



**Paralyzed Veterans  
of America**



**2019 LEGISLATIVE  
PRIORITIES**

**#PVAadvocates**

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# Paralyzed Veterans of America

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**Programs. Policies. Progress.**  
Since 1946

Representatives of the 33 chapters of Paralyzed Veterans of America (PVA) are on Capitol Hill this week to talk about the health, benefits, and civil rights priorities that have a direct impact on the daily lives of our nearly 17,000 members.

PVA is a national, congressionally-chartered veterans service organization founded in 1946. Our mission is to improve the quality of life for not only our members but also all people with catastrophic disabilities. Every day, PVA advocates for quality health care; research and education addressing spinal cord injury and disorders; benefits based on our members' military service; and civil rights, accessibility, and opportunities that maximize their independence.

This booklet provides information about who we are and the priorities that we are focused on for the 116th Congress. Our top priorities include proper implementation of the VA MISSION Act, expansion of veteran caregiver benefits, and improved access to air travel for all people with disabilities. If you need more information about any of these issues, please contact the appropriate staff member in PVA's national office. A full list of staff contacts is provided in this booklet.

Thank you for your focus on PVA's public policy priorities in 2019. We are committed to working with Capitol Hill to ensure that the needs of veterans, particularly those with catastrophic disabilities, their families, and all people with disabilities are properly addressed.

Sincerely,

A handwritten signature in black ink that reads "Carl Blake". The signature is written in a cursive, flowing style.

**Carl Blake**  
Executive Director

# 1 | 2019 POLICY PRIORITIES

## 116<sup>TH</sup> CONGRESS—1<sup>ST</sup> SESSION

**VETERANS MUST HAVE ACCESS TO HIGH QUALITY, COMPREHENSIVE, AND VETERAN-CENTRIC HEALTH CARE AS WELL AS TIMELY AND ACCURATE DELIVERY OF ALL EARNED BENEFITS.**

### Strengthen and Improve the VA Health Care System and Services

- ★ **A. Oversight of the VA MISSION Act Implementation (P.L. 115-182)** – Congress must conduct vigorous oversight to ensure that the new VA community care program and the expansion of VA’s comprehensive caregiver program are completed not only within the timelines laid out by the VA MISSION Act but also within the spirit and letter of the law. Access to specialized services within VA, including the spinal cord injury/disorder (SCI/D) system of care, must remain strong.
- ★ **B. Expand Eligibility for VA’s Comprehensive Family Caregiver Program** – Congress must expand eligibility for caregiver services provided through VA’s Comprehensive Family Caregiver Program to veterans with service-connected illnesses.
- ★ **C. Improve Access to VA’s Long-Term Services and Supports** – Congress must enable VA to successfully balance its long-term services and supports systems as well as maintain a safe margin of community living center capacity – including for veterans with SCI/D.
- ★ **D. Access to IVF** – Congress must make in-vitro fertilization (IVF) a permanent part of VA’s medical care package.

### Benefits Improvements and Appeals Reform Implementation

- ★ **A. Oversight of the Veterans Appeals Improvement and Modernization Act (P.L. 115-55)** – Congress must provide continued oversight of VA’s implementation of appeals modernization to ensure that veterans’ claims are properly adjudicated.
- ★ **B. Benefits Improvements for Catastrophically Disabled Veterans** – Congress must improve benefits for veterans with the most severe disabilities by:
  - Increasing the Automobile Allowance Grant and ensuring that veterans receive appropriate Automotive Adaptive Equipment reimbursement; and
  - Prioritizing claims for Specially Adapted Housing for veterans with ALS and increasing the amount and usability of the grant for all catastrophically disabled veterans.

