



**▶ Pushing
Access
Forward**

2026 POLICY PRIORITIES



TABLE OF CONTENTS

CRITICAL PRIORITY:

Support Access to VA Specialty Care for Veterans with SCI/D	3
<hr/>	
2026 Priority Legislation	4
<hr/>	
2026 Policy Priorities	12
<hr/>	
VA SCI/D System of Care Statistics	19
<hr/>	
Infrastructure Priorities for VA SCI/D Centers	20
<hr/>	
Contacts	22





Paralyzed Veterans of America

For 80 years, PARALYZED VETERANS OF AMERICA—the only congressionally chartered veterans service organization dedicated to serving veterans with spinal cord injury and 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. Since 1946, we have been member-led and mission driven. That lived experience is the compass that guides everything we do. 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).



CRITICAL PRIORITY

Support Access to VA Specialty Care for Veterans with SCI/D

Veterans with SCI/D and their families rely on the VA SCI/D system for highly specialized, lifelong care that has improved outcomes for veterans with SCI/D and increased their life expectancy. **As a result of ongoing staffing shortages and delayed infrastructure investments, PVA is concerned about the future of the SCI/D system of care, which is not available in the community.** Once beds and services are lost, they are not likely to be restored.

Thousands of PVA members and supporters from every state have signed our petition to ensure the SCI/D system of care continues to provide the care veterans depend on.



The VA's SCI/D system is the crown jewel of [VA's] 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 systems' infrastructure is slowing dismantling the SCI/D system of care, leaving paralyzed veterans with inferior care options in the community."

– Excerpt from PVA's Petition

**VIEW THE
PETITION**

2026 PRIORITY LEGISLATION



Bill#	Title	Description	Support
S. 3647	Disabled Veterans Dignity Act	Makes VA's Bowel and Bladder program a statutory requirement and standardizes processes, training, and procedures across the VA system, while also clarifying participation criteria and reimbursement rates.	✓
H.R. 6047	Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act	Increases the amount of Special Monthly Compensation for the most severely disabled veterans and raises survivor benefits.	✓
H.R. 6835/S. 3988	Veterans STAND Act	Ensures veterans with SCI/D receive consistent, comprehensive health evaluations and are considered for innovative treatments that could enhance their mobility, independence, and quality of life.	✓
H.R. 1685/S. 749	Justice for ALS Veterans Act	Ensures the surviving spouses of veterans who died of service-connected ALS are eligible for increased survivor benefits.	✓
H.R. 1364/S. 1726	Automotive Support Services to Improve Safe Transportation (ASSIST) Act	Clarifies the types of automotive adapted equipment that can be provided to disabled veterans as part of the VA's medical benefits package.	✓
H.R. 1288/S. 599	Driver Reimbursement Increase for Veteran Equity (DRIVE) Act	Increases veterans' mileage reimbursement rate for travel to approved health care appointments.	✓
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. 8490/S. 4396	Social Security Caregiver Credit Act	Allows eligible caregivers to earn Social Security credits for unpaid care for a family member with a disability.	✓
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. 2055/S. 611	Caring for Survivors Act	Increases VA financial benefits for veterans' survivors.	✓
H.R. 7411/S. 3395	Mammography Access for Veterans Act	Authorizes VA's mammography telescreening pilot program permanently.	✓
H.R. 220	Veterans Infertility Treatment Act	Includes assisted reproductive technologies (like IVF) in 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 Home Improvements and Structural Alternations grant for home modifications for disabled veterans.	✓



Disabled Veterans Dignity Act (S. 3647)

What does it do?

- The **Disabled Veterans Dignity Act (S. 3647)** makes the **Department of Veterans Affairs' (VA) current Bowel and Bladder program a statutory requirement** and directs the department to standardize all processes, training, and procedures associated with it.
- The legislation would clarify that participation in the program is a clinical decision, as well as reimbursement rates and frequency.
- Veterans denied participation will have a review of that denial from one of the department's spinal cord injuries and disorders (SCI/D) centers.



Why is it needed?

