2024 Policy Priorities
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## Elizabeth Dole Home Care Act
**H.R. 542/S. 141**

**What does it do?**
The number of veterans eligible for nursing home care is projected to increase 535 percent, from 62,000 to 387,000, over the next 20 years. The Elizabeth Dole Home Care Act would remove VA’s existing caps on home care so veterans can remain in their homes. The bill also helps ensure the VA has the proper staff and other resources to care for veterans with complex needs, and expands the department’s existing home and community-based services to accommodate greater numbers of veterans. It also requires the VA to provide a personalized and coordinated handoff of veterans and caregivers denied or discharged from the family caregiver program into any other home care program for which they may be eligible, and directs the department to test providing home health aide services for veterans that reside in communities with direct care worker shortages.

**Why is it needed?**
- The current cost to the VA for nursing home care alone is not sustainable. VA is prohibited from spending on home care more than 65 percent of what it would cost if the veteran was provided nursing home care.
- When VA reaches this cap, the department can either place the veteran into a VA community living center or a community nursing home facility or rely on the veteran's caregivers, often family, to bear the extra burden.

## Veterans Accessibility Advisory Committee Act/Veterans Accessibility Act
**H.R. 7342/S. 2516**

**What does it do?**
The VA is the largest health care system in the country, and it serves millions of veterans each year. However, many catastrophically disabled veterans experience disability-related barriers when it comes to accessing the care and benefits they have earned. This legislation would create an Advisory Committee on Accessibility that would see disability experts, veterans service organizations focused on disabled veterans, accessibility experts within VA, and other contributors work together to identify accessibility barriers and provide solutions to address them. With various experts sitting on the advisory committee, each aspect of accessibility could be highlighted and given the attention needed to reduce physical and technological barriers for our nation’s disabled veterans.

**Why is it needed?**
- VA serves over 20,000 veterans with spinal cord injuries and disorders.
- Barriers include inaccessible exam rooms, medical diagnostic equipment, and websites.
- The Independent Budget recommended more than $6 billion in additional infrastructure funding to help address accessibility barriers (see page 37).
Autonomy for Disabled Veterans Act  
H.R. 2818/S. 3290

What does it do?
VA’s Home Improvements and Structural Alterations (HISA) grant program helps fund improvements and changes to an eligible veteran’s home. However, the program has become marginally effective due to years of neglect. The Autonomy for All Disabled Veterans Act would help by increasing the amount available under this program to $10,000 for veterans with both service-connected and non-service-connected conditions. The Autonomy for Disabled Veterans Act would raise the grant to $9,000. Both bills would also index the new rate to a formula that accounts for inflation and increased construction costs in the future. The higher rate and indexing would ensure the HISA grant reflects current costs to better meet veterans’ housing adaptation needs.

Why is it needed?
- VA estimates that by 2039, the number of elderly veterans will double and the number of enrolled veterans who are 85 years or older will grow by almost 40 percent.
- HISA rates have not changed since Congress last adjusted them in 2010.
- The cost of home modifications and labor has risen more than 50 percent since the grant was last adjusted.

Justice for ALS Veterans Act  
H.R. 3790/S. 1590

What does it do?
The VA provides an additional monthly financial benefit commonly known as the “Dependency and Indemnity Compensation (DIC) Kicker” to the surviving spouse of a deceased veteran who had a service-connected disability rated totally disabling for a continuous period of at least eight years immediately preceding death. This additional benefit increases a surviving spouse’s DIC payment and is crucial to helping them manage the financial difficulties of losing a spouse. Many spouses of deceased veterans with ALS do not qualify for this additional benefit given the eight-year requirement and the limited life expectancy of veterans with ALS. The Justice for ALS Veterans Act would extend the increased rate of DIC to surviving spouses of veterans who die from ALS, regardless of how long a veteran had ALS prior to death.

Why is it needed?
- Veterans are twice as likely to be diagnosed with ALS than civilians and most people with ALS die within 3-5 years of symptom onset.
- Surviving spouses of ALS veterans, many of whom served as their veteran's caregivers, are rarely able to qualify for the additional survivor’s benefit because of the quick progression of the disease.
- The Congressional Budget Office estimates the cost of providing the spouses of future veterans who pass from ALS is less than $4 million per year.
VETS Safe Travel Act
H.R. 7365

What does it do?
Veterans who rely on mobility and other assistive devices can experience difficulties during airport security screenings because standard screening equipment is often inaccessible. As a result, wheelchair users are subject to an invasive pat-down process. The VETS Safe Travel Act would provide free access to the Transportation Security Administration's (TSA) Pre✓® program to eligible severely injured or ill veterans. Veterans would receive this benefit free of charge once they successfully pass all necessary background checks and interviews. Wheelchair users with TSA Pre✓® can generally avoid the pat down. The bill would also open dialogue on how to engage with passengers with disabilities and ensure they can travel with safety and dignity.

Why is it needed?
- Standard passenger screening devices are not accessible to wheelchair users.
- Wheelchair users are subject to invasive pat-down procedures, which can be humiliating and causes delays as passengers wait for officers to screen them.
- TSA Pre✓® allows veterans with catastrophic disabilities who use wheelchairs or other assistive devices to avoid an invasive pat-down.
For more than 75 years, PARALYZED VETERANS OF AMERICA—the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or diseases (SCI/D), like MS and ALS—has led the fight for accessibility and provided a full circle of support from the point of injury or diagnosis to all of life's milestones. With offices inside every Department of Veterans Affairs (VA) SCI/D center across the U.S., PVA is unmatched. Staffed with licensed architects, medical professionals, legal experts, and leaders in research and education, PVA fights to help veterans with SCI/D receive the benefits they earned, the specialized health care they deserve, the accessible homes and vehicles they need, and the meaningful careers they want. PVA also advocates for disabled veterans with the greatest support needs to have equitable access to the same opportunities and freedoms available to all Americans.

To review PVA's policy priorities in depth, please visit [PVA.org](http://PVA.org).

