



# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

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Joint Select Committee on Collective Bargaining

## SENATOR JAY COLLINS

14th District

November 6, 2023

U.S. Senator Rick Scott  
110 Hart Senate Office Building  
Washington, DC 20510

Expanding accessibility for veterans with disabilities at VA facilities is a moral imperative. The federal government can, and should, play a crucial role in assisting state VA organizations in providing the highest quality care and support to our disabled veterans. Moreover, a successful transition from active duty to civilian life is a shared responsibility, and it is incumbent upon us to ensure that veterans, particularly those with disabilities, are given the tools and resources they need to thrive in their civilian lives.

As a 23-year retired Green Beret, amputee, and several other complicated medical issues within my 100% VA rating I have experienced both highs and lows in my interaction with the VA.

The overall format of the VA websites is convoluted, not-straight forward, and ultimately leads to confusion. Additionally, when there are problems with a password or with the website it is often a near improbability to get a solutions oriented person on a call. Often, it is bogged down with complicated call trees, further exasperated by being passed from department to department. Now imagine dealing with this front end CR process and being hearing impaired, blind, having a TBI, or stress deficits.

Difficulties in retrieving on-line data, communicating, and scheduling are further complicated by community cares or providers scheduling appointments without talking to the patient. It should be noted that I am a Retired service member – no longer active duty. In my day-to-day life I run a national 501c3, serve as a State Senator, and fulfill my roles as a husband and father of two sons. I also struggle with a complex back injury, breakdown of a residual limb, walking with a prosthetic, and many other physical concerns. Compounding my medical and physical reality does not create trust or efficiency.

As a retiree with a lower-limb deficiency, I can say that the current prosthetic process utilized at my VA is not a best practice. When prosthetics are being made, there is a basic 2-step process. 1. Test Socket 2. Final Socket. The test socket creation, fitting, and alignment process is done fully in house which does lead to a functional test socket (bigger, heavier, and less durable) as preparation for the outsourced Final Socket.

## REPLY TO:

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- ☐ 304 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 387-4014

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**KATHLEEN PASSIDOMO**  
President of the Senate

**DENNIS BAXLEY**  
President Pro Tempore

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I had a final socket created through this process that was 1” to long inside. In my suction socket this caused the positive suction to continually attempt to fill that 1” void with my residual limb. This caused ulcers, sores, and limb breakdown. Eventually a single Tech walking by solved my problem by simply measuring; this took 6 months walking on bleeding, oozing, sores..

The Community Care Network dental process has been the most concerning and problematic part of my VA experience. Having a single dentist coordinate, control, and second-guess community providers with decades of experience has directly lead to several root canals for me. They deemed the teeth not necessary to be worked on, and were left alone to get worse.

Coordinating with a Community Care Network representative would routinely take upwards of 2 hours on any given day. Quite often this would be repeated several times to get an appointment. Additionally, many of the dentists struggle to get fully reimbursed through the Community Care process, thereby taking away another resource for veterans when they opt to stop supporting the VA. I am also married to a 100% VA disabled veteran, she has dealt with the exact same issues. Now imagine how difficult this process is when facing mental, emotional, and physical barriers.

My experience with many medical providers is that they are caring and attempting to do their best through a byzantine system with endless fractured loops. I have personally skipped medical care because I do not have the time or patience to deal with this fractured process and would rather use my most precious commodity (time) to feed my family, serve my state, or spend time with my family.

The transition from active duty to civilian life is a significant milestone in a veteran's journey, and it can be especially challenging for those with disabilities. To facilitate a smoother transition, federal and state VA organizations should be working together to ensure that veterans are well-prepared for civilian life. If the federal VA cannot serve our veterans in an efficient manner, there needs to be a reallocation to resources and responsibilities so that we can facilitate these much needed changes at the state level.

There is currently an incredible gap in information provided to those transitioning into civilian life. The Transition Assistance Program (TAP), is in critical need of an update to provide improved resources for emotional support, employment training and opportunities, and financial literacy. The VA also needs to update and expand its digital footprint to provide these resources online.

### **Veterans Accessibility Act**

It would be in the best interest of the VA to do a hard reset on their process. Website, customer service processes, and call trees should be redesigned for the veteran to quickly and efficiently talk to a competent and prepared employee. Many veterans simply give up and go to an emergency room or forego medical care. It seems that the current model believes our veterans

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have unlimited time and no other factors. It would be beneficial to increase VSO's on a state-by-state model to better facilitate these resources. This should be coordinated in concert with State VA agencies.

### **VA SCHEDULES Act**

This would fill an incredible gap. Grading VA facilities is a great idea in terms of scheduling – however it falls short. What are the repercussions for failure? Who will lose their job? Who will be fired? Additionally, these grades should be comprehensive in terms of customer care, efficacy, adding in validated customer feedback. This rubric should be applied to their grades. Fire leadership that sustains a low grade without positive movement. We should also grade employees within the VA in a similar vain. Who goes the extra mile? Who are the employees that are space eaters, and not contributing? Competition drives excellence, each and every employee should be accountable for their success or failures – then rewarded or punished. Promote based on competency not connections or longevity.

### **TAP Promotion Act**

Giving earlier access is a great idea. There should be a continual feedback loop that drives the TAP program based on valid feedback, transition norms, and opportunities available. Conducting an independent audit and having leaders from industry create solutions or update this process would be a solid addition to this bill.

As a retired Green Beret and Florida State Senator, I am pleased to provide my testimony on the importance of expanding accessibility for veterans with disabilities at VA facilities, the role the federal government can play in assisting state VA organizations, and the critical aspects of transitioning from active duty to civilian life. As a proud veteran who has personally experienced these unique obstacles, I believe that the well-being of our veterans, especially those who are disabled, is a tremendous responsibility.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Collins", with a long horizontal flourish underneath.

Jarrid "Jay" Collins  
State Senator & Army 1SG (R)  
District 14