- Managing neurogenic bladder and bowel requires specialized attention, often necessitates substantial caregiver support, and is essential for maintaining veterans' health and well-being.
- Veterans with SCI/D who qualify for VA's Bowel and Bladder program may receive that care through a home health agency, a family member, or an individually employed caregiver but the **current program is fraught with problems and is unevenly applied across the VA system.**
- Timely reimbursement and the tax treatment of payments are top PVA member complaints.

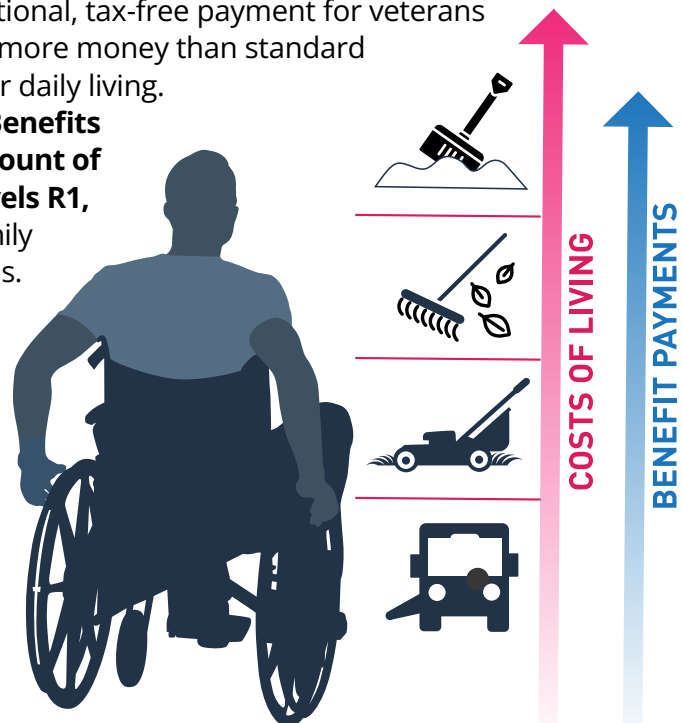
Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (H.R. 6047)

What does it do?

- The Department of Veterans Affairs (VA) provides qualified survivors of servicemembers and veterans with Dependency and Indemnity Compensation (DIC).
- VA Special Monthly Compensation (SMC) is an additional, tax-free payment for veterans with severe service-connected disabilities, offering more money than standard disability rates for needs like aid and attendance for daily living.
- The **Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (H.R. 6047)** would increase the amount of **SMC for the most severely disabled veterans (levels R1, R2, and T) and raise DIC rates** for the surviving family members of deceased servicemembers and veterans.

Why is it needed?

- **Neither DIC nor SMC has been adjusted in decades.**
- Severely disabled veterans have added expenses due to daily home-based care and other disability-related needs.
- When a service-connected SCI/D veteran passes away, monthly compensation that may have been upwards of \$10,000 a month stops, and their surviving spouse receives roughly a fifth of that per month in DIC.





Veterans STAND Act (H.R. 6835/S. 3988)

What does it do?

- Requires the Department of Veterans Affairs (VA) to offer yearly preventative health assessments to veterans with spinal cord injuries and disorders (SCI/D). This includes assessments of chronic pain management and reviewing the risk of comorbidities.
- Ensures veterans are evaluated for advanced assistive technologies as part of these annual assessments, including powered mobility devices; exoskeletons; and spinal cord neuromodulation therapies that can restore movement, reduce pain, and improve daily functioning.
- Directs the VA to consult with spinal cord specialists, clinicians, veterans service organizations, and medical device manufacturers to ensure VA policies reflect the latest advancements in SCI/D care.
- The **Veterans STAND Act (H.R. 6835/S. 3988) would ensure veterans with SCI/D receive consistent, comprehensive health evaluations and are considered for innovative treatments that could enhance their mobility, independence, and quality of life.**

Why is it needed?

- Regular, comprehensive reviews are essential to preserving the health, independence, and quality of life of veterans with SCI/D.
- **Proactively assessing a veteran for assistive technology interventions preserves or augments function instead of waiting for a decline or injury to occur.**
- Embedding the consideration of technological advances into VA's annual assessments will help more veterans regain function, stay connected to their communities, and live with greater dignity.



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 \$360.85 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 of 2025 (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.**



Automotive Support Services to Improve Safe Transportation 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 **Automotive Support Services to Improve Safe Transportation 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 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 **Driver Reimbursement Increase for Veteran Equity 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.