**VETERANS WITH DISABILITIES MUST HAVE EQUITY IN ACCESS TO THE OPPORTUNITIES AND FREEDOMS AVAILABLE TO ALL AMERICANS TO ALLOW THEM TO LIVE, WORK, TRAVEL, AND FULLY PARTICIPATE IN SOCIETY.**

### Strengthen and Protect the Systems and Civil Rights that Support People with Disabilities

- ★ **A. Air Carrier Access Act (ACAA) Improvements** – Congress must improve access to air travel for people with disabilities by strengthening ACAA enforcement through referral of certain complaints to the U.S. Attorney General and a private right of action, and requiring airlines to ensure that airplanes meet broad accessibility standards.
- ★ **B. Protect the Americans with Disabilities Act (ADA)** – Congress must continue to protect the rights of people with disabilities to seek immediate redress of discriminatory barriers in public accommodations under the ADA and increase the tax incentives available to assist businesses with ADA compliance.
- ★ **C. Preserve and Strengthen Financial and Health Security for People with Disabilities** – Congress must strengthen the Social Security and Medicare programs and reject efforts to undermine them. These programs are earned benefits that represent an economic safety net for millions of Americans. Access to Medicaid, including long-term services and supports, must also be protected.
- ★ **D. Disaster Response and Recovery that Meets the Needs of People with Disabilities** – Congress must address current gaps in the ability of the emergency response and recovery system to address the needs of people with disabilities.

# THE INDEPENDENT BUDGET

Veterans Agenda for  
the 116th Congress

Policy Recommendations for Congress and the Administration



## The MISSION Ahead

*The Independent Budget* is the policy recommendations for the 116th Congress and the budget recommendations for Fiscal Years 2020 and 2021, designed to meet veterans' needs through programs administered by the Department of Veterans Affairs and other federal agencies.

To review the recommendations from the three co-authoring organizations – Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States – visit [IndependentBudget.org](https://IndependentBudget.org).

# 2 | LEGISLATIVE OVERSIGHT AND EDUCATION

## IMPLEMENTATION OF THE VA MISSION ACT

On June 6, 2018, President Trump signed the VA MISSION Act (P.L. 115-182). This legislation consolidates the seven community care programs of the Department of Veterans Affairs (VA) into a single program, and provides additional resources that will enable the VA to meet the ever-increasing health care needs of veterans.

Of great significance to PVA was the law's expansion of eligibility for VA's Comprehensive Family Caregiver Program. Currently, the program is restricted to veterans injured on or after September 11, 2001. Soon the program will be expanded (in two phases) to include veterans who were catastrophically injured in service during other eras. This corrects a shameful inequity that has existed far too long, and asked caregivers and veterans to endure far too much.

Senate Veterans' Affairs Committee Chairman Johnny Isakson (R-GA) and Ranking Member Jon Tester (D-MT), as well as House Veterans' Affairs Committee Ranking Member Phil Roe (R-TN) were the driving forces behind the VA MISSION Act. The inclusion of the caregiver expansion in the final version of the bill was due to the persistence of Senator Patty Murray (D-WA). Without the bipartisan efforts of the House and Senate Veterans' Affairs Committees, this legislation would never have crossed the finish line.

PVA endorsed the VA MISSION Act because it addresses long-standing concerns for our members. Now that the Act has been signed, our effort shifts to an oversight and advisory role as the law's many provisions begin to be implemented. But, in order to ensure that VA executes this law as it was intended, Congress must engage in rigorous oversight. Furthermore, Congress must provide sufficient funding for its provisions to ensure none of them are hindered by a lack of resources. A quick outline of the VA MISSION Act's key provisions is as follows:

### Veterans Community Care Program

- Consolidates all seven VA community care programs into one
- Provides \$5.2 billion to fund the current Choice Program for one year to give time to implement the new Veterans Community Care Program
- Removes arbitrary 30-day/40-mile rule to care in the community
- Authorizes local provider agreements
- Requires VA to establish standards for access to care in the community
- Allows VA to remain responsible for the coordination of veterans' care
  - Schedule timely appointments;
  - Ensure continuity of services; and
  - Coordinate with private sector.
- Requires VA to utilize community partners if:
  - VA does not have the necessary service for a veteran's care;
  - If a state does not have a full-service VA Medical Center;
  - If the veteran had been utilizing private care under the Choice 40-mile rule;
  - If VA cannot meet its own new access standards;

- VA’s proposed access standards for primary care, mental health, and extended care services are a 30-minute average drive time and 20 days appointment wait time
- VA’s proposed access standards for specialty care are a 60-minute average drive time and 28 days appointment wait time
- o If VA cannot meet its own new medical service line quality; or
- o If the VA clinician determines it in the best medical interest of the veteran.
- Increases access to non-emergent, urgent care.
  - o To be eligible, veterans must have received VA health care within 24 months prior to receiving urgent care
  - o The copay structure, yet to be finalized, will be by priority group

