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.

House Delays Action on Major Veterans Omnibus

On June 23, the House Rules Committee voted on a rule teeing up an amended version of the Take Care of America's Veterans Act (H.R. 9237). This legislation includes numerous provisions, including PVA priorities that would increase Special Monthly Compensation for the most severely disabled veterans, improve survivor benefits, and codify VA's Bowel and Bladder program. It also includes a version of the Major Richard Star Act, which would fix an injustice preventing combat-injured veterans from receiving their full military benefits.

The Congressional Budget Office has estimated that the Take Care of America's Veterans Act would cost nearly $20 billion. Congress needs to offset this new spending by reducing current spending, which creates a way to "pay for" the new benefits.

The bill's pay-for would codify a proposed change to VA's rating schedule for tinnitus and sleep apnea. The changes were originally proposed during the previous Administration but were never finalized. Codification of the proposed changes would result in benefits cuts for future veterans with these conditions. As a result, the veterans community is divided on whether the Take Care of America's Veterans Act should move forward with this pay-for.

The bill was scheduled to be on the floor late last week, but it was pulled when votes were canceled for the remainder of the week. It's unclear when or if the bill will be on the floor before the July 4th recess.

In the meantime, Senator Richard Blumenthal (D-CT) once again brought the standalone Major Richard Star Act to the floor for a vote on June 17. His efforts were blocked by Senator Thom Tillis (R-NC) due to the lack of a funding mechanism. This time, however, Senator Blumenthal proposed that the pay-for could come from unspent Department of Defense funds. The proposal was still rejected. This has been the sixth time Senator Blumenthal has tried to have a vote for the Major Richard Star Act.

Disabled Veterans Expedited TSA Screening Update

On June 18, the Transportation Security Administration (TSA) and VA announced the implementation of the Veterans Expedited TSA Screening (VETS) Safe Travel Act. In January 2025, the President signed into law the VETS Safe Travel Act (Public Law 118-238). This law allows certain veterans who meet specific criteria to receive TSA PreCheck enrollment at no cost. Passage of this law was a PVA priority.

TSA PreCheck provides an expedited airport screening process, allowing travelers to enjoy a secure and

streamlined security screening experience. Also, wheelchair users with PreCheck do not automatically have to have a patdown. Eligible veterans for the TSA PreCheck enrollment fee waiver are those who VA has determined have a service-connected disability requiring the use of a VA-issued wheelchair or prosthetic limb, due to loss or loss of use of an extremity, full or partial paralysis, or permanent blindness. Eligible veterans must also be enrolled in the VA health care system.

If you meet the eligibility requirements above, the VA sent you a TSA PreCheck enrollment letter. You can also download it. For more information about downloading your letter, click here. You can also visit TSA's online site for more information. You must provide a copy of your letter during the TSA PreCheck enrollment process.

Bill to Improve Air Travel for Passengers with Disabilities Introduced in Congress

On June 18, Senator Tammy Baldwin (D-WI) and Representative Dina Titus (D-NV) introduced the Air Carrier Access Amendments Act (H.R. 9373/S. 4829). This legislation would protect and expand the rights of air passengers with disabilities and improve air travel safety by:

- Strengthening enforcement of the law by requiring the Department of Transportation (DOT) to levy civil penalties for mishandled wheelchairs, physical harm to a passenger with a disability, lack of proper aisle chair assistance, improperly denied boarding for a passenger with a disability, inappropriately denied access for a service animal, and gross negligence;
- Requiring the DOT Secretary to refer complaints to the Department of Justice when there is reasonable cause to believe that violations of the law are a pattern or practice or if it "raises an issue of general public importance;"
- Granting individuals with disabilities a private right of action in civil court; and
- Expressing to Congress that legislation is necessary to ensure that individuals with disabilities have adequate remedies available when airlines violate their rights.

To send a message to your members of Congress in support of this legislation, please click here.

