



Paralyzed Veterans
of America



Protect Access to VA's Specialized Services

The Issue

The Department of Veterans Affairs (VA) Spinal Cord Injury and Disorder (SCI/D) System of Care is comprised of 25 SCI Centers and six long-term care facilities, which provides a coordinated life-long continuum of services for SCI/D veterans.

Nearly 49,000 VA staffing positions went unfilled last year. In September 2019, VA's Office of the Inspector General (VAOIG) reported that 131 of 140 VA medical facilities had severe shortages for medical officers and 102 of 140 facilities had severe nurse shortages. Additional shortages in Human Resources Management positions compounded this problem department-wide. However, VA's ability to meet the highest standard of care to our veterans relies on more than just having the right number of physicians and nurses. They also need qualified and well-trained housekeepers. Last year, at some VA medical facilities, staffing levels for environmental (custodial) employees dipped below 50 percent, which heightens the health risks to veteran patients, particularly those with serious illnesses or catastrophic injuries. Low pay, a cumbersome hiring process, and a lack of qualified applicants are often cited as major contributing factors to VA's staffing problem.

Staffing problems tend to have a direct impact on the SCI/D system:

- Lengthy, cumbersome hiring processes make it difficult to hire and retain staff which prohibits SCI/D Centers from meeting adequate staffing levels necessary to care for this specialized veteran population;
- SCI/D Centers with nursing shortages limit bed availability for admission to an SCI/D Center. This limits access to care for specialized care delivery; and
- As SCI/D long-term care facilities are exceptionally limited, veterans with SCI/D who have chronic medical issues are often placed in community institutions, with providers not trained in SCI/D. This results in compromised quality of care and poor outcomes.

PVA Position

- Congress and VA must reform the Department's hiring practices and pay structure to ensure the positions, pay, and other incentives offered are competitive with the private sector.
- Congress must ensure that VA's core services which include the SCI/D System of Care remain fully funded.



Paralyzed Veterans
of America



VA's Comprehensive Assistance for Family Caregivers

The Issue

On June 6, 2018, President Trump signed into law the VA MISSION Act, authorizing the expansion of eligibility to the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (Caregiver Program) to those injured before September 11, 2001. Since the program began in 2010, it has been restricted to veterans injured on or after 9/11.

Under the VA MISSION Act, VA cannot expand the caregiver program until the Secretary certifies to Congress that VA's IT system will be able to fully support the expanded program. VA failed to meet its deadline to provide that certification.

We call on Congress to mandate that VA implement the caregiver expansion for eligible veterans who sustained a serious military-related injury on or before May 7, 1975, no later than June 2020. And to keep as close as possible with the original intent of the VA MISSION Act, all other eligible veterans should be allowed to apply for the program no later than October 1, 2021.

In addition, we support the **TEAM Veteran Caregivers Act (S. 2216)**, which seeks to ensure that future intake, downgrade, or discharge actions pertaining to the comprehensive caregiver program are executed in a timely and impartial manner, and the **S.O.S. Veterans Caregivers Act (H.R. 4451)** to expand caregiver benefits to veterans who have catastrophic illnesses as a result of their military service. Lastly, we also support the **Care for the Veteran Caregiver (H.R. 5701)**, which would make needed improvements to VA's comprehensive family caregiver program to eliminate unnecessary evaluations, extend stipend payments to caregivers for a transition period following the veteran's death, and standardize the eligibility process.

PVA Position

- Congress should provide aggressive oversight of the caregiver expansion project until it is fully implemented.
- Congress must pass the **TEAM Veteran Caregivers Act (S. 2216)**, which would make changes to the VA's Caregiver Program to ensure proper procedures are followed prior to downgrading or terminating a veteran's participation in it. *Sponsors Sen. Gary Peters (D-MI) and Sen. Marsha Blackburn (R-TN)*
- Congress must pass the **S.O.S. Veterans Caregivers Act (H.R. 4451)** to make veterans with service-connected illnesses eligible to access VA's Caregiver Program. *Sponsor Rep. Raul Ruiz (D-CA)*
- Congress must pass the **Care for the Veteran Caregiver Act (H.R. 5701)**, which would eliminate unnecessary evaluations, provide a transition of payments following a veteran's death, and standardize eligibility for the VA's Caregiver Program. *Sponsors Rep. Richard Hudson (R-NC) and Rep. Kathleen Rice (D-NY)*
- VA must request and Congress must provide sufficient funding for VA's Caregiver Program within the VA's medical services' appropriations.



