



**Paralyzed Veterans
of America**

Buckeye Chapter

**Paralyzed Veterans of America
Buckeye Chapter, Inc.
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www.buckeyepva.org

PROTECTION OF SPECIALIZED SERVICES

The Issue

The VA is the best health care provider for veterans. In fact, the VA's specialized services are incomparable resources that often cannot be duplicated in the private sector. However, these services are often expensive, and are severely threatened by cost-cutting measures and the drive toward achieving management efficiencies. Even with VA's advances as a health care provider, some political leaders and policy makers continue to advocate expanding health care access for veterans by contracting for services in the community. While we recognize that VA must tap into every resource available to ensure that the needs of veterans are being met, such changes to the Veterans Health Administration (VHA) would move veterans out of the "veteran-specific" care within VA, leading to a diminution of VA health care services, and increased health care costs in the federal budget.

Specialized services, such as spinal cord injury care, are part of the core mission and responsibility of the VA. These services were initially developed to care for the unique health care needs of veterans. The provision of specialized services is vital to maintaining a viable VA health care system. The erosion of these services would lead to the degradation of the larger VA health care mission. Reductions in beds and staff in both VA's acute and extended care settings have been reported, even though Public Law 104-262, "The Veterans' Health Care Eligibility Reform Act of 1996," mandated that VA maintain its capacity to provide for the special treatment and rehabilitative needs of veterans. In addition, Congress required that VA provide an annual capacity reporting requirement, to be certified or commented upon, by the Inspector General of the Department. Unfortunately, this basic reporting requirement expired in 2008.

With growing pressure to allow veterans to seek care outside of the VA, the VA faces the possibility that the critical mass of patients needed to keep all services viable could significantly decline. All of the primary care support services are critical to the broader specialized care programs provided to veterans. If primary care services decline, then specialized care is also diminished.

PVA's Position:

- Congress must ensure that the VA has the necessary resources to protect and improve specialized services.
- Congress should reauthorize the capacity reporting requirement for special treatment and rehabilitative needs of veterans.
- Congress must provide effective and ongoing oversight concerning the VA's specialized services. .



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EXPAND ELIGIBILITY FOR VA CAREGIVER SUPPORT SERVICES

The Issue

Severely disabled veterans with a service-connected injury or illness do not have full access to caregiver support programs and services from the Department of Veterans Affairs (VA). As a result of Public Law 111-163, the “Caregivers and Veterans Omnibus Health Services Act of 2010,” the VA only provides the Comprehensive Caregiver Support Program to caregivers of veterans with a service-connected injury that was incurred after September 11, 2001. The benefits include health care coverage through the VA’s Civilian Health and Medical Program of Veterans Affairs, a monthly stipend based on the care provided, and payment for travel and lodging when participating in medical appointments with a veteran.

The majority of PVA members are excluded from these VA caregiver benefits because of the arbitrary selection of the September 11, 2001 date, or because the law excludes veterans with serious diseases such as Amyotrophic Lateral Sclerosis (ALS) and Multiple Sclerosis (MS), both of which have a catastrophic impact on activities of daily living, and eventually leave veterans dependent on caregivers.

Quality programs that meet the critical needs of service-connected, catastrophically disabled veterans should not be denied because of their date of injury. No reasonable justification, other than cost considerations, can be provided as to why pre-9/11 veterans with a service-connected injury or illness should be excluded from the comprehensive caregiver program.

To ensure that all service-connected, catastrophically disabled veterans and their caregivers have access to the services they deserve, PVA recommends Congress enact legislation to expand eligibility for the VA Comprehensive Caregiver Support Program by eliminating the post-9/11 injury requirement, and including “serious illnesses and diseases” in the eligibility criteria.

As severely disabled veterans begin to age, their caregivers will bear an increasing number of responsibilities. Without support services, quality of care is threatened and the veteran is more likely to be placed in costly institutional care. Both the exclusion of “serious illnesses and diseases,” and the use of the “date of injury” as an eligibility requirement for such an important benefit is unfair, and likely to have negative impacts on veterans’ quality of care and well-being.

PVA’s Position:

Congress should introduce and pass legislation that would expand eligibility for VA’s comprehensive caregiver assistance benefits to veterans with a serious illness or disease regardless of veterans’ dates of injury or illness



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STRENGTHEN SOCIAL SECURITY

The Issue

Social Security will once again be the subject of considerable Congressional attention in the 114th Congress. The disability insurance trust fund is expected to be depleted some time in 2016 which would cause a 20 percent cut in Social Security Disability Insurance (SSDI) benefits. This shortfall could be corrected with a simple rebalancing of payroll taxes flowing into the retirement and survivors and disability trust funds – something that has been accomplished in a bipartisan fashion over ten times since 1968. However, the House of Representatives has created a situation in which Social Security benefits will have to be cut – or revenues raised – in order to forestall that 20 percent reduction in SSDI benefits.