PVA Participates in Discussion on Veteran Civic Engagement

On June 24, House Veterans' Affairs Committee Ranking Member Mark Takano (D-CA) held a roundtable discussion on veteran civic engagement and voting. The robust discussion included several veterans service organizations, including PVA, and other organizations that focus on veteran engagement and participation in the electoral process.

Data shared with the group highlighted that veterans play an outsized role in support of elections. Specifically, many poll workers across the country are veterans or members of military families. The broader conversation also touched on improving confidence in the electoral process and how veterans play a critical role in combating mis- and dis-information.

Advocacy Attorney Anthonya Hollins and Associate Legislative Director Julie Howell represented PVA at the table. During the discussion, they shared about the need to ensure accessibility at each step of the voting process, from the parking lot to the voting booth for people with disabilities.

If you'd like to listen to the conversation, you can find it here.

Congress Passes Bipartisan Housing Affordability Bill

On June 22, the Senate passed H.R. 6644, the 21st Century ROAD to Housing Act, a bipartisan bill aimed at lowering housing costs, by a vote of 85-5. The bill contains more than 45 different provisions that include measures to increase housing availability and affordability. There are several provisions included that would directly benefit veterans. The VA Home Loan Awareness Act adds a disclosure to the Uniform Residential Loan Application informing applicants that they may be eligible for a VA Home Loan. The Veterans

Affairs Loan Informed Disclosure Act enhances Federal Housing Administration (FHA) mortgage disclosures to help borrowers compare VA loan options alongside conventional and FHA loans. The Housing Unhoused Disabled Veterans Act permanently excludes disability benefits received by veterans for the purpose of determining income eligibility for the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program to help more veterans access housing. The 21st Century ROAD to Housing bill also includes language that would require annual testimony from the VA's Loan Guaranty Service relating to the status of federal housing programs and government-backed mortgages, to enhance oversight and accountability.

After later passing the House, it was sent to the President's desk for further action. It's unclear whether the President will sign the bill, however, due to unrelated policy concerns.

House Appropriations Committee Recommends Increases in Funding for Research

On June 24, the House Appropriations Committee approved funding recommendations for several programs within the Congressionally Directed Medical Research Programs (CDMRP). The committee recommended doubling funding for the Amyotrophic Lateral Sclerosis Research Program (ALSRP) from $40 million in fiscal year (FY) 2026 to $80 million in FY 2027. The Spinal Cord Injury Research Program (SCIRP) would increase from $33 million to $40 million, while the Multiple Sclerosis Research Program (MSRP) would rise from $15 million to $20 million under the House proposal.

PVA is encouraged by Congress's continued support for these critical research programs, particularly following FY 2025 reductions that left both SCIRP and MSRP without funding. These proposed increases represent an important step toward rebuilding momentum in research aimed at improving outcomes and quality of life for veterans and others living with SCI, MS, and ALS.

You can watch the mark up of the appropriations bill here.

Annual Defense Policy Bills Take Shape

Earlier this month, the House Armed Services Committee (HASC) marked up its version of the fiscal year 2027 National Defense Authorization Act. While much of the annual policy bill focuses on defense matters, such as individual service end strengths and weapons systems, it also addresses the provision of military health care programs and occasionally touches on VA-related issues.

Language in the HASC-approved bill halts planned reductions at 41 military treatment facilities (MTF) and directs a comprehensive review of the Defense Health Agency's (DHA) restructuring plans. It also initiates several mandatory reporting requirements before DHA can change the scope of medical services at an MTF. Other provisions in the bill focus on DHA's pharmacy program, including one that directs an audit of the program for access, fairness, and transparency. Finally, much like the VA or any other health care system, accessing care through the military health care system can be challenging. The HASC-approved bill directs the department to establish a digital system allowing beneficiaries to report access to care barriers at MTFs.

The Senate Armed Services Committee (SASC) also marked up its own version of the bill. It requires a certification to SASC and HASC that a comprehensive review has been conducted regarding any future actions to downsize, realign, or otherwise reduce the scope of services at an MTF. It also requires a discussion with the committees not later than one year before conducting the action. It further requires the establishment of a digital system that will enable TRICARE beneficiaries who receive care at an MFT or through a managed care support contractor under the TRICARE program to electronically file a complaint, raise awareness about an issue, or provide positive feedback relating to that care.

