



National Association for the Advancement
of Orthotics & Prosthetics

YOUR VOICE FOR PROFESSIONAL O&P PATIENT CARE

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Written Statement of

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**Before the House Small Business Subcommittee
On Contracting & Technology
on the Issue of Ensuring Continuity of Care for Veteran
Amputees: The Role of Small Prosthetic Practices**

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Chairman Braley, Ranking Member Davis, and Members of the Subcommittee:

Thank you for this opportunity to testify on the role of small prosthetic businesses and their important work with veteran amputees who rely on quality prosthetic care to return to functional and fulfilling lives following amputation of one or more of their limbs.

My name is Tom Guth and I am the Chief Prosthetist for RGP Prosthetic Research Center. I am here today representing the National Association for the Advancement of Orthotics and Prosthetics (“NAAOP”). NAAOP is a non-profit trade association dedicated to educating the public and promoting public policy that is in the interest of the orthotic and prosthetic (“O&P”) patient and the providers who serve them. Since 1987, NAAOP has shaped positive results in healthcare legislation and regulation through government relations advocacy and education of policymakers. NAAOP serves the O&P profession by representing and partnering with only those providers who truly believe that the patient must come first, and as such, I am testifying today to bring forth the views of small business professionals serving O&P patients, particularly those who work with our nation’s veterans through the Veterans Affairs (“VA”).

More specifically, I am here as a small business owner. RGP Prosthetic Research Center (“RGP”) in San Diego was started by my father in the 1950s. Upon his retirement in 1975, my brother and I continued our father’s vision to pursue advancements in prosthetics and establish RGP as one of the premier prosthetic centers in the country. With over thirty-five years of experience in the prosthetic profession, I’ve dedicated my career to developing new ways to increase the quality of life and comfort of amputees who use artificial limbs, many of whom are injured and amputee veterans who wish to continue an active lifestyle. Although the size of RGP has grown over the years, we are still a family-run business that provides superior care to our patients.

Serving the Veteran in the Current System

RGP has served veteran amputees as a component of our prosthetic practice for over six decades and we are proud of our service to the VA. However, the current system is not always without challenges to both the veteran—in gaining access to appropriate prosthetic care—and the private practitioner in serving the patient. Take, for example, my patient of nearly 40 years who I will

refer to as “Tom” to protect his confidentiality. I first designed and fabricated a prosthetic limb for Tom after his return from Vietnam where a landmine had taken one of his legs above the knee. For nearly 40 years, I have worked with the local VA prosthetic chief and Tom to provide him high quality prosthetic care. I have attended the required VA clinics to assess Tom’s condition in the presence of VA physicians, the chief prosthetist of the local VA, and the clinical team. I have attended these same clinics for approval of the final prosthetic device and continual follow-up care.

Recently, after eight years of walking on the same prosthetic limb, Tom came to my office with a VA prescription for a new prosthesis with the same design as his existing limb. But technology has changed dramatically over the past eight years and I recommended that Tom receive a micro-processor prosthetic knee unit that would allow him to walk more consistently and safely. Tom wanted to try the new knee. But the local VA staff denied Tom access to the micro-processor unit, stating that he did not need the more recent technology and generally giving him the run-around. Tom then became ill and is fighting to return to health now. His request for a micro-processor knee has not been approved to this day although he could have benefitted from it for months now. So it is important to realize that the positive pronouncements and favorable signals by the national VA office that the program covers whatever the amputee veteran needs are sometimes lost in translation at the regional and local levels.

The Veteran’s Affairs and Small Business Interaction

As service members return from Iraq and Afghanistan with amputations and neuro-musculo-skeletal injuries, they will join many others who receive services from the Veteran’s Administration (“VA”) healthcare system who require prostheses (“artificial limbs”) and/or orthoses (“orthopedic braces”). The VA contracts with and utilizes private businesses to provide prosthetic care to approximately 97 percent of its O&P patients. This reliance on small businesses provides personalized care to veterans, the same high quality care provided to Medicare beneficiaries and privately insured patients who receive their O&P care from these same private providers.

