis. Complementary and alternative medicines give veterans with mental illness, as well as catastrophic disabilities, additional treatment options. This commission could offer an opportunity to identify additional “best practices” across medical disciplines.

H.R. 627

H.R. 627 would expand the VA’s definition of “homeless” to match the definition used by the Department of Housing and Urban Development (HUD) since 1987. Domestic violence is just as much a public health matter as homelessness, and for women veterans it is a major cause. Thirty-nine percent of women veterans report experiencing

domestic violence, well above the national average. As a result of definitions outlined in title 38, U.S.C., Section 2002(1), these veterans are not eligible to access resources for homeless veterans. These heroes, who have protected us, and endured violence in their own home, are told by their government they are not worth protecting. The basic expectations for the human condition, of safety from violence and shelter, are denied to the very people who ensured it for us. What does it say to these men and women, about the value of their service and the value of them as people, when the VA explains that the way in which they experience homelessness is not as critical as for those covered under the existing definition?

For a mother with a teenage son, she will be less likely to leave the abusive household, as most women's shelters do not allow teenage male children. In order to not leave her child she will continue to endure violence as she has nowhere else to go. This problem is even more pronounced for rural veterans, as traveling anywhere is costly. With small children it is all the more complicated.

No veteran should have to choose between enduring violence and homelessness. And without change that is what they are forced to continue to do. Congress is obligated to keep these veterans safe.

H.R. 1369, the "Veterans Access to Extended Care Act of 2015"

PVA generally supports H.R. 1369, the "Veterans Access to Extended Care Act of 2015." This bill would modify the treatment of VA agreements with service providers to furnish extended care services, also known as Long-Term Services and Supports (LTSS). LTSS cover the range of medical and personal care assistance that a veteran may need when completing daily tasks (eating, bathing, managing medication). These VA services are often received by veterans in their home or in an institutional setting.

H.R. 1369 would allow veterans to obtain non-VA LTSS from local providers that include nursing center care, geriatric evaluation, domiciliary services, adult day health care, respite care, palliative care, hospice care, and home health care when there are "non-

institutional alternatives to nursing home care.” The bill would also allow LTSS providers to enter into VA Provider Agreements, rather than contracting with VA, thereby avoiding the complex processes required under the Service Contract Act. The bill also includes VA review requirements of provider licensing and facilities.

H.R. 1575

PVA supports H.R. 1575, a bill to make permanent the pilot program on counseling in retreat settings for women veterans newly separated from service in the Armed Forces. The bill would provide VA with the authority to extend the program using the same measurements and eligibility requirements.

The program, managed by the Readjustment Counseling Service, has been a marked success. For two years, VHA offered six week-long retreats in California, Colorado, New Mexico and Connecticut. Eighty-five percent of the 134 veterans showed improvements in psychological wellbeing. Other long lasting improvements included decreased stress symptoms and increased coping skills. It is essential for women veterans that Congress reauthorize this program. We believe the value and efficacy is undeniable.

PVA would once again like to thank the Subcommittee for the opportunity to submit our views on the legislation considered today. Enactment of much of the proposed legislation will significantly enhance the health care services available to veterans, service members, and their families. I would be happy to answer any questions that you may have.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2015

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events
— Grant to support rehabilitation sports activities — \$425,000.

Fiscal Year 2014

No federal grants or contracts received.

Fiscal Year 2013

National Council on Disability — Contract for Services — \$35,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

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Blake Ortner is the Deputy Government Relations Director with Paralyzed Veterans of America (PVA) at PVA's National Office in Washington, D.C. He is responsible for federal legislation and government relations, as well as veterans' budget, benefits and appropriations analysis. He has represented PVA to federal agencies including the Department of Labor, Office of Personnel Management, Department of Defense, HUD and the VA. In addition, he is PVA's representative on issues such as Gulf War Illness and he coordinates issues with other Veteran Service Organizations.

He has served as the Chair for the Subcommittee on Disabled Veterans (SODV) of the President's Committee on the Employment of People with Disabilities (PCEPD) and was a member of the Department of Labor's Advisory Committee on Veterans' Employment and Training (VETS) and the Veterans Organizations Homeless Council (VOHC).

A native of Moorhead, Minnesota, he attended the University of Minnesota in Minneapolis on an Army Reserve Officer Training Corps (ROTC) scholarship. He graduated in 1983 with an International Relations degree and was commissioned as a Regular Army Infantry Second Lieutenant. He was stationed at Ft. Lewis, WA, where he served with the 9th Infantry Division and the Army's elite 2nd Ranger Battalion. He left active duty in September 1987.

He continues his military service as a Brigadier General in the Virginia Army National Guard and is a 2010 graduate of the US Army War College. From 2001-2002, he served as Chief of Operations - Multi-National Division North for peacekeeping missions in Bosnia-Herzegovina, from 2004-2005 he commanded an Infantry Battalion Task Force in Afghanistan earning 2 Bronze Star Medals, from 2007 to 2008 he served in Iraq as the Chief of Operations - Multi-National Force – Iraq earning a Bronze Star Medal and a Joint Commendation Medal, and from 2011-2012 he commanded a NATO Infantry Brigade Combined Combat Team in Afghanistan earning a Bronze Star Medal and Meritorious Unit Citation. Additional awards include the Legion of Merit, the Combat Infantryman Badge, Combat Action Badge, Ranger Tab, Military Free Fall Parachutist Badge and the Parachutist Badge. He currently serves as the Assistant Division Commander of the 29th Infantry Division for the Virginia Army National Guard.

Mr. Ortner resides in Stafford, VA with his wife Kristen, daughter Erika and son Alexander.