



# Washington Update

Check out the [PVAction Force](#) page to view alerts and a list of key legislation.

## MAJOR VICTORY!

### CONGRESS PASSES ELIZABETH DOLE LEGISLATION

On December 16, Congress finally passed the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (H.R. 8371/ANS to S. 141). This legislation addressed some of the biggest legislative priorities for PVA, like eliminating the cap on the amount VA can pay for care in the home; increasing access to home and community-based services, like Veteran Directed Care; and strengthening supports for caregivers.

Other PVA-endorsed provisions in the bill allow veterans' survivors to retain their eligibility for education benefits and create a pilot program for the VA to furnish assisted living services for certain veterans in rural areas. Barring anything unforeseen, the package should be on the President's desk before the year is over. PVA has worked tirelessly over the past few years to get these critical, life-changing provisions signed into law. We look forward to working with the Administration on implementation.

## ANOTHER MAJOR VICTORY!

### DOT RELEASES PROPOSED RULE TO IMPROVE THE AIR TRAVEL EXPERIENCE OF WHEELCHAIR USERS

On December 16, the Department of Transportation (DOT) [released a final rule](#) on ensuring safe accommodations for wheelchair users in air travel. The final rule resulted, in part, from [PVA's February 2022 DOT petition](#) to initiate rulemaking, as well as follow up letters on the topic. The new requirements, many of which go into effect in January, will dramatically improve the air travel experience for people with disabilities. Specifically, they clarify airlines' obligations and responsibilities to individuals with disabilities; better enforce violations and administrative penalties onto airlines that mishandle assistive devices; and improve airline processes for returning, repairing, and replacing mishandled wheelchairs, to include informing wheelchair users about the location of their device during transit and allowing them to choose their own repair company, if their wheelchair or scooter is damaged. The changes also mandate critical hands-on training on an annual basis to any airline staff or contractors who physically assist passengers with mobility disabilities or handle battery-powered assistive devices.

PVA's comments on DOT's proposed rule were extensively referenced in the discussion language accompanying the final regulation. These changes



represent the culmination of a multi-year effort spearheaded by PVA to improve the safety and dignity of wheelchair users in air travel. Thank you to everyone who shared their air travel stories, filed complaints, and commented on the proposed rule. [Click here](#) to watch DOT's event announcing the final regulation.

### UPDATE ON VA FUNDING SHORTFALL/FY 2025 FUNDING

At the end of November, the VA announced that it needed an additional \$6.6 billion to fill gaps in the Veterans Health Administration budget for fiscal year (FY) 2025. In addition to needing funds to hire clinicians and purchase much-needed equipment, VHA stated a need for relief due to the cost pressures occurring in the pharmacy and prosthetics programs that were not anticipated when the VA developed its FY 2025 budget.

On December 17, Congress unveiled a short-term bill to keep the government funded through March 14, 2025. The bill contains language codifying VA's Veteran Experience Office and providing greater oversight of the department's accounting procedures. The latter provision would require VA leaders to regularly meet with the members of the VA committees for the next three years to provide updates on the agency's finances. It also would withhold bonuses to senior VA leaders when financial shortfalls exist.

Although the VA requested to receive the needed \$6.6 billion in additional funding in the continuing resolution, it was not included in the released bill. It's unclear whether or not the request will be revised in the new year. Recent hearings on VA's reported shortfall showed that many members of Congress were unhappy with VA's management of its budget and inability to accurately project its financial requirements.

### HOUSE VA SUBCOMMITTEE TAKES LAST LOOK AT PENDING BILLS

PVA submitted a statement for the record for a December 17 House Veterans' Affairs, Health Subcommittee hearing where lawmakers examined 10 pieces of veterans-related legislation. In our statement,

we supported bills that would allow veterans to receive eyeglass lens fittings through a VA community care provider; clarify the reimbursement process for emergency treatment furnished in non-VA facilities; and direct the Government Accountability Office to conduct a study on menopause care furnished by the VA.

