



**▶ Pushing
Access
Forward**

2025 **POLICY PRIORITIES**



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Paralyzed Veterans of America

For nearly 80 years, PARALYZED VETERANS OF AMERICA—the only congressionally chartered veterans service organization dedicated solely to 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. To help disabled veterans lead independent, healthy, and

productive lives, PVA focuses on the whole veteran – their physical health, financial security, societal needs, and mental well-being. 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 access to the same opportunities and freedoms available to all Americans.

To review PVA’s policy priorities in depth, please visit [PVA.org](https://www.pva.org).

PVA PETITION: Oppose Efforts to Dismantle the VA’s SCI/D System of Care

I urge you to oppose dismantling the Department of Veterans Affairs’ (VA) Spinal Cord Injuries and Disorders (SCI/D) system of care, as veterans overwhelmingly prefer to receive their care at the VA and community providers are not equipped to adequately meet their needs. Veterans with an SCI/D tend to have complex medical needs, resulting in a need to see a multitude of medical specialists in a variety of different fields. The cohesive medical care provided by the VA medical system ensures that veterans can receive the care they need in one place. It also alleviates the often burdensome need to forward their complex medical history from one specialist to another to ensure their complex cases are fully cared for.

The VA’s SCI/D system is the crown jewel of its health care system. The VA’s integrated approach enhances continuity of care and fosters trust among veterans, who value the specialized services tailored to their unique needs. The failure in recent years to properly fund, staff, and invest in the system’s infrastructure is slowly dismantling the SCI/D system of care, leaving paralyzed veterans with inferior care options in the community. The United States government must affirm its commitment to those who served, particularly those with the most significant disabilities, and ensure they receive the best possible care where they feel safe and comfortable.



THOUSANDS OF PVA MEMBERS AND SUPPORTERS FROM EVERY STATE HAVE SIGNED OUR PETITION IN SUPPORT OF PARALYZED VETERANS RECEIVING THE HEALTH CARE THEY DESERVE.



Learn more about why veterans choose VA.

2025 PRIORITY LEGISLATION



Bill#	Title	Description	Support
H.R. 1147/S. 1383	Veterans Accessibility Advisory Committee Act	Creates the Veterans Advisory Committee on Equal Access within VA to improve disability access and remove barriers.	✓
H.R. 1364/S. 1726	Automotive Support Services to Improve Safe Transportation (ASSIST) Act	Clarifies the vehicle modifications that can be provided to disabled veterans as part of the VA's medical benefits package.	✓
H.R. 2245/S. 1644/H.R. 3309	Autonomy for Disabled Veterans Act/Autonomy for All Disabled Veterans Act	Increases the VA's HISA grant for home modifications for disabled veterans.	✓
H.R. 1288/S. 599	Driver Reimbursement Increase for Veterans Equity (DRIVE) Act	Increases the veterans' mileage reimbursement rate for travel to approved health care appointments.	✓
H.R. 1685/S. 749	Justice for ALS Veterans Act	Ensures the surviving spouses of veterans who died of service-connected ALS receive the DIC kicker.	✓
H.R. 2055/S. 611	Caring for Survivors Act	Increases the DIC benefit for veterans' survivors.	✓
H.R. 2036/S. 925	Credit for Caring Act	Creates a tax credit for family caregivers to address the significant financial impact of caregiving.	✓
H.R. 2576/S. 1245	Servicemembers and Veterans Empowerment and Support Act	Improves the VA benefits process for survivors of military sexual trauma.	✓
H.R. 220	Veterans Infertility Treatment Act	Includes assisted reproductive technologies (like IVF) in the VA's medical benefits package.	✓
H.R. 1177/S. 492	Improve and Enhance the Work Opportunity Tax Credit Act	Updates the Work Opportunity Tax Credit to increase employment opportunities for individuals, including disabled veterans.	✓



Veterans Accessibility Advisory Committee Act (H.R. 1147/S. 1383)

What does it do?

- This legislation would create the Veterans Advisory Committee on Equal Access within the Department of Veterans Affairs (VA) to ensure compliance with existing disability laws, such as the Americans with Disabilities Act (ADA), the Rehabilitation Act, and the Architectural Barriers Act (ABA).
- The committee would focus on improving access for disabled veterans to electronic information, benefits and services, health care facilities, and community care providers.
- The committee will issue a report identifying barriers that impact veterans, employees, and the public, as well as providing recommendations to improve accessibility.

Why is it needed?

- Despite the VA being the main health care provider for disabled veterans, many veterans with spinal cord injuries and disorders report architectural barriers, medical equipment accessibility barriers, and barriers accessing online resources.
- VA should lead the way in accessibility for disabled veterans.
- This legislation would facilitate compliance with the ADA, the ABA, and the Rehabilitation Act in the provision of veterans' care and benefits.

