



# Washington Update

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

## VA INFORMS STAKEHOLDERS OF FUNDING SHORTFALLS

After months of speculation regarding the status of VA's funding for fiscal years (FY) 2024 and 2025, the department recently informed Congress of budget shortages for paying benefits and providing health care. The most immediate concern is the \$2.883 billion shortage in the FY 2024 mandatory accounts that fund VA disability compensation, Dependency and Indemnity Compensation, and education benefits. VA will not be able to pay September benefits on time unless the department receives needed supplemental funding by September 20.

On July 29, Senator Sherrod Brown (D-OH) introduced the bipartisan Veterans Supplemental Appropriations Act, 2024. The legislation would approve the funding VA needs to address the FY 2024 benefits shortfall. The legislation would also require the Government Accountability Office to review the circumstances that led to the budget shortfall and for the VA to submit a revised budget for FY 2025. In addition, the legislation would require VA to report on potential cost savings measures within VA Central Office. Consideration of the legislation is moving quickly and may be finalized before Congress returns from its August recess.

For FY 2025, the VA is short \$11.971 billion for medical care. This funding is part of VA's discretionary accounts. Funding for VA health care is advance appropriated. The

President's budget submission for FY 2025/FY 2026 advance did not request additional funding for FY 2025 known as a "second bite." Instead, VA's request included significant carryover from FY 2024 to fund FY 2025. This plan started unraveling early in FY 2024 as VA's efforts to limit staff hires and implement other cost cutting measures failed and the department was forced to use funding in FY 2024 instead of carrying it over to FY 2025.

Filling the hole in VA's health care budget for FY 2025 will be more complicated than addressing the benefits funding shortfall. VA benefits are funded with mandatory dollars. Although the funding must be appropriated by Congress, they have little say in whether or not to do so. Since VA health care is funded with discretionary dollars, Congress has more say in how the need is addressed.

The House and Senate Appropriations Committees have already passed their versions of the VA spending bill for FY 2025/FY 2026. Current spending caps mean that any additional funding eventually provided to VA will need to come from the other programs/agencies funded with discretionary dollars. This is sure to set up a spending fight about how to address the shortfall.

PVA will continue to work with our partners in the Independent Budget (DAV and VFW), as well as other veterans organizations, to ensure that the VA has the



funding needed to pay earned benefits on time and provide health care services to meet the needs of disabled veterans.

### ANNUAL DEFENSE POLICY BILL STALLS

The Senate planned to debate, amend, and vote on its version of the fiscal year 2025 National Defense Authorization Act by the end of July, but as has often been the case in recent years, they ran out of time. While it's possible the bill could be brought to the floor when lawmakers return after Labor Day, it's more likely the chamber will forgo that part of the process and begin informal negotiations with the House over the recess.

Over a thousand amendments have already been proposed for the bill. They include language that would eliminate the offset between military retired pay and VA disability compensation for veterans with a combat-related rating of at least 10 percent (the Major Richard Star Act, S. 344). Another would provide eligible survivors of veterans who died of service-connected ALS the Dependency and Indemnity Compensation "kicker" (the Justice for ALS Veterans Act, S. 1590). A third, seeks to eliminate the 65 percent cap on non-institutional VA care (included in S. 141, the Elizabeth Dole Home Care Act of 2023).

Admittedly, the chance of each of these PVA priorities being included in the final version of the bill would be slim even if the Senate pursued its regular legislative process. But it's even less likely if the chamber forgoes floor action and proceeds directly to conference. One thing is certain, final action won't take place on this bill until the fall, most likely after the November elections.

### HOUSE COMMITTEE EXAMINES PROGRESS OF VA'S NEW EHR

On July 22, the House Veterans' Affairs Subcommittee on Technology Modernization held an oversight hearing on the VA's efforts to create a new electronic health record (EHR) for the department. The VA's troubled multibillion-dollar technology project has been plagued

by delays, leadership turnovers, and infrastructure problems since it began in 2018. Until recently, deployments of the new EHR have been on hold for over a year so the VA and Oracle could work out numerous problems.

In March, the VA, the Department of Defense (DOD), and the Federal Electronic Health Record Modernization office launched the new EHR system at the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) in North Chicago, Illinois. This was the first joint deployment of the new EHR, which DOD calls MHS GENESIS, at a joint use, medical facility. Lawmakers held the hearing specifically to examine how this effort was going. From the onset, they raised concerns about resuming deployments of the Oracle EHR at VA medical facilities until all previously identified problems have been corrected. VA said while it's still too early to declare the latest rollout a clear success, results at Lovell FHCC have been promising. Neil Evans, Acting Program Executive Director of the VA's Electronic Health Record Modernization Integration Office, told the subcommittee that the rollout was going better than anyone expected. Ms. Seema Verma, Executive Vice President and General Manager of Oracle Health and Life Sciences, noted that the positive outcome is due in part to new training and change management programs that greatly reduced the time and effort needed for VA providers to learn and use the system.

As in previous hearings on this subject, subcommittee members expressed concern with the system's cost which was initially projected to be \$16 billion but is now expected to be much higher. Lawmakers noted that some previously identified problems have yet to be fixed, and the two departments needed additional resources (people and money) in order to achieve success at the Lovell facility. If future sites had to do the same thing, the cost of implementing the system would swell tremendously. You can watch a recording of the hearing and read relevant documents [here](#).