Meanwhile, millions of Americans face an uncertain future because of the disappearance of traditional retirement pensions and flat income growth that hampers savings for retirement and unexpected life events. For many, Social Security is increasingly the only dependable source of income many Americans will have once they leave the workforce.

In the last Congress, several proposals were introduced to accomplish these ends by lifting the payroll tax cap so that the FICA tax returns to the level of national income covered in the 1990s, adopting an inflation adjustment formula that more accurately reflects the costs of living faced by those dependent on Social Security and extending the life of the trust fund well beyond present projections without slashing benefits. These measures would eliminate a tax loophole for high income earners by gradually raising the level of wages against which the payroll tax is applied and establish the Consumer Price Index for Elderly or CPI-E as the inflation factor for Social Security. CPI-E accounts for increases in the costs of items typically purchased by beneficiaries such as medical care, prescription drugs and home heating. PVA expects to continue supporting such legislation as it is introduced in the 114th Congress.

PVA's Position:

- PVA supports a clean rebalancing of payroll taxes to address the immediate needs of the SSDI trust fund and opposes efforts to hold this hostage to unnecessary benefit cuts.
- PVA believes it is time to enact improvements that will ensure the system's long term viability while strengthening this important part of our nation's social insurance safety net.



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IMPROVE TRAVEL BENEFITS FOR CATASTROPHICALLY DISABLED VETERANS

The Issue

Paralyzed Veterans of America (PVA) believes it is time to improve travel benefits for the most severely disabled veterans. Congress should consider the larger benefit that providing travel reimbursement to catastrophically disabled non-service connected veterans will have on the long term costs of care for this population of veterans.

Congress should expand travel reimbursement benefits to non-service connected, Priority Group 4, catastrophically disabled veterans. While VA will continue to face tighter budgets in the future, the short term costs of expanding this benefit to this population of veterans far outweighed the potentially greater long term health care costs for these veterans. Too often, catastrophically disabled veterans choose not to travel to VA medical centers for appointments and procedures due to significant costs associated with their travel. They then may end up at an outpatient clinic or a private health care facility that is ill-equipped to meet their specialized health care needs. The result is often the development of far worse health conditions and a higher cost of care. By ensuring that catastrophically disabled veterans are able to travel to the best location to receive necessary care, the overall health care costs to the VA can be reduced.

PVA believes that expanding VA's beneficiary travel benefit to this population of severely disabled veterans will lead to an increasing number of catastrophically disabled veterans receiving quality, timely comprehensive care, and result in long-term cost savings for the VA. Eliminating the burden of transportation costs as a barrier to receiving health care, will improve veterans' overall health and well being, as well as decrease, if not prevent, future costs associated with exacerbated health conditions due to postponed care.

PVA's Position:

- Congress should expand travel reimbursement benefits to non-service connected catastrophically disabled to encourage them travel to VA medical centers to receive the most appropriate care in a timely manner.



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INCLUSION OF PROCREATIVE SERVICES IN VA HEALTH CARE

The Issue

The Department of Veterans Affairs (VA) does not provide health care benefits for procreative services to veterans with a service-connected condition that prevents the conception of a child. Reproductive assistance provided as a health care benefit through VA would ensure that these veterans are able to have a full quality of life that would otherwise be denied to them as a result of their service.

For many, one of the most devastating results of spinal cord injury or dysfunction is the loss of, or compromised ability, to have a child. As a result of the recent conflicts in Afghanistan and Iraq, many service members have incurred injuries from explosive devices that have made them unable to conceive a child naturally. While the Department of Defense does provide reproductive services to service members and retired service members, VA does not. When a veteran has a loss of reproductive ability due to a service-connected injury, they must bear the total cost for any medical services should they attempt to have children. It is often the case that veterans cannot afford these services and are not able to receive the medical treatment necessary for them to conceive. For many paralyzed veterans procreative services have been secured in the private sector at great financial and personal cost to the veteran and family.

PVA has long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA, and further recommends amending title 38 U.S. Code, Section 1701(6) to include reproductive assistance as standard VA medical care. Reproductive assistance services must include care and delivery options for fertility counseling and treatment for service-connected veterans and their spouses. Therefore, PVA urges Congress to introduce and pass legislation that would authorize VA to provide veterans with reproductive assistance services. Improvements in medical treatments have made it possible to overcome infertility and reproductive disabilities, and veterans who have a loss of reproductive ability as a result of a service-connected injury should have access to these advancements.