Autonomy for Disabled Veterans Act (H.R. 2245/S. 1644)/

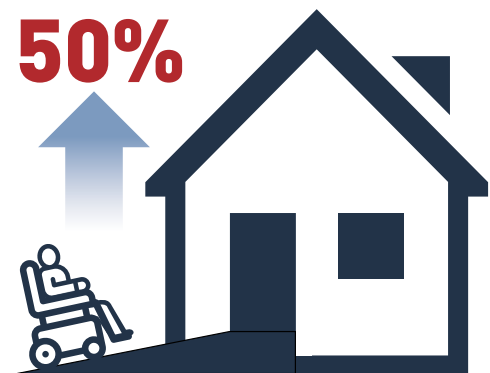
Autonomy for All Disabled Veterans Act (H.R. 3309)

What does it do?

- Increases the home modification grant amount for the Department of Veterans Affairs' Home Improvements and Structural Alterations (HISA) grant.
- Raises the rates available to all eligible veterans.
- Indexes the HISA grant, ensuring the funding keeps up with inflation.

Why is it needed?

- Despite labor and materials costs rising more than 50 percent since 2010, HISA grant amounts have not been increased during that time.
- The current grant is not tied to a cost index which means legislation will always be necessary to increase the amount.
- Disabled veterans deserve access to programs that help them make medically necessary improvements to their homes, such as wheelchair ramps to enter and exit the residence, to allow them to remain independent.



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



Automotive Support Services to Improve Safe Transportation or ASSIST Act (H.R. 1364/S. 1726)

What does it do?

- The Department of Veterans Affairs (VA) provides vehicle modifications to allow veterans with disabilities to safely operate, enter, and exit their vehicle.
- In 2023, Congress passed legislation (P.L. 117-333) to include certain vehicle adaptations in the VA's medical benefits package to ensure all catastrophically disabled veterans are able to access vehicle modifications.
- The ASSIST Act (H.R. 1364/S. 1726) clarifies the equipment that can be provided to disabled veterans as part of the medical benefits package, which provides greater flexibility regarding what can be classified as "adaptive equipment."

Why is it needed?

- Veterans with spinal cord injuries and disorders must have access to adaptive equipment needed to access their vehicles.
- The list of adaptations that could be provided to veterans under P.L. 117-333 inadvertently restricted access to only the specific items listed in the legislation, which was not Congress's intent.

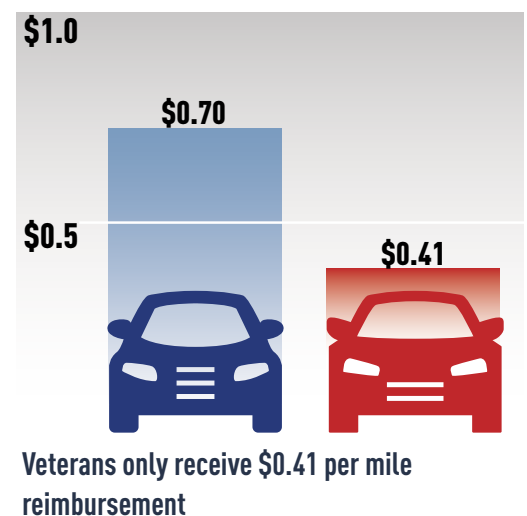
Driver Reimbursement Increase for Veteran Equity or DRIVE Act (H.R. 1288/S. 599)

What does it do?

- The Department of Veterans Affairs (VA) pays eligible veterans and caregivers for mileage and other travel expenses to and from approved health care appointments, but the rate of reimbursement is too low.
- The DRIVE Act would tie veterans' mileage reimbursement to the rate government employees receive, currently \$0.70 per mile, for using their personal vehicles for government business.
- The legislation would also require reimbursement of travel expenses within 90 days of submission.

Why is it needed?

- Fifteen years ago, Congress passed legislation establishing the minimum mileage reimbursement rate at \$0.41 per mile which, at the time, was comparable to rates federal employees were reimbursed for work-related travel.
- 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.
- Increasing the reimbursement rate for veterans' travel expenses will improve their access to health care services and reduce their financial burden.





Caring for Survivors Act (H.R. 2055/S. 611)

What does it do?

- The Department of Veterans Affairs (VA) provides Dependency and Indemnity Compensation (DIC) to qualified survivors of servicemembers and veterans.
- The Caring for Survivors Act would increase the DIC benefit by approximately \$450 per month or \$5,400 a year.
- The Caring for Survivors Act would also reduce DIC's 10-year period of eligibility for 100 percent disabled veterans to 5 years. By decreasing the time period, it would expand eligibility to this benefit to survivors of more seriously disabled veterans.

