

Pushing Access Forward

2023 **POLICY PRIORITIES**





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2023 POLICY PRIORITIES





Paralyzed Veterans of America

AMERICA—the nation's premier nonprofit of choice for disabled veterans, their families, and caregivers—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)

For more than 75 years, PARALYZED VETERANS OF

spinal cord injury and disorder (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 or diseases, like MS and ALS, receive the benefits they earned, the specialized health care they deserve, the accessible homes and vehicles they need, and the meaningful careers they want.

For these veterans to thrive, they must have access to high-quality, comprehensive health care and timely delivery of all earned benefits. They must also have equitable access to the same opportunities and freedoms available to all Americans.

Protect Access to VA's Specialized Health Care Services

To ensure access to VA's health care system, it must receive sufficient funding. Without it, VA will be unable to provide veterans proper care, hire and retain health care professionals and support workers, and maintain and expand VA medical infrastructure.

PVA advocates for proper funding for the SCI/D system of care through the <u>Independent</u> <u>Budget</u>—a partnership with DAV, PVA, and VFW. In addition to adequate funding, other reforms are needed to ensure VA can 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. 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.

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2023 POLICY PRIORITIES



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 this range of resources is crucial to the long-term 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 reforms needed to prioritize these types of infrastructure projects.



Home and Community-Based Services and Caregiver Supports

VA must increase access to home and community based-services. VA needs to expedite expansion of the Veteran-Directed Care program. This program provides veterans with the ability to direct their own care and hire individuals, including family members, who will help them with their everyday needs. Veterans must also be able to continue receiving VA funds that allow them to pay their caregivers, even when hospitalized. Congress and VA must also prioritize efforts to increase the direct care workforce and allow VA to provide veterans with financial support for assisted living options.

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.

The Administration and Congress must improve supports for caregivers as outlined in the <u>2022 National Strategy to Support Family Caregivers</u>, which was developed by the RAISE Family Caregiving Act and Supporting Grandparents Raising Grandchildren Act advisory committees and focuses on the needs of all caregivers.

2023 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.



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.

2023 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 wheelchairs 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 must investigate more individual ADA complaints and 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.

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. Veterans must receive more information about Social Security benefits and assistance in applying for them. Also, Congress must ensure that caregivers who are not in the workforce because they are providing caregiving assistance are able to receive credit under Social Security.

Increase Employment Prospects for Veterans with Disabilities

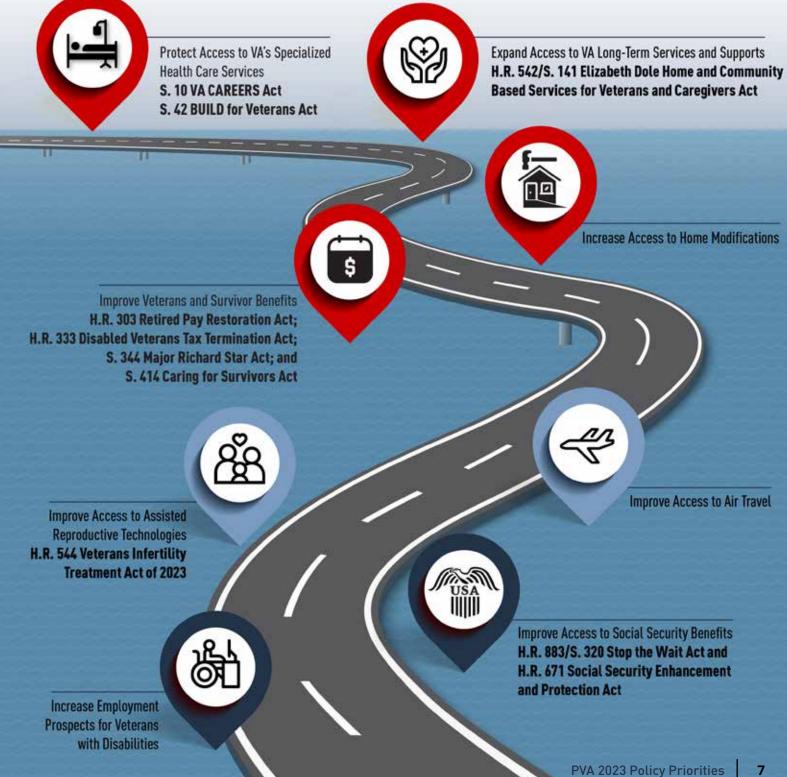


Congress must increase access to employment opportunities for veterans with significant disabilities through tax incentives for employers and improvements to supports provided to veterans through the state workforce system. VA's Veteran Readiness and Employment program must ensure veterans with catastrophic disabilities are able to fully access the services that allow them to return to work.