## **Improved Recruitment and Retention of Health Care Professionals**

- Increases amount of debt reduction VA can provide through the Education Debt Reduction Program
- Establishes a Specialty Education Loan Repayment Program for medical residents training in specialties with shortages
- Increases focus on rural health with new telehealth authority

## **Establishment of Commission to Review VA’s Aging and Underutilized Infrastructure**

- 2018-2021: VA completes local capacity and commercial market assessments of VA’s infrastructure. The assessments are to consider the unique ability of the federal health systems to retain a presence in rural areas where commercial providers may not exist or at risk of leaving and how deficiencies may be filled by expanding VA’s internal capacity to provide care.
- 2021: VA will publish the criteria for making recommendations to modernize VA medical facilities and the President will nominate nine commissioners, three of whom are to be from veterans service organizations
- January, 2022: The VA reports publicly its recommendations
- 2022-2023: The Commission ensures the VA’s recommendations comply with criteria, holds public hearings, and modifies VA recommendations if necessary
- January, 2023: Commission report due to President and Congress on recommendations
- February, 2023: The President informs the Commission and Congress of his/her approval or disapproval of the Commission’s report on the VA’s recommendations
- March, 2023: If disapproved, the President explains decision to the Commission, they have 15 days to review and respond. If the President does not approve or disapprove by March 30, the asset review terminates. If the President approves, and Congress does not, Congress may enact a joint resolution of disapproval, terminating the asset review.
- March, 2026: VA begins implementing the Commission recommendations, subject to available appropriations, after providing detailed information in its budget submission regarding actions to be taken

## **Timeline: Expansion of Program of Comprehensive Assistance for Family Caregivers**

1. VA Secretary submits to Congress certification that VA has fully implemented the necessary information technology (IT) system
2. Veterans with a serious injury incurred or aggravated in service on or before May 7, 1975, will be eligible for the Program
3. Two years from the date of IT certification, eligibility will expand to those injured on or after May 8, 1975

# PROTECTION OF THE AMERICANS WITH DISABILITIES ACT

Passed by Congress in 1990, the Americans with Disabilities Act (ADA) is the nation's most comprehensive civil rights law addressing the needs of people with disabilities. The law prohibits discrimination in employment, public services, public accommodations, and telecommunications. The ADA gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion.

Barriers to employment, transportation, public accommodations, public services, and telecommunications have imposed staggering economic and social costs on American society and have undermined efforts by people with disabilities to receive an education, become employed, and be contributing members of society. As a veterans service organization representing veterans with catastrophic disabilities, PVA strongly supports the ADA. By breaking down the barriers encountered by veterans and all people with disabilities, the ADA enables society to benefit from the skills, talents, and purchasing power of individuals with disabilities and leads to fuller, more productive lives for all Americans.

Under the ADA, an individual is considered to have a "disability" if he or she has a physical or mental impairment that substantially limits a major life activity, has a record of such an impairment, or is regarded as having such an impairment. Persons discriminated against because they have a known association or relationship with an individual with a disability also are protected.

The employment provisions of Title I apply to private employers with 15 or more employees, state and local governments, employment agencies, labor unions, agents of the employer, and joint management labor committees.

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. It applies to all state and local governments, their departments and agencies, and any other instrumentalities or special purpose districts of state or local governments. It clarifies the requirements of section 504 of the Rehabilitation Act of 1973, as amended, for public transportation systems that receive federal financial assistance, and extends coverage to all public entities that provide public transportation, whether or not they receive federal financial assistance. It also establishes detailed standards for the operation of public transit systems, including commuter and intercity rail.

Title III of the ADA governs access to public accommodations. Places of public accommodation include a wide range of entities, such as restaurants, hotels, theaters, doctors' offices, pharmacies, retail stores, museums, libraries, parks, private schools, and day care centers. Private membership clubs and religious organizations are generally exempt from the ADA's Title III requirements for public accommodations.

Almost all businesses across the country are deemed public accommodations and need to be accessible for people with disabilities. There are free resources available to help businesses comply with the ADA. The federal government funds the ADA National Network (<https://adata.org>) which provides free technical assistance to businesses about their responsibilities under the ADA. Specifically, there are 10 regional ADA centers that provide individual assistance, in-person trainings, webinars, and publications about the ADA. There are also tax credits to help businesses remove barriers, including a specific small business tax credit.