Why is it needed?

- Since its inception in 1993, DIC has only received minimal adjustments that have not kept up with the cost of living.
- By increasing the amount of DIC to an amount equal to 55 percent of the compensation received by a 100 percent service-disabled veteran with a spouse, the Caring for Survivors Act would bring DIC in line with similar benefits offered to federal employees.
- Reducing the barriers to DIC can give seriously disabled veterans peace of mind that their survivors will be cared for financially after their death.

Justice for ALS Veterans Act (H.R. 1685 /S. 749)

What does it do?

- The Department of Veterans Affairs (VA) provides qualified survivors of servicemembers and veterans with Dependency and Indemnity Compensation (DIC).
- Eligible surviving spouses can receive an additional \$351.02 per month in DIC, known as the "DIC kicker," when 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 as totally disabling for a continuous period of at least eight years.
- The Justice for ALS Veterans Act (H.R. 1685/S. 749) would ensure the surviving spouses of veterans who died of service-connected ALS receive the DIC kicker.

Why is it needed?

- Veterans are twice as likely to be diagnosed with ALS as civilians.
- Most people with ALS die within 3-5 years of symptom onset.
- Surviving spouses of ALS veterans are rarely able to qualify for the additional survivor's benefit because of the quick progression of the disease.





Credit for Caring Act (H.R. 2036/S. 925)

What does it do?

- The Credit for Caring Act would create a new, nonrefundable tax credit of up to \$5,000 for working family caregivers to help address the significant financial impact of caregiving.
- This tax credit would be available for eligible working family caregivers caring for family members of all ages.
- Family caregivers would not need to live with their care recipient nor would the care recipient need to be a dependent.

Why is it needed?

- Family caregivers provide approximately \$600 billion annually in unpaid labor to their loved ones.
- Taking on the cost and responsibility of caregiving can create financial hardships for family caregivers, such as loss of employment opportunities and retirement savings.
- Family caregivers allow people with disabilities to live independently in their homes and communities.
- The Credit for Caring Act will provide much needed financial support to family caregivers, a population that is overlooked and underappreciated.

\$600 BILLION



Improve and Enhance the Work Opportunity Tax Credit Act (H.R. 1177/S. 492)

What does it do?

- The Work Opportunity Tax Credit (WOTC) is a federal tax credit available to employers who hire members of certain targeted groups that face barriers to employment, such as people with disabilities and qualified veterans.
- The Improve and Enhance the Work Opportunity Tax Credit Act would update the WOTC to increase the credit percentage from 40 percent to 50 percent of qualified wages.
- It would also add a second level of credit for employees who work 400 or more hours.
- For most of the eligible populations, the maximum credit is \$2,400 for first-year wages. For veterans with disabilities, the maximum credit is \$4,800 for first-year wages.

Why is it needed?

- The WOTC has not been updated since its enactment 27 years ago.
- It opens doors for individuals who have faced barriers to employment by incentivizing employers to consider candidates they might otherwise overlook.
- The current credit does little to encourage retention of employees beyond the first 400 hours



Servicemembers and Veterans Empowerment and Support Act (H.R. 2576/S. 1245)

What does it do?

- The Servicemembers and Veterans Empowerment and Support Act would improve the benefits process for survivors of military sexual trauma (MST).
- It would expand the evidentiary standard when filing an MST claim to allow non-Department of Defense evidence like statements from family members, roommates, other veterans, and members of the clergy.
- MST survivors would be able to choose whether to have needed compensation and pension exams performed by a Department of Veterans Affairs (VA) medical professional rather than a contract examiner.
- Former Guard and Reserve members would be allowed to receive MST-related mental health counseling at the VA.

Why is it needed?

- In fiscal year 2023, an estimated 6.8 percent of women and 1.3 percent of men serving on active duty were victims of MST.
- The VA disability claims process can be difficult to navigate, especially when pursuing benefits for MST-related conditions.
- It would require VA to process all MST claims via specially trained teams, conduct annual accuracy reviews for claims, and study the quality of training for MST claims processing offered by the Veterans Benefits Administration.

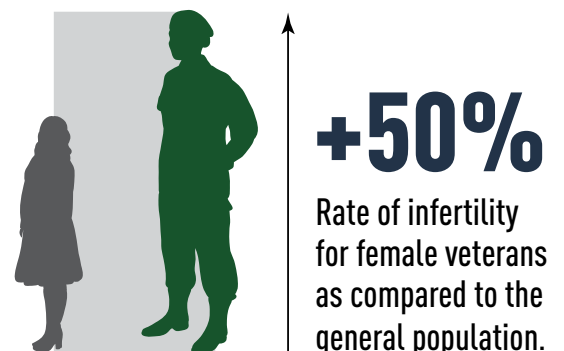
Veterans Infertility Treatment Act (H.R. 220)

What does it do?

