



Pushing Access Forward

2022 LEGISLATIVE PRIORITIES







TABLE OF CONTENTS

2022 Legislative Priorities	4
Priority Bills	7
Priority Issues	8
VA SCI/D System at a Glance	19
PVA—Our Veteran Journey	21
Contacts	22

2022 LEGISLATIVE PRIORITIES

For 75 years and counting, Paralyzed Veterans of America has led the fight for accessibility and provided a full-circle of support for America's heroes throughout their lives – from the point of injury or diagnosis to recovery and rehabilitation, and all other milestones of life. With offices inside every VA spinal cord injury and disorder (SCI/D) center across the U.S., PVA is unparalleled. Staffed with licensed architects, medical professionals, legal experts, and leaders in research and education, PVA helps all those with spinal cord injuries and diseases, like MS and ALS, live full and more independent lives.



Learn more

Protect Access to VA's Specialized Health Care Services



System Access

Congress must preserve access to VA's specialized services, including its SCI/D system of care, and provide funding to ensure the system continues meeting the needs of SCI/D veterans.



Staffing

VA must have the authority to provide additional pay, compensation, and retention incentives to make it more attractive to health care and related support professionals.



Infrastructure

VA must receive funding for maintaining and expanding its health care infrastructure, including specialty facility-based long-term care that is in line with its actual needs. VA must also have the ability to hire additional staff to manage the construction process and implement needed reforms.

Expand Access to VA Long-Term Services and Supports



Facility-Based Long-Term Care

VA must adequately assess the number of veterans who need facility-based long-term care and receive funding to provide a safe margin of specialty VA long-term care capacity for veterans with SCI/D.



Home and Community-Based Services and Caregiver Supports

Veterans with catastrophic disabilities must have access to a full range of supports and services that allow them to remain independent in their homes and communities. VA must expand access to its Veteran Directed Care program and ensure its Homemaker and Home Health Aide program provides the level of support veterans require to live full, productive lives.

Congress must continue strong oversight of VA's implementation of the expansion of its Program of Comprehensive Assistance for Family Caregivers. Eligibility determinations must be consistent and the appeals process fair. Final expansion of the program to all eras of eligible veterans must not be delayed beyond October 1, 2022.

VA must work with other federal agencies and Congress to ensure veterans have access to home care workers by increasing pay and providing incentives for workers to provide these important services. Veterans with catastrophic disabilities must also receive payment for their caregivers even when the veteran is hospitalized due to the type of assistance these veterans need, even in acute care settings, and to make sure they have assistance following discharge.

2022 LEGISLATIVE PRIORITIES

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors



Assisted Reproductive Technologies

Congress must repeal VA's ban on IVF and authorize VA to provide assisted reproductive technology, including IVF, surrogacy, and gamete donation at VA for any veterans enrolled in VA health care.



Survivor Benefits

Congress should increase the rate of Dependency and Indemnity Compensation (DIC) for surviving dependents, and lower the threshold of eligibility to allow more survivors to receive this benefit who currently do not meet the requirements. Congress must also ensure survivors of veterans who die from ALS receive full benefits, including access to the additional DIC benefit.



Adapted Automobile Benefits

Congress must increase the number of times eligible veterans can access the Automobile Allowance Grant, ensure veterans receive appropriate Automotive Adaptive Equipment (AAE) reimbursements, and authorize veterans who have non-service-connected catastrophic disabilities to receive the same type of AAE as veterans whose disabilities are service-connected.



Home Modification Grants

Congress must raise the rate of funding available through VA's Home Improvements and Structural Alterations grant program to improve access to housing adaptations for all catastrophically disabled veterans.

Increase Access to VA Health Care and Benefits for Women Veterans with SCI/D



Health Care

VA must fully meet the needs of women veterans with catastrophic disabilities and consider their unique needs in developing programs and providing services targeted to the broader women veteran population; and when necessary, implement additional training to VA staff to ensure standards of care align with the needs of severely disabled women veterans.



Benefits

Veterans with catastrophic disabilities who have experienced military sexual trauma (MST) must have access to the services and benefits needed to address MST-related issues and have assurance that any issues related to their catastrophic disabilities are considered when evaluating MST claims and the provision of related services.

2022 LEGISLATIVE PRIORITIES

Protect the Civil Rights of People with Disabilities



Improve Access to Air Travel

Congress must make systemic changes to improve air travel for people with disabilities, particularly wheelchairs users, by reforming the Air Carrier Access Act to add standards for aircraft accessibility and improve enforcement of the law.



Increase Americans with Disabilities Act (ADA) Compliance

Congress must support increased compliance with the ADA by improving tax incentives that help businesses remove access barriers and increasing funding for the Department of Justice's (DOJ) ADA mediation program. DOJ must investigate more individual complaints and issue long-overdue regulations governing non-fixed equipment and furniture, including hotel bed height and medical equipment.

Strengthen and Enhance Social Security Benefits



Congress must strengthen and enhance the Social Security system without harming beneficiaries by improving benefits for low- and middle-income beneficiaries; eliminating the five-month waiting period for Social Security Disability Insurance (SSDI); replacing the abrupt termination of SSDI benefits with a phased reduction as earnings rise; offering caregivers credits under Social Security; and ending pension penalties for public servants.

Increase Employment Prospects for Veterans with Disabilities



Congress must protect and strengthen employment rights for veterans with disabilities through tax incentives for employers; enhanced entrepreneurship opportunities; and improvements to federal hiring and promotions. Congress must also increase oversight of VA's Veteran Readiness and Employment program, ensuring severely disabled veterans are not unjustly denied enrollment to these critical benefits.