OUR VETERAN JOURNEY 2023



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.





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 for veterans with spinal cord injuries and disorders (SCI/D). VA's capability to treat 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

PVA advocates for proper funding for the SCI/D system of care through the Independent Budget—a partnership with DAV, PVA, and VFW.



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.



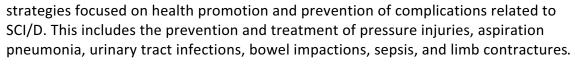
PVA POSITION

- ★ Congress must provide the necessary funding to support VA specialized services, like SCI/D care.
- Congress must fully fund VA in line with the recommendations of the Independent Budget for Fiscal Year 2024 and Fiscal Year 2025 Advance Appropriation.

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

Shortage of 600 nurses out of 2700 in the VA SCI/D system of care.





Staffing shortfalls have a direct, adverse impact on the SCI/D system. Due to an insufficient number of nurses, care at one of VA's SCI/D units was suspended in 2022, and veterans with acute SCI/D needs were admitted to non-SCI/D units. Other facilities capped admissions due to insufficient numbers of SCI/D nurses and are still working to fill vacancies. Another VA SCI/D center has not had access to a plastic surgeon for over a year, and until recently, there was also not one available in the community. As a result, some veterans were transferred to VA medical centers two states away for critical surgery, while non-SCI/D providers and a lone nurse trained in wound care were left to manage countless other urgent cases. 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 remains unclear.



PVA POSITION

- ★ VA must fully utilize its newly granted 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.
- ★ VA needs to place greater emphasis on hiring or training personnel in specialty areas needed by SCI/D veterans, like wound care.
- ★ 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 inpatient 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.

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- ★ Congress should provide greater infrastructure investment to improve rehabilitation and patient safety and expand access to long-term care for veterans with SCI/D.
- ★ 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 (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.



Expand Access to VA Long-Term Services and Supports

THE ISSUE

The country's lack of sufficient long-term services and supports, including the nationwide shortages in direct care workers, are barriers to proper care for people with catastrophic disabilities. The majority of PVA members are aging and will continue to require even greater assistance throughout their lives. 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 when accessing 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 200 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.

As introduced, the bipartisan Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers Act of 2023 (H.R. 542/S. 141) would 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. It would also allow the VA Secretary to exceed that amount when it was in the best interest of the veteran. The cap must be raised to keep veterans with their families and not overburden their caregivers.

Another section of the Dole bill would require VA to administer its Veteran Directed Care (VDC) program, the Homemaker and Home Health Aide program, the Home-Based Primary Care program, and the Purchased Skilled Home Care program at all medical centers within two years of the date of enactment. 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 types of 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.

For veterans with catastrophic disabilities, the need for a caregiver does not go away when hospitalized. Neither community hospitals nor VA medical centers are adequately staffed or trained to perform the tasks SCI/D veterans need. Currently, veterans with high-level quadriplegia and other disabilities have to pay out of pocket for their caregivers or caregivers donate their time, as veterans cannot receive caregiving assistance through VA programs while in an inpatient status. A provision in the Dole bill would allow catastrophically disabled veterans to continue to use funds under the VDC program during a period of hospitalization to retain or hire an attendant to assist with their non-medical needs during hospitalization.

The VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) provides eligible 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. Congressional oversight is needed to improve access to the program for these veterans.

Even with VA services and 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 National Strategy to Support Family Caregivers is an important component in the nation's efforts to expand access to long-term services and supports. By acknowledging the interrelationships of federal, state, and local programs involved in family caregiving, the National Strategy offers additional insights into ways to serve veterans with disabilities and their families.

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- ★ VA must adequately assess and receive funding for the number of veterans who need specialty, facility-based long-term care and prioritize infrastructure projects for those types of facilities.
- ★ Congress must test allowing VA to directly pay for care provided by assisted living facilities.
- ★ Congress must pass the Elizabeth Dole Home and Community-Based Services for Veterans and Caregivers 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.