Another provision in the SASC-approved bill requires the Department of Defense and the VA to establish a health care pilot program to assess the feasibility and

advisability of expanding reciprocal access to health care facilities, personnel, and services between the two departments.

Both chambers must approve identical text before a bill can be sent to the President, so once these measures are approved by their respective chambers, a conference committee will work on drafting a compromise bill that both houses can accept. In recent years, that work typically concludes in late fall, so it may be some time before the process is finalized. Also, both the House and Senate measures are likely to be amended when the initial bills come to their respective chambers; thus, additional changes are likely.

Audit of Consult Timeliness for VA and Community Care

The VA Office of Inspector General (OIG) recently released a report examining whether the Veterans Health Administration (VHA) was meeting established standards for processing referrals ("consults") for both VA-provided and community care. Conducted in response to requirements in the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, the audit reviewed consult activity from the first quarter of fiscal year (FY) 2025 and found widespread delays throughout the consult process. Specifically, 14 percent of VA consults and 21 percent of community care consults were not acted upon within the required two-business-day standard; 45 percent of VA consults and 60 percent of community care consults were not scheduled within required timeframes; and approximately half of all consults failed to meet standards for when veterans ultimately received care. The OIG concluded that VHA was not consistently adhering to consult timeliness requirements established under the MISSION Act and VHA policy.

The report notes that consult volume has grown significantly in recent years, with community care consults increasing by roughly 41 percent between FY 2021 and FY 2025. VHA leadership acknowledged to the OIG that many of the identified timeliness challenges remained unresolved as of late 2025 and early 2026, citing process and system limitations affecting scheduling and care coordination. The OIG warned that prolonged delays in processing and scheduling care can negatively affect veterans' health outcomes and emphasized the importance of improving oversight, workload management, and scheduling practices. The report issued two recommendations aimed at strengthening consult timeliness and scheduling performance. VHA concurred with both recommendations and submitted corrective action plans to address the deficiencies.

Audit of Veterans' Community Care Eligibility Determinations

The VA Office of Inspector General (OIG) recently released a report reviewing whether the Veterans Health Administration (VHA) was accurately determining veterans' eligibility for community care and informing them of their care options as required under the MISSION Act and the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. The audit found significant weaknesses in VHA's processes during the first quarter of fiscal year 2025. Approximately 25 percent of the 1.4 million veterans referred to community care did not actually meet eligibility requirements, while 38 percent of the 4.8 million veterans who received VA-direct care lacked documentation showing they had been assessed for community care eligibility. In addition, among veterans who were eligible for community care but were scheduled for VA care, roughly 58 percent had no documentation indicating they had voluntarily opted out of community care.

The OIG concluded that these deficiencies stemmed from outdated or inconsistent guidance, limitations in VA scheduling systems, and a lack of oversight mechanisms to verify eligibility determinations. The audit estimated that VA could have avoided approximately $440 million in community care spending during the review period—equivalent to about $1.7 billion annually—if eligibility determinations had been made accurately and veterans had been directed to available VA services when appropriate.

To address these issues, the OIG issued six recommendations, including improving coordination among VA facilities, providing schedulers with better visibility into appointment availability, strengthening documentation requirements, and implementing quality controls to ensure veterans are properly informed of all available care options. VHA concurred with five recommendations and concurred in principle with the sixth.

OIG Report on Care for Women Veterans in VHA Mental Health RRTPS

In early June, the VA Office of Inspector General (OIG) released a report that assessed how the Veterans Health Administration's (VHA) mental health residential rehabilitation treatment programs (RRTPs) addressed the unique environmental and safety needs of women veterans. By conducting site visits and interviewing women veteran participants, program directors, and support staff, the OIG was able to review if RRTPs are meeting the needs of women veterans.