PRIORITY BILLS

VETERANS LEGISLATION

Bill#	Title	Description	Support
H.R. 5575	VA Nurse and Physician Assistant RAISE Act	Increases pay caps on nurse and physician assistant salaries to help VA attract and retain top health care talent to ensure veterans receive timely, high-quality care.	✓
H.R. 6823	Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act	Makes critically needed improvements to HCBS programs and services.	✓
H.R. 2734/ S. 1280	Veteran Families Health Services Act	Expands and improves access to ART for service members and veterans, and permanently authorizes funding to provide IVF and ART. It also expands options for veterans with infertility issues and requires VA and the Department of Defense to facilitate research into veterans' reproductive health needs.	✓
H.R. 1957	Veterans Infertility Treatment Act of 2021	Allows VA to provide both infertility treatments and preservation services and ensures VA provides fertility counseling to veterans or their partners.	✓
H.R. 5607/ S. 3483	Justice for ALS Veterans Act	Allows survivors of veterans who died from service-connected ALS to receive the "DIC kicker" payment.	✓
H.R. 3402/ S. 976	Caring for Survivors Act	Allows additional survivors to receive DIC benefits and increases the monthly benefit amount to match benefits provided by other federal survivor programs.	✓
H.R. 1361/ S. 444	AUTO for Veterans Act	Authorizes additional VA Automobile Allowance Grants to eligible veterans.	✓
H.R. 3304	CARS for Vets Act	Allows additional Automobile Allowance Grants and codifies the provision of certain vehicle modifications for qualified veterans with non-service-connected disabilities.	✓
H.R. 5819	Autonomy for Disabled Veterans Act	Increases HISA grant rates to \$10,000 for veterans with a service-connected disability and \$5,000 for veterans with a non-service-connected disability and applies an inflation formula to keep them relevant in future years.	✓
H.R. 4794/ S. 2533	Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act	Improves access to breast imaging services for SCI/D veterans. It would also mandate a study on the accessibility of mammography services within VA and require VA to update its policies and directives for community care, ensuring sites are accessible and are informed on best practices for screening paralyzed and disabled veterans.	✓
H.R. 5666/ S. 3025	Servicemembers and Veterans Empowerment and Support Act	Ensures all MST survivors receive appropriate support through the claims process as well as mental health services.	✓

DISABILITY LEGISLATION

H.R. 1696/ S. 642	Air Carrier Access Amendments Act	Improves access to air travel for people with disabilities.	✓
H.R. 3765/ S. 630	Disability Employment Incentive Act	Expands tax credits and deductions for businesses to hire and retain employees with disabilities and make their businesses more accessible.	✓
H.R. 4714/ S. 2481	Disabled Access Credit Expansion Act	Increases tax incentives that help businesses with ADA compliance and funding for the U.S. Department of Justice's ADA mediation program.	✓
H.R. 5723/ S. 3071	Social Security 2100: A Sacred Trust Act	Ensures Social Security beneficiaries will not see cuts in their benefits and makes other important improvements.	✓

PRIORITY ISSUES

Protect Access to VA's Specialized Health Care Services

Veterans with spinal cord injuries and disorders (SCI/D) require specialized health care and rely on the Department of Veterans Affairs' (VA) SCI/D system of care for their specialized health care needs. Preserving and strengthening this and other specialty systems of care, including blinded rehabilitation, amputee care, and polytrauma care, remains our highest priority. Access to world-class prosthetics is also critical.

The capacity of the VA health care system to provide a continuum of care for paralyzed veterans must be protected. If care for veterans continues to be shifted to the community and VA medical care is not sufficiently funded, the department's capacity to treat catastrophically disabled veterans will be diminished. This could harm the health of veterans as VA's specialized systems of care follow higher clinical standards than those required in the private sector.

Staffing deficiencies also have a direct impact on the SCI/D system of care. Lengthy, cumbersome hiring processes and a high cost of living in some locations make it difficult to hire and retain staff, which prohibit SCI/D centers from meeting adequate staffing levels. SCI/D centers with nursing shortages limit bed availability for admission to an SCI/D center, further limiting access to care.

Finally, the Asset and Infrastructure Review (AIR) process required by Section 101 of the VA MISSION Act (P.L. 115-182) moves forward, the health care needs of paralyzed veterans must be carefully considered. The infrastructure supporting VA's SCI/D system of care must be maintained and expanded in line with the needs of serving veterans with SCI/D. However, VA does not currently have the staffing resources needed to efficiently manage the construction process and implement needed reforms.

PVA POSITION

- ★ Congress must preserve access to VA's specialized services, including its SCI/D system of care and provide sufficient, timely funding to ensure it continues to meet the needs of SCI/D veterans.
- ★ VA must have the authority to provide additional pay, compensation, and retention incentives to make VA's health care system more attractive to health care and related support professionals.
- ★ Congress must pass the **VA Nurse and Physician Assistant RAISE Act (H.R. 5575)**, which would increase pay caps on nurse and physician assistant salaries to help VA attract and retain top health care talent to ensure veterans receive timely, high-quality care.
- ★ VA must request, and Congress must provide, sufficient funding to maintain and expand VA's health care infrastructure, including specialty facility-based long-term care, that is in line with its actual needs.
- ★ VA must also be able to hire additional staff to oversee and manage infrastructure projects and implement critical process reforms.



Expand Access to VA Long-Term Services and Supports

The nation's lack of sufficient long-term services and supports is a barrier for people with catastrophic disabilities who now live longer due to medical advancements. The Department of Veterans Affairs (VA) provides or purchases these supports and services for eligible veterans through institutional settings like nursing homes and non-institutional settings like veterans' homes.



WATCH: PVA testify in July 2021 before the House Veterans' Affairs, Health Subcommittee on access to HCBS.