**Protect Access to VA's Specialized Health Care Services**

VA's health care system must receive sufficient funding in order to continue providing the specialty care needed by veterans with SCI/D. Without adequate funding, VA will not be able to properly care for veterans, hire and retain health care professionals and support workers, and maintain and expand VA's medical infrastructure. PVA advocates for proper funding for VA's SCI/D system of care through the [Independent Budget](http://IndependentBudget)—a partnership with DAV, PVA, and VFW. Critical reforms are also needed so VA can adequately meet veterans' health care needs.

**Staffing**

VA must effectively use the pay and workforce provisions approved in Public Law 117-103 (RAISE Act provisions) and the PACT Act (Public Law 117-168) to recruit and retain necessary health care professionals, particularly those needed for VA's SCI/D system of care. VA must also increase retention incentives and reform its hiring processes, including working with Congress to make needed reforms. Congress must also take additional action to boost pay caps for other providers not included in the RAISE Act provisions and PACT Act.

**Infrastructure**

VA's infrastructure processes need to be reformed and staffing increased to allow the department to effectively use needed funding. VA also must develop a nationwide infrastructure plan to better address the SCI/D system's unique care delivery model.
Expand Access to VA Long-Term Services and Supports

VA's services span the spectrum from facility-based care to home and community-based services. Increased availability of long-term services and supports is crucial to the ongoing health of paralyzed veterans, as well as ensuring all veterans are able to receive the care they need throughout their lives in the setting of their choice.

**Facility-Based Long-Term Care**

VA must adequately assess the number of veterans with SCI/D who need facility-based specialty long-term care and implement policies that will increase beds and prioritize related infrastructure projects.

**Home and Community-Based Services and Caregiver Supports**

Congress and VA must increase access to home and community based-services, including expanding programs like Veteran-Directed Care and modernizing VA's Bowel and Bladder program for family caregivers. Congress and VA must also prioritize efforts to increase the direct care workforce that provides the services and supports veterans with SCI/D require to live in their communities. In addition, veterans must be authorized to receive a sufficient number of hours of support each week to ensure their daily needs are met.

VA must reform the Program of Comprehensive Assistance for Family Caregivers (PCAFC). Restrictive eligibility criteria have kept some paralyzed veterans from being found eligible for this program. For those veterans who are not eligible for the PCAFC, VA should provide them with more information about other programs available to help them, including the general caregiver program. VA must also ensure that veterans found eligible for the program are assigned the appropriate tier for their caregiving needs.

Learn more about the caregiving needs of disabled veterans with the greatest support needs by watching this short video featuring PVA’s Immediate Past President Charles Brown
2024 POLICY PRIORITIES

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

Veterans and Survivor Benefits
Congress must increase VA Special Monthly Compensation/Aid and Attendance benefits for catastrophically disabled veterans to offset increased costs for home care and other needed supports.

Congress must continue to improve access to services and benefits for veterans who have experienced military sexual trauma.

Congress must pass legislation ending forfeiture of military retirement pay to receive VA disability compensation.

Congress must increase the rate of Dependency and Indemnity Compensation (DIC) for surviving dependents and lower the eligibility threshold. Congress must also ensure survivors of ALS veterans have access to enhanced DIC benefits.

Transportation Programs and Supports
Congress must authorize veterans who have nonservice-connected catastrophic disabilities to receive adaptive equipment from VA to drive their vehicles. VA and Congress must also provide improved transportation services and supports that help veterans access needed health care, including increasing the beneficiary travel reimbursement rate and reforming the reimbursement process.

Life Insurance Benefits
Congress must reform VALife to allow premium waivers for catastrophically disabled veterans and ensure ALS veterans’ survivors receive these critical benefits.

Home Modification Grants
Congress must raise the rate of funding available through VA's Home Improvements and Structural Alterations grant program to allow eligible veterans to access needed housing modifications due to their disabilities.

Health Care and Benefits for Women Veterans
VA must consider the unique needs of women veterans with SCI/D when delivering and developing services and benefits, including those that are gender specific.

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.
2024 POLICY PRIORITIES

Protect the Civil Rights of People with Disabilities

Protecting the civil rights of people with disabilities is important to ensuring their ability to access the opportunities and freedoms available to all Americans to allow them to live, work, travel, and fully participate in society.

**Improve Access to Air Travel**

Congress must make systemic changes in the next FAA Reauthorization to improve air travel for people with disabilities, particularly wheelchair users, by reforming the Air Carrier Access Act to add standards for aircraft accessibility and improve enforcement of the law. Congress must also improve paralyzed veterans’ access to programs that facilitate the security screening process.

**Increase Disability Access**

Congress must enhance tax incentives to help businesses comply with their obligations under the Americans with Disabilities Act (ADA). Also, the Department of Justice (DOJ) must investigate more individual ADA complaints and publicly report information on filed and adjudicated complaints. DOJ must also issue long-overdue regulations related to hotel bed height and accessible medical equipment standards.

Industries creating new models and forms of transportation, including electric and autonomous vehicles, must ensure disability access as a matter of equity. Existing transportation providers must also increase accessible features to ensure greater access for people with disabilities.

**Improve Access to Social Security Benefits**

Congress must end the five-month wait for Social Security disability insurance benefits to ensure people with disabilities have financial support when they most need it. Congress must also ensure that caregivers who are out of the workforce due to caregiving responsibilities are able to receive credit under Social Security.

**Increase Employment Prospects for Veterans with Disabilities**

Congress must increase access to employment opportunities for veterans with significant disabilities through tax incentives for employers and improvements to supports provided to veterans through the state workforce system. VA’s Veteran Readiness and Employment program must ensure veterans with catastrophic disabilities are able to fully access the services that allow them to return to work.
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 passed on, PVA works to ensure their families are taken care of.
2024 PRIORITY ISSUES

Protect Access to VA’s Specialized Health Care Services

THE ISSUE

Sufficient Funding

The Department of Veterans Affairs (VA) is the best health care provider for veterans—particularly veterans with spinal cord injuries and disorders (SCI/D). VA’s treatment of these individuals has expanded their lifespans by decades and is unmatched in the private sector; thus, sending them elsewhere amounts to a degradation of care. Preserving and strengthening VA’s specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, and polytrauma care—remains the highest priority for PVA and should be for Congress, too. However, if the system is not adequately funded, VA’s capacity to treat veterans will be diminished, which could lead to a reduction in offered services.