Paralyzed Veterans
of America



Improving Access to Adapted Automobiles

The Issue

Veterans and service members with certain service-connected disabilities are eligible for a one-time only payment of not more than \$21,488.29 to be used towards the purchase of a specially equipped vehicle. Eligibility requirements include:

- Loss, or permanent loss of use of 1 or both feet;
- Loss, or permanent loss of use of 1 or both hands;
- Permanent impairment of vision in both eyes to a certain degree;
- A severe burn injury;
- Amyotrophic Lateral Sclerosis (ALS); or
- Ankylosis in 1 or both knees, or hips (**NOTE:** This qualifies for an adaptive-equipment grant only)

The Department of Veterans Affairs (VA) also helps service-connected veterans with certain disabilities in adapting no more than two vehicles every four years through the Automobile Adaptive Equipment (AAE) grant. Adapted equipment available to these veterans includes power steering, power windows, power seats, and other equipment needed to operate a vehicle or for ingress or egress. Veterans are required to submit receipts for this equipment to be reimbursed.

Veterans with non-service-connected disabilities are not eligible for AAE. However, they may be reimbursed for ingress or egress modifications paid for out of medical services funding to a vehicle they have purchased for the purpose of providing the veteran transportation to medical care.

PVA Position

- PVA supports the **AUTO for Veterans Act (H.R. 5761)**, which would allow veterans to use the automobile grant once every ten years for the purchase, not lease, of an adapted vehicle. Veterans, therefore, would not have to shoulder the burden of the full cost of a vehicle. *Sponsors Rep. Daniel Meuser (R-PA) and Rep. Anthony Brindisi (D-NY)*
- PVA opposes VA requiring veterans and service members to provide an itemized list of “options” included in the price of the vehicle in order to receive the AAE grant. With vehicles being so advanced, many features that were previously categorized as being added equipment, for example, power steering and air conditioning, are now categorized as standard equipment. We also support requiring VA to reimburse modern driver assistance technologies to broaden opportunities for veterans with catastrophic disabilities to drive more comfortably and safely.
- PVA supports legislation to allow veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans whose disabilities are service-connected.



Paralyzed Veterans
of America



Improvements to the Specially Adapted Housing Program

The Issue

Veterans and service members who have sustained certain significant service-connected disabilities are eligible for grants to assist with the building, remodeling, or purchasing of an adapted home. The Specially Adapted Housing (SAH) grant allows modifications to be made to a residence to give a veteran or service member greater independence. One example of a modification is making a home wheelchair accessible to include: wider doorways, a ramp to the front door, and an accessible bathroom. The current maximum grant is \$90,364. A service member or veteran may use the grant three times, up to the maximum dollar amount allowed. To be eligible for the grant, the veteran or service member must be entitled to disability compensation due to:

- Loss or loss of use of both legs: unable to move around without the aid of braces, crutches, canes, or a wheelchair
- Blindness in both eyes, plus loss or loss of use of one leg
- Severe burn injury
- Loss or loss of use of both arms at or above the elbows
- Loss or loss of use of one leg, and residuals of organic disease or injury, or loss or loss of use of one arm, affecting balance and ability to move without aid

The **Ryan Kules Specially Adaptive Housing Improvement Act (H.R. 3504)** and the **Paul Benne Specially Adaptive Housing Improvement Act (S. 2022)** would improve the program by allowing the Department of Veterans Affairs (VA) to prioritize a veteran's SAH grant if he or she has been diagnosed with a terminal illness to include, amyotrophic lateral sclerosis (ALS). Due to the aggressive nature of ALS, it is imperative that veterans are afforded the opportunity for an increased quality of life while they still have the ability to enjoy it. This legislation would also increase the amount of times that the veteran could use the grant and the current amount of the SAH grant to better match the cost of construction.