Few nursing home facilities can appropriately serve veterans with spinal cord injuries and disorders (SCI/D). VA operates six specialty facilities, only one of which lies west of the Mississippi River. Many aging veterans with SCI/D need VA facility-based care, but the department currently only has the capacity to provide it for about 200 patients. VA has the authority to

place veterans in community nursing home facilities; however, it is nearly impossible in some places to find community placements for veterans who are ventilator-dependent and those with bowel and bladder care needs. Additionally, providers often lack SCI/D training, which can result in compromised quality of care and poor outcomes.

Many paralyzed veterans prefer to receive non-institutional care or home and community based-services (HCBS). VA HCBS must be more accessible to veterans with catastrophic disabilities. The Veteran Directed Care (VDC) program, which allows veterans to receive HCBS in a consumer-directed way, is not currently available at all VA medical centers and will not be fully expanded across the nation until fiscal year 2026. In addition, VA's Homemaker and Home Health Aid program does not always provide the level of support required to help paralyzed veterans live whole, productive lives, particularly during times of home care worker (caregiver) shortages. The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) also needs congressional oversight as VA sets to expand the program to veterans of all eras by October 1, 2022. This comes as VA has significantly tightened eligibility for the program making it both difficult to remain in and be deemed eligible for the PCAFC.

For veterans with catastrophic disabilities, the need for a caregiver does not go away when hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Currently, veterans with high-level quadriplegia and other disabilities have to pay out of pocket for their caregivers or caregivers donate their time, as veterans cannot receive caregiving assistance through VA programs while in an inpatient status.

“For Mr. [Steven] Kirk, who is a quadriplegic, the effect of going into a hospital and losing his caregiver would be catastrophic. Mr. Kirk was recently taken to a community hospital and separated from his caregiver. He was alone and unable to call for help. He has been paralyzed for nearly 42 years and during that time he has gone through 50 or more caregivers.”

From PVA's July 2021 written testimony on HCBS.
[View the written testimony.](#)

PVA POSITION

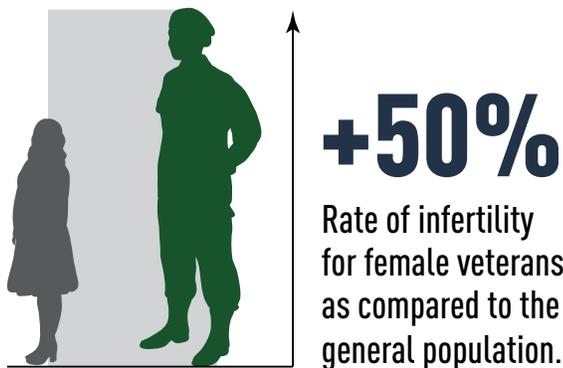
- ★ VA must adequately assess and receive funding for the number of veterans who need specialty, facility-based long-term services and supports.
- ★ Congress must pass the **Elizabeth Dole Home and Community Based Services Act (H.R. 6823)**, which would make critically needed improvements to HCBS programs and services, including expansion of the VDC program, creation of a pilot program to address direct care worker shortages, improved caregiver supports, and payment for caregivers serving hospitalized veterans in the VDC program.
- ★ Congress must provide oversight of the PCAFC as VA applies new, restrictive eligibility criteria and ensure the final expansion of the program to all eras of eligible veterans is not delayed beyond October 1, 2022.

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors: Assisted Reproductive Technologies

Thousands of service members have suffered a genitourinary injury, resulting in the loss of, or compromised ability to have a child. Among those who served in Iraq and Afghanistan, genital injuries were higher than in previous wars. These injuries result in medical and psychological trauma that can affect a veteran's ability to procreate.

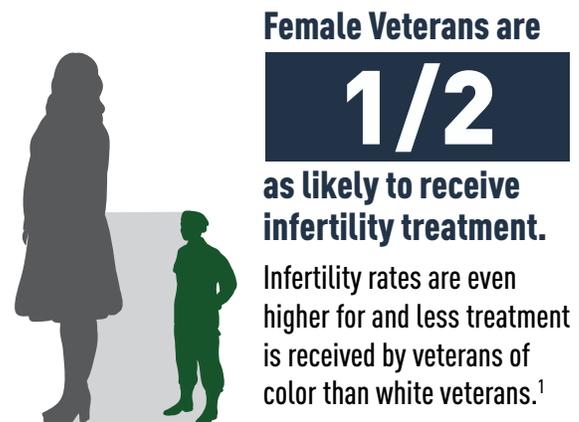
Recognizing the need for assisted reproductive technology (ART) options, Congress granted temporary authorization in 2016 for the Department of Veterans Affairs (VA) to provide in vitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy. This temporary authorization has been reapproved multiple times, but Congress has always stopped short of permanently authorizing it and expanding the types of ART provided to veterans.

Congress has also failed to recognize that due to the complex needs of women veterans with spinal cord injuries and disorders, many are unable to carry a pregnancy to term. These women should be able to access surrogate services to have a child.



PVA POSITION

- ★ PVA supports the **Veteran Families Health Services Act of 2021 (H.R. 2734/S. 1280)**, which would greatly expand and improve access to ART for service members and veterans, and permanently authorize funding to provide IVF and ART. It would also expand options for veterans with infertility issues and require VA and the Department of Defense to facilitate research into the reproductive health needs of veterans.
- ★ PVA supports the **Veterans Infertility Treatment Act of 2021 (H.R. 1957)**, which would allow VA to provide both infertility treatments and preservation services. This bill would also ensure that VA provides fertility counseling to veterans or their partners.