PVA POSITION

★ Congress must provide the necessary funding to support VA specialized services, like SCI/D care.
★ Congress should fully fund VA in line with the recommendations of the Independent Budget for Fiscal Year (FY) 2025 and advanced appropriations for FY 2026.

Staffing

Caring for veterans with SCI/D requires sharp assessment, time- and labor-intensive physical skills, and genuine empathy. Nurses who work in SCI/D must possess unique attributes and specialized education. All Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, and Nurse Practitioners working with the SCI/D population are required to have increased education, knowledge, understanding, and use of strategies focused on health promotion and prevention of complications related to SCI/D. This includes the prevention and treatment of pressure injuries, aspiration pneumonia, urinary tract infections, bowel impactions, sepsis, and limb contractures.

Staffing shortfalls have a direct, adverse impact on the SCI/D system. Even with the VA’s hiring surge in 2023, the SCI/D system of care continues to have numerous vacancies, mostly in nursing and therapy. Due to an insufficient number of nurses, SCI/D units are forced to close beds and deny admissions to the veterans who need it. Veterans must often wait until a bed is available, or be admitted to a non-SCI/D unit, where the nurses are not trained in the specialized care required by a veteran with SCI/D. One VA has been without a plastic surgeon for years, denying veterans with Stage IV and V wounds the life-changing surgery they need. Every SCI/D unit feels the impact of insufficient staffing, and the veterans’ care is directly affected. Workforce provisions in the RAISE Act (P.L. 117-103) and PACT Act (P.L. 117-168) have given VA more flexibility to provide competitive salaries and fill critical slots needed to provide care. Still, their impact on SCI/D staffing appears to be nominal.
Finally, PVA is deeply concerned about the state of the SCI/D system of care due to the Veterans Health Administration’s (VHA) goal of net zero growth in the number of full-time employees. Based on recent reports from the SCI/D system of care, we believe that this goal will result in further decreasing the ability of SCI/D centers to serve veterans and result in potentially dangerous health consequences for paralyzed veterans.

**PVA POSITION**

- VA must fully utilize its authorities to hire additional medical professionals, particularly physicians, nurses, psychologists, social workers, and rehabilitation therapists, to meet the demand for services in the SCI/D system of care.
- Congress must perform stringent oversight of VHA’s net zero growth staffing policy to ensure critical positions for SCI/D care do not go unfilled.
- Congress should provide VA with more tools to compete for highly qualified medical personnel and support training for current and future VA clinicians. This includes passing the bipartisan VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 (S. 10) to ensure veterans receive the highest quality of care.

**Infrastructure**

VA’s SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from three to 70 years with an average age of 38. Many of the older centers have only had cosmetic or basic renovations. Fourteen of the 25 acute care SCI/D centers continue to use four-bed patient rooms, accounting for 61 percent of the available in-patient beds. These four-bed patient rooms do not meet VA requirements and are no longer safe due to infection control issues. This high percentage of four-bed patient rooms limits available bed capacity whenever patients need to be isolated. Furthermore, the number of long-term care beds for veterans with SCI/D is woefully inadequate for an aging veteran population with care needs not readily met in the community.

The SCI/D system of care is not immune to the design and construction delays inherent in the VA project funding and delivery system. There are currently seven major and 15 minor SCI/D center projects either awaiting funding, in design, or pending approvals to proceed beyond their current status. VA has spent a significant amount of money and resources on these projects, most of which have languished within the department’s Strategic Capital Investment Planning (SCIP) process. Also, replacement SCI/D center projects designed for the Bronx VA (acute) and the Brockton VA (long-term) intended to modernize and expand capacity were shovel-ready but abandoned by the VA.

Regrettably, the VA has requested a total of only $2.8 billion for Major and Minor Construction for FY 2025, even though SCIP indicates there needs to be an average of $8.5 billion invested for each of the next 10 years to maintain VA’s health care infrastructure. Unless VA and Congress begin making serious investments in health care infrastructure, the VHA system will increasingly struggle to maintain high-quality, accessible care that our veterans have earned.
PVA POSITION

- VA should prioritize facility infrastructure projects that support the unique services the department provides, such as SCI/D care, that are not readily available in the community.
- Congress should pass the **BUILD for Veterans Act (H.R. 3225/S. 42)**, which would provide a comprehensive approach to help address problems with VA’s internal processes that have hindered its ability to ensure the department’s infrastructure can meet the ever-growing demand for acute health care services and facility-based long-term care options.
- Congress should pass the **Veterans Accessibility Act (H.R. 7342/S. 2516)**, which would require VA to establish a federal advisory committee to help the Department identify and address disability access barriers in its facilities and online.
2024 PRIORITY ISSUES

Expand Access to VA Long-Term Services and Supports

THE ISSUE

Facility and Home-Based Care

The country’s lack of sufficient long-term services and supports, including the nationwide shortages in direct care workers, is a barrier to proper care for people with catastrophic disabilities. The majority of PVA members are aging and will require even greater levels of assistance. While the Department of Veterans Affairs (VA) provides or purchases these supports and services for eligible veterans through institutional settings like nursing homes and home and community-based services (HCBS), veterans are often faced with significant challenges in accessing and using this assistance.

Few nursing home facilities can appropriately serve veterans with spinal cord injuries and disorders (SCI/D). VA operates six specialty long-term care facilities. Its Long Beach VA Medical Center is the only facility located west of the Mississippi River to support veterans served by 11 acute SCI/D centers. Many aging veterans with SCI/D need VA facility-based care, but the department currently has limited capacity and provides for approximately 180 patients. Although specialty SCI/D facilities are being constructed in Dallas and San Diego, the need still far outweighs the supply of beds. 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, community providers often lack SCI/D training, which can result in compromised quality of care and poor outcomes.