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



PVA POSITION

- ★ Congress must conduct proper oversight of improvements made to the MST claims coordination process between the Veterans Health Administration and the Veterans Benefits Administration.
- ★ VA must continue to identify gaps in support and ensure that all MST survivors are treated with dignity and respect.

Concurrent Receipt

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



PVA POSITION

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

Increase Dependency and Indemnity Compensation for Survivors

The VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans. Eligible survivors can also receive an additional \$331.84 per month in DIC in cases where a veteran who, at the time of death, was in receipt of or was entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years. This extra payment is commonly referred to as the "DIC kicker."

VA regulations recognize amyotrophic lateral sclerosis (ALS) as a presumptive service-connected disease. Due to its aggressive nature, veterans diagnosed with ALS are automatically rated at 100 percent once service connected. Unfortunately, many veterans are unable to meet the



eight-year DIC kicker requirement because the average life expectancy for a person with ALS is three to five years. Rarely do survivors of deceased veterans with ALS qualify for the additional DIC benefit given the eight-year requirement.

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

Action is also needed to raise base DIC rates. Established in 1993, rates for this vital survivor program have only been minimally adjusted in the last 30 years. In contrast, monthly benefits for the survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. Currently, DIC payments are approximately 41 percent of compensation for a 100 percent service-disabled veteran with a spouse. This difference presents an inequity for survivors of our nation's heroes compared with survivors of federal employees.



PVA POSITION

- ★ Congress must pass legislation 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 (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 and may not help veterans who live beyond a certain distance of the medical center.

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

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



PVA POSITION

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

Life Insurance Benefits

Congress passed legislation in 2022 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 2023, under VALife, if a 100 percent service-connected veteran is 79 years old, the premium for a \$20,000 policy would be \$242.80, and for a \$40,000 policy, it would be \$485.60. If a veteran has a 50 percent disability and applies for a \$40,000 policy, half of their monthly compensation would be taken to pay for insurance premiums.



PVA POSITION

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

Home Modification Grants

VA's Home Improvements and Structural Alterations (HISA) grants help veterans and service members make medically necessary improvements and structural alterations to their primary residence. Examples of qualifying improvements include adapting the entrance or exit from their homes, restoring accessibility to the kitchen or essential lavatory and sanitary facilities (e.g., lowering counters/sinks), and making necessary repairs or upgrades to plumbing or electrical systems due to the installation of home medical equipment. It does not pay for walkways to exterior buildings; spas, hot tubs, or Jacuzzis; exterior decking; or new construction.



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

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

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



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- ★ Congress must raise HISA grant rates to at least \$10,000 for all veterans who need housing modifications.
- ★ Congress must index the HISA grant to the cost of construction.

Health Care and Benefits for Women Veterans

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

Women veterans, including those with SCI/D, need access to comprehensive, gender-specific mental and physical health care with high standards of care regarding the quality, privacy, safety, and dignity of that care. VA has a robust SCI/D system of care to serve the needs of veterans with SCI/D, but there needs to be an even stronger focus in VA on the needs of women veterans with SCI/D. In addition to having access to SCI/D specific care, these veterans must be able to use other health care services, including those provided through community providers, such as OB/GYN, emergency, and other types of care.

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



PVA POSITION

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

Assisted Reproductive Technologies

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

Women veterans are 50 percent more likely to suffer from infertility

than the general population and still, VA does not recognize infertility

Rate of infertility for female veterans as compared to the general population.

as a medical diagnosis to be covered within the medical benefits package. Further, a veteran must be service connected for infertility in order to receive care at VA. VA should recognize infertility as a medical condition and offer treatment for it to all eligible veterans.

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

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



as likely to receive infertility treatment. Infertility rates are even higher for and less treatment is received by veterans of color than white veterans.

Female Veterans are

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



- ★ 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).
- ★ Congress must require VA and the Department of Defense to facilitate research into the reproductive health needs of veterans.





Protect the Civil Rights of People with Disabilities

THE ISSUE

Improve Access to Air Travel

People with disabilities regularly encounter a variety of barriers when accessing air travel. The experience of passengers with disabilities who use wheelchairs is often frustrating and unsafe.

VIDEO: November 2022 House
Transportation and Infrastructure
Committee, Aviation Subcommittee
Hearing on Air Travel Accessibility
for Passengers with Disabilities



One key area of concern for passengers with disabilities is airport security. Standard passenger screening devices are not

accessible to wheelchair users. These travelers are subject to invasive pat-down procedures. These pat-downs are often intrusive and cause passengers delays in making it to their departure gates.

