



Paralyzed Veterans of America

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Chartered by the Congress of the United States

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Honorable John A. Boehner
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

Dear Speaker Boehner:

On behalf of Paralyzed Veterans of America (PVA), I would like to offer you an outline of the priority issues that PVA will devote its advocacy efforts to during the first session of the 114th Congress. These issues reflect areas of concerns for our members as both veterans with spinal cord injury or disease and people with disabilities. Additionally, we remain a steadfast advocate for all veterans and all people with disabilities.

With this in mind, I would like to outline our top priorities that we believe the House of Representatives should consider during the first session of the 114th Congress. PVA's National Legislative and Advocacy programs will be focused on these issues throughout the year. Our priorities include:

Legislative Program Priorities (Veterans Issues):

1. Implementation of P.L. 113-146, the "Veterans Access, Choice, and Accountability Act."
2. Expand Eligibility for the VA Comprehensive Caregiver Program
3. Reinstate Capacity Reporting Requirement for SCI Service, and other Specialized Services.
4. Improve Benefits for Catastrophically Disabled Veterans, to Include Beneficiary Travel for Priority Group 4 and Additional Automobile Grants.
5. Procreative Services for Catastrophically Disabled Veterans.

Advocacy Program Priorities (Disability Community Issues):

1. Addressing Air Carrier Access Problems for People with Disabilities.
2. Strengthening and Protecting Social Security.
3. Complex Rehabilitation Technology.

Organizational Issues:

1. Addressing the Problem with Vehicle Donation Valuation for Charities

Implementation of the “Veterans Access, Choice, and Accountability Act (VACAA)”

As a result of the serious scrutiny that the VA health care system experienced last year, Congress approved on a bipartisan basis P.L. 113-146, the “Veterans’ Access to Care Through Choice, Accountability, and Transparency Act (VACAA),” to expand purchased care outside of the VA to address the problems that were identified. We cannot overemphasize the fact that the VA’s specialized services—spinal cord injury care, amputee care, blinded care, polytrauma care, mental health care—are incomparable resources that cannot be duplicated and sustained in the private sector. Moreover, establishing a scenario whereby veterans can choose to leave the VA health care system—a reality of the VACAA—places the entire system at risk.

The viability of the VA health care system depends upon a fully integrated system where all of the services support each other. Sending veterans into the private health care marketplace serves only to support part of this principle while undermining others. Similarly, contract care simply is not a viable option for veterans with the most complex and specialized health care needs. Sending those individuals outside of the VA actually places their health at significant risk while abrogating VA of the responsibility to ensure timely delivery of high quality health care for our nation’s veterans. This does not suggest that leveraging coordinated, purchased care is not part of the solution to access problems in the VA. However, granting easier access to the private sector should not come at the expense of the existing health care system and the men and women who rely almost solely on the VA for their health care.

PVA believes that VA has done a reasonably good job of rolling out the “choice” program created by VACAA. That being said, it will be incumbent upon Congress and the veterans’ service organization stakeholders to ensure that the highest quality health care is delivered in a timely manner, both inside of the VA health care system and outside in the private sector.

Expand Eligibility for the VA Comprehensive Caregiver Program

Severely disabled veterans with a service-connected injury or illness do not have full access to caregiver support programs and services from the Department of Veterans Affairs (VA). As a result of Public Law 111-163, the “Caregivers and Veterans Omnibus Health Services Act of 2010,” the VA only provides comprehensive benefits as part of the Caregiver Support Program to caregivers of veterans with a service-connected injury that was incurred after September 11, 2001. Specifically, these benefits include health care coverage through the VA’s Civilian Health and Medical Program of Veterans Affairs, a monthly stipend based on the care provided, and payment for travel and lodging when participating in medical appointments with a veteran.

The majority of PVA members are excluded from these VA caregiver benefits as a result of the arbitrary selection of the September 11, 2001 date; or because the law also

excludes veterans with serious illnesses or diseases such as Amyotrophic Lateral Sclerosis (ALS) and Multiple Sclerosis (MS), both of which have a catastrophic impact on activities of daily living, and eventually leave veterans dependent upon caregivers. The need for caregiver support services does not change for service-connected, catastrophically disabled veterans based on the date of injury. No reasonable justification can be provided as to why pre-9/11 veterans with a service-connected injury or illness should be excluded from the comprehensive caregiver program.

To ensure that all service-connected, catastrophically disabled veterans receive adequate caregiver support services from the VA, PVA recommends that Congress immediately pass legislation to expand eligibility for the VA Caregiver Support Program by eliminating the post-9/11 injury requirement and including “serious illnesses and diseases” in the eligibility criteria. The use of the “date of injury” as an eligibility requirement for such an important benefit is unfair, and likely to have negative impacts on veterans’ quality of care and well-being.