PVA's Position:

- PVA urges Congress to pass S. 469, the "Women Veterans and Families Health Services Act of 2015." This legislation would authorize VA to provide veterans with reproductive assistance services.



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INCREASE IN CHAMPVA BENEFICIARY AGE

The Issue

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive health care program in which the VA shares the cost of covered health care services for eligible beneficiaries, including children up to age 21. Due to the similarity between CHAMPVA and the Department of Defense (DoD) TRICARE program the two are often mistaken for each other. CHAMPVA is a Department of Veterans Affairs program whereas TRICARE is a health care program for active duty and retired members of the uniformed services, their families, and survivors.

All commercial health insurance coverage along with TRICARE has increased the age for covered dependents from 21 years of age to 26 years, in accordance with the provisions of P.L. 111-148, the "Patient Protection and Affordable Care Act". At this time the only qualified dependents that are not covered under a parent's health insurance policy up to age 26 are those of 100% service connected disabled veterans covered under CHAMPVA.

In the 114th Congress legislation has been introduced in the House and Senate that will extend health care coverage under CHAMPVA up to the age of 26. The Senate bill is S. 170, the "CHAMPVA Children's Care Protection Act of 2015" and its House companion bill is H.R. 218, the "CHAMPVA Children's Protection Act of 2015". We believe that these bills should be passed by Congress and quickly enacted into law to ensure that dependent children of severely disabled veterans are afforded the same health care protection as all other children.

PVA's Position:

- PVA urges Congress to pass H.R. 218 and S. 170, the "CHAMPVA Children's Care Protection Act of 2015."
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CAPACITY REPORTING MANDATE FOR VA SPECIALIZED SYSTEMS OF CARE

The Issue

The Department of Veterans Affairs (VA) has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disease, blindness, amputations and mental illness—as mandated by P.L. 104-262, the “Veterans’ Health Care Eligibility Reform Act of 1996.” This law requires VA to maintain its capacity to provide for the special treatment and rehabilitative needs of catastrophically disabled veterans.

As a result of P.L. 104-262, the VA developed policy that required the baseline of capacity for VA’s Spinal Cord Injury/Disease (SCI/D) system of care to be measured by the number of staffed beds and the number of full-time equivalent employees assigned to provide care. Under this law, the VA was also required to provide Congress with an annual “capacity” report to be reviewed by the Office of the Inspector General. This reporting requirement expired in 2008.

Currently, within the SCI/D system of care, the VA is not meeting capacity requirements for staffing and the number of inpatient beds that must be available for SCI/D veterans. Reductions of both inpatient beds and staff in VA’s acute and extended care settings have been consistently reported throughout the SCI/D system. VA has eliminated staffing positions that are necessary for an SCI/D center or clinic to maintain its mandated capacity to provide care, or operated with vacant health care positions for prolonged periods of time. When this occurs veterans’ access to VA decreases, remaining staff become overwhelmed with increased responsibilities, and the overall quality of health care is compromised.

As a component of workforce planning, VA tracks the status of vacant and staffed health care positions throughout the Veterans Health Administration. They also track the number of veterans utilizing health care within the specialized systems of care. With this information readily available, VA is able to compile and use the collected data for annual reports and assess its ability to meet the capacity mandate.

PVA’s Position:

- Congress must reinstate an annual capacity reporting requirement, without a specific end date, for the Department of Veterans Affairs to maintain its ability to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disease, blindness, amputations and mental illness—as originally mandated by P.L. 104-262.

Congressional oversight is needed to ensure that the Department of Veterans Affairs is meeting capacity requirements within the recognized specialized systems of care.



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SUPPLEMENTAL AUTOMOBILE GRANTS FOR ELIGIBLE VETERANS

The Issue

The cost of replacing modified vehicles purchased through the VA automobile grant presents a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life. The Department of Veterans Affairs provides a one-time financial assistance grant of \$20,144 to eligible veterans toward the purchase of a new or used automobile to accommodate a veteran or service member with certain disabilities that resulted from a condition incurred or aggravated during active military service. Unfortunately, veterans who have exhausted the grant are left to replace modified vehicles that have surpassed their useful life at their own expense, often at a higher cost because of inflation since they purchased the first adapted vehicle.

VA has previously acknowledged the impact of the higher cost of living on the intrinsic value of the Specially Adapted Housing (SAH) grant. As a result, VA authorized up to three usages and later provided for annual increases in the maximum SAH grant amount to keep pace with the residential cost-of-construction index. This increase means a veteran who previously used the grant is entitled to additional SAH benefits – the current rate of maximum entitlement minus what was previously used. This same calculus should be applied to the automobile grant for a vehicle that will have to be replaced at some time.