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.

Social Security Caregiver Credit Act (H.R. 8490/S. 4396)

What does it do?

- The **Social Security Caregiver Credit Act would allow eligible caregivers to earn Social Security credits for up to five years while providing unpaid care to a dependent child under 12, an aging parent, a spouse, or a family member with a disability.**
- Caregivers would need to provide at least 80 hours of unpaid care per month to a family member. Payments received through the Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers would not count as paid care for this purpose.
- In return, for up to five years, these caregivers would receive "deemed wages" for their caregiving years. Those deemed wages would be included in the calculation of their Social Security benefits, replacing up to five years in which they had no earnings.

Why is it needed?

- Taking on the cost and responsibility of caregiving can create financial hardships for family caregivers, such as loss of employment opportunities, reduced retirement savings, and significantly lower Social Security benefit payments.
- Whenever a caregiver steps out of the workforce to care for an aging parent or support a disabled spouse, those years count as \$0 earnings in their 35-year average calculation. Every zero drags down their lifetime Social Security benefits permanently.
- Instead of letting those years count as zero, this bill would assign a level of income to help protect their future Social Security benefits.
- It **ensures caregivers are not penalized for stepping away from the workforce to care for a loved one.**



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.

Caring for Survivors Act of 2025 (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?

- DIC rates have only received minimal adjustments since 1993 and 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.



Mammography Access for Veterans Act of 2025 (H.R. 7411/S. 3395)

What does it do?

- Builds off the success of the MAMMO Act (P.L. 117-135).
- **Permanently authorizes the mammography telescreening pilot program.**
- Requires the Department of Veterans Affairs (VA) to offer either a telescreening mammography program, a full-service in-house mammography program, or a mobile mammography program in each state, and to ensure that to the extent practicable each option is accessible for veterans with spinal cord injuries and disorders.

Why is it needed?

- The MAMMO Act increased mammography access for veterans and required VA to update their technology related to the delivery of mammography screenings, including for disabled veterans.
- **Since June 2025, more than 7,000 screening mammograms have been conducted under the pilot program.**
- Nearly half of U.S. states do not have in-house mammography access at VA medical facilities; thus, this bill will help fill critical gaps in accessing preventative screening.

Veterans Infertility Treatment Act of 2025 (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.



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.





2026 POLICY PRIORITIES



Strengthen the Foundations of VA's Specialized Health Care Services

- **Veterans with SCI/D choose VA for their care because it is unmatched in the community.** Sending catastrophically disabled veterans to the community for specialty care services, rather than providing it in the VA, decreases the quality of their care.
- **VA's SCI/D system of care is a national system of care.** Veterans from different states often depend throughout their lives on the services of their SCI/D center (hub) site. Sites at VA facilities closer to home (spokes) give veterans options while ensuring access to the full support of this crucial care system.
- **Chronic staffing deficiencies continue to have a direct, adverse impact on VA specialty care.** The SCI/D system of care faces clinical vacancies and suffers from inefficient hiring practices.
- **Infrastructure deficiencies also compromise veterans' care.** VA's SCI/D system of care is comprised of 25 acute care centers and seven long-term care centers. Many of the older centers have only had cosmetic or basic renovations.

▶ Recommendations

- Implement a holistic assessment of the SCI/D system of care and ensure individual centers are properly supported to meet SCI/D veterans' needs.
- Address chronic staffing deficiencies in VA specialized services, including the SCI/D system of care.
- Prioritize facility infrastructure and leasing projects that support the unique services the VA provides, such as SCI/D care, that are not readily available in the community.
- Provide sufficient funding to fully support VA specialized services, like SCI/D care, through proper staffing and infrastructure.



PVA firmly believes VA is the best health care provider for disabled veterans, particularly those with catastrophic disabilities. More importantly, our members consistently choose VA."

Testimony of PVA National President Robert Thomas on September 17, 2025, before the Senate Veterans' Affairs Committee.