PVA Position

Congress must pass legislation that would:

- Allow VA to prioritize a veteran's SAH claim if the veteran has been diagnosed with a terminal illness, including ALS.
- Increase the amount of the SAH grant to better match current construction costs.
- Establish a supplementary grant for veterans who need it.

An amended version of **H.R. 3504** has passed the House of Representatives and we call on the Senate to pass this or similar legislation.

H.R. 3504 is sponsored by Rep. Gus Bilirakis (R-FL), Rep. Phil Roe (R-TN), and Rep. Mike Levin (D-CA)
S. 2022 is sponsored by Sen. Jerry Moran (R-KS) and Sen. Krysten Sinema (D-AZ)



Paralyzed Veterans
of America



Provision of IVF

The Issue

In September 2016, Congress granted a temporary authorization 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. VA began offering IVF services in January 2017, and in September 2018, they were reauthorized for another two years.

Constant reauthorization will be required until Congress makes the provision of IVF a permanent part of VA's medical benefits package. The uncertainty of reauthorization every two years is disruptive to the family and their financial planning. Should the authorization lapse, the ban on VA providing such assistance would be reinstated.

From 2001 to 2013, over 2,000 service members suffered a genitourinary injury, resulting in the loss of, or compromised ability, to have a child. While the Department of Defense does provide reproductive services to service members and retired service members, VA is prohibited from doing so. Since age is a factor in successful fertilization and completion of a pregnancy, delaying the provision of IVF services can have a negative effect on a veteran's success in building a family.

No group of veterans is more affected by the ban on IVF than PVA's members, who are veterans with spinal cord injuries or disorders. PVA has long sought an end to the VA ban on providing IVF. Permanently providing procreative services 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 military service.

Congress must pass legislation to repeal the ban on IVF and make such services a permanent part of the medical benefits package at VA. Congress has a moral obligation to restore to veterans what has been lost in service, to the fullest extent possible.

PVA Position

Congress must pass the **Women Veterans and Families Health Services Act of 2019 (H.R. 955/S. 319)**, which will address these problems by:

- Repealing the ban on IVF and make such services a permanent part of the medical benefits package at VA.
- Authorizing veterans to use donated genetic material and surrogacy in instances where their injuries prevent their ability to contribute sperm or eggs or carry a pregnancy.
- Directing research to improve VA's ability to meet the long-term reproductive health care needs of veterans whose spinal cord injuries or disorders affect their ability to reproduce.

H.R. 955 is sponsored by Rep. Rick Larsen (D-WA)

S. 319 is sponsored by Sen. Patty Murray (D-WA)



Paralyzed Veterans
of America



Benefits for Surviving Spouses of ALS Veterans

The Issue

Eligible survivors can receive an additional \$284.57 per month in Dependency and Indemnity Compensation (DIC) if the veteran was rated totally disabled for a continuous period of at least eight years immediately preceding death. This extra payment is commonly referred to as the “DIC kicker.”

The Department of Veterans Affairs regulations recognize amyotrophic lateral sclerosis (ALS) as a presumptive service-connected disease and, due to its aggressive nature, it is automatically rated at 100 percent once service connected. However, because the average life expectancy for a person with ALS is two to five years, many spouses of deceased veterans with ALS rarely 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.

PVA Position

- PVA believes survivors should not be deprived of a benefit simply because the service-connected disease their veterans acquired made it nearly impossible for them to meet an eight-year life expectancy requirement.
- Congress should pass the **Justice for ALS Veterans Act of 2019 (H.R. 4748/S. 3091)** to entitle surviving spouses of veterans who died of service-connected ALS to the DIC kicker. *Sponsors Rep. Gil Cisneros (D-CA) and Rep. Brian Fitzpatrick (R-PA) and Sen. Chris Coons (D-DE) and Sen. Lisa Murkowski (R-AK)*



Paralyzed Veterans
of America



Caring for Women Veterans

The Issue

For decades, the Department of Veterans Affairs (VA) focused primarily on serving male veterans. But, as more occupational specialties are opened to women wishing to serve in the military, there are dramatically increasing numbers of women joining the Armed Forces.