TSA Preè 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 about the air travel experience of passengers with disabilities for the ACAA's 35th anniversary showed the extent of problems encountered by wheelchair users. 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, 16 percent said they had been dropped, and 23 percent said they had been injured

Nearly
21,000 SEL

wheelchairs and scooters were damaged, delayed or lost by airlines between 2019 & 2021.

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 pits not designed to fit these highly complex assistive devices, and they have limited or no access to inflight lavatories on single-aisle aircraft. Other modes of public transportation are covered by the Americans with

Disabilities Act (ADA), which requires compliance with standards that accommodate passengers with disabilities. When passengers encounter problems, their only recourse is to file a complaint with the airline and/or the Department of Transportation. This process is slow and results in little to no change or recourse.



PVA POSITION

- ★ Congress must pass legislation 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 include language in the 2023 FAA Reauthorization Act that would amend the ACAA by requiring airlines to operate aircraft that meet basic access standards for passengers with disabilities, including wheelchair users, and increase enforcement of the ACAA through administrative and judicial recourse.
- ¹ Paralyzed Veterans of America, The ACAA Online Survey: Overview of Survey Results Regarding the Air Travel Experience of Passengers with Disabilities, https://pva.org/wp-content/uploads/2022/09/2022-ACAA-Survey-Results-FINAL.pdf.

Increase Disability Access

On July 26, 1990, President George H.W. Bush signed into law the ADA, which prohibits discrimination against qualified individuals in employment, public services, public accommodations, transportation, and telecommunications. Unfortunately, over 30 years later, access barriers remain. Physical barriers can completely prevent a person with a disability who uses an assistive device from being able to access medical equipment in a doctor's office or sleep in a hotel bed.

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, they remain unenforceable under the ADA. The

"Enforceable Accessible Medical Equipment Standards: A Necessary Means to Address the Health Care Needs of People with Mobility Disabilities"



A report from National Council on Disability May 20, 2021

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. These veterans must be able to receive appropriate care regardless of where the care is provided.



Examination tables, weight scales, examination chairs, and imaging equipment are vital medical diagnostic equipment (MDE) and are usually inaccessible for people with physical disabilities."

National Council on Disability report May 20, 2021 Due to the increasing height of hotel beds, rooms once considered accessible have become inaccessible. 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.

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There are also no ADA accessibility standards for websites and software applications. Many individuals with disabilities regularly encounter accessibility barriers. Issuance of specific standards under the ADA will help companies meet accessibility requirements, result in the removal of accessibility barriers, and likely reduce litigation.

Emerging forms of transportation, including 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.



- ★ DOJ must issue long-overdue ADA regulations governing non-fixed equipment and furniture, including hotel bed height and medical equipment, and website access.
- ★ Congress must increase tax credits to help businesses remove barriers and provide more funding for DOJ's ADA mediation program





Improve Access to Social Security Benefits

THE ISSUE

More than nine million veterans and their families receive retirement, disability, or survivor benefits from Social Security, and together, they comprise approximately 35 percent of the Social Security beneficiary

population. Social Security trust funds will face a modest shortfall in 2035 and be unable to pay full benefits unless the long-term system funding is addressed. 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.¹ 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.

Providing Social Security credits could assist some of the **5.5 million** caregivers of veterans with disabilities who take time out of the workforce to care for them.

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.² 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.³

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 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.⁴

Finally, many veterans with disabilities and their families need help learning about Social Security benefits and



Social Security Disability and Medicare became my survival lifeline. SSDI is an insurance that I paid for through my employment deductions. It is my hope that we as a nation can provide the necessary care for all people to be able to live a high-quality, dignified life."

Reflection of PVA Member on the importance of SSDI and Medicare following his post-military service spinal cord injury. how to apply for them. Because they use the Department of Veterans Affairs (VA) health and benefits system, they may be unaware of financial support they can receive through Social Security or that may help their survivors in the event of their death. The Substance Abuse and Mental Health Services Administration's Supplemental Security Income/SSDI Outreach, Access, and Recovery (SOAR) program aids homeless veterans and those at risk of homelessness in applying for Social Security disability benefits at VA medical centers. However, SOAR staff are largely limited in serving other disabled veterans beyond those populations.