- Includes assisted reproductive technologies (like IVF) in the VA's medical benefits package.
- Authorizes the use of donated gametes to allow veterans to grow their families, which is especially critical for injured veterans unable to produce their own genetic material.
- Provides standard fertility preservation services, including procurement, cryopreservation, and storage of gametes.
- Authorizes beneficiary travel for veterans and their partners when seeking treatment.
- Limited to three successful cycles but no more than ten attempted cycles.

Why is it needed?

- Thousands of servicemembers have suffered genitourinary injuries which compromised their ability to grow their families.
- The rate of infertility for women veterans is more than 50 percent higher than for civilian populations.
- Service-connected infertility is extremely difficult to establish.
- Women veterans are half as likely to receive infertility treatment.
- IVF benefits do not exist in statute and this bill will enshrine VA's ability to provide such services.





Protect VA's Specialized Health Care Services

- The VA is the best health care provider for veterans—particularly those with SCI/D. VA's treatment of these individuals has expanded their lifespans by decades and is unmatched in the community. Sending them outside of the VA for services amounts to a degradation of care. **That's why veterans with SCI/D choose VA.**
- Current staffing shortfalls have a direct, adverse impact on the SCI/D system. Despite VA's 2023 hiring surge, **the SCI/D system of care continues to have numerous clinical vacancies** due to lack of funding and inefficient hiring practices. As a result of nursing shortages, SCI/D units are forced to close beds and deny admissions to the veterans who need it.
- **Infrastructure deficiencies also compromise veteran's care.** 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.
- If the system is not adequately funded to allow for proper clinical staffing and infrastructure investments, **VA's capacity to treat veterans with SCI/D will be severely diminished.**

» RECOMMENDATIONS

- Reform VA's bureaucratic hiring practices that result in months-long delays in onboarding doctors, nurses, therapists, and other critical medical professionals.
- Prioritize facility infrastructure projects that support the unique services the VA provides that are not readily available in the community, like SCI/D care.
- Provide sufficient funding to fully support VA specialized services, like SCI/D care, through proper staffing and infrastructure.



Learn more about why VA's SCI/D system of care matters to paralyzed veterans.



Increase Access to Long-Term Services and Supports for Veterans with SCI/D

- The lack of adequate long-term services and supports in the United States presents an enormous problem for people with catastrophic disabilities who are now living longer as a result of medical advancements. Veterans with SCI/D require more nursing care than the average ambulatory resident. **Few long-term care facilities are capable of appropriately serving SCI/D veterans.** VA currently operates six such facilities – only one west of the Mississippi River. Although two additional facilities are under construction, the need for this care far outweighs the supply.
- Since VA SCI/D long-term care facilities are extremely limited, **veterans with SCI/D who have chronic medical issues are being treated in community institutions, by providers not trained in SCI/D.** This often results in a lower quality of care, poorer outcomes, and increased costs as veterans must receive care for pressure wounds and other conditions as a result of inadequate nursing care. In some parts of the country, it is nearly impossible to find placements for veterans who are ventilator dependent, as well as those who need regular assistance with bowel and bladder care needs.
- Catastrophically disabled veterans often need long-term services and supports throughout their lives. Although more specialized long-term care beds are desperately needed, **disabled veterans with the greatest support needs must have improved access to VA-provided home and community based-services**, such as those available through the Veteran Directed Care program.
- Family caregivers are often crucial to the continued health and well-being of catastrophically disabled veterans. **VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) unnecessarily restricts even some paralyzed veterans from being found eligible for this program.** The inability to receive Social Security credits for retirement and bureaucratic processes that treat family caregivers like government contractors also cause frustration that can lead to burnout.
- For veterans who do not have family caregivers, it can be very difficult for them to find direct care workers due to the shortage of these workers. A national effort is needed to expand and strengthen this workforce. **The lack of direct care workers severely affects the health and quality of life of veterans with SCI/D.**

» RECOMMENDATIONS

- Prioritize infrastructure projects focused on increasing specialized VA long-term care facilities for veterans with SCI/D.
- Expand access to VA's home and community-based services to ensure that services such as the Veterans Directed Care program are available to all catastrophically disabled veterans, regardless of where they live.
- Reform VA's PCAFC to reduce unnecessary restrictions on access to family caregiver supports for veterans with catastrophic disabilities.
- Support credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to perform caregiving duties.
- Codify VA's Bowel and Bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veteran caregivers.
- Increase and strengthen the direct care workforce to meet the rising demand for home care services by initiating national policies that improve training requirements, develop career pathways, and improve wages for these critically-needed providers.