In addition to increased options for facility-based care, including the need to allow VA to pay for care provided by assisted living facilities, VA HCBS must be more accessible to veterans with catastrophic disabilities. Under current law, VA is limited on how much can be spent on each veteran’s home care. Specifically, VA is prohibited from spending more than 65 percent of what it would cost if the veteran was provided nursing home care. When VA reaches this cap, the only alternatives are to place the veteran into a VA or community care facility or rely on the veteran’s caregivers, often family, to bear the extra burden. Veterans who are placed in a VA community living center and have mandatory eligibility (i.e., rated 70 percent service-connected or higher or require nursing home care due to a service-connected disability) receive care at no cost. Veterans who do not have mandatory eligibility can receive care in a VA community living center on a space resource-available basis and may be subject to copays. Congress should raise the cap on how much VA can pay for the cost of home care from 65 percent of the cost of nursing home care to 100 percent and allow the department to pay more

#PushingAccessForward

PVA 2024 Policy Priorities
whenever it is in the best interest of the veteran. This would enable greater numbers of veterans to age in place while mitigating the demand on VA institutional care.

In January 2022, VA initiated a five-year expansion of its Home-Based Primary Care, Medical Foster Home and Veteran-Directed Care (VDC) programs. An executive order issued a year later urged the department to consider expanding the VDC program to all 171 VA medical centers by the end of fiscal year 2024. The VDC program allows veterans to receive HCBS in a consumer-directed way and is designed for veterans who need personal care services and help with their activities of daily living. Examples of the assistance they can receive include help with bathing, dressing, or fixing meals. Veterans are given a budget for services managed by the veteran or the veteran’s representative. VA’s expansion of VDC is on track to be completed by the end of calendar year 2024. Until then, it is not available at all VA medical centers and it currently has an enrollment of only about 6,000 veterans. Even though VDC is available at a facility, it doesn’t always mean that it is available for veterans throughout the facility’s catchment area. VA needs to expand VDC, both in terms of the numbers of veterans it serves and the actual areas in which it is available.

Also, for disabled veterans with the greatest support needs, the requirement for a caregiver does not go away when the veteran is hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Prior to April 2023, veterans with high-level quadriplegia and other disabilities were required to pay out of pocket for their caregivers or caregivers donated their time, as veterans could not receive caregiving assistance through VA programs while in an inpatient status. Last year, VA issued guidance to the field stating if a veteran is assigned Case Mix “V” or who has a score of “K” they may continue to receive VDC services during inpatient hospitalization, if it is clinically indicated and in support of the veteran’s care needs. While we greatly appreciated this change, it benefits a very limited number of veterans. Plus, it excludes many deserving veterans with catastrophic disabilities who rely on caregivers, but are not assigned into Case Mix “V” or have a score of “K.” Many SCI/D veterans are still unable to receive payment for their caregivers when they are hospitalized. This limitation must be addressed as these veterans not only need their caregivers while hospitalized, but also to ensure that they can be timely discharged home.

In addition to VA HCBS, the VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides eligible service-connected veterans and their caregivers with needed supports, including a stipend, that allows many veterans to remain in their homes. Although veterans of all eras of service are now eligible to apply for this program, VA’s eligibility criteria have made it difficult for catastrophically disabled veterans to remain in or qualify for the PCAFC. As VA seeks to revise the program’s regulations, congressional oversight is needed to improve program access for these veterans.

Even with VA HCBS and caregiver supports, many veterans with significant disabilities struggle to find direct care workers to assist them with daily activities or to supplement the efforts of their family caregivers. The direct care sector is projected to add over 1 million new jobs between 2021 and 2031, more than any other occupation in the United States. However, mounting workforce challenges, a growing population of older adults, and increased use of home-based care will make it difficult to meet the demand. Recent data from the National Center for Health Workforce Analysis shows the demand for direct care workers is projected to increase by 48 percent for nursing assistants, 43 percent for personal care aides, and 42 percent for home health aides between 2020 and 2035. Increasing pay for these critical workers alone is not sufficient to solve the crisis we face. Applying multiple strategies at a national level, such as raising public awareness about the need and value of caregiving jobs, providing prospective workers quality training, and developing caregiving as a sound career choice are a few of the other changes that could help address this problem.
PVA POSITION

- VA must adequately assess and receive funding to serve the veterans who need specialty, facility-based long-term care and prioritize infrastructure projects for those types of facilities.
- Congress must pass the Expanding Veterans’ Options for Long Term Care Act (H.R. 1815/S. 495) to pilot allowing VA to directly pay for care provided by assisted living facilities.
- Congress must pass the Elizabeth Dole Home Care Act of 2023 (H.R. 542/S. 141), which would make critically needed improvements to home and community-based services, including raising the cap on non-institutional care, expanding the VDC program, creating a pilot program to address direct care worker shortages, improving family caregiver supports, and paying for caregivers serving hospitalized veterans in the VDC program.
- Congress must provide oversight of VA’s PCAFC and ensure veterans ineligible for PCAFC are provided access to alternative programs, like VDC.
- Congress must pass legislation to expand the direct care labor force through better pay and working conditions and support family caregivers through technical assistance and training and Social Security credits for those not in the workforce due to caregiving duties.

VA’s Bowel and Bladder Program

An SCI/D often effects a person’s quality of life, and neurogenic bladder and bowel dysfunction are crucial aspects of their care. These conditions affect many veterans with SCI/Ds and can lead to complications, re-hospitalizations, and mortality. Therefore, managing neurogenic bladder and bowel requires specialized attention. Such care can be costly, is unrelenting over time, often necessitates substantial caregiver support, and is essential for maintaining veterans’ health and well-being.

VA’s Bowel and Bladder program is administered by the Veterans Health Administration’s SCI/D National Program office. Veterans with SCI/D who qualify for bowel and bladder care may receive that care through a home health agency, a family member, or an individually employed caregiver. The clinic of jurisdiction, or VA medical facility, authorizes bowel and bladder care under the Office for Integrated Veteran Care (IVC), to enrolled veterans with SCI/D who are dependent upon others for bowel and bladder care while residing in the community. As soon as designated caregivers successfully complete training from the VA, all necessary forms are forwarded to IVC for sign off and approval of the authorization process. Additionally, the caregiver must obtain a National Provider Identifier, complete a Veteran Care Agreement (VCA), track the amount of time needed to perform the veteran’s bowel and bladder care on a daily basis, and submit it along with a VA Form 10-314, Request for Payment of Bowel and Bladder Services, to be reimbursed.