1. ["The Right To Serve, But Not To Carry: Expanding Access To Infertility Treatment For US Veterans."](#) Health Affairs Blog, July 22, 2021.

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors: Survivor Benefits

Veterans' survivors may be eligible for certain benefits and services through the Department of Veterans Affairs (VA), but improvements are needed for those left behind to assist them in rebuilding their lives.

Dependency and Indemnity Compensation (DIC) provides a financial benefit to survivors of veterans who died from a service-connected disability or who died due to a non-service-connected disability but were able to receive VA disability compensation for a service-connected disability rated as totally disabling for a certain period of time. Survivors of service members who died on active duty may also be eligible. Since DIC was established nearly 30 years ago, there have been minimal benefit increases. As a result, rates have failed to keep up with the cost of living and fallen short of what other federal employees' survivors receive. In addition, many veterans pass away from non-service-connected conditions prior to meeting the DIC eligibility period, which leaves their families with nothing.

Eligible survivors can also receive an additional \$305.28 per month in DIC in cases where a veteran who, at the time of death, was in receipt of or was entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years.

DIC kicker eligibility requirement

8 years

Average life expectancy of person with ALS

3-5 years

This extra payment is commonly referred to as the "DIC kicker." Many veterans with ALS are unable to meet the eight-year DIC kicker requirement because the average life expectancy for a person with ALS is three to five years. Thus, their survivors rarely qualify for the additional DIC benefit.

PVA POSITION

- ★ Congress should pass the **Justice for ALS Veterans Act (H.R. 5607/S. 3483)** to entitle survivors of veterans who died of service-connected ALS to the DIC kicker.
- ★ Congress should pass the **Caring for Survivors Act of 2021 (H.R. 3402/S. 976)**, which would allow additional survivors to receive DIC benefits and increase the monthly benefit amount to match benefits provided by other federal survivor programs.

Survivors of Federal Civil Service Retirees vs. Veterans' Survivors



DIC was created in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's benefits, up to **55 percent**.

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors: Adapted Automobile Benefits

VA Automobile Allowance Grants

Access to an adapted vehicle is essential to the mobility and health of catastrophically disabled veterans. Autonomy and transportation reliability are equally as critical. Given the high costs of adapted vehicles and lack of public transit in rural areas, many veterans with spinal cord injuries and disorders (SCI/D) are prohibited from securing safe and reliable transportation. Additionally, with air travel being very difficult for many SCI/D veterans, vehicles are the primary mode of transportation and are often driven beyond what would be considered safe due to the high cost of purchasing a new one.

What does a veteran's once-in-a-lifetime grant buy?



At most, the grant buys 1/2 of a vehicle.

The current, one-time Department of Veterans Affairs' (VA) Automobile Allowance Grant of roughly \$22,300 covers anywhere from one-half to one-third of the cost to procure a vehicle to accommodate certain disabilities that resulted

from a condition incurred or aggravated during active military service. The substantial costs of modified vehicles, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches the end its lifespan.

Automobile Adaptive Equipment

VA's Automobile Adaptive Equipment (AAE) program helps physically disabled veterans enter, exit, and operate a motor vehicle or other conveyance. VA provides the necessary equipment for veterans with service-connected disabilities, such as platform wheelchair lifts, under vehicle lifts (UVLs), power door openers, lowered floors, raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems.

How long does the average wheelchair accessible van last?



The program also provides reimbursements (to service-connected veterans) for standard equipment including, but not limited to, power steering, power brakes, power windows,

power seats, and other special equipment necessary for the safe operation of an approved vehicle. Support for veterans with non-service-connected disabilities is limited to assistance with ingress/egress only. Catastrophically disabled veterans need the independence AAE provides to transport themselves to and from work, medical appointments, and other obligations.

PVA POSITION

- ★ PVA supports the **Auto for Veterans Act (H.R. 1361/S. 444)**, which would allow eligible veterans to receive an Automobile Allowance Grant every ten years to purchase an adapted vehicle.
- ★ PVA supports the **CARS for Vets Act (H.R. 3304)**, which in addition to allowing eligible veterans to receive an Automobile Allowance Grant every ten years to purchase an adapted vehicle, would codify the provision of certain vehicle modifications for qualified veterans with non-service-connected disabilities.
- ★ Congress must direct VA to reimburse the cost of items on the current AAE list and modern driver assistance technologies so veterans with catastrophic disabilities can drive more comfortably and safely.
- ★ Congress must pass legislation that allows veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans whose disabilities are service connected.

Improve VA Health Care Services and Benefits for Catastrophically Disabled Veterans and their Survivors: Home Modification Grants

The Department of Veterans Affairs' (VA) Home Improvements and Structural Alterations (HISA) grant program helps veterans and service members make medically necessary improvements and structural alterations to their primary residence.

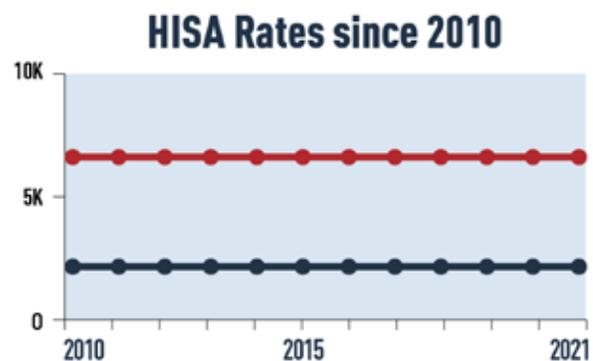
As the name suggests, the HISA grant helps fund improvements and changes to an eligible veteran's home. Examples of qualifying improvements include improving the entrance or exit from their homes, restoring access to the kitchen or essential lavatory and sanitary facilities (e.g., lowering counters/sinks), and making necessary repairs or upgrades to plumbing or electrical systems due to installation of home medical equipment. It does not pay for walkways to exterior buildings; spas, hot tubs, or Jacuzzis; exterior decking; or new construction.

