

STATEMENT OF
THE EASTERN PARALYZED VETERANS ASSOCIATION
TO THE HOUSE OF REPRESENTATIVES VETERANS
AFFAIRS SUBCOMMITTEE ON HEALTH
CONCERNING LONG-TERM CARE PROGRAMS IN THE
DEPARTMENT OF VETERANS AFFAIRS

Submitted by:

Jeremy Chwat
Director of Legislation

May 22, 2003

The Eastern Paralyzed Veterans Association appreciates this opportunity to present our views on the issue of long-term care in the Department of Veterans Affairs. As a National Veterans Service Organization that is dedicated to enhancing the lives of veterans and all Americans with spinal cord injuries (SCI), we are extremely concerned about an apparent shift in Department of Veterans Affairs (VA) policy with regard to the VA's placement of Spinal Cord Injury Long Term Care beds. VA, through its Capital Asset Realignment for Enhanced Services (CARES) process, is disbursing SCI designated LTC beds onto Geriatric and Extended Care units (G&E) rather than maintaining these beds in a separate and distinct setting.

VHA Directive 2000- 022 mandates that VA maintain at least 260 SCI extended care beds throughout the system. The placement of 180 of these SCI LTC beds were not identified, yet VA, through the CARES process, asserts that beds randomly situated throughout G&E Units will be deemed as SCI designated beds for the purposes of fulfilling this mandate. While VA intends to count a certain number of LTC beds per VISN toward satisfying this mandate, these beds will not physically exist until they are occupied by SCI patients.

According to 38 U.S.C. §1706 (b) (3) VA must maintain separate and distinct specialized programs and therefore, we believe, VA cannot legally offer mandated SCI services in a non- SCI specific program and still satisfy the statutory requirements. Additionally, in order to maintain an adequate level of

SCI care and specialized training, a constant SCI patient concentration is necessary. We therefore oppose the disbursement of SCI LTC beds onto the Geriatric and Extended Care wards.

It is the position of the Eastern Paralyzed Veterans Association that, first and foremost, Spinal Cord Injury LTC services be provided on an SCI designated ward consisting of a minimum of 20 contiguous extended care beds. These SCI LTC Units should be co-located with a tertiary care facility and no SCI designated extended care bed should exist outside of an SCI LTC unit. As mandated by VHA Directive 2000-022, all 260 SCI extended care beds must comply with all staffing requirements in this directive. There should be no difference in the quality of care provided at extended care units co-located with an SCI Center of Excellence and those units co-located at a non-SCI specific tertiary care facility

We strongly believe that there is a major difference in the quality and range of services that can be provided in an SCI LTC unit and that these differences are borne out by the existence of two specialized SCI extended care centers. Just as with separate and distinct SCI acute care centers, these LTC centers have mandated staffing levels and a concentrated patient population with special health care needs that allow for the expertise necessary to offer high quality SCI care. From acute injury through the end of life, an SCI patient always requires specialized services.

When Congress created 38 U.S.C. §1706 (b) (3), it clearly saw the need for separate and distinct specialized programs throughout the continuum of care. VA's new disbursement policy runs counter to your mandate.

In conclusion, we ask that you reinforce the need to VA Secretary Anthony Principi for separate and distinct specialized programs to care for our most seriously injured veterans throughout their entire lifespan.

Eastern Paralyzed Veterans Association commends the committee for their actions and leadership on this, and all veterans' issues and we appreciate the opportunity to discuss these important concerns. We look forward to working collaboratively on finding a solution that would ensure quality long-term care for our nation's veterans.

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. Eastern Paralyzed Veterans Association received no relevant federal grants or contracts relevant to the subject matter of this testimony over the past two fiscal years