Currently, women make up 16.2 percent of today's active duty military forces and 19 percent of National Guard and Reserves. More than half a million women veterans are currently using VA health care services and as increasing numbers of women join the individual services, the number of women veterans using VA will continue to rise.

VA needs to be better prepared to meet the gender-specific health care needs of these women veterans. The Department has developed a robust spinal cord injury system to serve the needs of veterans with spinal cord injuries and disorders (SCI/D). However, there needs to be a stronger focus on the needs of women veterans with SCI/D.

As Congress develops strategies and policies for VA to follow to improve care for the rising number of women veterans, there needs to be an equal effort to ensure the needs of women veterans with SCI/D are factored into these decisions.

PVA Position

- VA and Congress must ensure that women veterans have access to comprehensive care in environments sensitive to their needs.
- Women veterans primary care services and gender-sensitive mental health care must be designated as essential, foundational services that VA maintains at every facility.
- The needs of catastrophically disabled women veterans should be factored into all planning discussions—present and future by Congress and VA.
- Congress must pass legislation and provide adequate funding to improve the recognition, accessibility, and treatment of women veterans.



Paralyzed Veterans
of America



Improving Access to Air Travel

The Issue

Over 30 years ago, President Ronald Reagan signed the Air Carrier Access Act (ACAA) into law. The ACAA prohibits discrimination based on disability in air travel. Despite progress, too many travelers with disabilities still encounter significant barriers, such as damaged assistive devices, delayed assistance, and lack of seating accommodations. Access for people with disabilities must move into the 21st century to ensure that all are able to compete in today's job market and enjoy opportunities available to other Americans.

To address disability-related complaints under the ACAA, passengers with disabilities may file a complaint with the specific airline or the Department of Transportation (DOT). In 2017, passengers filed 34,701 disability-related complaints as reported by 190 domestic and foreign air carriers, which represents a 6.5 percent increase over 2016. Top complaints with U.S. carriers for passengers with paraplegia or quadriplegia include failure to provide passenger assistance and appropriate seating accommodations. In 2019, passengers filed 905 disability-related complaints directly with DOT, and airlines enplaned 670,025 wheelchairs and scooters and mishandled 10,302.

Many of the difficulties that travelers with disabilities encounter in air travel are not sufficiently addressed by the ACAA and its implementing regulations. Damaged assistive devices, inadequate training for airline and contractor personnel, and inaccessible airplanes result in missed flights, injuries, and delays that lead to lost time and missed opportunities for people with disabilities. Enforcement of ACAA protections is limited to administrative action and civil fines. Unlike most other civil rights laws, the ACAA lacks a guaranteed private right of action, which means people with disabilities receive limited redress of their grievances.

PVA Position

Congress must pass the **Air Carrier Access Amendments Act (H.R. 1549/S. 669)**, which will address these problems by:

- Strengthening ACAA enforcement by requiring referral of certain passenger-filed complaints to the Department of Justice and establishment of a private right of action.
- Ensuring new airplanes are designed to accommodate the needs of people with disabilities by requiring airlines to meet defined accessibility standards. These standards will address safe and effective boarding and deplaning, visually accessible announcements, seating accommodations, lavatories, and better stowage options for assistive devices.
- Requiring removal of access barriers on existing airplanes to the extent that it is readily achievable – easily accomplishable and may be done without much difficulty or expense.
- Improving the overall safety of air travel for passengers with disabilities.

H.R. 1549 is sponsored by Rep. Jim Langevin (D-RI)

S. 669 is sponsored by Sen. Tammy Baldwin (D-WI)



Paralyzed Veterans
of America



Increase Compliance with the ADA

The Issue

This year marks the 30th anniversary of the passage of the Americans with Disabilities Act (ADA). Enacted into law by President George H.W. Bush, the measure prohibits discrimination against qualified individuals with disabilities in employment, public services, and public accommodations. The ADA stands as the most comprehensive civil rights law affecting people with disabilities ever enacted.

Barriers to employment, transportation, public accommodations, public services, and telecommunications have imposed staggering economic and social costs on American society and have undermined efforts by people with disabilities to receive an education, become employed, and be contributing members of society. As a veterans service organization representing veterans with catastrophic disabilities, PVA strongly supports the ADA. By breaking down the barriers encountered by veterans and all people with disabilities, the ADA enables society to benefit from the skills, talents, and purchasing power of individuals with disabilities.