The current program is fraught with challenges for caregivers and is unevenly applied across the VA system. Timely reimbursement and the tax treatment of payments are the chief complaints of PVA members who must rely on bowel and bladder care to meet their needs. Unlike all other VA payments, including those provided through the PCAFC, Bowel and Bladder program reimbursements are taxable. Even family caregivers are considered federal contractors for providing this care and must pay self-employment tax.
The current program also fails to offer veterans due process. There is no formal notification to the veteran, caregiver, or the provider that a VCA agreement is coming up on its three-year renewal and that it must be re-signed. Hence, due to the lack of notification, veterans and caregivers continue to file monthly claims and out of the blue payments stop and they don’t know why. Getting the program reinstated is a tremendous challenge and due to lack of payment, the veteran may actually lose the caregiver. The whole process starts all over again, with the veteran having to find, train, and formally designate a caregiver which can take weeks to months to finalize; putting the veteran with SCI/D at risk. In similar fashion, a veteran or caregiver are not notified if they file a monthly claim that has errors or missing information nor how to correct them. They just simply don’t get paid and it is up to the veteran or caregiver to reach out to the IVC to find out why.

The Bowel and Bladder program is a life-sustaining program providing support to veterans with SCI/Ds. Codifying the program would allow Congress to finally resolve the tax burden and delayed payments for family members who perform bowel and bladder care. And as principal users of the program, we hope that Congress and the VA will provide PVA ample opportunity to “shape” the program’s language.

**PVA POSITION**

★ Congress should codify the bowel and bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veteran caregivers.
2024 PRIORITY ISSUES

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.

Improve Access to Services and Benefits for Military Sexual Trauma Survivors

In Fiscal Year 2022, 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, however increased oversight is needed to ensure the changes are improving the experience for veterans filing MST 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 ensure veterans filing MST claims are able to choose the gender of the provider they see, per recently passed legislation.
★ VA must do everything they can to guarantee that veterans are treated with care, dignity, and respect in every step of the claims process.

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**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.

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**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 $342.46 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.

**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, does not help veterans who live beyond a certain distance of the medical center, and it is fraught with problems.

Many veterans have experienced travel delays and no shows for scheduled pick-ups with the systems that are available. When the transportation provider is late in picking them up, they are often late for appointments and forced to reschedule them. Also, there are times when the travel contractor never picks them up at all and they do not contact the waiting veteran, so they are forced to reschedule their travel and their appointment. Congress and the VA must work together to improve travel options for catastrophically disabled veterans, including those who live in rural areas.

For many catastrophically disabled veterans, the solution to their transportation problems is having their own vehicle. Several PVA members have received the additional automobile allowance approved by the last Congress as part of the Veterans AUTO and Education Improvement Act (P.L. 117-333). Passage of this legislation gave them the means to not only purchase a new vehicle but also preserve their independence. Congress should consider providing a similar auto allowance to veterans with non-service-connected catastrophic disabilities. Like those with service-connected disabilities, these veterans served honorably. They are eligible for VA health care and having access to an adapted vehicle helps them get to and from their appointments at the VA, particularly if they live in a rural area.

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.

VA’s Beneficiary Travel Self-Service System (BTSSS) also needs more attention. Launched in late 2020, the new cloud-based system was intended to improve the process for veterans to submit and track transportation reimbursements using VA’s secure web based BTSSS portal. However, PVA members and
other veterans routinely voice concerns over how difficult the system is to navigate. Additionally, As VA modernizes and upgrades platforms and engagement methods, it is critical to remember that many veterans do not have equitable access to computers, broadband, and even smart phones. The traditional ways of accessing VA benefits are still necessary for our rural, low-income, disabled, and aging veterans. To ignore them and their needs, is not an option.

Furthermore, VA’s current travel reimbursement rate is too low. Fourteen years ago, Congress passed legislation to set the mileage reimbursement rate at a minimum of $0.41 per mile which at the time was comparable to rates federal employees were reimbursed for work-related travel. This law also gave the Secretary the authority to increase rates going forward to be consistent with the mileage rate for federal employees for the use of their private vehicles on official business, as established by the Administrator of the General Services Administration (GSA). Since that time, VA’s travel mileage reimbursement rate has remained stagnant, even while gas prices and other costs like auto insurance and vehicle maintenance have increased significantly. Meanwhile, GSA has increased its mileage reimbursement rates to 65.5 cents per mile. Congress must act to ensure equity between these two programs.

**PVA POSITION**

- Congress and the VA must work together to improve travel options for catastrophically disabled veterans, particularly those who use wheelchairs, live outside urban areas, and need help traveling to medical care appointments. Passage of legislation like the Protecting Veterans from Medical Transportation Services Shortages Act (H.R. 7504/H.R. 7654/S. 3751) would help more veterans in rural areas get transportation to VA health facilities and access the health care benefits they’ve earned.
- 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 that prevent veterans from using the system. Congress needs to pass the Driver Reimbursement Increase for Veteran Equity Act (DRIVE Act) (H.R. 1278/S. 522) to ensure VA’s travel reimbursement rates matches those offered by GSA.

**Life Insurance Benefits**

Congress passed legislation in 2020 directing VA to reform the Service-Disabled Veterans Life Insurance (S-DVI) 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 2024 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, forty-five percent 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 more than 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.

PVA POSITION

- Congress must pass legislation, such as the Autonomy for Disabled Veterans Act (H.R. 2818/S. 3290) 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

As of December 2023, more than 925,000 women veterans are currently using VA health care, and new women enrollees increased by 23 percent compared to the previous fiscal year. Women veterans with SCI/D are a small but significant subset of these users and VA needs to ensure they receive equal and equitable access to gender specific care. Several legislative victories have been achieved for women veterans in the past few years and Congress needs to commit to appropriate oversight and implementation for the benefit of women veterans.

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
increased effort made with other specialty care providers such as OB/GYN, mental health services, emergency, and other care for our SCI/D women veterans. Additionally, VA staff need to understand the complexities that may be encountered by those specialty care providers when treating an SCI/D veteran.

The VA received $990 million for gender-specific health care for women veterans in fiscal year 2024. Congress must ensure these resources are utilized to maximize services, support, and delivery of 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 and impact of recently passed legislation for women 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, 2024 (P.L. 118-42).