However, as it stands, anecdotal evidence suggests there are significant inconsistencies in access to quality O&P care throughout the country. It also appears that in some areas of the country, such as

in San Diego, the VA is actively working to increase the amount of O&P care provided in-house, by VA-hired O&P staff, and decrease veterans' access of the private O&P practices and professionals who have served VA patients well for decades.

Overall, with the collaboration of small businesses, the VA has provided quality orthotic and prosthetic care to veterans over the years, whether or not their underlying impairment was service-connected. But there are many areas where inconsistencies across the country are apparent and require improvement. The adoption by the VA several years ago of regional decision-making through the "VISNs" (regional service networks) has highlighted these inconsistencies.

In order to ameliorate the impact of these debilitating injuries and to ensure timely and consistent access to O&P patient care, it is imperative that the VA establish standards that enumerate the expectations that all veterans with amputations and neuro-musculo-skeletal injuries should have with regard to their prosthetic and orthotic needs. This is why NAAOP supports H.R. 5730, the Injured and Amputee Veterans Bill of Rights.

Support for H.R. 5730, the Injured and Amputee Veterans Bill of Rights

H.R. 5730 proposes the establishment of a "Bill of Rights" for recipients of VA healthcare who require orthotic and prosthetic ("O&P") services. This Bill of Rights will help ensure that all veterans across our country have consistent access to the highest quality of care, timely service, and the most effective and technologically advanced treatments available. NAAOP believes that adoption of this "Bill of Rights" will establish a consistent set of standards that will form the basis of expectations of all veterans who have incurred an amputation or neuro-musculo-skeletal injury requiring orthotic or prosthetic care.

The bill proposes a straightforward mechanism for "enforcement" of this "Bill of Rights," with an explicit requirement that every O&P clinic and rehabilitation department in every VA facility throughout the country be required to prominently display this Bill of Rights. In this manner, veterans across the country will be able to read and understand what they can expect from the VA healthcare system. And if a veteran is not having their orthotic or prosthetic needs met, they will be able to avail themselves of their rights.

NAAOP's Proposed Additional Safeguards to the Veterans Bill of Rights

In order to enhance H.R. 5730, NAAOP is proposing additional safeguards to ensure that veterans are aware of and fully understand their rights.

- **We propose that a copy of this Bill of Rights be required to be provided in paper form to every veteran attending an amputee or rehabilitation clinic and that each patient sign-off in their clinical file to indicate that they have received and read the document.** If the patient is not capable of understanding the content of the Bill of Rights unaided, the VA should make efforts to ensure that the rights are fully understood by the patient, or his or her family or guardian, including the provision of a copy of the document to the family member or guardian.
- In addition, to help ensure compliance with the Bill of Rights, **we propose that Congress direct the VA to establish a toll-free, dedicated telephone number to report instances of non-compliance with these rights.** The written document provided to the veteran should list this toll-free telephone number. The telephone line should be answered at the national VA administrative office in Washington, DC, and a specific VA employee should be assigned the task of fielding these calls and acting as an ombudsperson to try to resolve disagreements.

These added safeguards would help educate injured and amputee veterans of their rights with respect to O&P care, and would allow them an avenue to report violations of that set of standards to the VA central office. In this manner, Congress would have easy access to the level of compliance with this Bill of Rights across the country and could target particular regions of the country where problems persist.

Conclusion

NAAOP thanks this Committee for examining how small prosthetic businesses work with the Department of Veterans Affairs to provide for the needs of veterans with injuries and disabilities requiring orthotic and prosthetic care. In order to improve the current system and make it more consistent throughout the country, NAAOP strongly supports H.R. 5730, the Injured and Amputee

Veterans Bill of Rights, with certain amendments outlined in this testimony. This legislation is essential to ensure consistency among the small businesses that provide orthotic and prosthetic care and more importantly, to improve the lives for all veterans with amputations and other neuron-musculo-skeletal injuries who require such care. We call on Members of Congress and the Administration to pass H.R. 5730 with the additional safeguards that we have outlined above.

I thank you for this opportunity to testify before the Committee and welcome your questions.