Reinstate the Capacity Reporting Requirement for VA Specialized Services

The Department of Veterans Affairs has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disorder, blindness, amputations and mental illness—as mandated by P.L. 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996.” This law requires VA to maintain its capacity to provide for the special treatment and rehabilitative needs of catastrophically disabled veterans. As a result of P.L. 104-262, the VA developed policy that required the baseline of capacity for SCI/D centers to be measured by the number of staffed beds and the number of full-time equivalent employees assigned to provide care. The VA was also required to provide Congress with an annual “capacity” reporting requirement to be reviewed by the Office of the Inspector General. Unfortunately, this reporting requirement expired in 2004.

Currently, within the Spinal Cord Injury/Disorder (SCI/D) System of Care, the VA is not meeting capacity requirements for staffing and the number of inpatient beds that must be available for SCI/D veterans. Reductions of both inpatient beds and staff in VA’s acute and extended care settings have been continuously reported throughout the SCI/D system of care. VA has eliminated staffing positions that are necessary for SCI/D centers or clinics to maintain its mandated capacity to provide care, or the facilities are operating with vacant health care positions for prolonged periods of time. When this occurs veterans’ access to VA care decreases, remaining staff becomes overwhelmed with increased responsibilities, and the overall quality of health care is compromised.

PVA recommends that Congress reinstate the aforementioned reporting requirement for VA specialized services to complete an annual capacity report without a specific end date to prevent future expiration of the mandate. This requirement will make certain that catastrophically disabled veterans’ access to care is not decreased due to the VA’s failure to meet mandated capacity requirements, and hold VA accountable for having

the requisite number of available inpatient beds for veterans, as well as required levels of staff to deliver quality care.

Improve Benefits for Catastrophically Disabled Veterans

PVA believes that it is time for Congress to make a concerted effort to improve benefits for the most severely disabled veterans, particularly with regards to the rates of Special Monthly Compensation (SMC) paid to severely disabled veterans. As you may know, there is a well-established shortfall in the rates of SMC paid to the most severely disabled veterans that the VA serves. SMC represents payments for “quality of life” issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction or the need to rely on others for the activities of daily life like bathing, or eating. To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that a veteran can be totally compensated for the impact on quality of life; however, SMC does at least offset some of the loss of quality of life. PVA believes that an increase in SMC benefits is essential for veterans with severe disabilities. Many severely injured veterans do not have the means to function independently and need intensive care on a daily basis. Many veterans spend more on daily home-based care than they are receiving in SMC benefits.

One of the most important SMC benefits to PVA is Aid and Attendance (A&A). PVA recommends that A&A benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. In fact, many PVA members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC-Aid and Attendance beneficiaries at the R2 compensation level (the highest rate available).

Also, we believe Congress should consider expanding travel reimbursement benefits to non-service connected catastrophically disabled veterans. While we recognize that the VA may face tighter budgets in the future, and that this benefit could add a significant cost to the VA, we believe the short term costs of expanding this benefit to this population of veterans would be far outweighed by the potentially greater long term health care costs for these veterans. Too often, catastrophically disabled veterans choose not to travel to VA medical centers for appointments and procedures due to significant costs associated with their travel. The result is often the development of far worse health conditions and a higher cost of care. By ensuring that catastrophically disabled veterans are able to travel to the best location to receive necessary care, their overall health care costs to the VA can be reduced.

Finally, we believe Congress should consider legislation to eliminate the provision in law that allows the Adaptive Automobile Assistance grant to be paid only once during a veterans lifetime. This is a benefit is one of the most significant provided to service-connected catastrophically disabled veterans who hope to achieve independence. More severely disabled veterans are working and have families. They rely on adapted

vehicles to maximize these opportunities. Unfortunately, the life cycle of an adapted vehicle is short. Additionally, adapted vehicles are more expensive than non-adapted, placing an undue financial burden on those with the greatest needs. We believe Congress should authorize an additional adaptive automobile grant to assist this segment of the veteran population that has the greatest need.

Procreative Services for Catastrophically Disabled Veterans

Another high priority for PVA is the provision of reproductive services for catastrophically disabled service-connected veterans. One of the most devastating results of spinal cord injury or dysfunction for many individuals is the loss of the ability to have children and raise a family. PVA has long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA. We believe they are critical components of catastrophically disabled veterans' maximization of independence and quality of life.

Advancements in medical treatments have for some time made it possible to overcome infertility and reproductive disabilities. For some paralyzed veterans procreative services have been secured in the private sector at great cost to the veteran and family. Similar to the Department of Defense's recognition that reproductive services are crucial elements in affording catastrophically disabled individuals and their spouses with life-affirming ability to have children and raise a family, so too will passage of legislation that will authorize the VA to offer similar services to catastrophically disabled veterans.