One of PVA's top priorities is to ensure proper staffing in VA's health care system. Without proper staffing, veterans may be forced to accept care in the community, even when it is not their choice to do so. Thus, PVA endorsed new legislation that would allow VA to pay for the medical education of an officer of the commissioned corps of the Public Health Service in return for an obligated period of service at a VA health care facility. We believe this legislation would help fill some of VA's most critical staffing needs while attracting more health care providers to the department. We also supported many of the provisions of H.R. 10,267, the Complete the Mission Act of 2024, which seeks to preserve access to community care and strengthen requirements from the VA MISSION Act of 2018 (P.L. 115-182). PVA supported or had no objections to many of H.R. 10,267's provisions, including requiring the department to notify veterans of their eligibility for community care and if their requests for such care are denied. We continue, however, to have significant reservations with proposals to apply value-based reimbursement models to VA care, regardless of where it is delivered. In value-based care, health care providers are reimbursed based on the quality of care they provide, rather than the number of services they perform. Complex health issues like SCI/D do not fit neatly into such models and could have unintended consequences for veterans with these conditions. We are unable to support such requirements until there is straightforward evidence that the care veterans with SCI/D might receive, and/or their access to it, would not be impaired through the use of such models.

PVA did not endorse a trio of bills that sought to widen the aperture of eligibility for community care by diverting VA funding into other healthcare programs, including a pair of newly created pilot programs. We have grave concerns about the impact this legislation would have on catastrophically disabled veterans; therefore, we cannot support them at this time. A

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recording of the hearing and all relevant documents, including PVA's statement, can be found [here](#).

### **PVA TESTIFIES AT OVERSIGHT HEARING ON VR&E**

On December 11, PVA participated in [an oversight hearing](#) on the Veteran Readiness and Employment (VR&E) program held by the House Veterans' Affairs Committee, Subcommittee on Economic Opportunity. Associate Legislative Director, Julie Howell, testified on behalf of PVA and was joined by the President of the National Association of Veteran Program Administrators (NAVPA).

The first panel was the Director of the VR&E Program, Nick Pamprin, and he was joined by Kenneth Smith, the Assistant Deputy Undersecretary for the Operation Management Team at the Veterans Benefits Administration. The subcommittee reprimanded the VA for not doing more to ensure that veterans have timely access to the VR&E program and they shared concerns about IT modernization efforts that are underway. The VA shared that in the past two years the program has seen record growth with very few additional supports for counselors working in the field.

PVA focused its statement on solutions that Congress could pass to address systemic issues in the program. Our testimony suggested that Congress remove the 12-year delimiting date that creates a barrier for veterans accessing the program if they've been separated from service for 12 years or more. PVA also stressed the need for increasing the number of VR&E counselors in the field to help with wait times in the face of high enrollment and application numbers, reducing the minimum education requirements for veteran success on campus counselors, and tying the subsistence rate for VR&E to that of veterans using the Post 9/11 GI Bill.

### **HOUSE PASSES VETS SAFE TRAVEL ACT**

On December 10, the House passed an amended version of the VETS Safe Travel Act (H.R. 7365). This bipartisan legislation, introduced by Rep. Paul Gosar (R-AZ), would provide free access to TSA Pre✓® for certain eligible

veterans who otherwise meet the requirements of the program. Unfortunately, the bill was amended prior to passage to limit eligibility to veterans with service-connected disabilities. On December 11, Senator Todd Young (R-IN) and a bipartisan group of Senators introduced a companion bill (S. 5487). It's uncertain whether the House version of the bill will be addressed by the Senate prior to the end of the congressional session.

### **TECH MOD SUBCOMMITTEE HOLDS OVERSIGHT HEARING ON MODERNIZING VA'S IT SYSTEMS**

On December 12, the Technology Modernization (Tech Mod) Subcommittee for the House Veterans' Affairs Committee held an oversight hearing reviewing the work of the subcommittee over the 118th Congress. The hearing focused on addressing the challenges with VA IT projects like Electronic Health Record Modernization, Financial Management Business Transformation, and the Digital G.I. Bill rollout. Representatives from the VA, Government Accountability Office, Georgetown University, and the Foundation for American Innovation were present and provided in-person testimony.