The tax credit, Section 44 of the IRS code, is available to businesses that have total revenues of \$1,000,000 or less in the previous tax year or 30 or fewer full-time employees. This credit can cover 50 percent of the eligible access expenditures in a year up to \$10,250 (maximum credit of \$5,000). The tax credit can be used to offset the cost of undertaking barrier removal and alterations to improve accessibility; providing accessible formats such as Braille, large print, and audio tape; making available a sign language interpreter or a reader for customers or employees; and purchasing certain adaptive equipment.

The tax deduction, Section 190 of the IRS code, is available to all businesses with a maximum deduction of \$15,000 per year. The tax deduction can be claimed for expenses incurred in barrier removal and alterations.

Despite the resources available to help businesses comply, the last decade has seen the introduction of legislation that would weaken the ADA by requiring notification to a business about a physical barrier before a person with a disability could enforce his or her rights in court. The requirement for notification would eliminate any need for businesses to proactively comply with the law. PVA opposes these and other similar efforts because of the impact they would have on access for catastrophically disabled veterans.

Title III of the ADA is intended to balance the interests of small businesses along with the accessibility concerns of people with disabilities. It is a myth that the ADA's requirements are too hard on small businesses. Title III does not require any action with respect to existing buildings that would cause an undue burden or that is not readily achievable. The approach of the ADA was not to exempt small businesses from the requirements of the bill, but rather to tailor the requirements of the law to take into account the needs and resources of small businesses – to require what is reasonable and not to impose obligations that are unrealistic or debilitating to businesses, while still providing access to millions of people with disabilities to the mainstream of American society.

PVA urges compliance with the ADA. To assist businesses with compliance, we support increased funding for the ADA National Network and additional tax credits, deductions, or grants for businesses that need financial assistance in complying. We must continue as a nation to become more accessible to ensure that veterans and all people with disabilities will have access to their communities and workplaces.

# IMPLEMENTATION OF THE VETERANS APPEALS IMPROVEMENT AND MODERNIZATION ACT OF 2017

The appeals process for Department of Veterans Affairs' (VA) benefits claims has been under scrutiny for lengthy wait times and inaccurate decisions. In hopes of streamlining and improving the process, the Veterans Appeals Improvement and Modernization Act of 2017 was introduced and subsequently signed into law in August 2017 (P.L. 115-55). The Appeals Modernization Act (AMA) provides veterans with more options when appealing their benefit claims at the Regional Office (RO). The AMA was fully implemented on February 19.

The law represents a collaborative effort between Congress, VA, and veterans service organizations (VSOs) to address the increasing wait times for veterans who have appealed their benefit claims. Historically, veterans would wait an average of two years for their appeal at the RO and three to five years if they appealed their claim to the Board of Veterans' Appeals (BVA).

Throughout the implementation period, VA has been very transparent; however, PVA still has ongoing concerns about the program to include:

- VA developed and has implemented a new IT program, Caseflow, to allow staff to follow the status of cases being appealed. Unfortunately, VSOs still do not have complete access to this program. PVA's representatives at the BVA will be unable to determine the program's effectiveness until they have access.
- Typically, if a veteran needed the opinion of a specialist to determine the outcome of his or her claim, VA would request an outside medical opinion. However, this program has been transferred to the Veterans Health Administration and VSOs have not been notified as to how the new process will work. This is particularly concerning for PVA since we represent veterans who have the most complex claims and more often than not need the opinion of a specialist.
- Training is a significant concern of all VSOs since VA has maintained that all new personnel will be completely trained prior to the implementation of the law. VA received authority to hire hundreds of new employees, all of which VA has guaranteed would be brought on board and trained prior to February 1. On one hand, these new employees will not have the habits of older employees; however, they will not have their experience either. Given the fact that the learning curve of these positions is quite steep, it will be interesting to see how having less experienced employees will affect the implementation of the program.
- VA has requested that time limits be placed on Informal Hearing Presentations (IHPs); however, this was not introduced as a new regulation or statute. PVA opposes time limits for IHPs and feels VA is only asking to make it easier for them to meet their goal of producing decisions in 365 days.