Addressing Air Carrier Access Problems for People with Disabilities

In 1986 Congress passed the Air Carrier Access Act (ACAA), requiring the Department of Transportation to develop a new regulation which ensures that people with disabilities will be treated without discrimination in a way consistent with the safe carriage of all passengers. The rule clearly explains the responsibility of the traveler, the air carrier, the airport operator, and contractors; however, seamless travel continues to be disrupted due personnel / contractors lack of training and return of essential technological equipment in a damaged state. As a result, in some cases passengers with disabilities are left stranded and unable to continue their journey. PVA believes that further training and a private right of action will ensure air carriers meet the spirit of the law.

Strengthening and Protecting Social Security

Over nine million veterans receive Social Security retirement or disability benefits based on their years of paying into the system. For these veterans and their families, Social Security is essential to their economic well-being. Proposals to limit cost-of-living increases in benefits would have a seriously adverse impact on veterans whose Social Security benefits average slightly more than \$1,300 a month. PVA has long opposed efforts to cut Social Security through adoption of the so-called "Chained CPI (consumer

price index)” and will continue to do so should similar attempts be made in the 114th Congress. PVA believes, instead, that this valuable social insurance program needs to be strengthened through improvements such as adoption of a CPI that more appropriately reflects costs of living affecting the elderly and people with disabilities, restoring the level of earnings subject to the payroll tax to historical levels and offering earnings credits to caregivers who must leave the workforce to care for seriously injured or ill loved ones.

PVA also believes Congress needs to act quickly to address an urgent threat to the Social Security disability insurance (SSDI) program. In 2016, SSDI beneficiaries could face a 20 percent cut in benefits unless Congress adjusts the formula by which payroll taxes flow into the Old Age and Survivors and Disability Insurance trust funds. A simple re-balancing of FICA contributions to stabilize the Social Security system has been done in a bipartisan fashion over ten times since 1968. Re-balancing requires no new taxes or benefit cuts and maintains the overall solvency of Social Security through 2033.

Complex Rehabilitation Technology

PVA also believes a separate Medicare Complex Rehabilitation Technology (CRT) benefit is needed. CRT refers to products and services, including medically necessary individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems and other mobility devices that require evaluation, fitting, design, adjustment and programming. Such technology is designed to meet the specific and unique medical and functional needs of someone diagnosed with a catastrophic illness or disability. In 2008, Congress recognized that complex rehab power wheelchairs are unique and more specialized than standard durable medical equipment (DME) and should be treated differently. As a result these items were exempted from inclusion of Medicare's new DME competitive acquisition program. However, a separate CRT benefit structure was not established at that time. CMS has recognized the unique measure of other customized assistive devices and has created a separate and distinct classification for orthotics and prosthetics (O&P) i.e. custom braces and artificial limbs. PVA urges Congress to pass the "Ensuring Access to Quality Complex Rehabilitation Technology Act," a bipartisan bill that will create a separate benefit category for complex rehab technology.

Addressing the Problem with Vehicle Donation Valuation for Charities

Early in the 114th Congress, bipartisan legislation will be reintroduced to stem the sharp decline in charitable vehicle donations that generate critical revenues for Paralyzed Veterans of America and thousands of other non-profit organizations across the nation. During the second session of the 113th Congress, similar legislation attracted 248 House cosponsors from both sides of the aisle.

For the 5,000 affected charities, vehicle donations nationally have declined by 80 percent as a result of changes implemented in 2004 that inadvertently prevent most prospective donors from knowing the tax consequences before completing the gift. At

the time, proponents stated there would be no impact on charitable revenues. The proposed legislation would restore valuation timing to the beginning of the process, so donors can make an informed decision about vehicle contributions. This will make it far more likely that car donors will resume their philanthropy, restoring a significant source of revenue to underwrite essential services provided by PVA and other non-profit charities.

PVA stands ready to work with the House to ensure that the needs of veterans, particularly those with catastrophic disabilities, as well as their families and all people with disabilities are properly met. If you have any questions, please do not hesitate to contact me. Thank you.

Respectfully,



Carl Blake
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for Government Relations
Paralyzed Veterans of America

Cc: Honorable Kevin McCarthy, Majority Leader
Honorable Nancy Pelosi, Minority Leader
Honorable Jeff Miller, Chairman, Committee on Veterans' Affairs
Honorable Corrine Brown, Ranking Member, Committee on Veterans' Affairs
Honorable Paul Ryan, Chairman, Committee on Ways and Means
Honorable Sander Levin, Ranking Member, Committee on Ways and Means
Honorable Sam Johnson, Chairman, House Committee on Ways and Means,
Subcommittee on Social Security
Honorable Xavier Becerra, Ranking Member, House Committee on Ways and Means,
Subcommittee on Social Security
Honorable Bill Shuster, Chairman, Committee on Transportation and Infrastructure
Honorable Peter DeFazio, Ranking Member, Committee on Transportation and
Infrastructure
Honorable Fred Upton, Chairman, Committee on Energy and Commerce
Honorable Frank Pallone, Jr., Ranking Member, Committee on Energy and Commerce