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.

Government Shutdown Looms

Unless a last-minute deal can be reached, the federal government will shut down tonight, September 30, at midnight. Although a continuing resolution (CR) passed the House earlier in September, primarily along party lines, Senate Democrats are balking at passing the CR, in part because they are seeking the inclusion of an extension of health care subsidies under the Affordable Care Act. If a shutdown happens, VA direct care continues; Veterans Benefits Administration regional offices close, but you can contact PVA National or your local PVA National Service Officer for assistance; Board of Veterans' Appeals processing continues; and National Cemetery Administration burials continue — although maintenance of cemetery grounds would stop, and the VA would not place permanent headstones at grave sites. We will continue to monitor the situation as we consider any needed response.

Senate Holds Hearing on the State of SCI/D Care

On September 17, PVA National President Robert Thomas testified before the Senate Veterans' Affairs Committee in a hearing examining the state of VA's spinal cord injuries and disorders (SCI/D) system of care. In both his written and oral statements, President Thomas expressed PVA's firm belief that VA is the best health care provider for disabled veterans, particularly those with catastrophic disabilities. In his oral testimony, he focused on our primary concerns about VA's ability to continue serving catastrophically disabled veterans both now and in the future: ongoing staffing vacancies, delayed infrastructure improvements, and the continued shortage of specialty long-term care beds.

Staffing levels for the SCI/D system of care are detailed in Veterans Health Administration Directive 1176. The requirements outlined in this directive are based on the level of care needed to maintain the health and well-being of veterans with SCI/D. Unfortunately, VA leaders have long treated them as optional rather than a directive based on best care standards. As a result, VA can only staff a nominal number of beds in some locations. President Thomas told lawmakers that the VA must be able to staff to the level needed to serve veterans with SCI/D. He also noted that VA needs new approaches to recruiting medical professionals in hard to recruit locations and to streamline hiring for medical professionals.

Next, he expressed concern about badly needed infrastructure improvements that remain unfunded. VA's SCI/D system of care is comprised of 25 acute care centers and six long-term care centers with an average age of nearly 40 years old. Many of the older centers have only had minor renovations. More than a dozen SCI/D-related construction projects on VA's Strategic

Capital Investment Planning list continue to go unfunded year after year. He reminded committee members that VA's SCI/D system of care is not replicated outside of VA and urged them to consider this when allocating funding for the department. He also testified that VA should fund facilities that support the types of services, like SCI/D care, which the department uniquely provides. Increased investment in these areas would greatly strengthen VA's specialty care services and ensure their future availability.

Finally, he noted the nation's lack of adequate long-term care options poses an enormous problem for people with catastrophic disabilities. There are very few long-term care facilities that are capable of appropriately serving veterans with SCI/D. With less than 180 beds, VA's six existing SCI/D long-term care facilities are not enough for the tens of thousands of veterans with SCI/D.

Mr. Thomas further stressed that many of our members also depend on VA home and community-based services throughout their lives. He expressed appreciation of Congress's passage last year of the Senator Elizabeth Dole Act (EDA) but urged the committee to exercise its oversight authority to ensure it is implemented as Congress intended.

During the Q&A session, President Thomas had the opportunity to speak about the barriers our members encounter when attempting to access some of VA's community care providers. Also, he reiterated the importance of the committee monitoring the implementation of the EDA. He noted that while VA says the Veteran Directed Care program is available at all major VA facilities, the feedback we have received from the field suggests some of them exist in name only.

Appearing on the first panel with President Thomas were Dr. Shelly Hoover, a Navy veteran with ALS; Mandi Bailey, from I AM ALS's Veteran ALS Action Committee; and Mary Ward, a veteran spouse, caregiver, and Elizabeth Dole Foundation Fellow. Together, they offered powerful testimony on the needs of catastrophically disabled veterans and their caregivers.

