

Protect Access to VA's Specialized Health Care Services

THE ISSUE

Sufficient Funding

The Department of Veterans Affairs (VA) is the best health care provider for veterans—particularly for veterans with spinal cord injuries and disorders (SCI/D). VA's capability to treat these individuals has expanded their lifespans by decades and is unmatched in the private sector; thus, sending them elsewhere amounts to a degradation of care. 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 should be for Congress, too. However, if the system is not adequately funded, VA's capacity to treat veterans will be diminished, which could lead to a reduction in offered services.

PVA advocates for proper funding for the SCI/D system of care through the Independent Budget—a partnership with DAV, PVA, and VFW.



PVA POSITION

- ★ Congress must provide the necessary funding to support VA specialized services, like SCI/D care.
- ★ Congress must fully fund VA in line with the recommendations of the Independent Budget for Fiscal Year 2024 and Fiscal Year 2025 Advance Appropriation.

Staffing

Caring for veterans with SCI/D requires sharp assessment, time- and labor-intensive physical skills, and genuine empathy. Nurses who work in SCI/D must possess unique attributes and specialized education. All Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, and Nurse Practitioners working with the SCI/D population are required to have increased education, knowledge, understanding, and use of strategies focused on health promotion and prevention of complications related to SCI/D. This includes the prevention and treatment of pressure injuries, aspiration pneumonia, urinary tract infections, bowel impactions, sepsis, and limb contractures.

Shortage of 600 nurses out of 2700 in the VA SCI/D system of care.



Staffing shortfalls have a direct, adverse impact on the SCI/D system. Due to an insufficient number of nurses, care at one of VA's SCI/D units was suspended in 2022, and veterans with acute SCI/D needs were admitted to non-SCI/D units. Other facilities capped admissions due to insufficient numbers of SCI/D nurses and are still working to fill vacancies. Another VA SCI/D center has not had access to a plastic surgeon for over a year, and until recently, there was also not one available in the community. As a result, some veterans were transferred to VA medical centers two states away for critical surgery, while non-SCI/D providers and a lone nurse trained in wound care were left to manage countless other urgent cases. Workforce provisions in the RAISE Act (P.L. 117-103) and PACT Act (P.L. 117-168) have given VA more flexibility to provide competitive salaries and fill critical slots needed to provide care. Still, their impact on SCI/D staffing remains unclear.

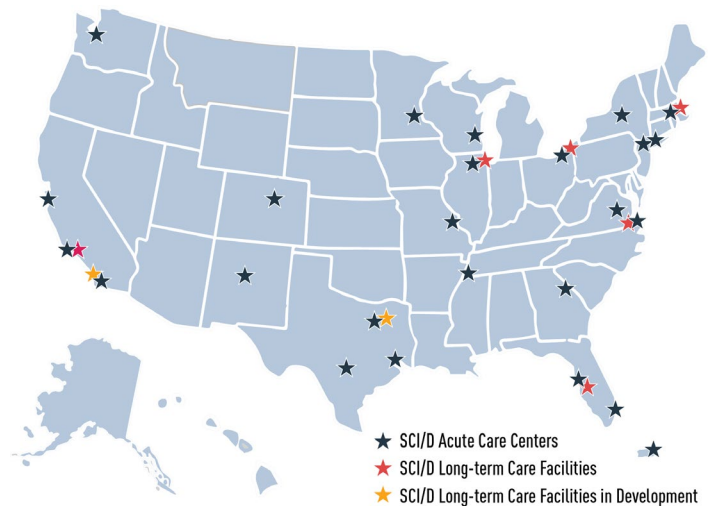


PVA POSITION

- ★ VA must fully utilize its newly granted authorities to hire additional medical professionals, particularly physicians, nurses, psychologists, social workers, and rehabilitation therapists, to meet the demand for services in the SCI/D system of care.
- ★ VA needs to place greater emphasis on hiring or training personnel in specialty areas needed by SCI/D veterans, like wound care.
- ★ Congress should provide VA with more tools to compete for highly qualified medical personnel and support training for current and future VA clinicians. This includes passing the bipartisan **VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 (S. 10)** to ensure veterans receive the highest quality of care.

Infrastructure

VA's SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from three to 70 years with an average age of 38. Many of the older centers have only had cosmetic or basic renovations. Fourteen of the 25 acute care SCI/D centers continue to use four-bed patient rooms, accounting for 61 percent of the available in-patient beds. These four-bed patient rooms do not meet VA requirements and are no longer safe due to infection control issues. This high percentage of four-bed patient rooms limits available bed capacity whenever patients need to be isolated. Furthermore, the number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community.



The SCI/D system of care is not immune to the design and construction delays inherent in the VA project funding and delivery system. There are currently seven major and 15 minor SCI/D center projects either awaiting funding, in design, or pending approvals to proceed beyond their current status. VA has spent a significant amount of money and resources on these projects, most of which have languished within the department's Strategic Capital Investment Planning (SCIP) process. Also, replacement SCI/D center projects designed for the Bronx VA (acute) and the Brockton VA (long-term) intended to modernize and expand capacity were shovel-ready but abandoned by the VA.



PVA POSITION

- ★ Congress should provide greater infrastructure investment to improve rehabilitation and patient safety and expand access to long-term care for veterans with SCI/D.
- ★ VA should prioritize facility infrastructure projects that support the unique services the department provides, such as SCI/D care, that are not readily available in the community.
- ★ Congress should pass the **BUILD for Veterans Act (S. 42)**, which would provide a comprehensive approach to help address problems with VA's internal processes that have hindered its ability to ensure the department's infrastructure can meet the ever-growing demand for acute health care services and facility-based long-term care options.