Learn more about why caregivers matter to paralyzed veterans.



Improve Veterans' Financial Security

VA Disability Compensation

- **Special Monthly Compensation (SMC) is an additional benefit that can be paid to veterans 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.
- **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.
- SMC is 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**. Baseline rates have not been reexamined for years.

VA Survivor Benefits

- **VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans.**
- Eligible survivors can also receive an additional amount 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." **Rarely do survivors of deceased veterans with ALS qualify for the additional DIC benefit** given the eight-year requirement and the quick progression of the disease.
- DIC rates also need to be raised. 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%. Currently, DIC payments are approximately 41% of compensation for a 100% service-disabled veteran with a spouse. Survivors of our nation's heroes should be cared for at least as well as survivors of federal employees.

» RECOMMENDATION

- Support increasing SMC rates for veterans with catastrophic injuries and illnesses.

» RECOMMENDATIONS

- Support providing eligible survivors of veterans who died of service-connected ALS with the DIC kicker.
- Support indexing the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.



Improve Veterans' Financial Security

Accessible Housing

- There is a **national shortage of affordable, accessible housing for people with disabilities**, including disabled veterans.
- 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.
- The **HISA grant ceiling** has not been raised in over a decade, yet the cost of home modifications has significantly increased over the same period.

Employment

- Veterans with service-connected disabilities are less likely to participate in the labor force than veterans without disabilities. **Veterans with catastrophic disabilities face significant challenges in finding and obtaining employment** that meets their needs.
- High caseloads within the Veteran Readiness and Employment (VR&E) program **limit the amount of time counselors are able to spend with individual veteran clients**, particularly those with significant barriers to employment.
- **Disabled veterans using the VR&E program do not receive the same subsistence rate as Post-9/11 GI Bill recipients.**

» RECOMMENDATIONS

- Enhance the availability of accessible housing by increasing tax incentives for home modifications and building accessible units.
- Support increasing HISA grant amounts to match the present cost of typical housing renovations and tie them to a construction cost index for future years to ensure the benefit serves its intended purpose.

» RECOMMENDATIONS

- Prioritize filling VR&E staffing vacancies to ensure veterans with catastrophic injuries and illnesses receive the time and attention needed to address their complex needs and help them return to work.
- Reform VR&E to remove inefficient processes and ensure that benefits targeted to disabled veterans are not less than those available in VA's education programs.
- Enhance the current Work Opportunity Tax Credit available to employers that hire targeted populations with barriers to employment.



Enhance Access to Health Care Services for Veterans with SCI/D

Accessible Transportation

- Transportation is often one of the biggest barriers to health care for veterans with SCI/D. Some have experienced travel delays and no shows for scheduled pick-ups with the transportation supports that are available. In other cases, **no transportation assistance is available through VA for catastrophically disabled veterans. Missed health care appointments result in worse health outcomes and higher costs.**
- For many disabled veterans, the solution to their transportation problems is owning a vehicle. VA's Automobile Adaptive Equipment (AAE) program provides necessary vehicle adaptations. Recent programmatic changes, however, have made **the program more bureaucratic for service-connected catastrophically disabled veterans to access statutorily granted benefits.**

Growing Disabled Veterans' Families

- Thousands of service members have suffered injuries, illnesses, or encountered exposures **that affect a veteran's ability to procreate.**
- **Women veterans are 50% more likely to suffer from infertility** than the general population.

Women Veterans with SCI/D

- **More women veterans than ever are using VA health care.** 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.

» RECOMMENDATIONS

- Improve travel options for catastrophically disabled veterans, particularly those who use wheelchairs, live outside urban areas, and need help traveling to medical care appointments.
- Streamline the AAE program by decreasing bureaucratic hurdles that make it more difficult for veterans to purchase and access vehicles that meet their needs.

» RECOMMENDATIONS

- Protect and support increased access to health care services, including IVF, that help disabled veterans grow their families.
- Direct research to improve VA's ability to meet the long-term reproductive health care needs of veterans whose SCI/D affects their ability to reproduce

» RECOMMENDATIONS

- Improve access to services and benefits for veterans who have experienced military sexual trauma.
- Designate women veterans' primary care services and gender-sensitive mental health care as essential, foundational services at every facility.
- Ensure that all VA and community care clinicians who provide services for women veterans adhere to VA's evidence-based clinical practice guidelines.
- Provide training to community care providers that includes modules specific to the needs and experiences of women veterans, particularly those with SCI/D.



