

Improve VA Benefits and Health Care Services for Paralyzed Veterans and their Survivors

THE ISSUE

Veterans and Survivor Benefits

Increase VA Special Monthly Compensation/Aid and Attendance Benefits

Special Monthly Compensation (SMC) from the Department of Veterans Affairs (VA) is an additional tax-free benefit that can be paid to veterans, their spouses, surviving spouses, and parents. For veterans, SMC is a higher rate of compensation paid due to special circumstances, such as the need for aid and attendance by another person, or a specific disability, such as loss of use of one hand or leg. For spouses and surviving spouses, this benefit is commonly referred to as Aid and Attendance (A&A) and is paid based on the need for assistance by another person. SMC is designed to compensate for non-economic factors, including the severe nature of the disability, social inadaptability, or inconvenience. It is not meant to compensate for the economic effects of a service-connected disability. That is the purpose of the regular disability compensation that a veteran receives. Both SMC and A&A are subject to annual cost-of-living (COLA) increases but the formula used to establish the increase often understates the higher costs in goods and services required by these individuals. Congress has not examined the baseline rates for these benefits in years; consequently, they no longer meet the current needs of veterans or their dependents.



PVA POSITION

- ★ Congress must review and subsequently increase the rates of SMC and A&A to ensure these benefits meet the needs of veterans, their spouses, surviving spouses, and parents.
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Improve Access to Services and Benefits for Military Sexual Trauma Survivors

In Fiscal Year 2021, an estimated 8.4 percent of women and 1.5 percent of men serving on active duty were the victims of sexual assault. Veterans who experience military sexual trauma (MST) may file claims with VA and utilize medical and mental health services provided by the department. However, several reports have highlighted processing deficiencies that lead to unjust denial of benefits. Due to the lasting psychological and physiological impacts of MST, VA must 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. In response to concerns about MST-related claims, Congress passed several provisions in late 2022 to improve the process for these claims.



PVA POSITION

- ★ Congress must conduct proper oversight of improvements previously made to the MST claims coordination process between the Veterans Health Administration and the Veterans Benefits Administration and make additional changes needed to further improve access to care and benefits by passing the **Servicemembers and Veterans Empowerment and Support Act of 2023 (H.R. 2441/S.**

1028).

- ★ VA must continue to identify gaps in support and ensure that all MST survivors are treated with dignity and respect.

Concurrent Receipt

Concurrent receipt refers to a veteran’s simultaneous receipt of two types of monetary benefits: military retired pay from the Department of Defense and VA disability compensation. Prior to 2004, a military retiree could not receive both payments concurrently. As a result, military retirees with disabilities recognized by VA would incur a retired pay offset (i.e., dollar-for-dollar reduction) by the amount of their VA compensation. A pair of changes approved by Congress in the mid 2000’s allowed military retirees with over 20 years of service and VA disability ratings of 50 percent or greater to receive their military retired pay and VA disability compensation payments without offset. A lone exception to the 20-year requirement was granted for service members retired under the Temporary Early Retirement Act. Despite these reforms, hundreds of thousands of military retirees continue to have their military retirement offset by VA disability payments.

 **PVA POSITION**

- ★ Congress must pass legislation, such as the **Retired Pay Restoration Act (H.R. 303/S. 1515)**, the **Disabled Veterans Tax Termination Act (H.R. 333)**, or the **Major Richard Star Act (H.R. 1282/S. 344)**, which would allow more military retirees to retain their full military retired pay and VA disability compensation without any offsets.

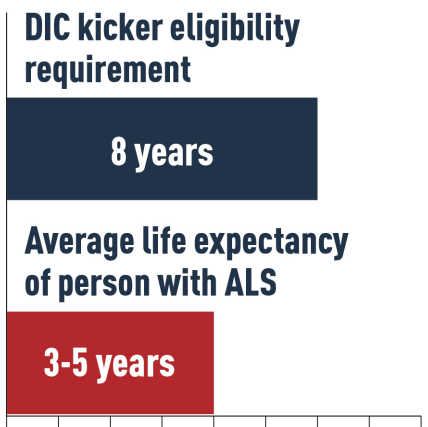
Increase Dependency and Indemnity Compensation for Survivors

The VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans. Eligible survivors can also receive an additional \$331.84 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. This extra payment is commonly referred to as the “DIC kicker.”

VA regulations recognize amyotrophic lateral sclerosis (ALS) as a presumptive service-connected disease. Due to its aggressive nature, veterans diagnosed with ALS are automatically rated at 100 percent once service connected. Unfortunately, many veterans 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. Rarely do survivors of deceased veterans with ALS qualify for the additional DIC benefit given the eight-year requirement.