PVA appreciates the oversight Congress has provided to the implementation of AMA and looks forward to additional hearings regarding the program now that it has been fully implemented. We want to ensure that the program is successful and that veterans' claims are properly addressed.

# 3 | LEGISLATIVE POINT PAPERS

## RESOURCES AND ELIGIBILITY FOR THE VA COMPREHENSIVE CAREGIVER PROGRAM

### The Issue

On June 6, 2018, President Trump signed into law the VA MISSION Act, authorizing the expansion of eligibility to the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (Caregiver Program) to those injured before September 11, 2001. Since the program began in 2010, it has been restricted to veterans injured on or after 9/11. Upon verification of the program's Information Technology system, expected October 2019, the program will first be open to those veterans catastrophically injured in service on or before May 7, 1975. Two years from the day of that expansion, those injured in service during any era will be eligible to apply. This will finally correct a shameful inequity that has gone on for too long, and asked caregivers and veterans to endure far too much.

Caregivers are the most important component of rehabilitation and eventual recovery for veterans with catastrophic injuries. Their well-being directly impacts the care veterans receive. The quick and efficient implementation of this program's expansion is critical to ensuring veterans' quality of life. The program currently provides respite care, a monthly stipend, paid travel expenses to attend veterans' medical appointments, and health care through CHAMPVA. Without these services, caregivers are likely to exhaust their savings, experience burnout, or suffer their own injury or illness. This means the veteran is more likely to be placed in an institutional setting that is far more costly to the taxpayer.

As the largest cohort of veterans (Vietnam era) ages, the demand for long-term care resources will continue to grow significantly. By providing their caregivers the means to care for them at home, with family, they will live more fulfilling lives while also delaying the costs of institutional care. That is why PVA urges Congress to properly resource the Caregiver Program and to pass legislation that would also open eligibility to those veterans whose catastrophic illnesses are a result of service. Additionally, Congress must make the stipend eligible for income credits for the purpose of Social Security, so as to not endanger the financial well-being of those caregivers who may spend their lives in such a role.

### PVA's Position

- Congress must pass legislation to make veterans with service-connected illnesses eligible to access VA's Caregiver Program.
- VA must request and Congress must provide sufficient funding for VA's Caregiver Program within the VA's medical services' appropriations.
- Congress must pass legislation to allow primary caregivers to earn income credits for their caregiving work, in order to safeguard their own income security.

# IMPROVING ACCESS TO AIR TRAVEL

## The Issue

Over 30 years ago, President Ronald Reagan signed the Air Carrier Access Act (ACAA) into law. The ACAA prohibits discrimination based on disability in air travel. Despite progress, too many travelers with disabilities still encounter significant barriers, such as damaged assistive devices, delayed assistance, and lack of seating accommodations. Access for people with disabilities must move into the 21st century to ensure that all are able to compete in today's job market and enjoy opportunities available to other Americans.

To address disability-related complaints under the ACAA, passengers with disabilities may file a complaint with the specific airline or the Department of Transportation (DOT). In 2016, passengers filed 32,445 disability-related complaints as reported by 184 domestic and foreign air carriers, which represents a nearly five percent increase over 2015. Top complaints with U.S. carriers for passengers with paraplegia or quadriplegia include failure to provide passenger assistance and appropriate seating accommodations. That same year, passengers also filed 862 disability-related complaints directly with DOT.

Many of the difficulties that travelers with disabilities encounter in air travel are not sufficiently addressed by the ACAA and its implementing regulations. Damaged assistive devices, inadequate training for airline and contractor personnel, and inaccessible airplanes result in missed flights, injuries, and delays that lead to lost time and missed opportunities for people with disabilities. Enforcement of ACAA protections is limited to administrative action and civil fines. Unlike most other civil rights laws, the ACAA lacks a guaranteed private right of action, which means people with disabilities receive limited redress of their grievances.

## PVA's Position

Congress must pass legislation that will address these problems by:

- Strengthening ACAA enforcement by requiring referral of certain passenger-filed complaints to the Department of Justice and establishment of a private right of action.
- Ensuring new airplanes are designed to accommodate the needs of people with disabilities by requiring airlines to meet defined accessibility standards. These standards will address safe and effective boarding and deplaning, visually accessible announcements, seating accommodations, lavatories, and better stowage options for assistive devices.
- Requiring removal of access barriers on existing airplanes to the extent that it is readily achievable – easily accomplishable and may be done without much difficulty or expense.
- Improving the overall safety of air travel for passengers with disabilities.