### Assisted Reproductive Technologies

PVA has long championed increasing access to assisted reproductive technologies (ART), particularly access to in vitro fertilization (IVF). Recent expansions made by the VA have addressed many of our initial access concerns, but Congress should do more to guarantee these improvements in law and expand them to other veterans.

Thousands of service members have suffered injuries, illnesses, or encountered exposures that affect a veteran’s ability to procreate. Women veterans are 50 percent more likely to suffer from infertility than the general population. While the recent expansions made by VA will improve access concerns for some veterans, PVA believes infertility should be included in VA’s medical benefits package, which would remove the need for service connection to access services.

Furthermore, VA’s ability to provide ART and IVF depends on language in the annual funding appropriation. Rather than making this an annual request, Congress should permanently fund these infertility services for all disabled 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.

**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, particularly the possible links between toxic exposures and infertility.
2024 PRIORITY ISSUES

Protect the Civil Rights of People with Disabilities

THE ISSUE

Improve Access to Air Travel

People with disabilities regularly encounter barriers when accessing air travel. Passengers with disabilities who use wheelchairs or scooters often feel frustrated and unsafe.

One key area of concern for passengers with disabilities is airport security. Standard passenger screening devices are not accessible for wheelchair users. These travelers are subject to pat-down procedures. These pat-downs are often intrusive and cause passengers to be delayed in making it to their departure gates.

TSA Pre✓® allows veterans with catastrophic disabilities who use wheelchairs or other assistive devices to avoid an invasive pat-down. Instead, a pat-down is only required if less invasive initial screening procedures result in an alarm that necessitates a secondary screening. The dignity and freedom of TSA Pre✓® should be available to catastrophically disabled veterans eligible for the program without paying the fee.

Once through security and at the departure gate, wheelchair users encounter their next concern when they must surrender their wheelchair for stowage and transfer onto an aisle chair to board the aircraft. Disability discrimination in commercial air travel is prohibited by the Air Carrier Access Act (ACAA), which was signed into law by President Reagan in 1986. Although the ACAA did improve the consistency of the air travel experience, it has not resulted in equal treatment for passengers with disabilities.

An online survey conducted by PVA and other disability organizations for the ACAA’s 35th anniversary revealed the extent of problems encountered by wheelchair users during the air travel experience. Of those who needed an aisle chair to board and deplane, many reported that such devices were difficult or unsafe to use, in disrepair, and not readily available for use when needed. Many also said they felt personnel were not adequately trained to assist them in using an aisle chair and felt unsafe using one. Unfortunately, roughly 1 out of 5 said they had been dropped, and roughly 1 out of 4 said they had been injured using an aisle chair. Of those who travel with a wheelchair or scooter, almost 70 percent reported damage to the device. Nearly 56 percent experienced delays.

Many of the difficulties travelers with disabilities encounter in air travel are because the ACAA does not provide safe and 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 accessible path of travel on the aircraft, their wheelchairs are loaded into aircraft cargo holds that are not designed to allow these highly complex assistive devices to be properly enplaned and deplaned, and they have limited or no access to inflight lavatories on single-aisle aircraft. When passengers encounter
problems, their only recourse is to file a complaint with the airline and/or the Department of Transportation (DOT). This process is slow and results in little to no change.

The accessibility provisions included in the FAA Reauthorization Act of 2024 (P.L. 118-63) represent a crucial step forward in the movement to ensure that passengers with disabilities have safe and dignified access to air travel. We appreciate the inclusion of provisions that would increase training for workers who assist wheelchair users, increase data collection and analysis, improve the administrative complaint process, require continued study into the ability of passengers to fly while seated in their wheelchairs, and improve disability access standards on aircraft. More must be done, however, to truly create an air travel system that provides wheelchair users with the same level of safety available to passengers without limited mobility. Specifically, passengers must also have the ability to pursue complaints in the judicial system and DOT must be required to refer certain ACAA complaints to the Department of Justice for further action.

**PVA POSITION**

- Congress must pass legislation, such as the Veterans Expedited TSA Screening (VETS) Safe Travel Act (H.R. 7365), that would improve the experience of wheelchair users during security screenings at airports, including providing access to TSA Pre✓® at no charge to veterans with catastrophic disabilities.
- Congress must conduct rigorous oversight of DOT’s implementation of the disability access provisions included in the FAA Reauthorization Act of 2024.
- DOT must increase administrative enforcement under the ACAA and Congress must provide passengers the opportunity to enforce their rights beyond DOT’s administrative process.

1 Paralyzed Veterans of America, The ACAA Online Survey: Overview of Survey Results Regarding the Air Travel Experience of Passengers with Disabilities.

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**Increase Disability Access**

On July 26, 1990, President George H.W. Bush signed into law the Americans with Disabilities Act (ADA), which prohibits disability-based discrimination against qualified individuals in employment, public services, public accommodations, transportation, and telecommunications. Unfortunately, nearly 35 years later, access barriers remain. These barriers prevent people with disabilities from accessing basic goods and services available to other Americans. There are also no ADA accessibility standards for websites and software applications for public accommodations like grocery stores, hotels, and restaurants.

People with disabilities regularly receive substandard medical care or are denied medical services because of inaccessible medical equipment. Although the U.S. Access Board has issued regulations on medical diagnostic equipment (MDE), the Department of Justice (DOJ) has not adopted these standards. Until DOJ adopts the standards for all ADA-covered providers, they remain unenforceable under the ADA. The Department of Veterans Affairs (VA) has committed to requiring that all new MDE meet accessibility standards, but many disabled veterans must access medical care outside of the VA through community care arrangements. In 2024, the U.S. Department of Health and Human Services adopted accessible MDE standards as part of its regulations implementing Section 504 of the Rehabilitation Act, but unless standards are enforced, disabled veterans, and all people with disabilities will still be denied equal care.
Another area of frequent frustration for wheelchair users is hotel bed height. Due to the increasing height of hotel beds, even beds in the accessible rooms have become inaccessible. Specifically, hotel beds are often too high and cause a serious barrier for wheelchair users because they cannot transfer onto the bed. When hotel beds are too high, wheelchair users may be forced to sleep in their chair or on the floor. They may even have to abandon their travel plans upon arrival or completely avoid traveling, not knowing if they will be able to sleep in the bed. Currently, there are no specific standards for hotel beds under the ADA.

