Paralyzed Veterans of America

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# Washington Update

Check out the PVAction Force page to view legislative campaigns and a list of key legislation.

### PVA's 2026 Priorities Now Available

As we embark on the second session of the 119th Congress, PVA's priorities for 2026 are once again focused on ensuring access to the care and benefits PVA members have earned and the civil rights protections they deserve.

Our priorities for 2026 are as follows:

- Strengthen the Foundations of VA's Specialized Health Care Services
- Maximize VA Long-Term Services and Supports for Veterans with SCI/D
- Fortify the Financial Security of Veterans with SCI/D, their Families, and Survivors
- Increase SCI/D Veterans' Access to Health Care Services
- Ensure Equal Opportunity and Full Participation for Catastrophically Disabled Veterans

For more details on each of the priorities, please click here.

### PVA Efforts to Fix Bowel and Bladder Program Lead to New Legislation

On January 15, Senate Veterans' Affairs Committee Chairman Jerry Moran (R-KS) introduced S. 3647, the Disabled Veterans Dignity Act. This legislation would make VA's Bowel and Bladder program a statutory requirement and standardize all processes, training, and procedures associated with it. The bill clarifies that participation in the program is a clinical decision as well as reimbursement rates and frequency. Before denying bowel and bladder care for any covered veteran under the program, VA must obtain the review of and concurrence of that denial from one of the department's 25 SCI/D centers.

VA's Bowel and Bladder program is administered by VA's SCI/D National Program office. Veterans with SCI/D who qualify for bowel and bladder care may receive that care through a home health agency, a family member, or an individually employed caregiver. The department's current program is fraught with challenges for caregivers and is unevenly applied across the VA system. Timely reimbursement and the tax treatment of payments are the chief complaints of PVA members who must rely on bowel and bladder care to meet their needs.

PVA believes that codifying the program would allow Congress to resolve most of the existing concerns experienced by family members who perform bowel and bladder care under the program. Since PVA members are the principal users of the program, we urge Congress to pass this legislation as quickly as possible.

## Ensuring the Financial Stability of PVA Members and Their Survivors

PVA's efforts to fortify the financial security of veterans with SCI/D, their families, and survivors, continue into the New Year. The House Veterans' Affairs Committee was scheduled to mark up an amended version of the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act (H.R. 6047) mid-month. The amended language would still increase Special Monthly Compensation (SMC) rates for categories R1, R2, and T, as well as the monthly rate of survivor benefits.

Unfortunately, committee action on the bill was postponed. However, we expect it to be rescheduled soon. There has been some opposition to the measure, primarily related to how to fund the increases. Thus, it is extremely important that your representative hears from you. Our PVAction Force campaign has been updated, and we are urging all PVA members, their families, caregivers, and other supporters to use it to contact their member of Congress about the bill—even if you sent a letter before.

The changes directed by this bill would represent the most significant improvements to survivor benefits and high-level SMC in decades. We need your help to get this bill out of the Committee and to the House floor for a vote.

## Veterans' Health Subcommittee Examines a Dozen Health Care Bills

On January 13, the House Veterans' Affairs Health Subcommittee held a hearing to examine a dozen pending bills related to veterans health care. PVA shared its views on a handful of bills through a short statement that was submitted for the record.

One bill, the NO PAIN for Veterans Act (H.R. 4509), would help ensure veterans receive timely, compassionate, and effective care for their injuries and illnesses. Currently, many veterans experience unnecessary delays or denials of appropriate acute pain management, resulting in avoidable suffering, the risk of addiction, and diminished quality of life. The NOPAIN for Veterans Act appropriately restores clinical judgment to veterans' health care by ensuring that the VA provides individualized, comprehensive post-surgical pain management options, while maintaining strong safeguards against misuse. Also, it improves patient safety by expanding access to non-opioid pain management options in lieu of other medications.

Another bill, the Veterans with ALS Reporting Act (H.R. 6001), seeks to uncover the reasons why veterans are more likely to contract this horrific disease. It requires the VA to submit a report on the prevalence of the disease among veterans and a description of the resources and support provided to veterans with ALS. More importantly, it requires the department to identify any deficiencies in those resources and provide recommendations for additional legislation to address the challenges of the disease. Finally, it preserves ongoing tracking of ALS prevalence among veterans using the Centers for Disease Control and Prevention's National ALS Registry and Biorepository and requires that updates be presented to Congress every three years. PVA strongly supports this bill and urges its immediate passage.

Finally, we strongly supported the Clarity of Care Options Act (H.R. 6526), which would require the VA to create and maintain a publicly available directory of health-care providers who accept the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) as payment for services rendered. Currently, there is no provider network for CHAMPVA, so beneficiaries of the program are forced to call numerous offices just to find a provider that will accept it. Establishing a provider database would make it easier for users of the program to find providers willing to treat them.

You can find a recording of the hearing and all related documents here.

## STAND Act Introduced in the House

In late December, legislation was introduced in the House aimed at improving the care of veterans with SCI/D. The Veterans Spinal Trauma Access to New

Devices Act, also known as the STAND Act, (H.R. 6835) requires the VA to offer annual preventative health evaluations for veterans with SCI/D through in-person visits, referrals, or telehealth. These evaluations would assess health risks, chronic pain, nutrition, prosthetic needs, and opportunities to use new assistive technologies.

Other provisions in the bill would help ensure veterans are evaluated for advanced assistive technologies and require the VA to report to Congress on the utilization and outcomes of assistive technologies and how these evaluations have been integrated into VA performance metrics to strengthen accountability and oversight. Finally, the bill directs VA to consult with spinal cord specialists, clinicians, veterans organizations, and medical device manufacturers to ensure the department's policies reflect the latest advancements in SCI/D care. PVA supports this legislation.

