

## PROTECTION OF SPECIALIZED SERVICES

### The Issue

Specialized services are part of the core mission and responsibility of the Veteran Health Administration (VHA). VHA's specialized services, to include spinal cord injury/disease (SCI/D), blind rehabilitation, poly-trauma, and mental health, are of paramount importance due to the inability to replicate their comprehensive approach in the private sector. These specialized services must be strengthened and sustained within the VHA through allocation of appropriate resources, and not subject to defunding.

VHA has not maintained its capacity nor mission to provide for the unique health care needs of catastrophically disabled veterans. Reductions in both inpatient beds and staff in Spinal Cord Injury/Disease acute and extended care settings have been continuously reported throughout the system of care. In 2015, SCI/D nurses worked more than 105,000 combined hours of overtime due to understaffing. Lack of staffing is an unnecessary and dangerous trend that has led to staff burnout, low morale and in some circumstances jeopardizes the health care of patients. Considering SCI/D Veterans are a vulnerable patient population, the reluctance to meet legally mandated staffing levels is tantamount to willful malfeasance. Congress must ensure VA is able to maintain its capacity to provide quality specialty care by appropriating funds for needed resources, followed by close oversight to ensure compliance and accountability.

Some political leaders advocate providing health care to veterans by contracting for services in the community. This would move veterans out of the "veteran-centric" care environment which is only found within VHA, lead to a diminution of existing services, and increase health care costs in the federal budget. Furthermore, support services (cardiology, neurology, urology, etc.) are essential to the intricate specialized care provided to SCI/D veterans. If support services are removed from within VHA to the community, then VA specialized care services is also diminished.

For veterans who do receive care in the community, they are not protected under 38 U.S.C. § 1151. If medical malpractice occurs during outsourced care, the veteran must pursue standard legal remedies unlike similarly-situated veterans who are privy to VA's non-adversarial process. Adding insult to literal injury, these veterans are limited to monetary damages instead of enjoying the other benefits available under Title 38. Congress must ensure that these protections follow the veteran into the community.

### PVA's Position:

- Congress must provide sufficient funding for VA to hire additional clinicians, to include physicians, nurses, psychologists, social workers, and rehabilitation therapists to meet demand for services in the SCI/D system of care.
- Congressional oversight is needed to ensure that the Department of Veterans Affairs is meeting capacity requirements within the recognized specialized systems of care, in accordance with P.L. 104-262.
- Congress must ensure veterans who receive care in the community retain current protections unique to VA health care under Title 38 U.S.C., particularly including medical malpractice remedies governed by 38 U.S.C Section 1151, clinical appeal rights, no-cost accredited representation, and Congressional oversight and public accountability.