Despite the resources available to help businesses comply with ADA requirements, the last decade has seen the introduction of legislation that would weaken the ADA by requiring notification to a business about a physical barrier before a person with a disability could enforce his or her rights in court. The requirement for notification would eliminate any need for businesses to proactively comply with the law. PVA opposes the **ACCESS Act (H.R. 4099)** because of the impact it would have on physical access to public accommodations for catastrophically disabled veterans.

Instead, PVA supports legislation that promotes compliance with the ADA by providing additional resources to help businesses comply with the ADA. We support tax incentives to assist businesses with meeting their compliance requirements. We also support legislation that will review the travel, tourism, and hospitality industries' compliance with the ADA to increase access for people with disabilities.

PVA Position

Congress must pass the following legislation:

- The **Disability Employment Incentive Act (H.R. 3992/S. 255)** would expand tax credits and deductions that are available for employers who hire and retain employees with disabilities and to make their places of business more accessible, including their internet or telecommunications services. *Sponsors Rep. Josh Harder (D-CA) and Rep. Brian Fitzpatrick (R-PA) and Sen. Bob Casey (D-PA)*
- The **Disabled Access Credit Expansion Act (H.R. 4045/S. 2290)** would increase the tax incentives that help businesses with ADA compliance. Additionally, it would increase funding for the U.S. Department of Justice (DOJ) ADA mediation program and require DOJ to make a report to Congress about the types of requests it receives regarding ADA compliance. *Sponsors Rep. Donald McEachin (D-VA) and Rep. Brian Fitzpatrick (R-PA) and Sen. Tammy Duckworth (D-IL)*
- The **Travel and Tourism for All Act (H.R. 5412)** directs the National Council on Disability to conduct a review of the implementation of the ADA in the travel, tourism, and hospitality industries, and make a report to Congress of its findings. *Sponsor Rep. Dina Titus (D-NV)*



Paralyzed Veterans
of America



Preserve and Strengthen Social Security

The Issue

Social Security is the nation's preeminent wage insurance system that protects American workers and their families in retirement or in the event of disability or death of the wage earner. Based on contributions made by workers and their employers, Social Security reaches across all generations and all parts of society to provide a measure of economic security to millions of Americans, including more than nine million veterans and their families.

The Social Security system has sufficient balances in its trust funds to pay full benefits until 2035. If action is taken now, the current modest shortfall in long-term system funding can be addressed without damaging cuts to beneficiaries. Ideally, this should be done through prudent, phased-in changes to the system's financing along with benefit enhancements that will respond to our nation's growing retirement crisis. Once the trust funds are depleted, however, there will only be enough incoming revenue from payroll contributions to pay roughly 80 percent of all retirement, disability, and survivor benefits. At that point, any changes made to Social Security will likely impose the greatest burdens on those least able to afford them.

The **Social Security 2100 Act (H.R. 860)** contains common sense steps to keep the system solvent for the remainder of the century and improve benefits for the vast majority of beneficiaries. This legislation demonstrates that preserving and strengthening Social Security can be done without causing harm to beneficiaries.

PVA Position

Congress must pass the **Social Security 2100 Act (H.R. 860)**, which will preserve and strengthen Social Security by:

- Setting a more realistic cost-of-living-adjustment reflecting expenses frequently incurred by retirees and people with disabilities.
- Cutting taxes on benefits for almost twelve million beneficiaries.
- Making long overdue adjustments in the financing mechanisms for the system by requiring those with wages above \$400,000 to pay Social Security taxes and by asking workers to contribute over time the equivalent of an additional 50 cents per week each year.
- Ensuring that no one retires into poverty by setting the minimum benefit at 25 percent above the poverty line and indexing that benefit to growth in wages to ensure that the minimum benefit does not fall behind.
- Keeping the system solvent for the next 75 years, according to an independent analysis by the Social Security Administration's Chief Actuary.

H.R. 860 is sponsored by Rep. John Larson (D-CT)