Veterans who need a housing modification due to a service-connected disability may receive up to \$6,800. Veterans who rate 50 percent service-connected may receive the same amount even if a modification is needed due to a non-service-connected disability. Veterans who are not service-connected but are enrolled in the VA health care system can receive up to \$2,000. These are the maximum amounts an eligible veteran can receive in their lifetime.

HISA rates have not changed since Congress last adjusted them in 2010. Meanwhile, the cost of home modifications and labor has risen more than 40 percent during the same timeframe.

PVA POSITION

★ Congress should support and pass the **Autonomy for Disabled Veterans Act (H.R. 5819)**, which would increase HISA grant rates to \$10,000 for veterans with a service-connected disability and \$5,000 for veterans with a non-service-connected disability and apply an inflation formula to keep them relevant in future years.



Increase in materials and labor costs for home modifications since 2010.

Increase Access to VA Health Care and Benefits for Women Veterans with SCI/D

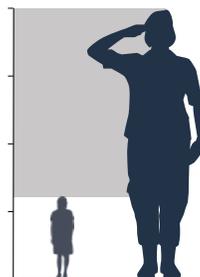
More than three-quarters of a million women veterans are currently using health care through the Department of Veterans Affairs (VA), and this rate is expected to grow. Women veterans with spinal cord injuries and disorders (SCI/D) are a small but significant subset of these users.

Women veterans, including those living with SCI/D, need access to comprehensive, gender-specific mental and physical health care with high standards of care regarding the quality, privacy, safety, and dignity of that care. VA has a robust SCI/D system of care to serve the needs of veterans with SCI/D, but there needs to be an even stronger focus in VA on the needs of women veterans with SCI/D. In addition to having access to SCI/D specific care, these veterans must be able to use other health care services, including those provided through community providers, for other specialty, OB/GYN, emergency, and other types of care. Many of these other services, including breast imaging, are still not fully accessible for wheelchair users.

Additionally, VA compensation and pension personnel who process VA benefits claims must be trained to understand the unique and often nuanced needs of women veterans living with SCI/D. For example, PVA members and other veterans with significant disabilities may not experience Military Sexual Trauma (MST) in the same way as other veterans. Compounded traumas may also lead to a higher prevalence of PTSD for many veterans. Because of the lasting psychological and physiological impacts of MST, it is critical that VA train MST coordinators and VA rating officials to the sensitive nature of these claims as well as the range of issues and symptoms experienced with MST, especially for veterans with complex injuries and illnesses.

PVA POSITION

- ★ VA must ensure women veterans living with SCI/D have equitable access to comprehensive, gender-specific mental and physical health care.
- ★ Congress must pass the **Making Advances in Mammography and Medical Options for Veterans Act (MAMMO) (H.R. 4794/S. 2533)**, which would improve access to breast imaging services for SCI/D veterans. The bill would also mandate a study on the accessibility of mammography services within VA and require VA to update its policies and directives for community care, ensuring that external sites are accessible and are informed on best practices for screening paralyzed and disabled veterans.
- ★ VA must ensure benefits personnel receive specialized training to understand the complex needs of women with SCI/D.
- ★ Congress must pass the **Servicemembers and Veterans Empowerment and Support Act (H.R. 5666/S. 3025)** to ensure that all MST survivors receive appropriate support through the claims process as well as mental health services.



Women veterans and women in uniform are more likely to receive a breast cancer diagnosis than their civilian counterparts.¹

According to a RAND study on sexual assault and harassment in the military published in July 2021, **one in 16 women** and **one in 143** men are likely to have experienced sexual assault. When discussing sexual harassment, those numbers jump to **one in four women** and **one in 16 men**.²

1. McDaniel, Justin T.; Diehr, Aaron J.; Davis, Catarina; Kil, Namyun; and Thomas, Kate. H. [Breast cancer screening and outcomes: an ecological study of county-level female Veteran population density and social vulnerability](#), 2018 Journal of Military, Veterans and Family Health.

2. Acosta, Joie D., Matthew Chinman, and Amy L. Shearer, [Countering Sexual Assault and Sexual Harassment in the U.S. Military: Lessons from RAND Research](#). Santa Monica, CA: RAND Corporation, 2021.

Protect the Civil Rights of People with Disabilities: Improve Access to Air Travel

Congress must make systemic changes to improve air travel for people with disabilities, particularly wheelchairs users, by reforming the Air Carrier Access Act (ACAA) to add standards for aircraft accessibility and strengthen enforcement of the law.

VIDEO: An Inside Look at Air Travel for People Who Use Wheelchairs

Featuring PVA Members

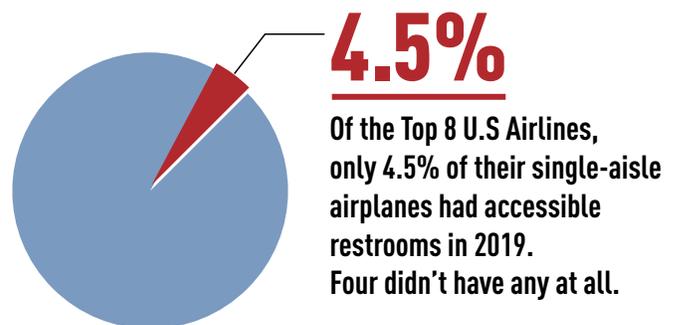


PVA members routinely report incurring bodily harm in boarding and deplaning aircraft, and damage to personal wheelchairs, particularly power wheelchairs, during stowage. The only recourse a passenger with a disability has when faced with ACAA violations is to complain to the airline and the U.S. Department of Transportation (DOT). Unlike most other civil rights laws, the ACAA lacks a guaranteed private right of action. DOT investigates these complaints and, if substantiated, will acknowledge the violation but rarely takes any substantive action against the airline.