Defend the Freedoms of Veterans with Disabilities

Disability Access

- Although the Americans with Disabilities Act (ADA) became law in 1990, **barriers still remain especially in public accommodations**. These barriers unfairly limit equal opportunity for veterans with disabilities, including those who use wheelchairs.
- When barriers are encountered, people with disabilities can file a complaint with the Department of Justice (DOJ) or file a lawsuit using the ADA's private right of action. Unfortunately, **complaints filed with the DOJ are routinely dismissed without any action due to the number received**. Few complaints are sent to mediation. Despite a private right of action, lawyers are often hard to secure as there are no damages under Title III of the ADA. As a result, basic freedoms are too often denied to Americans with disabilities.
- To make matters worse, some public accommodations, **feel they should be notified that they are out of compliance** before an individual can file a lawsuit in order to allow them to "cure" the violation. **Such changes, however, eliminate any real incentive for them to proactively comply with the law.**

Air Travel

- Despite decades of protections under federal law, **air travel passengers who use wheelchairs or scooters must endure inaccessible security screening processes** and too often are injured in the aircraft boarding and deplaning process and/or their assistive devices are delayed, damaged, or even destroyed.
- The FAA Reauthorization Act of 2024 (P.L. 118-63) recognized **the need to improve the safety and dignity of passengers with disabilities through new training requirements**, an improved complaint process, and research focused on improving air travel for wheelchair users.
- Although the FAA Reauthorization includes provisions focused on providing a safe, secure, efficient air travel experience for passengers with disabilities, **enforcement of the Air Carrier Access Act (ACAA) must be strengthened.**

» RECOMMENDATIONS

- Support increasing tax incentives that help businesses with ADA compliance and increase funding for the DOJ ADA mediation program.
- Oppose efforts to weaken freedoms by limiting ADA compliance.

» RECOMMENDATIONS

- Improve airport security screening processes and training to facilitate an efficient and dignified experience.
- Conduct effective oversight of implementation of FAA Reauthorization Act requirements focused on improving disability access in air travel.
- Support improved enforcement of ACAA requirements to protect the health and safety of passengers with disabilities.



Learn about why air travel improvements are still needed for passengers with disabilities.

Air travel photo courtesy of Scott McIntyre, New York Times



Addressing Staffing Vacancies and Lack of Available Beds

Staffing vacancies and limited bed availability remain one of the top challenges for veterans seeking care in the Department of Veterans Affairs' (VA) spinal cord injuries and disorders (SCI/D) system of care. VA's 2024 "Zero Net Growth" mandate led to the deactivation, abolishment, and rescinding of several key staffing positions across the Veterans Health Administration (VHA). The SCI/D system of care was not immune from this policy. Unfortunately, the staffing challenges that existed under this and other policies have been exacerbated by ongoing uncertainty in the VA's workforce.

We want to ensure that current efforts to reduce the size of the federal government and increase care in the community do not lead to a lower quality of care or decrease access to VA-direct care. Although many clinical providers such as nurses, social workers, and psychologists are exempt from hiring freezes and other efforts to reduce personnel, other critical staff are not. Overall, hiring freezes, early retirement, resignations, and terminations amongst all staff have significantly limited access to care, including bed availability. As of March 1, 2025, SCI/D nursing staffing levels were down by 35 percent, making more than one-third of VHA's existing acute SCI/D beds unavailable.

These continued staffing deficiencies within the SCI/D system of care are unacceptable. They undermine the integrity and future of the VA's SCI/D system of care—a specialized service that is unmatched, irreplaceable, and unavailable anywhere outside of the VA. Veterans with SCI/D have earned, deserve, and are entitled to receive comprehensive VA-direct SCI/D care. VA must prioritize clinical and support staffing for VA's SCI/D system of care.

Facility-based long-term care beds have long been in short supply. Currently, VA has six long-term care facilities that are capable of appropriately serving veterans with SCI/D and the department is required to maintain 198 authorized (181 operating) long-term care beds at SCI/D centers. However, as of April 1, 2025, only 156 beds were available due to the lack of staffing. Dallas and San Diego are currently building long-term care centers for veterans with SCI/D. Community nursing homes often choose residents with fewer physical needs before accepting a veteran with the intense needs associated with SCI/D. VA's Expanded Care program can provide a veteran with up to 24/7 skilled nursing care in their home, with the only requirements being the veteran is enrolled in and receiving care through the VA and is medically determined to require this amount of care. Unfortunately, many Geriatrics and Extended Care Coordinators remain unaware that the program exists and how it can benefit veterans with SCI/D. It is essential that this program remains available.

Examples of critical vacancies across VA's SCI/D system of care:

- **Miami, Palo Alto, and Seattle** do not have wheelchair repair technicians, with no positions approved for hire.
- **Seattle** does not have a plastic surgeon. Surgical wound care is not available at this facility.
- **Long Beach** does not have a psychiatrist, with no position approved for hire.
- **Syracuse** does not have a psychologist, with no position approved for hire.
- **Lake City, FL (spoke)** does not have a physician or nurse practitioner. SCI/D staff from Gainesville (50 miles away) have been redeployed to Lake City to provide limited clinic hours.
- **Denver** does not have a dietician, with no position approved for hire.
- **Hines (Chicago)** has one physical therapist. Two vacancies are currently frozen and not approved for hire.