- Congress must pass legislation, such as the Stop the Wait Act (H.R. 883/S. 320), 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.
- ★ Congress must pass legislation, such as the Social Security Enhancement and Protection Act (H.R. 671), 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 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.
- ★ Congress must pass legislation to require the VA to provide veterans and their survivors with information about benefits they may be entitled to under Social Security.
- ¹ Social Security: What Would Happen If the Trust Funds Ran Out? Congressional Research Service, September 28,2022, https://sgp.fas.org/crs/misc/RL33514.pdf.
- ² Center on Budget and Policy Priorities, Top Ten Facts about Social Security, https://www.cbpp.org/research/social-security/top-ten-facts-about-social-security.
- ³ National Alliance for Caregiving, Caregiving in the U.S. 2020, https://www.caregiving.org/research/caregiving-in-the-us-2020/.
- ⁴ GAO Report, Social Security Disability: Information on Wait Times, Bankruptcies, and Deaths among Applicants Who Appealed Benefit Denials, https://www.gao.gov/assets/gao-20-641r.pdf.





Increase Employment Prospects for Veterans with Disabilities

THE ISSUE

The workforce participation rate of people with significant disabilities is well below that of those without disabilities. Although the most recent Bureau of Labor Statistics data indicated that the labor force participation rate for veterans with any service-connected disability was not statistically different from the rate for veterans with no disability, that is not the case for veterans with significant disabilities. Only 66

percent of veterans with a Department of Veterans Affairs (VA) disability rating of 70 percent or higher are employed, compared to 82 percent for veterans without disabilities or with lower service-connected ratings. For veterans with non-serviceconnected disabilities, only 41 percent are employed.¹

Many disabled veterans rely on employment programs and systems outside of VA that assist the broader disability

Program Program Jobs for Veterans State Grant Program Year 2019 Year 2020 Disabled Veterans Registered with Disabled Veterans 25,730 16,907 Outreach Program Specialist* Disabled Veterans Received Training 459 313 # States with Disabled Veterans Exiting w/ Training 37 # States with <25 Disabled Veterans Exiting w/ Training 34 36

community. These include Social Security's Ticket to Work program, state vocational rehabilitation agencies, and Workforce Innovation and Opportunity Act (WIOA) programs, like Title I Adult and Dislocated Worker programs, and employment services under Wagner-Peyser. Jobs for Veterans State Grants programs also serve veterans under WIOA. 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. Twenty years after its passage, JVA must be better integrated into the broader WIOA state systems, and performance reporting and accountability measures

must be strengthened to address deficiencies in serving veterans with significant disabilities. In addition, the workforce system should help veterans understand the relationship between employment and access to VA benefits and health care.

Employment Service (Wagner-Peyser)	Program Year 2019	Program Year 2020
Disabled Veterans – Staff Assisted*	54,245	36,809
Disabled Veterans Received Training	1,101	825

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.

Table Source: Wagner-Peyser and Jobs for Veterans State Grants quarterly reports, Participant Individual Record Layout (PIRL). Quarters ending June 30, 2020, and June 30, 2021. The program year is from July 1-June 30.

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 FY 2022, approximately 125,000 veterans received services through VR&E. This employment program provides critical support for disabled veterans. Congress and VA must commit to effective oversight and guarantee VR&E the necessary resources to accomplish its mission while maintaining an educated counselor population. Veterans with catastrophic disabilities are still too often told they are unemployable due to their disability. As a result, some catastrophically disabled veterans are unjustly denied access to this program.

- ★ Congress must pass legislation that 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, we support doubling the maximum credit and allowing use of the credit for the second year of employment. We also support doubling 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.
- ★ Any reauthorization of WIOA must ensure that veterans and other people with disabilities are served effectively under WIOA workforce programs. Veterans' priority of service under DOL-funded workforce programs must be better measured and enforced.
- Congress must 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.

¹ University of New Hampshire, Institute on Disability, Annual Disability Statistics Compendium, 2022, https://disabilitycompendium.org/.



^{*}Does not include veterans who only sought self-service or information-only services from the program.

VA SCI/D SYSTEM OF CARE



Top 3 SCI/D System Challenges in 2022

1) Insufficient Long-Term Care (LTC) Availability

- Veterans with spinal cord injuries and disorders (SCI/D) remain in SCI/D acute units for years because there are no LTC beds available.
- Care in community LTC facilities is often not able to safely meet the needs of veterans with SCI/D.