This policy fails to recognize the significant sacrifices these veterans and their families have made for this country. ALS is an aggressive disease that leaves many veterans incapacitated and reliant on family members and caregivers. DIC kicker payments should be provided to survivors of veterans who die from ALS regardless of how long they were service-connected for ALS prior to death.

Action is also needed to raise base DIC rates. Established in 1993, rates for this vital survivor program have only been minimally adjusted in the last 30 years. In contrast, monthly benefits for the survivors of federal civil service retirees are calculated as a percentage of the civil service retiree’s Federal Employees Retirement System or Civil



Service Retirement System benefits, up to 55 percent. Currently, DIC payments are approximately 41 percent of compensation for a 100 percent service-disabled veteran with a spouse. This difference presents an inequity for survivors of our nation's heroes compared with survivors of federal employees.



PVA POSITION

- ★ Congress must pass the **Justice for ALS Veterans Act (H.R. 3790/S. 1590)** to provide eligible survivors of veterans who died of service-connected ALS the DIC kicker.
 - ★ Congress must pass the **Caring for Survivors Act of 2023 (H.R. 1083/S. 414)**, which would index the rate of compensation for DIC payments to 55 percent of a 100 percent service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.
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Transportation Programs and Supports

Access to transportation is often one of the biggest barriers for veterans with spinal cord injuries and disorders (SCI/D) in accessing health care. The robust network of public transportation found in urban areas, such as buses, subways, and paratransit services for people with disabilities is often not available outside of metropolitan areas. VA's Veterans Transportation Service provides transportation to help veterans who live within a VA medical center's catchment area to get to and from medical appointments. Unfortunately, it is not available at all VA facilities and may not help veterans who live beyond a certain distance of the medical center.

For many veterans, having an adapted vehicle is essential to their mobility and health. In 2022, Congress passed legislation authorizing changing the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through the VA's Automobile Adaptive Equipment program. Although this change will ensure access to ingress and egress into an adapted vehicle, veterans with catastrophic disabilities not related to their military service still need help in purchasing an adaptable vehicle and obtaining wheelchair locks and hand controls that help them operate the vehicle. These veterans who served honorably incur the same costs to buy many of these items as veterans whose injuries and illnesses are service-connected and deserve similar support to help regain their independence and restore quality of life.

Finally, VA's Beneficiary Travel Self-Service System (BTSSS) needs immediate attention. Launched in late 2020, the new cloud-based system was intended to streamline the process for veterans, caregivers, and beneficiaries who were eligible for reimbursement of mileage and other travel expenses to and from approved VA healthcare appointments. In recent months, many PVA members have expressed frustration in using the system and regularly report prolonged delays in getting payments. VA must resolve existing problems and increase training and awareness of the BTSSS.



PVA POSITION

- ★ Congress must expand VA-provided transportation services to better support veterans with catastrophic disabilities, particularly those who use wheelchairs, live outside urban areas, and need help traveling to medical care appointments.
- ★ Congress must provide non-service-connected catastrophically disabled veterans with assistance to purchase a vehicle and the adaptations needed to drive it, as well as reimbursement for their travel to VA medical facilities for health care appointments.
- ★ Congress must provide oversight of VA's efforts to implement BTSSS, and VA must address problems in rolling out the system.

Life Insurance Benefits

Congress passed legislation in 2020 directing VA to reform the Service-Disabled Veterans Life Insurance (SDVI) program. The newly implemented Veterans Affairs Life Insurance (VALife) program provides guaranteed acceptance of whole-life coverage of up to \$40,000 to veterans with service-connected disabilities. Lesser amounts are available in increments of \$10,000. Under this plan, the elected coverage takes effect two years after enrollment as long as premiums are paid during the two-year period. If the veteran passes away during the two-year period, premiums are refunded, but no benefit is paid.

Requiring a two-year waiting period for full insurance coverage has a detrimental effect on veterans with ALS because many do not live that long. The same issue applies to veterans with other terminal diseases like service-connected cancers. Additionally, under SDV-I, veterans rated 100 percent service-connected did not have to pay premiums. In 2023, under VALife, if a 100 percent service-connected veteran is 79 years old, the premium for a \$20,000 policy would be \$242.80, and for a \$40,000 policy, it would be \$485.60. If a veteran has a 50 percent disability and applies for a \$40,000 policy, **half** of their monthly compensation would be taken to pay for insurance premiums.



PVA POSITION

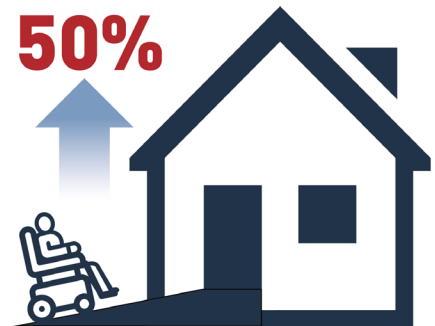
- ★ Congress must waive the two-year contestability period for veterans with ALS and other service-related medical conditions.
- ★ Congress must reinstate the premium waiver for veterans with 100 percent service-connected disabilities.