# VA'S LONG-TERM SERVICES AND SUPPORTS

## The Issue

Long-Term Services and Supports (LTSS) provided through the Department of Veterans Affairs (VA) make up a broad range of assistance to veterans who need help with activities of daily living, as well as instrumental activities of daily living, in a variety of settings, including in the home, assisted living and supportive housing, and nursing homes. As the largest cohort of veterans (Vietnam era) ages, the demand for these services is growing. According to the Veterans Health Administration (VHA), in 2030, the number of veterans with severe disabilities and the number of veterans age 85+ will be more than one million. Women veterans age 65 and older will increase by 73 percent within the decade. Increased VHA enrollment of women veterans, coupled with longer life expectancy for women, indicates a coming rise in demand for VA geriatric settings for older women that are not currently available. The current LTSS model is limited in its ability to meet the coming needs, both in availability of services and geographic presence.

The majority of LTSS are part of VA's health benefits package and available to all enrolled veterans. In 2006, in an effort to keep veterans supported in their homes, VA began moving away from nursing home care to more cost-effective and preferred Home and Community-Based Services (HCBS). In 2008, VA introduced Medical Foster Homes and Veteran-Directed HCBS, in partnership with the Department of Health and Human Services. From Fiscal Years 2008 to 2017, the proportion of VA's LTSS budget spent on HCBS has risen from 15 to 36 percent.

Despite these efforts, more must be done. PVA is particularly concerned about the availability of VA LTSS for the growing population of veterans aging with spinal cord injuries and disorders (SCI/D). We are concerned that VA is not devoting sufficient resources to meet the demands associated with onset of secondary illnesses and complications associated with aging. VA leadership must commit to balancing the LTSS system, guiding the effort with the VISNs, and providing an evidence-based assessment to be utilized at the facility level that can properly determine the true need of a veteran and caregiver for HCBS. While HCBS is vital and must be more widely available, these services are not a substitution for the need for increased capacity in VA extended care facilities. For example, VA operates only six designated extended care facilities for veterans with SCI/D. Given the size of the aging veteran population and the range of needs, VA must both increase HCBS and increase its bed capacity in institutional settings for these veterans.

## PVA's Position

- VA must commit to balancing its LTSS system, while maintaining a safe margin of extended care facility capacity.
- Congress must conduct proper oversight and ensure sufficient funding for VA to appropriately meet all LTSS needs, including for SCI/D veterans living in their homes and those who need SCI/D extended care centers.

# REHABILITATION AND PROSTHETIC SERVICES

## (AUTOMOBILE ALLOWANCE AND ADAPTIVE EQUIPMENT)

### The Issue

Veterans and service members with certain service-connected disabilities are eligible for a one-time only payment of not more than \$21,058.69 to be used towards the purchase of a specially equipped vehicle. Eligibility requirements include:

- Loss, or permanent loss of use, of one or both feet, or
- Loss, or permanent loss of use, of one or both hands, or
- Permanent decreased vision in both eyes: 20/200 vision or less in your better eye with glasses, or greater than 20/200 vision but with a visual field defect that has reduced your peripheral vision to 20 degrees or less in your better eye, or
- A severe burn injury, or
- Amyotrophic Lateral Sclerosis (ALS), or
- Ankylosis in one or both knees or hips (**Note:** This qualifies you for an adaptive-equipment grant only)

VA also provides assistance to service-connected veterans with certain disabilities in adapting no more than two vehicles every four years through the Automobile Adaptive Equipment (AAE) grant. Adapted equipment available to these veterans includes power steering, power windows, power seats, and other equipment needed to operate a vehicle or for ingress or egress. Veterans are required to submit receipts for this equipment to be reimbursed.

Veterans with non-service-connected disabilities are not eligible for AAE. They may be reimbursed, however, for ingress or egress modifications to a vehicle they have purchased. The modifications are paid for out of medical services funding because the purpose of the modifications are to provide the veteran with transportation to medical care.