### "CARING FOR CAREGIVERS" LEGISLATIVE AGENDA LAUNCHED

Sen. Edward Markey (D-MA), Chairman of the Health, Education, Labor, and Pensions (HELP) Subcommittee on

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Primary Health and Retirement Security, recently launched a comprehensive legislative agenda to improve the economic security, support and resources, and protection and promotion of caregivers and their loved ones. His effort includes three PVA endorsed bills. The Home Modifications for the Climate Crisis Act (S. 4734) would clarify that home modifications, which support older Americans' ability to safely age in their homes and communities under the Older Americans Act, can include measures related to heating, cooling, air quality, energy efficiency, and assistance with utility and power. The Financial Services Improving Noble and Necessary Caregiving Experience (FINANCE) Act (S. 4735), would help provide financial planning for family caregivers (including older relative caregivers) within the Older Americans Act. This would include information on budgets and saving, debt and bankruptcy, discussions about long-term care planning, referrals to the National Education and Resource Center on Women and Retirement Planning's publications for caregivers and older adults, and referrals to legal assistance providers for estate and will planning, among other provisions. Some of these financial planning services are being offered to older adults, but not to their caregivers under the Act. At PVA's recommendation, the bill includes accessibility and inclusivity language to ensure all communities could benefit from these services.

Finally, the Respite Care and Resources for Everyone (CARE) Act (S. 4736), supports the development or establishment of integrated settings where family caregivers can receive respite care simultaneously with other supportive services. This would improve the accessibility of both respite care and supportive services. These supportive services under the Older Americans Act include counseling, financial planning, nutrition literacy, and information about other available programs for older adults and their caregivers.

### WOMEN VETERANS ROUNDTABLE

On July 16, PVA joined several other veterans service organizations (VSO) on Capitol Hill to meet with congressional staff to discuss the needs of women veterans. Republican staff from the House and Senate Veterans' Affairs Committees welcomed feedback on

action items that could be implemented before the end of this Congress.

Most VSOs agreed that the committees, Congress, and the VA need to commit to increased oversight of women veteran health care and benefits, particularly around the Deborah Sampson Act (DSA) (P.L. 116-315). There have been increased conversations focused on the DSA due to several congressionally mandated reports being released over the past few months that show stark disparities for women veterans accessing care.

A particularly troubling report that the VA has provided over the past several years, which was mandated within section 5303 of DSA, focuses on anti-harassment and anti-sexual assault policies implemented by the department, as well as data collection on the number of complaints or reports submitted at each facility. The reports provided to Congress show that assault and harassment complaints on VA campuses have increased each year since the implementation of the anti-harassment, anti-sexual assault, and bystander intervention trainings. The reports paint a troubling picture for women who are seeking care at VA, and they bolster the anecdotal stories shared by many.

Many VSOs, including PVA, highlighted the need for Republican cosponsors on pieces of legislation that support women veterans and would improve their experience with accessing VA care and benefits. Several pieces of legislation discussed are on the PVAction Force webpage. If you'd like to send a letter of support to your members of Congress, you can do so [here](#).

Women veteran legislation can often become unnecessarily partisan but many of the bills which PVA supports are common sense improvements to existing processes, expansion of benefits for women and families in need, and additional supports for all veterans who experienced Military Sexual Trauma (MST), which is often categorized under women veterans despite male veterans also being victims of MST.

If you have an experience with harassment, assault, barriers accessing gender specific care, or if you have felt uncomfortable at your VA facility, please reach out

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to Julie Howell at [JulieH@PVA.org](mailto:JulieH@PVA.org) if you feel comfortable relaying your experience.

## NEWS OF NOTE

### Status of the Elizabeth Dole Legislation

The Elizabeth Dole Home Care Act (H.R. 542/S. 141) and the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (H.R. 8371), which contains the language of H.R. 542, saw little action during the month of July. Lawmakers' wishes to pass the larger package of bills (H.R. 8371) were dashed when opposition to provisions within the bill emerged from both parties. Unable to resolve these differences, which appear to be largely political at this point, congressional leaders decided to set aside further action on this legislation until the fall. Unfortunately, such action is most likely delayed until after the election. PVA, however, continues to meet with congressional officials in an effort to break the deadlock and get this critical legislation across the finish line.

### Exercise and Fitness for All Act Reintroduced

In the lead up to the 34th anniversary of the Americans with Disabilities Act, Sen. Tammy Duckworth (D-IL) reintroduced the Exercise and Fitness for All Act. This legislation would update and improve exercise and fitness accessibility guidelines and regulations for exercise machines and equipment and exercise or fitness instruction. PVA supports this legislation in line with our broader efforts to improve access for people with disabilities to sports and recreation opportunities in their communities.

## SURVEYS & HEARINGS

### Accessible Air Travel: Survey

The Human Engineering Research Laboratories in Pittsburgh is conducting a national survey about accessible air travel. The study aims to estimate the pent-up demand for air travel among mobility device

users and identify the specific needs and pain points experienced during their travel. Your participation will provide valuable insights that can help improve the accessibility and overall travel experience for mobility device users. The survey should take no more than 20 minutes to complete. To take the survey, please [click here](#).

### Upcoming Veterans' Committee Activities

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

