



Statement for the Record  
Committee on Veterans Affairs  
Subcommittee on Health  
U.S. House of Representatives  
March 16, 2022  
Legislative Hearing  
On:

H.R. 4993, the Veterans Emergency Care Reimbursement Act of 2021; H.R. 5738, the Lactation Spaces for Veteran Moms Act; H.R. 5754, the Patient Advocate Tracker Act; H.R. 5819, the Autonomy for Disabled Veterans Act; H.R. 5941, the Fairness for Rural Veterans Act of 2021; H.R. 6647, to amend title 38, United States Code, to make certain improvements relating to the eligibility of veterans to receive reimbursement for emergency treatment furnished through the Veterans Community Care program, and for other purposes; H.R. 6823, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2022; and the Long-Term Care Veterans Choice Act (discussion draft).

Chairwoman Brownley, Ranking Member Bergman, and members of the Subcommittee, on behalf of our membership including 144 Programs of All-Inclusive Care for the Elderly (PACE) organizations in 30 states, and numerous other entities pursuing PACE development and supportive of PACE, the National PACE Association (NPA) thanks you for the invitation to submit a statement for the record to today's Subcommittee on Health, Committee on Veterans' Affairs Legislative Hearing. We appreciate the opportunity to share with the Subcommittee our enthusiastic support for H.R. 6823, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2022.

PACE organizations serve among the most vulnerable of our nation—highly medically complex older adults over age 55 who are State certified as requiring a nursing home level of care. The sole objective of PACE is to maintain the independence of older Americans needing a nursing home level of care, by empowering them to remain living safely in their homes and communities for as long as possible. The PACE care model combines excellence in clinical care and care coordination, a dedicated staff of providers and a focus on providing effective, cost-efficient care. The scope of services provided spans all Medicare Parts A, B and D benefits, all Medicaid-covered benefits, and any other services or supports medically necessary to maintain or improve the health status of participants 24 hours a day, 365 days a year. As a result, nursing home placements may be delayed or avoided entirely, along with hospitalizations for those in the care of PACE programs.

Using a unique, wholly integrated, highly coordinated, and provider led model of care, POs ensure all care is person-centered, reflecting individuals' choices in where, how and from whom their care is provided. PACE often is the lifeline enabling enrolled people with disabilities and aging adults to live at home instead of in a nursing facility.

There is a substantial, documented, mutually beneficial history regarding the use of PACE by certain eligible veterans. The model of care was tested by the 2001-2004 All Inclusive Care Delivery Pilot and the Patient-Centered Alternatives to Institutional Extended Care Program, beginning in 2010. The PACE model of care was proven by the VA to have significant value in terms of outcomes and costs. Veterans were able to remain living safely in their homes, where they wanted to be, leading to increased veteran and family

satisfaction. The quality of care and coordination with the VA were outstanding and the cost of PACE care to the VA was less than a nursing home placement.

Notwithstanding these findings, there is no publicly available, national strategy within for ensuring access to PACE by veterans through their VA health care benefits. The VA does not offer PACE services within its health care system, so the only option for eligible veterans needing a nursing home level of care to receive PACE services through their VA benefits is to obtain that care from local PACE organizations.

The decision whether to enable eligible enrolled veterans to receive PACE organization care, empowering them to remain living safely in their homes and communities, is left up to the leadership of each of the 170 individual VA Medical Centers (VAMCs). This decentralized approach exists despite the clear mandate to provide ready access to care in the community for veterans meeting the criteria established for the Veterans Community Care program, part of The MISSION Act of 2018 (P.L. 115-812).

As a result, in 2021, just 35 of the close to 60,000 older adults and those living with disabilities served by PACE organizations were veterans whose cost of care was covered by the U.S. Department of Veterans Affairs (VA) through Veterans Care Agreements with 12 VAMCs.

NPA is pleased that H.R. 6823 rectifies this situation by requiring the Secretary to establish partnerships between VAMCs and PACE organizations wherever a VAMC is located within a PACE organization's geographic service area. We are hopeful this legislation will be enacted during the remainder of the 117<sup>th</sup> Congress. Passing the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act would be a significant catalyst toward meeting the goals of the Veterans Health Administration (VHA) Office of Geriatrics and Extended Care as outlined to this Subcommittee by its Executive Director Scotte Hartronft, MD, MBA, FACP, on [July 27, 2021](#):

“(1) expand VA-provided and community purchased HCBS for aging in place in addition to expanding Veteran community partnerships; (2) innovate, pilot, resource and disseminate evidence-based best practices in geriatric care throughout the enterprise; (3) modernize VHA as the largest integrated health care system recognized as Age Friendly by the Institute for Healthcare Improvement; (4) expand access to geriatrics, palliative care, home care and long term care with use and expansion of telehealth services across all care settings and locations; (5) ensure access to modern facility-based long term care for those who require it; (6) train, recruit and retain a workforce of geriatric and palliative care staff across all disciplines; and (7) provide geriatric and palliative care training to primary care and specialty care providers of all disciplines.”

Looking forward, NPA will continue to strongly support the existing PACE-VAMC partnerships and do our utmost to foster new ones. We and our membership are eager to work with VA, VHA and GEC to greatly expand the number of veterans receiving PACE care and services. NPA thanks Chairwoman Brownley, Ranking Member Bergman and the other members of the Subcommittee for considering our viewpoint on this critically important bill. For additional information or questions, please contact Francesca Fierro O'Reilly, vice president, Advocacy, at [FrancescaO@npaonline](mailto:FrancescaO@npaonline).