New and emerging forms of transportation, including new train sets, autonomous vehicle (AV) rideshare services, and electric vehicles (EV), including charging stations, are another area that must be accessible to people with disabilities. Congress has approved federal funds for the installation of a nationwide system of EV charging stations. These charging stations must be accessible, or drivers with disabilities may be unable to use EVs. Public rideshare companies are also now utilizing AVs, but many are not accessible to wheelchair users. As EV charging stations and AV rideshare services increase, all must be accessible.

People with disabilities can, and do, file ADA complaints. However, the Department of Justice (DOJ) does not publicly report how many complaints are filed, the types of access barriers alleged, nor the resolution of these complaints. In addition, members of Congress continue to introduce “notice and cure” bills that would require a person with a disability to notify a company of an ADA violation, in a specific way, and give the company a long timeframe, which can be extended, to remove the barrier. Only after the company fails to remove the barrier, after that timeframe has lapsed, can the individual exercise their rights under the ADA. These notification bills would discourage companies from making their services and facilities accessible, as they may wait until they receive these specific notices before complying with a law that’s over three decades old. The bills would also delay an individual from exercising their ADA rights and being able to access the company’s accommodations, goods, and services.

**PVA POSITION**

- DOJ must issue long-overdue ADA regulations governing non-fixed equipment and furniture, including hotel bed height and medical equipment, and website access for all covered entities.
- DOJ must publicly publish annual reports with the number of complaints filed, the barriers alleged, the types of entities against which the complaints are filed, and the resolution of these complaints.
- Congress must oppose any notice and cure bills and instead allow individuals with disabilities to exercise their rights under the ADA.
- Congress must ensure that all new and emerging modes of transportation are accessible for people who use mobility devices and agencies must enforce non-discrimination requirements in transportation.
- Congress must increase tax credits to help businesses remove barriers and provide more funding for DOJ’s ADA mediation program.
2024 PRIORITY ISSUES

Improve Access to Social Security Benefits

THE ISSUE

More than seven million veterans and their families receive retirement, disability, or survivor benefits from Social Security, and together, they comprise approximately 14.1 percent of the adult Social Security beneficiary population.\(^1\) In the Social Security Board of Trustees annual report to Congress in 2024, the Trustees predicted the combined asset reserves of the Old-Age and Survivors Insurance and Disability Insurance (OASI and DI) Trust Funds will be depleted in 2035.\(^2\) The average retiree with $1,400 a month in Social Security benefits will lose $280 per month if Congress does not act by 2035. The average disability beneficiary with $1,200 a month in Social Security benefits will lose $250 a month.\(^3\) Addressing Social Security’s small funding gap can 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. However, measures that would result directly or indirectly in cuts to benefits people have earned through a lifetime of work are inappropriate. Moreover, proposals to set up a commission or task force outside the regular legislative process to propose changes to Social Security and Medicare lack transparency and impede accountability.

According to the Center on Budget and Policy Priorities, 4 in 10 adults aged 65 and older would have incomes below the poverty line without their Social Security benefits. Social Security benefits lift more than 16 million older adults above the poverty line.\(^4\) A more realistic cost-of-living-adjustment (COLA) for Social Security benefits will aid beneficiaries by accounting for expenses, such as out-of-pocket medical costs, that retirees and people with disabilities frequently incur. Providing credits under Social Security will offer some retirement security for the 53 million caregivers in the nation, 10 percent of which have had to give up work entirely or retire early to fulfill their caregiving responsibilities.\(^5\)

Gradually eliminating the earnings cliff in Social Security Disability Insurance (SSDI) and improving the Social Security Ticket to Work Program would remove barriers to work for disability beneficiaries. In


\(^3\) Social Security Administration. (2024). Disability Insurance Trust Fund. Washington, DC.


addition, people with disabilities who may already endure waits of over 500 days for a final decision on their benefits must then wait five months for their SSDI benefits to begin and 24 months to receive Medicare coverage. Eliminating the five-month and 24-month waiting periods could have saved 50,000 people from bankruptcy over a five-year period.6

**PVA POSITION**

- Congress must pass legislation to end the five-month wait for SSDI benefits and the 24-month wait for Medicare for those deemed eligible for SSDI to ensure people with disabilities have essential financial and health care support when they most need it.
  - **Stop the Wait Act (H.R. 883/S. 320)** would end the five-month wait for SSDI benefits and the 24-month wait for Medicare.
  - **We Can’t Wait Act (S. 4192)** would allow SSDI beneficiaries the opportunity to receive SSDI benefits during their five-month waiting period.
- Congress must pass legislation, such as the **Social Security Enhancement and Protection Act (H.R. 671)** and the **Social Security 2100 Act (H.R. 4583/S. 2280)**, to improve benefits for beneficiaries and strengthen the system’s financing without damaging the vital support Social Security provides to millions of Americans.
- Congress must pass legislation, such as the **Social Security Caregiver Credit Act (H.R. 3729/S. 1211)**, to provide credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to perform caregiving duties.

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2024 PRIORITY ISSUES

Increase Employment Prospects for Veterans with Disabilities

THE ISSUE

Veterans with disabilities have lower employment rates and higher poverty levels than other veterans, particularly those with non-service-connected disabilities. Barriers to meaningful employment for disabled veterans can lead to underemployment or prevent them from participating in the labor market. The workforce participation rate of people with significant disabilities is consistently below that of those without disabilities.

Many disabled veterans rely on employment programs and systems outside of the Department of Veterans Affairs (VA) that assist the broader disability community. These include Social Security’s Ticket to Work program, state vocational rehabilitation agencies, and Workforce Innovation and Opportunity Act (WIOA) programs and the Jobs for Veterans State Grants programs. However, year-to-year Department of Labor (DOL) program data reveals troubling inattention by many state workforce agencies to serve veterans and other people with disabilities. In 2002, the Jobs for Veterans Act (JVA) required priority of service be given to targeted veterans in workforce programs funded by DOL. Increased oversight is necessary to ensure that veterans with significant disabilities are receiving the necessary training needed to allow them to find meaningful employment.

