Request for Increased Funding for Veterans Using Home Ventilators

Sandra Stuban, RN, BSN, EdM, MSN, MHSA, Lieutenant Colonel, Retired, US Army, initiated a request to establish a third level of Aid and Attendance (A&A) from the Veterans Administration.

The A&A, established by Congress, is an important financial benefit that allows severely disabled veterans to privately hire aides or attendants to assist with activities of daily living. Two levels of the A&A currently exist. The need for another level of care has recently emerged and is not adequately supported by the current allowance – support for ventilator-assisted veterans at home, such as Stuban who lives in Virginia.

The current highest level of A&A is $2,455 per month, which is inadequate for a home ventilator user requiring a higher level of 24-hour skilled caregiving.

Stuban’s research determined that using $24 an hour as an industry standard for a LPN, it would cost a ventilator-assisted veteran $17,280 per month to live at home for 30 days, without family support and coverage. The cost of 30 days in a Virginia-based rehabilitation and health care center is double that.

The population of ventilator-assisted veterans who live at home is unknown. However, certain assumptions can be made by looking at support of home ventilator users by a few of the more than 100 Veterans Administration Medical Centers (VAMC). Washington, DC and Tampa each support four living at home; Richmond two.

This small number may increase if a certain number of institutionalized veterans opt to move back to their homes should more financial support become available.

Stuban’s request for a higher level of A&A at $17,280 per month, specifically for ventilator-assisted veterans living at home, is supported by the American Legion.

In a letter to each member of Congress, Steve Robertson, Director, National Legislative Commission, wrote, “The American Legion fully supports Ms. Stuban’s efforts to have A&A payments increased for ventilator-dependent veterans. Furthermore, the American Legion respectfully requests that you ... consider a legislative remedy to address this inequity.”

For more details and to learn how you can support this effort also endorsed by IVUN, contact Sandra Stuban at stubanrn@aol.com or visit www.post-polio.org/ivun.

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Report from LEAD Conference to Come:

Barbara Rogers, President, National Emphysema/COPD Association (NY); Angela King, BS, RPFT, RRT-NPS, Sr. Clinical Director, Viasys/Pulmonetic Systems (CA), and Joan L. Headley, Executive Director, IVUN (MO), presented at the Leadership Exchange in Arts and Disability (LEAD) Conference in mid-August at the Kennedy Center for the Performing Arts. The working session, “Standards, Policies and Guidelines for Inclusion of People with Medical Equipment,” attracted more than 100 accessibility coordinators and directors of guest services from the USA. The discussion revealed that sounds from ventilators have been an issue for a few venues and that finding space for the tanks for increasing numbers of patrons using oxygen is a challenge. The session’s comments are being transcribed. The ultimate goal is to guarantee access to the arts for ventilator and oxygen users and other individuals using medical equipment.