While the consensus was that modernizing VA's IT systems would have undeniable benefits, it must be done with proper oversight and management. The hearing highlighted many recent projects whose cost had gone far beyond their original budgets. Notably, this was the final hearing for outgoing Chairman Matt Rosendale (R-MT) who was the Chairman of the Subcommittee in the 118th Congress and the Ranking Member in the 117th. You can watch the hearing [here](#).

### **NEWS OF NOTE**

#### **Major VA Construction Bill Approved**

PVA works to protect VA's specialized care services by trying to ensure funding is provided for the department's infrastructure projects. Recently, Congress approved S. 4176, the Fiscal Year 2024 Veterans Affairs Major Medical Facility Authorization Act, which authorized the use of previously approved funding for

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11 major construction projects around the country. One of these projects included nearly \$312 million toward the construction of a spinal cord injuries and disorders (SCI/D) center, renovation of parking facilities, and upgrades to the central utility plant at the San Diego Health Care System. A portion of the funding will also go towards a seismic retrofit of San Diego's existing SCI/D center.

### **Legislation Requiring Amtrak Reports on Station Accessibility Headed to the President**

On December 17, the House passed the bipartisan Think Differently Transportation Act (S. 4107). The legislation was introduced in the Senate by Senator Tammy Duckworth (D-IL) and Senator Shelley Moore Capito (R-WV) and in the House (H.R. 6248) by Representative Marc Molinaro (R-NY) and the late Representative Donald Payne, Jr. (D-NJ). This legislation will require Amtrak to complete an action plan and provide status reports on its efforts to comply with the Americans with Disabilities Act at Amtrak-served stations.

### **Lurie Institute Launches Interactive Dashboard to Spread Education on People with Disabilities**

The Lurie Institute for Disability Policy has launched a [Disability Data Dashboard](#). The interactive dashboard serves as a resource for researchers, advocates, and policymakers to learn more about people with disabilities and community living services. The Institute is also looking for feedback on how to improve the dashboard.

### **IVF in the NDAA**

Several times over the past few months, we highlighted that IVF expansion language was in both the House and Senate drafts of the National Defense Authorization Act (NDAA), the funding vehicle for the Department of Defense. While this was the first time both bills contained IVF expansion provisions, the final language of the bill did not include any. However, language creating a pilot program for cryopreservation did make it into the final version of the NDAA, which passed the House on December 11. The Senate passed it on December 18.

## **WEBINARS & COMMITTEE ACTIVITIES**

### **Government Relations Webinars on PVA.org**

October and November were busy months for PVA's Government Relations team. On October 29, we covered this year's efforts to improve access to air travel for people with disabilities in our webinar titled, "[Improving Disability Access in Air Travel](#)." Then, in November, we kicked off caregiver month by discussing the results of a RAND study on caregivers with representatives from the Elizabeth Dole Foundation titled, "[Hidden Heroes Emerging from the Shadows](#)." Finally, we wrapped up November with a webinar with TSA titled, "[Navigating Airport Security as a Passenger with a Disability](#)." Recordings for these webinars are now available on PVA.org.

### **Access Board Hosts Webinar on Its Role in Accessibility**

The U.S. Access Board will host a webinar on January 9, 2025, from 2:30 to 4:00 P.M. ET. During the webinar, members will educate attendees on the Access Board's role in creating, enforcing, and providing training on accessibility standards. The webinar will also cover how federal agencies lead and enforce accessibility standards in other areas.

[Registration](#) for the webinar is now open.

### **Veterans' Committee Activities**

Please visit the [House](#) and [Senate](#) Veterans' Affairs Committee webpages for information on previous and upcoming hearings and markups.