TOP VA SCI/D SYSTEM CHALLENGES



Increasing Access to VA-Direct Care Closer to Home

While we continue our collaboration with the VA to address key issues—such as the absence of Residential Rehabilitation Treatment Programs for mental health issues and substance use disorders among veterans with SCI/D, as well as the limited availability of long-term care options—we are now prioritizing the growth and support of VA SCI/D spoke sites. The VA uses a hub and spoke system of care including 25 regional hubs (centers) that offer multi-disciplinary primary and specialty care and services, and approximately 130 spokes, which offer local SCI/D primary care and support clinics.

The COVID-19 pandemic fundamentally reshaped VA SCI/D medicine. Restrictions on hospital admissions and outpatient visits forced many veterans to adapt to new avenues of care, including telehealth, outpatient clinics, home care services, Hospital in Home programs, and other home and community-based services. These alternatives have yielded exceptional outcomes for veterans with SCI/D, many of whom have grown to appreciate this outpatient-focused approach over traditional center-based inpatient care.

Additionally, the pandemic spurred significant advancements in VHA outpatient and home-based programs to fill care gaps and meet the needs of all veterans. These improvements include the expansion of the Veteran Directed Care program, Home Health Aide services, In-Home Respite programs, Expanded Care/Private Duty Nurse program, Caregiver programs, and, most notably, the passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This legislation eliminated expenditure caps on home care, ensuring that veterans receive the care they need when and where they need it—often closer to home at a spoke site rather than driving 2–8 hours to an SCI/D center.

Because of this shift, our data shows that as of February 2025, SCI/D center bed occupancy has declined by 10 percent compared to pre-COVID levels. Many veterans now realize they no longer need to travel long distances for care that can be effectively delivered on an outpatient basis at nearby VA SCI/D spoke sites. We want to ensure that spoke sites are equipped with the resources, staff, and access necessary to serve the growing number of veterans with SCI/D choosing this model of care. However, SCI/D centers remain vital links in the system of care and they must retain staff and beds, as well as conduct outreach to all veterans on the registry to ensure veterans have access to all their needed services.



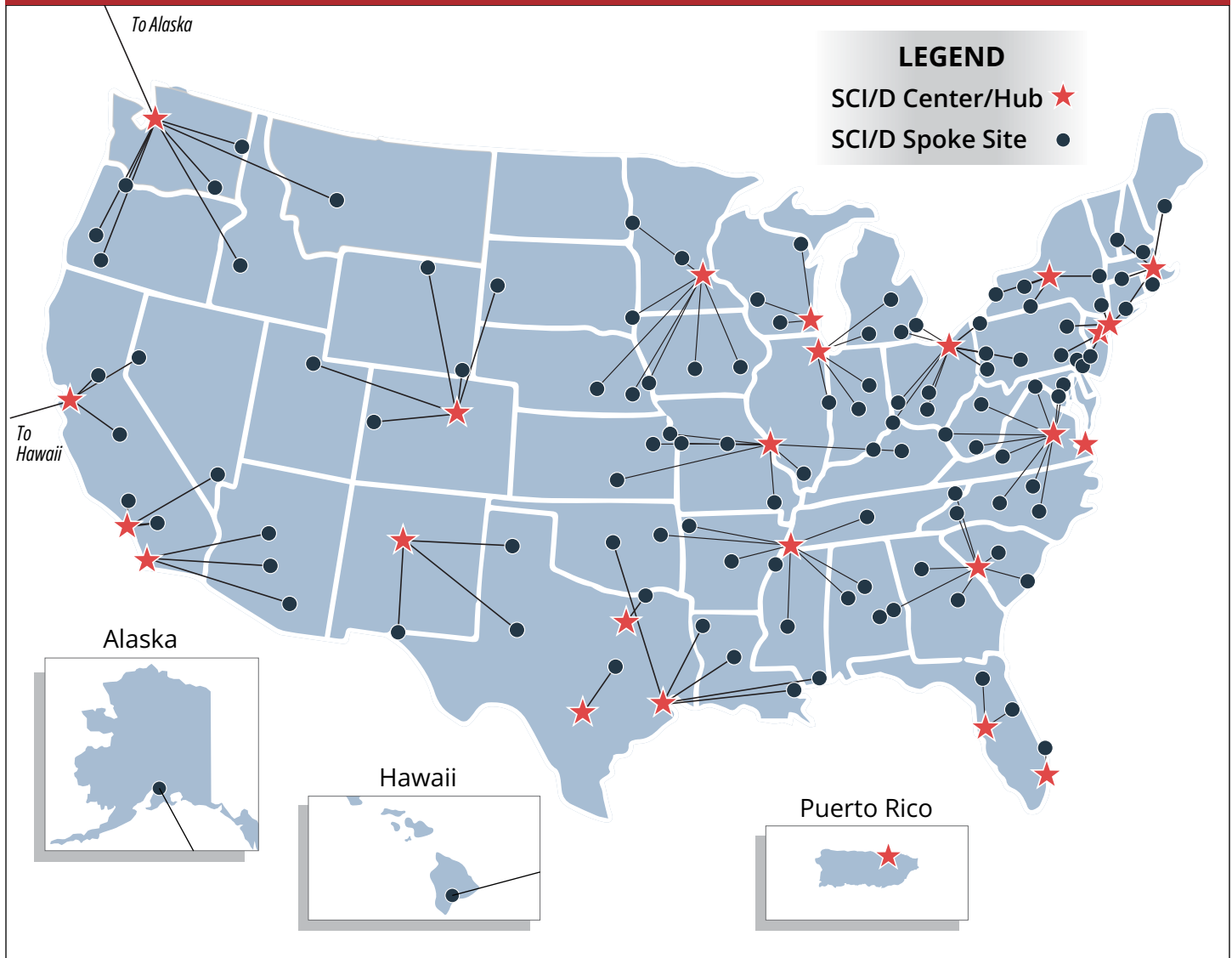
“The lives of veterans with SCI/D depend on having access to VA-provided care through VA’s SCI/D system. It’s not just acute care post-injury or diagnosis that we depend on, it’s also the lifelong care that allows us to remain in our homes, to work and volunteer, and live in our communities with our families.”