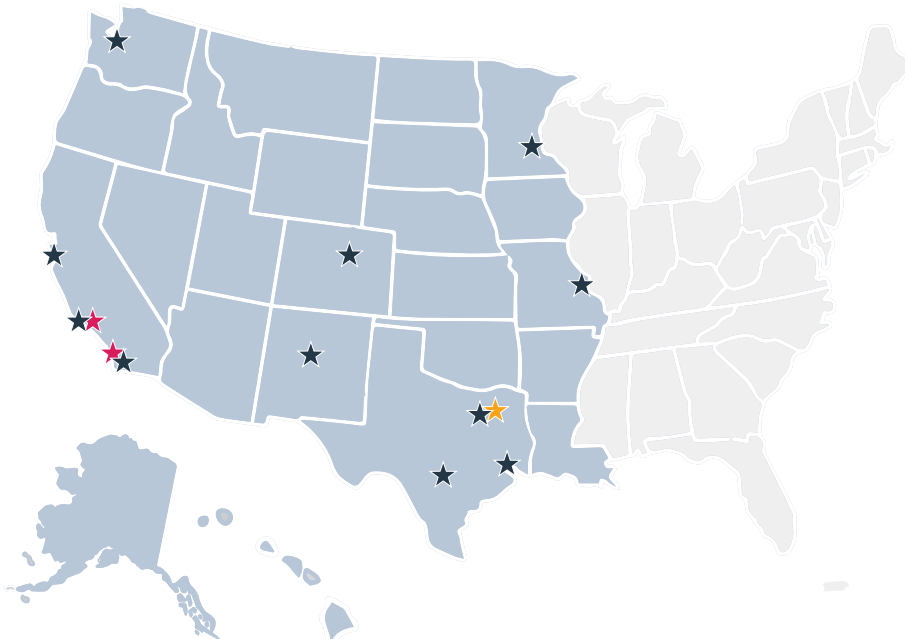


Maximize VA Long-Term Services and Supports for Veterans with SCI/D

- **Veterans with SCI/D often need long-term services and supports**, whether in their homes or through facility-based care, throughout their lives.
- **Inadequate nursing care for SCI/D veterans in community institutions often leads to a lower quality of care, poorer outcomes, and increased costs for VA.** Many community facilities will not accept veterans with intensive needs, such as those who are ventilator dependent or require regular assistance with bowel and bladder functions.
- **Disabled veterans with the greatest support needs must also have improved access to VA-provided home and community based-services**, such as those available through the Veteran Directed Care (VDC) program.
- **The VA's Bowel and Bladder program is a life-sustaining program providing support to veterans with SCI/D, but it is fraught with challenges for caregivers and is unevenly applied across the VA.** Timely reimbursement and the tax treatment of payments are the chief complaints, as well as a lack of due process in its administration.
- **VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) unnecessarily restricts even some paralyzed veterans from being found eligible for this program.** These caregivers, as well as unpaid caregivers, are unable to receive Social Security credits for retirement.

▶ Recommendations

- Prioritize infrastructure and leasing projects focused on increasing specialized VA long-term care facilities for veterans with SCI/D.
- Monitor the implementation of the provisions in the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act of 2025 (P.L. 118-210) that expand access to VA's home and community-based services to ensure that services, including the VDC program, are available to all catastrophically disabled veterans, regardless of where they live.
- Codify VA's Bowel and Bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veterans' caregivers.
- 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.



- ★ SCI/D Acute Care Centers
- ★ SCI/D Long-term Care Facilities
- ★ SCI/D Long-term Care Facilities in Development



Fortify the Financial Security of Veterans with SCI/D, their Families, and Survivors

VA Disability Compensation

- **VA Disability Compensation is a crucial, earned benefit for veterans who are injured or become ill** due to their service.
- **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.
- **Baseline rates for SMC have not been re-examined for years** and are not meeting the cost of living with a catastrophic disability.

▶ Recommendations

- Ensure that the core foundations of the VA Disability Compensation program are preserved, and that Congress and the VA take meaningful actions to eliminate inefficiencies affecting veterans, their families, and survivors.
- Support increasing SMC rates for veterans with catastrophic injuries and illnesses.



Special Monthly Compensation is intended to assist veterans with the higher costs of living that disabled veterans experience. But its baseline rates haven't been raised for decades, so it isn't helping veterans as much as it did when it was established."

Testimony of PVA National Treasurer Tom Wheaton on December 3, 2025, before the House Veterans' Affairs Committee.