After analyzing survey responses from participants, 79 percent of patients reported feeling physically safe in the mental health RRTP and 71 percent reported feeling emotionally safe. However, one in five survey respondents reported feeling emotionally unsafe to discuss topics in the program. In another series of questions, 72 percent of participants reported that they felt respected in the RRTP and 84 percent reported that the privacy awarded to them was adequate. However, nearly one in four participants reported that they did not feel respected by program staff and that their concerns were not addressed.

An interesting finding was that of the participants surveyed, two in five (41 percent) reported needing transportation assistance for admission or after discharge and, of those needing assistance, one in three (32 percent) were unhappy with the assistance they received. About 55 percent of those reporting dissatisfaction cited issues with travel reimbursement as their biggest concern. Several reported that they had not received any assistance with travel costs.

A VHA requirement is that a location with more than 40 beds must have a separate, secure unit to house women veterans but one in three of those locations were not compliant with this policy. This is alarming considering more than 60 percent of RRTP managers shared that women veterans enrolled in their programs reported experiencing sexual harassment while enrolled in their RRTP.

In light of the transformation of VHA's management structure, the OIG did not make any specific recommendations for VHA. Instead, the OIG will continue to monitor RRTPs during VHA's reorganization.

Review of Generative AI Chat Tools for Clinical Use

The VA Office of Inspector General (OIG) recently reviewed the Veterans Health Administration's use of general-purpose generative AI chat tools, including VA GPT and Microsoft 365 Copilot Chat, for clinical care and documentation. The report found that clinicians are actively using these tools to assist with medical documentation and support clinical decision-making, but VA hasn't established sufficient governance, oversight, or patient safety safeguards before deploying them. The OIG also found limited coordination between VA's AI leadership and the National Center for Patient Safety, leaving no formal process to identify, track, or respond to AI-related patient safety events.

While the review did not identify specific patient harm events, it warned that generative AI can produce inaccurate or fabricated information that could affect diagnoses, treatment decisions, or medical records. The OIG concluded that VA's emphasis on rapidly expanding access to AI tools outpaced the development of risk management controls needed to ensure safe clinical use. To address these concerns, the OIG issued three recommendations:

1. Establish clear governance and permissible uses for AI chat tools in clinical settings
2. Determine whether safeguards used for other high-impact AI systems should apply to these tools

3. Integrate AI-related risk monitoring into existing patient safety programs while training staff to recognize and report AI-related safety concerns.

News of Note

PVA Invited to Discussion on Federal Hiring of Disabled Veterans

On June 23, PVA participated in a discussion with the Partnership for Public Service (PPS) focused on improving the pipeline to federal employment for veterans. This was the second meeting where veteran organizations gathered to discuss challenges and barriers to veteran employment in federal jobs. The conversation included discussions about how to build stronger pipelines for transitioning servicemembers and streamlining veterans' hiring preference and other hiring authorities. The PPS is a nonprofit working to ensure a well-functioning federal government, and they have long sought to improve government hiring processes, particularly when it comes to veterans.

VA Implements Partial Claim Program for the VA Home Loan Program

Amidst a national housing crisis and an increasing number of veterans falling into default on their mortgages, VA's Home Loan program has announced the launch of a new partial claim program. The partial claim program was authorized through the passage of the VA Home Loan Reform Act, which was signed into law in July 2025. If you are struggling with your mortgage payments, you can call the VA Loan Guaranty Service at (877) 827-3702 for more information.

Surveys and Committee Activities

REMINDER: HERL Conducting Online Survey About Accessible Vehicles

The Human Engineering Research Laboratories (HERL), a collaboration between the University of Pittsburgh and the VA, is conducting an online survey to learn what vehicle features would make driving and travel easier for people who use wheelchairs or other mobility devices. By sharing your experiences and preferences, you'll help researchers understand what accessibility features matter most and provide feedback that could guide future vehicle designs. The survey will take less than 15 minutes to complete. To participate, please click here.

Veterans' Committee Activities

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