Many of the difficulties that travelers with disabilities encounter in air travel are because the ACAA and its implementing regulations do not provide for safe, dignified access. Specifically, the ACAA does not require aircraft to provide even basic accessibility for passengers with disabilities, particularly those who use wheelchairs. As a result, they often have no access to lavatories on single-aisle aircraft, no accessible path of travel on the aircraft, and wheelchairs are loaded into aircraft cargo pits not designed to fit these highly complex assistive devices. Other modes of public transportation are covered by the Americans with Disabilities Act, which requires compliance with standards that accommodate passengers with disabilities.

PVA POSITION

★ PVA urges the passage of the **Air Carrier Access Amendments Act (H.R. 1696/S. 642)**, which would require stricter standards for accessibility on new and existing aircraft and better enforcement of the law.



Protect the Civil Rights of People with Disabilities: Increase Americans with Disabilities Act Compliance

On July 26, 1990, President George H.W. Bush signed into law the Americans with Disabilities Act (ADA), which prohibits discrimination against qualified individuals in employment, public services, public accommodations, transportation, and telecommunications. Unfortunately, more than 30 years later, access barriers remain. For example, many PVA members face barriers when staying in hotels, including bed heights that are too high, even in wheelchair-accessible rooms. Some members cannot access diagnostic medical equipment in community care settings. Other members encounter inaccessible restrooms, high customer service counters, inaccessible store aisles, heavy doors, and other barriers.

When access barriers like these are encountered in public accommodations, including medical offices, hotels, stores, and restaurants, people with disabilities can contact the owner and seek its removal. They can also file a complaint with the U.S. Department of Justice (DOJ) or file a lawsuit using the ADA's private right of action. Unfortunately, working with the owner is not always successful, and complaints filed with DOJ are routinely dismissed without any action, including referral to mediation due to the number received. Despite headlines about ADA lawsuits, it is not easy to find lawyers who will file lawsuits to address barriers due to the lack of monetary damages under ADA Title III (public accommodations).

PVA POSITION

- ★ Congress must pass the **Disabled Access Credit Expansion Act (H.R. 4714/S. 2481)**, which would increase tax credits to help businesses remove barriers and provide more funding for DOJ's ADA mediation program.
- ★ Congress must pass the **Disability Employment Incentive Act (H.R. 3765/S. 630)**, which would expand tax credits and deductions available for employers who hire and retain employees with disabilities and make their places of business more accessible.
- ★ DOJ must investigate more individual complaints and issue long-overdue ADA regulations governing non-fixed equipment and furniture, including hotel bed height and medical equipment.



View the PVA webpage on the Americans with Disabilities Act, which includes animations showing how accessibility for all can be increased.

Strengthen and Enhance Social Security Benefits

More than nine million veterans and their families receive retirement, disability, or survivor benefits from Social Security and, together, they comprise approximately 35 percent of the Social Security beneficiary population. Due to the recession caused by COVID-19, the Social Security trust funds will face a shortfall and be unable to pay full benefits a year earlier than previously anticipated, in 2034. If action is taken now, the current modest shortfall in long-term system funding can be addressed without damaging cuts to beneficiaries. This should be done through prudent, phased-in changes to the system's financing along with benefit enhancements that will respond to the nation's growing retirement crisis. Failure to act will mean that, once the trust funds are depleted, there

 **9 Million** veterans, not counting their families, receive Social Security benefits—either retirement or disability—accounting for **18%** of all adult beneficiaries.

will only be enough incoming revenue from payroll contributions to pay roughly 75 percent of all retirement, disability, and survivor benefits.

We support setting a more realistic cost-of-living-adjustment (COLA) for Social Security benefits that reflects the types of expenses frequently incurred by retirees and people with disabilities; reducing the tax burden on beneficiaries; ensuring no one retires into poverty by improving minimum benefits; and making long overdue adjustments in the financing mechanisms for the system. We also support gradually eliminating the earnings cliff in Social Security Disability Insurance (SSDI) and making other improvements to the Social Security Ticket to Work Program to remove barriers to work for disability beneficiaries. In addition, we believe it is time to eliminate the five-month waiting period not only for SSDI but also the two-year waiting period for Medicare. We further support helping people understand better the benefits to which they are entitled and protecting them from fraudulent misuse of their Social Security identification number.

 **By the time most SSDI beneficiaries are approved for benefits, they have experienced years of declining workforce participation, years of appeals, and years of living on the margins economically.”**

From PVA's December 2021 House Ways and Means, Social Security Subcommittee written testimony. [View the testimony.](#)

PVA POSITION

- ★ Congress must pass the **Social Security 2100: A Sacred Trust Act (H.R. 5723/S. 3071)**, which would accomplish many of the benefit improvements that PVA supports. This legislation includes provisions that would:
 - ☆ Base COLAs on the Consumer Price Index for the Elderly (CPI-E).
 - ☆ End the five-month wait for SSDI once someone is determined eligible.
 - ☆ Eliminate the SSDI “cash cliff” that hinders the ability of beneficiaries to return to work.
 - ☆ Repeal the Windfall Elimination Provision and Government Pension Offset that currently penalize many public servants, including many disabled veterans.
 - ☆ Provide credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to care for children or other dependents.
- ✔ **Providing credits could assist some of the 5.5 million caregivers of veterans with disabilities who take time out of the workforce to care for them.¹**
- ✔ **Eliminating public pension penalties in Social Security would benefit the almost 12 percent of veterans with service-connected disabilities who work in state and local government.²**

1. Ramchand, Rajeev, Terri Tanielian, Michael P. Fisher, Christine Anne Vaughan, Thomas E. Trail, Caroline Batka, Phoenix Voorhies, Michael W. Robbins, Eric Robinson, and Bonnie Ghosh-Dastidar, [Hidden Heroes: America's Military Caregivers](#). Santa Monica, CA: RAND Corporation, 2014.