Robert Thomas
U.S. Army Veteran and PVA
National President

TOP VA SCI/D SYSTEM CHALLENGES



VHA SCI/D System of Care



SCI/D Registry Information, as of the beginning of fiscal year 2024

Veterans receiving care for Spinal Cord Injury	Veterans receiving care for Multiple Sclerosis	Veterans receiving care for amyotrophic lateral sclerosis (ALS)	All SCI/D total
17,808	5,014	1,663	24,485



1 Increase Number of VA SCI/D Long-Term Care (LTC) Beds

There is a severe shortage of VA extended care facilities for veterans with SCI/D, many of whom are currently languishing in community institutions that are not adequately equipped or trained to care for this vulnerable population.

- ★ Less than 200 LTC beds nationwide—only 12 LTC beds west of the Mississippi River.
- ★ 70 beds at three locations coming online following construction projects scheduled for completion in Fall 2025/Fall 2027.
- ★ Additional 154 beds at seven locations that are awaiting funding (combination of renovation/addition and new construction projects)—would still not fully address the shortage.



2 Elimination of Four-Bed Patient Bedrooms at SCI/D Acute Care Centers

Almost half of SCI/D centers continue to utilize four-bed patient bedrooms each with one shared bathroom which are not allowed by VA requirements. Due to infection control issues in the shared bedrooms and bathrooms, individual veterans with SCI/D are frequently isolated in a four-bed patient room limiting bed availability and veterans' access to care by as much as 75 percent.

- ★ 12 VA SCI/D centers have four-bed patient bedrooms—represents 34 percent of all acute care beds in the system of care.
- ★ Three funded design and construction projects will eliminate additional four-bed patient bedrooms—29 percent of existing acute care beds will still be four-bed patient bedrooms upon completion of these projects.
- ★ Nine projects awaiting funding to eliminate four-bed patient bedrooms—completion of all proposed projects will eliminate all but four four-bed patient bedrooms.



3 Fund Major Projects to Modernize SCI/D System of Care

The VA has already invested significant initial design costs for major design projects at several SCI/D centers, only to put the projects on hold due to poor budget management or other factors. Expediting the completion of these readily achievable projects would greatly improve the SCI/D system of care. Projects would affect SCI/D centers (acute and long-term care) in Dallas, the Bronx, Brockton (Mass.), Minneapolis, Long Beach (Calif.), St. Louis, Tampa, and West Roxbury (Mass.)



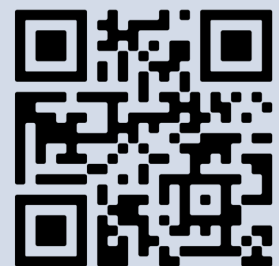
THE INDEPENDENT BUDGET

A Comprehensive Budget Document
Created by Veterans for Veterans



Fiscal Years 2026 and 2027
for the Department of Veterans Affairs

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 2026 and 2027 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!



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