The Department of Transportation reports the average useful life of a vehicle is 12 years, or about 128,500 miles. On average the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used. These substantial costs compounded by inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its expected useful life. Vehicles last a lifecycle and more disabled veterans are working, have families, and need adapted vehicles replaced. Adapted vehicles are more expensive than non-adapted ones placing an undue financial burden on those with the greatest needs.

PVA's Position:

- VA should provide supplementary automobile grants to eligible veterans in amounts equaling the difference between total amount they previously used and the current grant maximum in effect at the time they are replacing their vehicles.



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COMPLEX REHAB TECHNOLOGY RECOGNITION UNDER MEDICARE

The Issue

The Durable Medical Equipment (DME) benefit was created over forty years ago to address the medical equipment needs of the elderly. Over the years available technology has advanced and now includes complex rehab power wheelchairs, highly configurable manual wheelchairs, adaptive seating and positioning systems, and other specialized equipment, such as standing frames and gait trainers. This technology – called Complex Rehab Technology (CRT)– is prescribed and customized to meet the specific medical and functional needs of individuals with disabilities and medical conditions such as, but not limited to, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Spinal Cord Injury, Amyotrophic Lateral Sclerosis (Lou Gehrig's disease), and Spina Bifida. CRT is used by individuals with serious medical conditions different from the traditional elderly Medicare population. This population group, who tend to qualify for Medicare based on their disability and not their age.

Because the equipment is complex and becomes an extension of the person, fitting, training, and education requires more time than standard DME items. In addition, Medicare requires environmental assessments within the home for some CRT products. The Medicare program requires that Complex Rehab Technology companies employ specialized and credentialed staff to analyze the needs of individuals with disabilities and assist in the selection of the appropriate equipment. These credentialed personnel, called Assistive Technology Professionals (ATP), are certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) and specialize in the assessment, selection and provision of Complex Rehab Technology products.

In 2008, Congress recognized that complex rehab power wheelchairs are unique and more specialized than standard durable medical equipment (DME) and should be treated differently. As a result these items were exempted from inclusion of Medicare's new DME competitive acquisition program. However a separate CRT recognition structure was not established at that time. CMS has recognized the unique measure of other customized assistive devices and has created a separate and distinct classification for orthotics and prosthetics (O&P) i.e. custom braces and artificial limbs.

PVA's Position:

- PVA believes a Separate Medicare Complex Rehabilitation Technology (CRT) recognition structure is needed.
- PVA asks that Congress pass the "Ensuring Access to Quality Complex Rehabilitation Technology Act," a bipartisan bill that will create a separate recognition category for complex rehab technology.



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MODIFY CHARITABLE VEHICLE DONATION PROGRAM

The Issue

Many charitable organizations accept the donation of vehicles to support their goals and operations. Many of these organizations will accept the vehicle regardless of its condition and even if it doesn't operate, then auction them to raise funds. The individual donating the vehicle can take a tax deduction for its value. Following legislation passed in 2004, the number of vehicles donated has dropped significantly, reducing the ability for non-profit organizations to provide services to those in need.

When originally enacted, the vehicle donation rules permitted the donor to estimate the value of the donated vehicle. Although this estimate was to represent the "fair market value" of the vehicle, it was not tied to what the charity actually received, and a record of the donation needed to be maintained in the event of an audit. In 2004, the law was changed so that the individual was not able to determine the value of the donation until after the vehicle was sold and the charity received the funds. This limited the ability of the donor to know if the tax deduction they received was worth the effort to donate the vehicle. This led to an extensive drop in the donations of vehicles to charities.

For the 5000 affected charities, vehicle donations nationally have declined by 80 percent since the 2004 changes that inadvertently prevent most prospective donors from knowing the tax consequences before completing the gift. At the time, proponents stated there would be no impact on charitable revenues. Clearly this belief was incorrect.

During the 113th Congress, legislation to correct this issue attracted 248 House cosponsors. New legislation to be introduced by Reps. Todd Young (R-IN) and Linda Sánchez (D-CA) would restore valuation timing to the beginning of the process, so donors can make an informed decision about vehicle contributions. This bipartisan legislation will stem the sharp decline in charitable vehicle donations that generate critical revenues for thousands of other non-profits across the nation and will make it far more likely that car donors will resume their philanthropy, restoring a significant source of revenue that underwrites essential charitable services, including those provided by PVA.

PVA's Position:

- Congress should restore the valuation timing of charitable vehicle donations to the beginning of the process so donors can make informed decisions about their contribution.