Employment

- **Veterans with catastrophic disabilities face significant challenges in finding and obtaining employment** that meets their needs.
- **High caseloads within the VA's Veteran Readiness and Employment (VR&E) program limit the amount of time counselors can 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.**

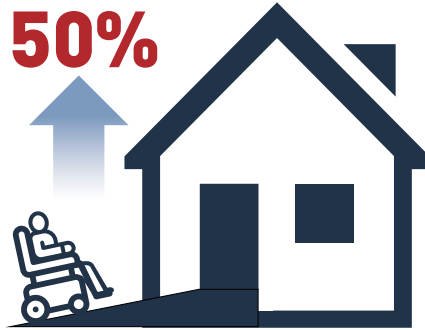
▶ Recommendations

- Oppose efforts to weaken disability-related protections for and incentives to hire disabled veterans.
- Prioritize filling VR&E staffing vacancies to ensure veterans with catastrophic injuries and illnesses receive the time and attention needed to address their complex disabilities 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.



Accessible Housing

- **Affordable, accessible housing is in short supply, for people with disability** 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.



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

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.

VA Survivor Benefits

- **VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans.**
- **DIC rates have only been minimally adjusted since 1993.** These payments are approximately 41 percent of compensation for a 100 percent service-disabled veteran with a spouse. 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.
- **Rarely do survivors of veterans with ALS qualify for the additional "DIC kicker,"** available to survivors based on how long the veteran lives with a totally disabling disability, due to the quick progression of the disease.

Recommendations

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

DIC kicker eligibility requirement

8 years

Average life expectancy of person with ALS

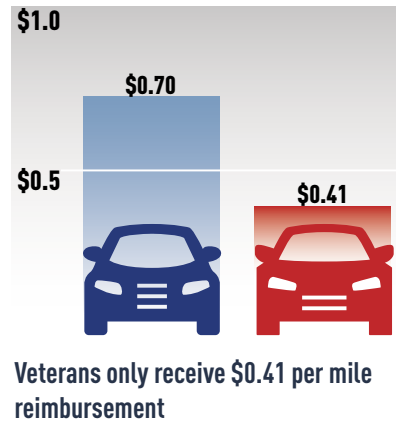
3-5 YEARS



Increase SCI/D Veterans' Access to Health Care Services

Accessible Transportation

- **Transportation is often one of the biggest barriers to health care for veterans with SCI/D.** Missed health care appointments result in worse health outcomes and higher costs.
- **VA's Automobile Adaptive Equipment (AAE) program provides necessary vehicle adaptations,** but changes have made it more bureaucratic.
- **VA's travel mileage reimbursement rate has remained stagnant,** even while gas prices and other costs like insurance and maintenance have increased.



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 eliminating hurdles that make it more difficult for veterans to purchase and access vehicles that meet their needs.
- Increase the reimbursement rate for veterans' travel expenses to improve their access to health care services and reduce their financial burden.

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 percent more likely to suffer from infertility** than the general population.

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.

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 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 and provide training to community care providers.
- Ensure that all VA and community care clinicians who provide services for women veterans adhere to VA's evidence-based clinical practice guidelines.



Ensure Equal Opportunity and Full Participation for Catastrophically Disabled Veterans

Disability Access

- **Despite the Americans with Disabilities Act (ADA), access barriers remain, unfairly limiting opportunities for veterans with disabilities**, including those who use wheelchairs.
- **Unfortunately, complaints filed with the Department of Justice are routinely dismissed without any action due to the number received.** Despite a private right of action, lawyers are often hard to secure as there are no monetary damages for suits against public accommodations under the ADA.

Surface Transportation

- **Despite the ADA and other disability rights laws**, access to transportation continues to be fragmented.
- **People with disabilities, particularly those who use wheelchairs and other assistive devices for mobility, routinely encounter disability-related barriers in accessing transportation.**
- **Problems range from broken sidewalks to a lack of accessible taxis and rideshare vehicles, as well as an inability to safely and efficiently access rail and subway stations** due to a lack of elevators or level boarding.



Top access barrier for PVA members?
Broken or missing sidewalks, curb cuts,
and crosswalks.