### PVA's Position

- PVA supports legislation allowing veterans to utilize the automobile grant more than once for the purchase, not lease, of an adapted vehicle. Considering vehicles do not last a person's lifetime, veterans should have the ability to purchase a vehicle, with the assistance of the automobile grant, once every ten years, without having to shoulder the burden of the full cost of a vehicle.
- PVA opposes VA requiring veterans to provide an itemized list of "options" included in the price of the vehicle in order to receive the AAE grant. With vehicles being so advanced, many features that were previously categorized as being added equipment, for example, power steering, air conditioning, power windows, and power brakes, are now categorized as standard equipment. Veterans and service members should not have to submit an itemized list of this equipment to qualify for the benefit.
- PVA supports legislation to allow veterans who have non-service-connected spinal cord injuries or disorders to receive the same type of adaptive automobile equipment as veterans whose injuries are service connected.

# REAADI (REAL EMERGENCY ACCESS FOR AGING AND DISABILITY INCLUSION) IN DISASTERS ACT

## The Issue

In recent years, this nation has experienced several catastrophic natural disasters, from Category 4 and 5 hurricanes to devastating wildfires, floods, and earthquakes. Preparing for, responding to, and recovering from disasters requires a coordinated effort among federal, state, territorial, tribal, local, and non-governmental entities. It also requires recognition that, while individuals bear some responsibility to prepare for emergency situations, public entities, and recipients of federal funds must take into account the rights of people with disabilities in the implementation of their emergency management plans.

Too often, however, America's 61 million individuals with disabilities and 48 million older adults are overlooked in preparation for, management of, and recovery from natural and man-made disasters. During disasters, people with disabilities and older adults are two to four times more likely to be injured or die due to inadequate planning and lack of equal access to disaster programs and services. Many more are inappropriately institutionalized.

## PVA's Position

PVA supports the REAADI in Disasters Act, which will soon be introduced by Sen. Robert Casey (D-PA). This legislation aims to respond to recent failures on the part of the nation's emergency management system to fully integrate people with disabilities into plans for responding to natural and man-made disasters. REAADI creates a network of centers focused on research, training, and technical assistance to help states and localities to better involve and support people with disabilities and older adults during times of disasters. It establishes a National Commission on Disability Rights and Disasters to study the needs of individuals with disabilities, older adults, and others with access and functional needs. It requires a review of the spending of disaster funds to ensure people with disabilities and older adults have access to services and that buildings and structures reconstructed following disasters are accessible. The bill also requires the Department of Justice to examine how civil rights of people with disabilities and older adults are treated during and following disasters.

The REAADI in Disasters Act has been endorsed by almost 100 state and national organizations. PVA urges members of the Senate to cosponsor this important legislation and work for its passage during this Congress. Any member interested in becoming a cosponsor should contact Josh Dubensky in Senator Casey's office at [Josh\\_Dubensky@aging.senate.gov](mailto:Josh_Dubensky@aging.senate.gov). Efforts are also underway to find a House sponsor for REAADI. Interested House members are encouraged to contact Senator Casey's office to discuss opportunities to engage with this legislation.

# IMPROVEMENTS TO THE SPECIALLY ADAPTED HOUSING PROGRAM

## The Issue

Veterans and service members who have sustained certain severe service-connected disabilities are eligible for grants to assist with the building, remodeling, or purchasing of an adapted home.

The Specially Adapted Housing (SAH) grant allows modifications to be made to a residence to give a veteran or service member greater independence. One example of a modification is making a home wheelchair accessible to include: wider doorways, a ramp to the front door, and an accessible bathroom.

The current maximum grant is \$85,645, and a service member or veteran may use the grant three times, up to the maximum dollar amount allowed. To be eligible for the grant, the veteran or service member must be entitled to disability compensation due to:

- Loss or loss of use of both legs: unable to move around without the aid of braces, crutches, canes, or a wheelchair
- Blindness in both eyes, plus loss or loss of use of one leg
- Loss or loss of use of one leg, and residuals of organic disease or injury, or loss or loss of use of one arm, affecting balance and ability to move without aid
- Loss or loss of use of both arms at or above the elbows
- Severe burn injury

## PVA's Position

- PVA supports legislation that would allow VA to prioritize a veteran's SAH claim if the veteran has been diagnosed with a terminal illness, including Amyotrophic Lateral Sclerosis (ALS). Due to the aggressive nature of ALS, it is imperative that these veterans are afforded the opportunity for an increased quality of life while they still have the ability to enjoy it.
- PVA supports legislation that increases the amount of the SAH grant to better match the current construction cost.
- PVA supports legislation that would establish a supplementary grant to allow a veteran to modify a different residence if a veteran needs to relocate or if his or her disability worsens. Veterans should not be forced to forfeit opportunities or remain in residences that limit their independence because they are unable to afford to make necessary modifications.