2. U.S. Bureau of Labor Statistics. (Mar. 18, 2021). [“Employment Situation of Veterans, Table 8.”](#)

Increase Employment Prospects for Veterans with Disabilities

Despite employment protections provided under the Americans with Disabilities Act and other disability rights laws and the modest cost of most job accommodations, the workforce participation rate of people with significant disabilities remains well below the workforce participation rate of people without disabilities. Although the most recent Bureau of Labor Statistics data indicated that the labor force participation rate for veterans with a service-connected disability was not statistically different from the rate for veterans with no disability, that is not the case for veterans with significant disabilities. Unfortunately, little current data even exists about the workforce participation rate of veterans with significant non-service-connected disabilities.

Many disabled veterans rely on employment programs and systems beyond the Department of Veterans Affairs (VA) that are available to assist the broader community of people with disabilities. Tax incentives for employers to hire these populations need to be enhanced and work disincentives in Social Security disability programs need to be addressed. Initiatives to expand disability inclusion in federal employment and contracting are important steps but ongoing oversight is essential. In addition, state workforce systems need to be held accountable for the performance of their services to veterans and people with disabilities.

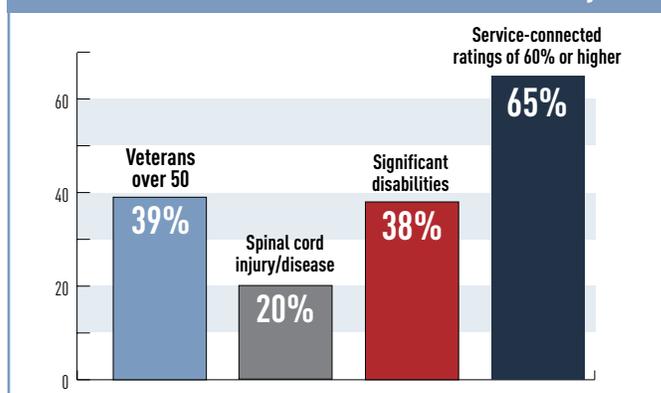
Veterans with service-connected disabilities may also be eligible to receive employment training and education through VA's Veteran Readiness and Employment (VR&E) program. Although this program provides critical support for veterans, its performance bears closer examination. Veterans with catastrophic disabilities are too often told that they are unemployable due to their disability. As a result, we are concerned that some catastrophically disabled veterans are being unjustly denied access to this program.

Participants struggle with concerns over the impact work may have on their benefits or their health, program rules that limit their access to assistance, and their ability to obtain other needed supports and services for work.

PVA POSITION

- ★ PVA supports the **Disability Employment Incentive Act (H.R. 3765/S. 630)**, which would enhance the current Work Opportunity Tax Credit available to employers by raising the amount of salary eligible for the credit and the maximum available tax credit, as well as extending the availability of the credit for any business that retains an employee for a second year of employment and allowing use of the credit for hiring SSDI beneficiaries.
- ★ PVA supports the **Social Security 2100: A Sacred Trust Act (H.R. 5723/S. 3071)**, which would replace the "cash cliff" – a major work disincentive – in Social Security Disability Insurance (SSDI) with a gradual reduction in benefits as earned income rises.
- ★ PVA believes the recently released Government-wide Strategic Plan to Advance Diversity, Equity, Inclusion and Accessibility in the Federal Workforce offers important steps for ensuring that the federal government fully embraces people with disabilities in its efforts to become a model employer for the nation. Federal agencies must be transparent and accountable in implementing this plan which arose from Executive Order 14035.
- ★ Congress must provide oversight of the Workforce Innovation and Opportunity Act (WIOA) to ensure that veterans and other people with disabilities are served effectively under WIOA workforce programs.
- ★ Congress must increase oversight and transparency of VA's VR&E program to improve its effectiveness and ensure catastrophically disabled veterans are not unjustly denied access into this program.

PVA's Veterans Career Program serves hundreds of veterans with disabilities each year:



VA SCI/D SYSTEM AT A GLANCE

Top 4 SCI/D System Challenges in 2021

1) Unavailability of Long-Term Care (LTC) Beds

- Veterans with spinal cord injuries and disorders (SCI/D) remain unnecessarily in SCI/D acute units for years, due to unavailable LTC beds.

2) Staffing Shortages and Prolonged HR Onboarding Processes

- There are currently over 170 nursing position vacancies across the SCI/D system, forcing existing nursing staff to operate at 73 percent of what is mandated by VA Directive.
- There are universal hiring delays of three to 12 months for new employees and staff transfers within VA are unsupported and severely delayed.

3) Social Isolation of Patients

- Visitation to SCI/D units and LTC centers has been fully closed or extremely limited for two years, restricting patients and residents from exiting their units and receiving visits from their family and friends.
- Communal areas have been closed, forcing veterans to remain in their rooms and pushing outpatient (and some inpatient) care to a virtual format.
- Mental health challenges have worsened resulting in increased despair and behavioral health complications.

4) Disruption of Essential Programs

- Admissions into the SCI/D units have been postponed for all non-emergent needs, delaying critical care.
- Therapeutic programs have been closed or extremely limited, including peer mentoring, group therapy, recreational therapy, physical therapy, and sports activities. Family support is also offered virtually.