## Women Veteran Advocacy Day on Capitol Hill

On January 13, PVA joined a coalition of veterans service organizations (VSOs) on Capitol Hill to discuss legislation important to women veterans. With most of the major VSOs present, advocates were able to cover a range of offices in both the House and the Senate.

Advocates focused on a number of pieces of critical legislation, including a bill that would improve the body of research that exists for servicewomen and women veterans experiencing menopause. This legislation would authorize a Government Accountability Office (GAO) study on existing research and treatment options and require VA to implement any recommendations provided by GAO that would improve the delivery of care for women veterans experiencing menopause.

Other legislation discussed would improve the compensation and pension (C&P) process for veterans filing a disability claim related to military sexual trauma (MST). One bill would mandate cultural competency training for C&P examiners conducting MST examinations, reducing the risk of re-traumatization of veterans filing claims. No veteran should turn away from the VA due to bad C&P examinations, and this bill would help reduce the likelihood of that happening.

Another bill related to MST is the Servicemembers and Veterans Empowerment and Support (SAVES) Act (H.R. 2576/S. 1245). The SAVES Act is a priority bill for PVA that would improve the claims process for MST survivors by widening the evidentiary support a veteran can provide to support their claim, among other reforms.

Advocates met with offices across the aisle and the conversations were well received.

## News of Note

### GAO Infertility and IVF Study

The Government Accountability Office (GAO) is conducting a study on infertility, and the veteran experience using the VA. GAO is looking for veterans to participate in focus groups related to infertility treatment such as assisted reproductive technology (ART) and in vitro fertilization (IVF). If you or your family have accessed these services at VA, please contact VeteranInfertility@gao.gov by January 31, 2026.

### PVA Participates in Week Two of Negotiated Rulemaking at the Department of Education

The second week of the Department of Education's negotiated rulemaking kicked off in the New Year. PVA continued to participate as an alternate negotiator for the veteran and servicemember constituency group. The second and final round of the negotiated rulemaking focused on provisions within the One Big Beautiful Bill (OBBB) related to an updated framework for gainful employment provisions.

The new earnings test requires graduates of degree programs to earn more than the median earnings of a high school graduate in each state. However, the new accountability framework will not apply to certificate programs, which have often been a sticking point in the veteran community due to poor outcomes.

There was serious speculation about whether the negotiators would reach consensus on the issue of Pell grant eligibility for problematic programs, but the Department of Education agreed to cut off Pell funds to programs that failed the new accountability framework established in OBBB.

## Webinars, Surveys, and Committee Activities

**Webinar: Driving Change in 2026: Inside PVA's Annual Testimony**

Join us on February 19 at 2:00 p.m. ET as we prepare for PVA's annual testimony before a joint session of the Veterans Affairs' Committees to learn about our 2026 PVA Policy Priorities. Start off with a warm welcome from PVA National President Robert Thomas, followed by a breakdown of the priorities important to our members. Find out ways you can get involved and help push our priorities forward.

To register, please click here.

**Webinar: Accessibility of Federal Facilities—An Overview of the ABA**

Join us on March 19 at 2:00 p.m. ET as we explore accessibility under the Architectural Barriers Act (ABA). Travis Saner, Accessibility Specialist, U.S. Access Board will discuss the essentials of federal facility accessibility under the ABA, from entrances and signage to restrooms and assembly areas.

To register, please click here.

**REMINDER: Survey for Project Focused on Improving the Airport Journey of Wheelchair Users**

InterVISTAS is currently collaborating with Indiana University – Bloomington (IUB) to collect information on the air travel experiences of people with disabilities. Funded by the National Academies of Science, Engineering, and Medicine, this project strives to identify ways to enhance the air travel experiences of individuals using wheelchairs. PVA is a member of the panel overseeing this project.

How to Participate:
1. Register: Please first complete the screening survey. This will only take 5 minutes.
2. Survey: Once registered, eligible participants (those aged 18 or older, living with a disability that requires the use of a wheelchair, and currently residing in the U.S.) will receive a link to the full online survey.

Your Privacy Matters: Participation in the survey is entirely voluntary. All information you provide will be kept strictly confidential.

Have Questions? Please contact the research team at:

- Email: travelX@iu.edu
- Phone: 812-855-9037

The survey will close once researchers have reached the target number of completed responses.

**Stories Requested: Competitive Bidding and Why It Matters to Disabled Veterans**

Medicare has recently moved forward with including urology, ostomy, and tracheostomy supplies in its competitive bidding program for the first time in more than 20 years. While disabled veterans typically receive these supplies through the VA—not Medicare, this policy could have significant downstream consequences for veterans who rely on specialized, high-quality medical supplies every day because it reshapes the entire medical supply marketplace.

As product choice narrows across the broader health care system, fewer options remain available to all payers, including the VA. Over time, this can reduce access to the specific brands, features, and configurations that veterans rely on to prevent infections, protect skin integrity, maintain kidney health, and preserve independence. Advocates are urgently collecting personal stories from disabled veterans to help policymakers understand these real-world impacts.

If you are interested in providing an interview, please contact Ali Ingersoll, Ms. Wheelchair America 2023 and Disability Advocate, at 919-395-1491 or Ali.Ingersoll@gmail.com. Participants will receive $100-

$200 for a brief interview and Ali will write up the patient story, op-Ed, and work with those interested in further advocacy exposure on this critical topic.

**Veterans' Committee Activities**

Please visit the House and Senate Veterans' Affairs Committee webpages for information on previous and upcoming hearings and markups.