Home Modification Grants

VA's Home Improvements and Structural Alterations (HISA) grants help veterans and service members make medically necessary improvements and structural alterations to their primary residence. Examples of qualifying improvements include adapting the entrance or exit from their homes, restoring accessibility 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 the installation of home medical equipment. It does not pay for walkways to exterior buildings; spas, hot tubs, or Jacuzzis; exterior decking; or new construction.

A lifetime HISA benefit is worth up to \$6,800 for veterans who need a housing modification due to a service-connected condition. 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 healthcare system can receive up to \$2,000. HISA rates have not changed since Congress last adjusted them in 2010. Meanwhile, the cost of home modifications and labor has risen nearly 50 percent during the same timeframe.

With older and disabled veterans sheltering in place during and following the resolution of the pandemic, ensuring veterans can safely remain in their homes is more essential than ever. HISA rates must be raised to reflect current costs and better meet veterans' current housing adaptation needs.



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



PVA POSITION

- ★ Congress must pass legislation, such as the **Autonomy for Disabled Veterans Act (H.R. 2818)** or the **Autonomy for All Disabled Veterans Act (H.R. 4047)**, to raise HISA grant rates and index the grant to account for inflation and increased construction costs.

Health Care and Benefits for Women Veterans

More than three-quarters of a million women veterans are currently using VA health care, and this rate is expected to grow. Women veterans with SCI/D are a small but significant subset of these users.

Women veterans, including those 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, such as OB/GYN, emergency, and other types of care.

In Fiscal Year 2023, Congress allocated more than \$840 million towards gender-specific care within VA. Congress and VA must ensure that those resources are utilized to maximize services, support, and care for women veterans with SCI/D.



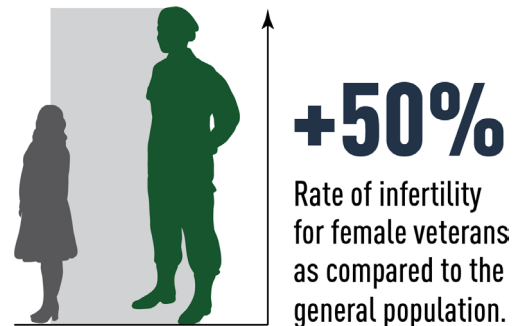
PVA POSITION

- ★ VA must ensure women veterans with SCI/D have equitable access to comprehensive, gender-specific mental and physical health care.
- ★ Congress must perform robust oversight of VA's implementation of the Making Advances in Mammography and Medical Options for Veterans (MAMMO) Act (P.L. 117-135), which would improve access to mammography for paralyzed veterans.
- ★ Congress must ensure VA provides the required spending plan detailing how the department plans to use gender-specific funding provided in the Consolidated Appropriations Act, 2023 (P.L. 117-328).

Assisted Reproductive Technologies

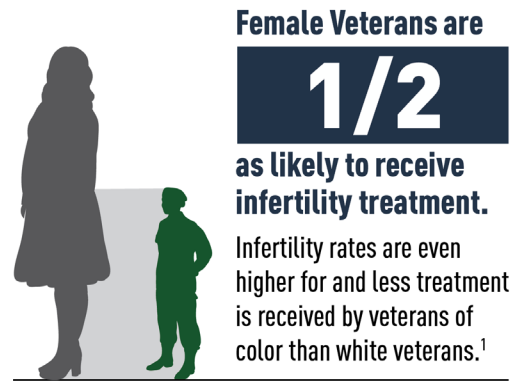
Thousands of service members have suffered a genitourinary injury, resulting in the loss of, or compromised ability to have a child. Among those who served in Iraq and Afghanistan, genital injuries were higher than in previous wars. These injuries result in medical and psychological trauma that can affect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

Women veterans are 50 percent more likely to suffer from infertility than the general population and still, VA does not recognize infertility as a medical diagnosis to be covered within the medical benefits package. Further, a veteran must be service connected for infertility in order to receive care at VA. VA should recognize infertility as a medical condition and offer treatment for it to all eligible veterans.



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 SCI/D, many are unable to carry a pregnancy to term. These women should be able to access surrogate services to have a child.



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

Health Affairs Blog, July 22, 2021.



PVA POSITION

- ★ Congress must allow VA to expand and improve access to ART for service members and veterans and permanently authorize funding to provide IVF and ART by passing legislation such as the **Veterans Infertility Treatment Act of 2023 (H.R. 544)** or the **Veteran Families Health Services Act of 2023 (H.R. 5492/S. 2801)**.
- ★ Congress must require VA and the Department of Defense to facilitate research into the reproductive health needs of veterans.