The second panel consisted of VA's principal witness, Dr. Erica Scavella, Assistant Under Secretary of Health for Clinical Services and Dr. Manosha Wickremasinghe, Executive Director of VA's SCI/D System of Care. Dr. Scavella said VA's mission is to address not just the immediate needs, but also the long-term challenges and opportunities facing the veteran community affected by SCI/D. As they recognize the unique and evolving needs of veterans with SCI/D, their response continues to center on specialized, comprehensive care. She noted these complex conditions require individualized approaches, and VA's commitment is to leverage the full depth of the department's resources and compassionate expertise to optimize the quality of life for all veterans. In addition to talking about facility-based care, she spoke of the importance of supporting veterans in their communities noting that the recent passage of the EDA has enabled VA to expand support for veterans facing complex medical conditions. She cited section 120 of the bill, which raises the maximum per-veteran expenditure for home- and community-based services from 65 percent to 100 percent of Community Living Center costs, which can now be applied to disabilities such as SCI/D. She said these changes would directly translate into expanded options for home-based care and greater financial flexibility.

During their Q&A session, Dr. Scavella and Dr. Wickremasinghe fielded questions about staffing and some of the challenges of recruiting qualified personnel to care for veterans with SCI/D, particularly in rural areas. Dr. Wickremasinghe informed the committee on how tele-health, tele-mental health, and tele-wound care is being leveraged to care for these veterans. She also talked about some of the opportunities veterans with SCI/D have to participate in studies and other research affecting them.

The hearing lasted about two hours and you can view a recording of it here. You can view each of the witnesses' written statements as well. PVA looks forward to continuing to work with the Senate in strengthening services for veterans with SCI/D.

PVA Presents Mansfield Award to SVAC Chairman Jerry Moran

On September 17, PVA National President Robert Thomas and Chief Executive Officer Carl Blake awarded the 2025 Gordon H. Mansfield Congressional Leadership Award to Senate Veterans' Affairs Committee (SVAC) Chairman Jerry Moran (R-KS). PVA established this award to recognize strong leadership and support of our legislative priorities in the areas of veterans' health care, benefits, and disability civil rights. Chairman Moran's support was invaluable in securing last year's passage of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. Signed into law in January, this legislation's many benefits and reforms will ensure that some of the most urgent needs of the nation's seriously ill, injured, and aging veterans are met, and their caregivers can thrive.

PVA Briefs Congressional Staff on the Availability of Homecare for Veterans with SCI/D

On September 22, PVA's National Legislative Director Morgan Brown participated in a discussion on Capitol Hill about ways to improve home care benefits available to our nation's veterans, eligible military family members, and their caregivers through Medicare, Medicaid, TRICARE, and VA. The event provided an opportunity to talk with congressional staff about the availability of homecare for veterans and how Congress can help to increase access to these services for veterans while improving support for the caregivers who provide this essential care.

After providing attendees with an overview of the demographics of veterans with SCI/D, Mr. Brown explained that both the Department of Defense and the VA's caregiver programs can enhance their ability to keep loved ones safe and healthy at home by improving access to training, expanding eligibility for certain services, increasing coordination with local resources, and providing targeted support for specific health challenges. He also described some of the current benefits that the surviving spouses of ALS veterans receive and took the opportunity to stress the importance of passing the Justice for ALS Veterans Act (H.R. 1685 /S. 749). If passed, this legislation would make surviving spouses of service-connected ALS veterans eligible for a higher rate of VA Dependency and Indemnity Compensation.

Mr. Brown also spoke of the importance of VA quickly implementing the Senator Elizabeth Dole Act (EDA), especially Section 120, which increases the amount VA can pay for home and community-based services. Raising the cap on how much the VA can pay for the cost of home care from 65 percent of the cost of nursing home care to 100 percent, and even more if it's in the veteran's best interest, will be extremely helpful for families with veterans on ventilators who bear a significant part of the cost of care—financially, physically, and emotionally—for their loved one. He also noted that as VA struggles with a shortage of nursing staff, the three-year homemaker and home health aide services pilot program in Section 126 of the EDA would allow greater numbers of catastrophically disabled veterans to receive care at home.