▶ Recommendations

- Support increasing tax incentives that help businesses with ADA compliance and increase funding for the DOJ review of ADA complaints.
- Oppose efforts to impose requirements that would decrease proactive compliance by giving businesses an opportunity to “cure” the violation prior to a lawsuit or hinder adoption of regulatory requirements that promote equal opportunity and full participation.

▶ Recommendations

- Include proposals in the next surface transportation reauthorization that will provide needed funding to help remove barriers to transportation for people with disabilities, including fixing barriers that prevent access to sidewalks, curb cuts, and crosswalks.
- Support efforts that increase accessible transportation options for wheelchair users, such as wheelchair accessible rideshare and autonomous vehicles.



Ensure Equal Opportunity and Full Participation for Catastrophically Disabled Veterans, continued

Air Travel

- **Veterans with SCI/D must endure inaccessible security screening processes and are often 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.
- **In 2024, the Department of Transportation finalized Air Carrier Access Act (ACAA) regulations protecting the safety and dignity of passengers with disabilities who use wheelchairs and scooters in air travel.** Now, some of those protections are in danger of being rolled back.
- **ACAA protections are only enforceable through discretionary administrative actions.**

▶ Recommendations

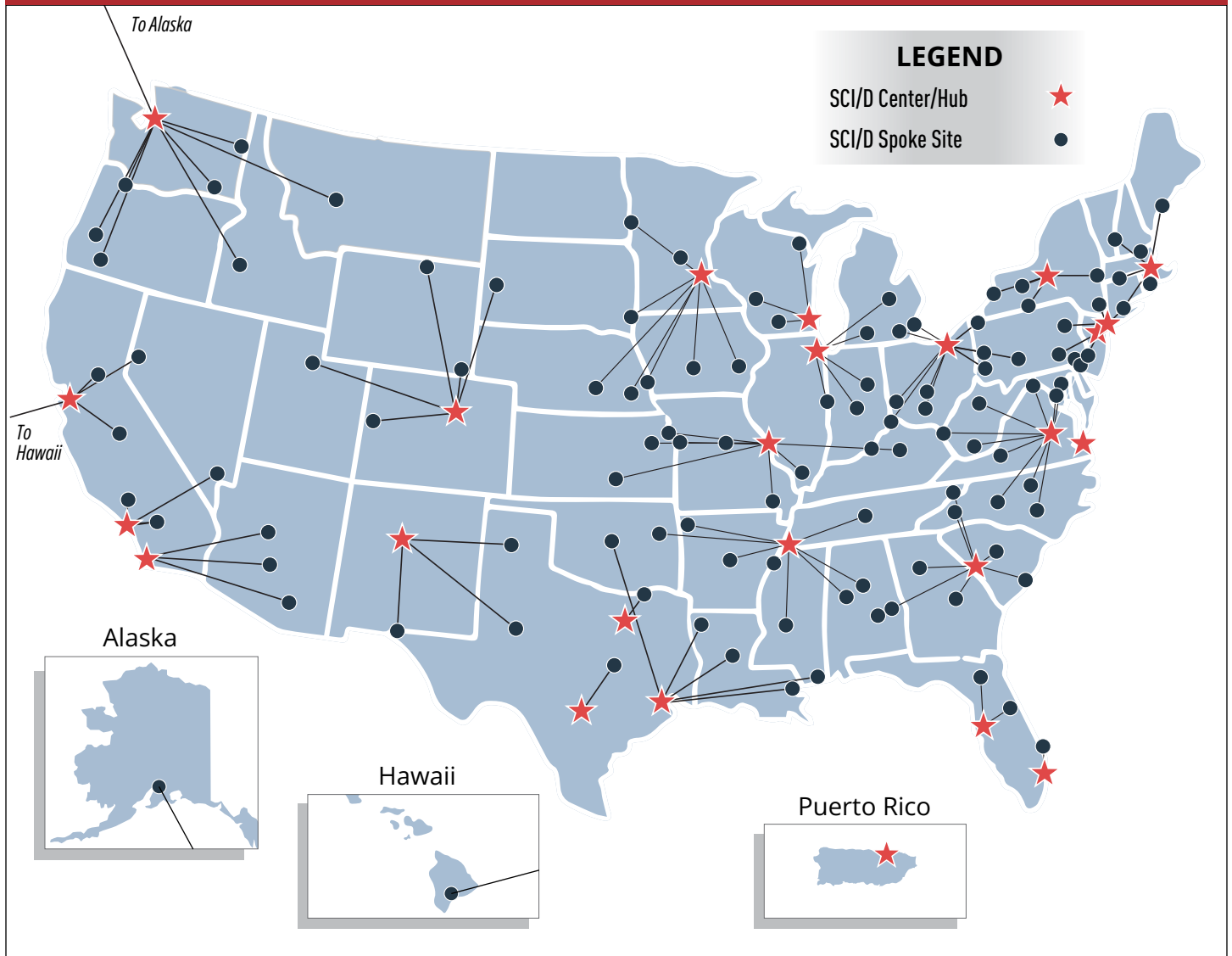
- Improve airport security screening processes and training to facilitate an efficient and dignified experience.
- Conduct effective oversight of implementation of FAA Reauthorization Act requirements focused on improving disability access in air travel.
- Oppose efforts to rollback regulatory requirements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