# PROVISION OF IVF

## The Issue

In September 2016, Congress granted a temporary authorization for the Department of Veterans Affairs (VA) to provide in-vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy. On January 19, 2017, IVF services became available through VA. In September 2018, the services were reauthorized for another two years. Constant reauthorization will be required until Congress makes the provision of IVF a permanent VA service. The uncertainty of reauthorization every two years is disruptive to the family and their financial planning. Should the authorization lapse, the ban on VA providing such assistance would be reinstated.

From 2001 to 2013, over 2,000 service members suffered a genitourinary injury, resulting in the loss of, or compromised ability, to have a child. While the Department of Defense does provide reproductive services to service members and retired service members, VA is prohibited from doing so. Since age is a factor in successful fertilization and completion of a pregnancy, delaying the provision of IVF services can have a negative effect on a veteran's success in building a family.

No group of veterans is more affected by the ban on IVF than PVA's members, who are veterans with spinal cord injuries or disorders. PVA has long sought an end to the VA ban on providing IVF. Permanently providing procreative services through VA would ensure that these veterans are able to have a full quality of life that would otherwise be denied to them as a result of their military service. Congress must pass legislation to repeal the ban on IVF and make such services a permanent part of the medical benefits package at VA. Congress has a moral obligation to restore to veterans what has been lost in service, to the fullest extent possible.

## PVA's Position

- Congress must pass legislation to repeal the ban on IVF and make such services a permanent part of the medical benefits package at VA.
- Congress must authorize veterans to use donated genetic material and surrogacy in instances where their injuries prevent their ability to contribute sperm or eggs or carry a pregnancy.

# 4 | CONTACTS

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# 5 | WHO IS PVA?

Paralyzed Veterans of America (PVA) is the *only* congressionally chartered veterans service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disorder (SCI/D). With more than 70 offices and 33 chapters, PVA serves veterans, their families, and their caregivers in all 50 states, the District of Columbia, and Puerto Rico. **We:**

- **Champion important issues** that protect the civil rights of all people with disabilities.
- **Connect veterans** with our National Service Officers (NSOs) — who are located in 72 National Service Offices around the country — and legal services to help them secure the benefits that they deserve from the U.S. Department of Veterans Affairs (VA). NSOs are accredited experts in VA benefits and legally represent veterans, dependents, and survivors before the VA and Board of Veterans Appeals. PVA also represents veterans before the U.S. Court of Appeals for Veterans Claims. In 2018, clients represented by PVA were paid out over \$1 billion in benefits.
- **Examine, monitor, and audit** the quality of health care and related programs at all VA SCI/D Centers and health facilities, and advocate for vital improvements.
- **Fund research and education** that changes the lives of people living with SCI/D. Since the inception of our Research Foundation in 1976, PVA has invested **\$49,870,331** in grants.
- **Provide critical architectural support** to help ensure that buildings, facilities, and sports complexes are ADA compliant.
- **Offer veterans employment support**, including resume review, interview coaching, employer introductions, and networking opportunities for successful job placement. Since the start of PVA's employment program, we have helped more than 4,100 veterans, military spouses, and caregivers.

**Visit [pva.org](https://pva.org) for more information.**

# PVA IN YOUR BACKYARD



- ★ PVA Member Locations  
*The size of the star is relative to the number of members in the state*
- ★ Employment Program Client Locations  
*The size of the star is relative to the number of clients in the state*
- ★ Research Foundation Grant Recipient Locations
- ★ Education Foundation Grant Recipient Locations
- ★ Recent Locations of the National Veterans Wheelchair Games
- ★ PVA Chapter Locations
- ★ PVA NSO Locations



PVA has awarded almost **\$60 MILLION** in grants through its Research Foundation and Education Foundation.



**WE HAVE HELPED** more than 4,100 veterans, military spouses, and caregivers find meaningful employment.

[pva.org](http://pva.org)



**Paralyzed Veterans of America**

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