House Approves Several Veteran Bills

On September 15, the House passed several veteran-related bills under suspension of the rules. When bills are considered "under suspension," it generally means that the bills have broad bipartisan support, so the House leadership waives the regular rules for debate and prohibits floor amendments.

Several of the approved bills were supported by PVA. They include:

- The Delivering Digitally to Our Veterans Act of 2025 (H.R. 348), which would allow the VA to use various communication methods to engage with veterans about VA services.
- The Protecting Veteran Access to Telemedicine Services Act of 2025 (H.R. 1107), which would allow certain healthcare professionals to prescribe controlled medications from a telehealth visit rather than an in-person appointment.
- The Women Veterans Cancer Care Coordination Act of 2025 (H.R. 1860), which would improve

coordination across VA when it comes to breast cancer care coordination for all veterans receiving a breast cancer diagnosis at the VA.
- The Edith Nourse Rogers STEM Scholarship Opportunity Act (H.R. 2034), which would improve eligibility, pay, and usage of this educational program.
- The Honoring Our Heroes Act of 2025 (H.R. 2721), which would create a pilot program to provide headstones or burial markers for veterans who passed away on or before November 1, 1990.
- The TRAVEL Act of 2025 (H.R. 3400), which seeks to improve access to healthcare for veterans living in U.S. territories by approving traveling physicians for areas like American Samoa, Guam, and the Northen Mariana Islands, where VA care is almost non-existent.
- The Modernizing All Veterans and Survivors Claims Processing Act (H.R. 3854), which seeks to improve the efficiency and accuracy for claims and requires the VA to submit an annual report to Congress that accounts for the cause of death for veterans that have service-connected disability ratings.
- The Rural Veteran Improved Access to Benefits Act (H.R. 3951), which is intended to improve access to qualified claims examiners, particularly for veterans in rural areas, by authorizing temporary licensure requirements.

These bills have been presented to the Senate for their consideration; so, additional work may be needed before they can be passed and presented to the President. Information on the other six bills can be found here.

DOT Publishes Regulatory Agenda

The U.S. Department of Transportation (DOT) recently published the agency's short-term and long-term regulatory agenda. Although the agency is not bound to these agendas, the items on them reflect the agency's rulemaking priorities. DOT's agenda included withdrawing rulemaking already started, proposing new regulations, and rolling back final rules.

For example, DOT indicated that the agency may amend some of the provisions in a final rule recently promulgated in December 2024, that outlined the rights of air passengers who use wheelchairs and scooters. According to the agenda, DOT may publish a notice of proposed rulemaking, with the intent to reduce burdens on the airlines. In addition, a final rule on when airlines must provide refunds to passengers and other consumer regulations – which included additional protections for passengers with disabilities – may be reopened. DOT has also published a notice stating that it will not enforce the parts of the regulation it may revise.

Other regulations were deprioritized and moved to, or stayed on, the long-term agenda. For instance, a pending rule on family seating accommodations was moved to the long-term agenda with no next actions stated. In addition, rulemaking on seating accommodations is on the long-term agenda. Next steps are noted to be determined. Another rulemaking on accessible in-flight entertainment is also listed on the long-term agenda. However, next steps are also undetermined.

DOJ Sues Uber for Disability Discrimination Against Wheelchair Users and Service Animal Handlers

The U.S. Department of Justice (DOJ) sued Uber Technologies, Inc. (Uber) for discriminating against people with disabilities who use mobility devices, such as stowable wheelchairs, and service animals. Specifically, the complaint alleges that Uber and its drivers violate the Americans with Disabilities Act (ADA) by routinely refusing service to people with disabilities; imposing cleaning fees for service animals; charging cancellation fees to those denied service; and refusing to modify its policies, practices, and procedures. The complaint alleges that Uber is aware of the disability discrimination but fails to prevent and remedy the issues by failing to train its drivers and customer service personnel on their ADA obligations; monitor its drivers to prevent discrimination; or provide meaningful relief to people discriminated against.