TOP VA SCI/D SYSTEM CHALLENGES



VA SCI/D System of Care



SCI/D Registry Information, for fiscal year 2026

Veterans receiving care for Spinal Cord Injury	Veterans receiving care for Multiple Sclerosis (MS)	Veterans receiving care for Amyotrophic Lateral Sclerosis (ALS)	All SCI/D total
17,469	5,040	1,568	24,077



1

Expand VA SCI/D Long-Term Care Bed Capacity

- VA's current long-term care capacity for veterans with SCI/D is far below need.
- VA currently operates **approximately 160 long-term care beds** across **six SCI/D centers**.
- Only **12 of those beds are west of the Mississippi River**.
- **70 additional beds** are under construction at three sites:
 - ★ **San Diego, CA** — anticipated occupancy August 2026
 - ★ **Dallas, TX** — anticipated occupancy September 2027
 - ★ **Hampton, VA** — anticipated occupancy Fall 2027
- Even after these projects are completed, total capacity will remain inadequate for this aging and vulnerable population.

Takeaway: VA needs additional long-term care investment to ensure veterans with SCI/D can access appropriate care within the VA system rather than being forced to settle for unsuitable community settings.

2

Eliminate Outdated Four-Bed Patient Rooms

- Many VA SCI/D acute care centers still use four-bed patient rooms that no longer meet current standards.
- **12 SCI/D acute care centers** still have four-bed patient bedrooms.
- These rooms account for **35 percent of acute care beds** in the VA SCI/D system.
- Because infection control can require isolating a single veteran in a four-bed room, bed availability can be reduced by **as much as 75 percent**.
- **Four projects** that would eliminate these rooms are already **shovel-ready** and awaiting construction funding.
- Even after those projects are completed, **31 percent of existing acute care beds** would still be in four-bed rooms.

Takeaway: Funding is needed to accelerate elimination of four-bed rooms and improve both access and quality of care.



3

Fund Ready-to-Advance Modernization Projects

VA has already invested in design work for several SCI/D construction projects, but progress has stalled. Moving these projects forward would modernize care and expand capacity.

Location	Project
Dallas, TX	30 new long-term care beds, creating 60 total beds
Bronx, NY	Replacement SCI/D center with 46 acute care beds and 46 long-term care beds
Brockton, MA	96-bed replacement long-term care center, adding 66 long-term care beds
Minneapolis, MN	New 30-bed long-term care center
Long Beach, CA	Replacement center with 72 acute care beds and 30 long-term care beds, adding 18 long-term care beds
St. Louis, MO	New 30-bed acute care center , expanding specialized VA care for 24
Tampa, FL	Replacement 70-bed acute / 30-bed long-term care center to fully modernize the facility to VA standards
West Roxbury, MA	Replacement 36-bed acute care center to fully modernize the facility to VA standards

Takeaway: These projects are practical, defined opportunities to expand capacity, modernize outdated facilities, and improve access to specialized VA SCI/D care.

Overall Takeaway: Congress can strengthen the VA SCI/D system by expanding long-term care capacity, eliminating outdated four-bed rooms, and funding delayed modernization projects. These investments would improve access to specialized care for veterans with SCI/D and help ensure that VA facilities meet current standards.

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