Other improvements are also needed to help increase the participation of disabled veterans in the workforce. Tax incentives for employers to hire veterans and other people with disabilities must be enhanced. Work disincentives in Social Security disability programs, such as the “cash cliff” in Social Security Disability Insurance (SSDI) and overpayment penalties related to participation in the Ticket to Work program, must also be addressed.

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. In fiscal year 2023, approximately 131,000 veterans received services through VR&E. This employment program provides critical support for service-connected veterans. However, veterans with catastrophic disabilities are too often told they are unemployable due to their disability and unjustly denied program access. Congress and VA must commit to effective oversight and guarantee VR&E the necessary resources needed to accomplish its mission, while maintaining an educated counselor population.
# PVA POSITION

- Congress must pass the **Disability Employment Incentive Act (S. 3076)**, which would enhance the current Work Opportunity Tax Credit available to employers that hire targeted populations with barriers to employment. In addition to applying the credit to SSDI beneficiaries, it would also double the maximum credit and allow use of the credit for the second year of employment. Furthermore, it would double the Disabled Access Credit for small businesses and the Architectural and Transportation Barrier Removal tax deduction.

- Congress must modernize SSDI work incentives, such as replacing the SSDI “cash cliff” with a gradual reduction in benefits as earned income rises, and improvements to the Ticket to Work Program that facilitate beneficiaries’ participation in that program.

- Congress must increase resources and exercise additional oversight of the VA’s VR&E program. VA must ensure consistent program delivery while ensuring veterans with spinal cord injuries and disorders do not encounter barriers to access when seeking employment and advancement opportunities that promote independent living.
TOP VA SCI/D SYSTEM CHALLENGES

Staffing Vacancies/Limited Bed Availability

Essential positions across the Veterans Health Administration (VHA) are being “deactivated” or even “abolished.” Currently, vacant positions in social work, nursing, and several therapy disciplines that were previously open for recruitment and hiring have been rescinded in order to meet VHA’s goal of zero net growth in the number of full-time employees. When medical staff leave, their vacated positions are not being back filled causing strain on the system and ultimately denying veterans access to earned healthcare services.

Almost all centers across the VA’s Spinal Cord Injuries and Disorders (SCI/D) System of Care have reduced the number of available beds for veterans as a direct result of staffing vacancies. Unlike veterans with other medical conditions, veterans with SCI/D cannot easily be admitted to another medical/surgical unit. Staff in other medical areas do not receive the training required to recognize and treat the unique medical needs of veterans with SCI/D, and other units are unable to maintain the appropriate staffing numbers to provide the extended time needed to care for a veteran with SCI/D. A veteran with SCI/D admitted to an SCI/D unit will require a minimum of 7.3 hands-on nursing hours per day and possibly up to 18.4 hands-on nursing hours per day due to the need for help with repositioning, transfers, feeding, wound care, and bowel and bladder care.

Limited Long-Term Services and Supports

Veterans with SCI/D have limited options to have their long-term services and supports needs met. Some remain in acute SCI/D care units for years because they have nowhere to go. Community nursing homes often refuse to admit veterans with SCI/D because of the high number of nursing hours they require. Family caregivers often fill in the gaps, but age and develop their own health care concerns. There are currently six SCI/D units with dedicated long-term care beds across the system. Unfortunately, the number of actual (operational) beds available is 31 percent less than the number of authorized beds due primarily to staffing and construction-related limitations.

An alternative to nursing home care and/or non-acute inpatient care is Expanded Care. It is part of VA’s Home and Community-Based Services and falls under Skilled Home Health Care. The Expanded Care program can provide a veteran with up to 24/7 skilled nursing care in their home. The only requirement is that the veteran be enrolled in and receiving care within the VHA system of care and have been medically determined to need this amount of care. Unfortunately, there is a general lack of awareness of the program among VA medical center Geriatrics and Extended Care (GEC) Coordinators. The GEC National Program has committed to improving training and outreach to all GEC Coordinators and VISN staff and leadership VHA wide. The proper knowledge, utilization, and implementation of this program would fill the void in this much needed service for our veterans with SCI/D.
Lack of Access to Residential Mental Health and Substance Abuse Treatment

Most SCI/D centers across the country face significant challenges with disruptive, disorderly, and abusive inpatient veterans. Their continued presence on the unit, causes a great deal of distress to the nursing staff and other inpatients. To protect the mental, emotional, and physical well-being of the staff and veterans, VA must implement new strategies and policies to end these disruptive and demoralizing behaviors, for the safety of all involved.

Unfortunately, mental health inpatient units will not admit veterans who have ongoing physical healthcare requirements, including bowel and bladder care or wound care needs. Neither veterans with SCI/D nor non-veterans with SCI/D have access to the higher quality treatment that those without physical disabilities can access. Recovery from psychiatric acute episodes and substance abuse is more successful when someone receives residential treatment for several months. However, veterans with SCI/D seeking recovery or acute mental health treatment have only outpatient options or admission to the SCI/D unit with a psychiatric consultation. These options are typically not effective long term and only further burden the understaffed SCI/D units. With mental health, substance abuse disorder, and suicide prevention being a priority in the VA, the VA must establish residential treatment program access for veterans with SCI/D.
VA SCI/D Registry Data, as of 9/30/23

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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 2025 and 2026 serve as a roadmap to ensure the VA is fully funded and focused on carrying out its mission to serve veterans and their families. To review this year’s budget recommendations, visit The Independent Budget website!
CONTACTS

Heather Ansley  
Chief Policy Officer  
(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

Julie Howell  
Associate Legislative Director  
(202) 416-7695  
JulieH@PVA.org  

**Issues:** Veterans Employment and Education, Housing, Women Veterans

Danica Gonzalves  
Senior Advocacy Attorney  
(202) 416-7790  
DanicaG@PVA.org  

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

Ronda Whichard  
Legal Executive Assistant  
(202) 416-7630  
RondaW@PVA.org

Lisa Elijah  
Grassroots Advocacy Manager  
202-416-7602  
LisaE@PVA.org

Roscoe Butler  
Senior Health Policy Advisor  
(202) 416-7641  
RoscoeB@PVA.org  

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

Anthonya James  
Advocacy Attorney  
(202) 416-7791  
AnthonyaJ@PVA.org  

**Issues:** ADA, Voting, Social Security Disability Insurance, Fair Housing, Legal Advocacy