In addition, the DOJ alleges that after it notified Uber of its investigation into Uber's disability discrimination,

Uber only instituted a voluntary self-identification feature that allows riders to disclose that they will be traveling with a service animal. However, the complaint alleges that Uber continued to discriminate against people with disabilities. The DOJ has asked the court to declare Uber's actions, policies, and practices, as violating the ADA; order Uber to modify its policies, practices, and procedures to comply with the ADA; order Uber to provide ADA training to its drivers and personnel; award monetary damages, $125 million, to people who were discriminated against; and assess additional monetary penalties.

VA Extends PCAFC Eligibility for "Legacy" Veterans' Caregivers

In July, VA announced it would propose a rule extending Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility for the program's legacy participants. In the simplest terms, legacy participants are Post-9/11 veterans and caregivers who were enrolled in PCAFC before it was expanded to veterans of other eras in 2020, and legacy applicants are veterans, servicemembers, and their family caregivers who applied for PCAFC before October 1, 2020, and were accepted into the program on or after that date.

On September 29, VA published an interim final rule extending the transition period for legacy participants through September 30, 2028. Extending their transition period by three years ensures the department has sufficient time to issue a new, revised PCAFC final rule, which could include regulatory changes impacting the legacy cohort.

News of Note

WWP Launches Women Warrior Report For 2025

In mid-September, the Wounded Warrior Project (WWP), released its 2025 Women Warriors Report and held a briefing on Capitol Hill to share the findings. After 15 focus groups and several individual interviews, the report highlights the needs of post-9/11 women veterans.

The key takeaways outlined in the executive summary are strength and service, military experience matters, and identity, purpose, and belonging. The data is set in comparison to data collected from male wounded warrior participants for a full picture of the needs of women veterans. The report summary wraps up with several policy recommendations. You can read the executive summary here. You can read the full report here.

Technology Modernization Subcommittee Holds Oversight Hearing on Modernizing VA Care Through AI

On September 15, the House Veterans' Affairs Subcommittee on Technology Modernization held an oversight hearing to examine how artificial intelligence (AI) could transform veterans' health care delivery, streamline VA services, and improve care outcomes. Subcommittee Chairman Tom Barrett (R-MI) noted in his opening remarks that a new GAO report found that "VA is among the most active adopters of AI, from analyzing medical images and workflows, to creating summary diagnostic reports." Over 200 cases of AI use were reported. He further noted that although AI holds real promise, Congress's job is to make sure it's used in a way that is safe, responsible, and transparent. To watch the hearing, click here.

Webinars, Surveys, & Committee Activities

PVA Announces ABA Webinar Series

Join us in October, November, and December as the U.S. Access Board presents for PVA members three dynamic webinars exploring accessibility under the Architectural Barriers Act (ABA). Please note that if the federal government shuts down due to a lapse in funding, then the October webinar may be postponed.

- October 15 at 3:00 PM ET learn the essentials of federal facility accessibility, from entrances and signage to restrooms and assembly areas (register here)

- November 20 at 3:00 PM ET dive into practical guidance on making commissaries and recreation facilities accessible for all service members, retirees, and their families (register here)

- December 10 at 3:00 PM ET explore inclusive outdoor design standards that open trails, campsites, and beach access to everyone (register here)

Air Travel Survey Opportunity

The research teams at Shirley Ryan AbilityLab, Northwestern University, and Indiana University are conducting a research study to explore the air travel experiences of people with mobility disabilities. They want to understand the air travel challenges and things that make air travel participation better to improve airlines and airports.

In this study you may be asked to attend one focus group in person or online.

Participants must:

- Be 18 years and older
- Live in the United States
- Self-identify with a physical disability or mobility impairment that requires physical assistance from another person or from adaptive equipment like a wheelchair, walker, or cane
- Have flown at least twice by air in the last two years
- Communicate in English
- Have access to reliable internet connection to participate in an online focus group through smartphone, personal computer, or another device

If you would like more information about this opportunity, please contact them for screening using this link: Share Your Experience Flying with a Physical Disability.

Veterans' Committee Activities

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