2) Staffing Shortages

- There are nearly 600 nursing position vacancies across the SCI/D system.
- Staffing shortages impact SCI/D acute units more than any other type of acute care.
- Depending on the function level of an acute SCI/D patient, a nurse may spend an hour or more each time they enter a veteran's room doing physical transfers, repositioning, wound care, feeding assistance, bowel and bladder care, and other tasks. Nurses in other areas of work may be in and out of a patient's room in a matter of minutes.
- Despite the increased care that veterans with SCI/D require, not all SCI/D nursing staff (including licensed practical nurses and nursing assistants) receive specialty pay, which leads to turnover.

3) Social Isolation of Patients

- The COVID-19 pandemic is evolving into a mental health crisis from strict isolation.
- Veterans with SCI/D have endured stricter pandemic-related isolation precautions. Most LTCs have not re-opened fully and still impose strict isolation requirements for residents.
- Essential programs, like peer mentoring, inperson support groups, and therapy offerings (i.e. gym hours and off-site recreation activities) remain very limited or unavailable.
- Visitor restrictions also remain in place and change frequently.

Veteran Snapshot

Veterans with SCI:

- · Roughly 450 veterans are newly injured each year
- Of the nearly 18K veterans on VA's SCI/D registry—95.5% are male and 4.5% are female, as of Oct. 1, 2022

Veterans with MS:

- Of the nearly 20K veterans who receive VA health care for MS ea. year, over 4,800 are on VA's SCI/D registry, with 77.4% male and 22.6% female, as of October 1, 2022*
- Female to male ratio for all MS diagnoses is 3:1

Veterans with ALS:

- Over 1K veterans are newly diagnosed with ALS each year
- Of the nearly, 4,600 veterans who receive VA health care for ALS each year, over 1,700 veterans with motor neuron diseases (most common form is ALS) are on VA's SCI/D registry, with 94.7% male and 5.3% female as of October 1, 2022*

*Some VA SCI/D centers add veterans with MS and ALS only to the Neurology registry.

SCI/D Center Snapshot

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

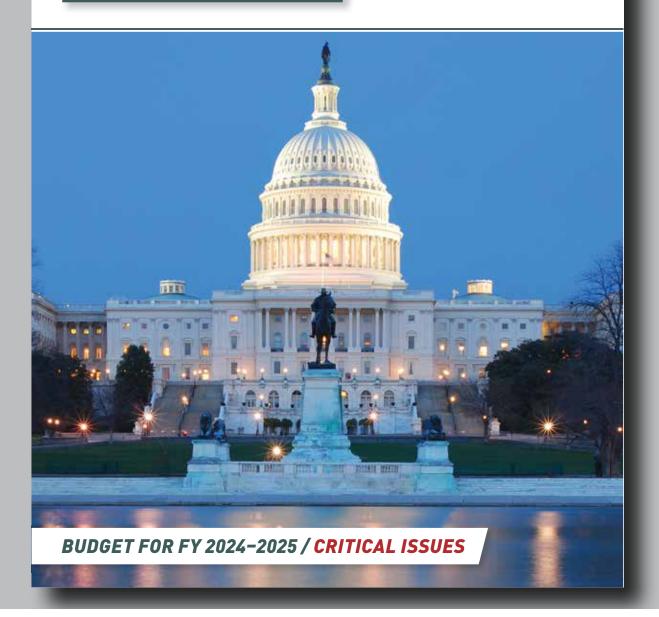
Veterans with SCI/D by Age*

Ago Catogory	Primary Qualifying Diagnosis			All Diagnosos
Age Category	Spinal Cord Injury	Multiple Sclerosis	Motor Neuron Disorders	All Diagnoses
34 or Younger	567	119	11	697
35-49 Years	1,914	865	101	2,880
50-64 Years	5,389	1843	467	7,699
65-79 Years	8,669	1838	912	11,419
80 or Older	1,274	185	210	1,669
Total	17,813	4,850	1,701	24,364

^{*}Veterans on the SCI/D registry as of October 1, 2022



THE INDEPENDENT **Veterans Agenda for the 118th Congress**



o-authored by DAV (Disabled American Veterans), Paralyzed Veterans of America, and the Veterans of Foreign Wars of the United States, The Independent Budget's critical issues for the 118th Congress and budget recommendations for the Department of Veterans Affairs (VA) for fiscal years 2024 and 2025 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, as well as the Veterans Agenda for the 118th Congress, visit The Independent Budget website!



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