Veteran Snapshot

Veterans with SCI:

- 450 veterans are newly injured each year
- 26,290 veterans with SCI received VA health care in 2021—95.1% male and 4.9% female

Veterans with MS:

- 18,000 - 20,000 veterans receive VA health care for MS each year, at least 6,260 received treatment related to their spinal cord—77.5% male and 22.5% female*
- Female to male ratio for all MS diagnoses is 3:1

Veterans with ALS:

- > 1,000 veterans are newly diagnosed with ALS each year
- 4,616 veterans with ALS received VA health care in 2021—94.9% male and 5.1% female*

*Number reflects veterans with MS and ALS that are added to the SCI/D registry. Some VA SCI/D centers add veterans with MS and ALS only to the Neurology registry; thus the actual number of veterans with MS that have spinal cord involvement is much higher.

SCI/D Center Snapshot

- There are 123 SCI/D Spoke Centers, 25 SCI/D Hub Centers, and 6 LTC Centers.
- The largest SCI/D LTC center has 47 beds (Hampton, VA) and smallest has 12 (Long Beach, CA).

COVID-19 Snapshot

- People with SCI/D are seven times more likely to experience severe complications or death from COVID-19.
- 73% of veterans with SCI/D received one to three doses of the COVID-19 vaccine as of Dec. 2021.

*Based on data from the VA SCI/D COVID-19 Summary Report.

THE INDEPENDENT BUDGET

Fiscal Years 2023 and 2024 for
the Department of Veterans Affairs

BUDGET RECOMMENDATIONS



Co-authored by DAV (Disabled American Veterans), Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States, The Independent Budget's recommendations for the Department of Veterans Affairs (VA) for fiscal years 2023 and 2024 serve as a roadmap to ensure the VA is fully funded and capable of carrying out its mission to serve veterans and their families. To review this year's budget recommendations, as well as the Veterans Agenda for the 117th Congress, visit The Independent Budget website!



PVA—OUR VETERAN JOURNEY

From the bedside to the transition home and beyond, PVA fights for catastrophically disabled veterans, their families and caregivers at every twist and turn along their life journey. PVA advocates before Congress to ensure their claims are filed, their benefits are secured, and that they receive specialized, veteran-centric health care. PVA also works to ensure our members' voices are heard year-round and that they are given equitable access to meaningful careers, adaptive housing and automobile grants, accessible communities, assisted reproductive technologies, and more. And when a veteran has transitioned on, PVA works to ensure their families are taken care of.



PASSED

Protect Access to VA's Specialized Health Care Services
H.R. 5575 VA Nurse and Physician Assistant RAISE Act



Expand Access to VA Long-Term Services and Supports
H.R. 6823/S. 3854 Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act



Increase Access to Home Modification Grants
H.R. 5819 Autonomy for Disabled Veterans Act



Improve Access to Adapted Automobile Benefits
H.R. 1361/S. 444 AUTO for Veterans Act and H.R. 3304 CARS for Vets Act



Increase Access to VA Health Care and Benefits for Women Veterans with SCI/D
H.R. 4794/S. 2533 Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act and H.R. 5666/S. 3025 Servicemembers and Veterans Empowerment and Support Act



Increase ADA Compliance
H.R. 4714/S. 2481 Disabled Access Credit Expansion Act



Increase Employment Prospects for Veterans with Disabilities
H.R. 3765/S. 630 Disability Employment Incentive Act



Improve Access to Air Travel
H.R. 1696/S. 642 Air Carrier Access Amendments Act



Improve Access to Assisted Reproductive Technologies
H.R. 2734/S. 1280 Veteran Families Health Services Act and H.R. 1957 Veteran Infertility Treatment Act of 2021



Improve Survivor Benefits
H.R. 5607/S. 3483 Justice for ALS Veterans Act and H.R. 3402/S. 976 Caring for Survivors Act



Strengthen and Enhance Social Security Benefits
H.R. 5723/S. 3071 Social Security 2100: A Sacred Trust Act

CONTACTS

Heather Ansley

Associate Executive Director
Government Relations
(202) 416-7794
HeatherA@pva.org

Issues: Veterans Issues, Disability Civil Rights,
Legal Advocacy

Morgan Brown

National Legislative Director
(202) 416-7622
MorganB@pva.org

Issues: Veterans Issues, VA Benefits, including
Claims and Appeals

Roscoe Butler

Associate Legislative Director
(202) 416-7641
RoscoeB@pva.org

Issues: Veterans Health Care, Long-Term Services
and Supports, VA Caregivers

Julie Howell

Associate Legislative Director
(202) 416-7695
JulieH@pva.org

Issues: Veterans Employment and Education,
Women Veterans

Ronda Whichard

Legal Executive Assistant
(202) 416-7630
RondaW@pva.org

Susan Prokop

National Advocacy Director
(202) 416-7707
SusanP@pva.org

Issues: Social Security Disability Insurance, Fair
Housing, Employment of People with Disabilities,
Emergency Management

Lee Page

Senior Associate Advocacy Director
(202) 416-7694
LeeP@pva.org

Issues: ADA, Air Carrier Access Act,
Transportation, Voting

Danica Gonzalves

Advocacy Attorney
(202) 416-7790
DanicaG@pva.org

Issues: ADA, Rehabilitation Act, Architectural
Barriers Act, Legal Advocacy



 **Pushing
Access
Forward**

[@ParalyzedVeterans](#)

[Paralyzed Veterans of America](#)

[@PVA1946](#)

[@PVA1946](#)

801 18th Street, NW, Washington, DC 20006