
501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON

PENDING LEGISLATION

FEBRUARY 25, 2025

Chairman Bost, Ranking Member Takano, and members of the committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on some of the pending legislation impacting the Department of Veterans Affairs (VA) that is before the committee. No group of veterans understand the full scope of benefits and care provided by the VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). We appreciate the opportunity to offer our observations on some of the legislation being discussed during today's hearing.

VA's SCI/D system of care is the crown jewel of the VA's health care system. It is unequalled in the care it provides to paralyzed veterans. There are no comparable systems of such care in either the private sector or the world. PVA's number one priority is to protect this system of care. Access to the care it provides is the difference between life and death for our members. We will strongly oppose any efforts that seek to dismantle the VA's SCI/D system of care. This includes starving the system through efforts that prevent proper staffing, ignoring critical infrastructure needs, and limiting available financial resources that are crucial for purchasing items, such as wheelchairs and other assistive devices that support PVA members' independence and well-being. PVA members want to receive their care at the VA because it is the best care available for them.

H.R. 472, the Restore VA Accountability Act of 2025

PVA supports efforts like the Restore VA Accountability Act to ensure proper accountability at all levels of the VA. Throughout the years, there have been unfortunate instances where those serving

in leadership positions at the department have failed to fulfill the responsibility of their positions and steps should have been taken to remove them. We believe the VA Secretary should have the ability to remove bad actors from the department; however, we would not support abusing authorities like this proposal to arbitrarily remove competent and capable employees simply as a cost-cutting measure or in furtherance of any discriminatory purpose. If the VA or any other federal agency needs to remove someone from their position, they must follow established procedures designed to protect the rights of workers and the government alike. It also ensures that veterans' access to care and benefits is not harmed due to inappropriate removals of staff who support these crucial services.

H.R. 740, the Veterans' ACCESS Act of 2025

PVA supported the passage of the VA MISSION Act of 2018 (P.L. 115-182), which reformed VA's ability to provide timely access to care and modernize its health care infrastructure. Of particular importance to PVA were the bill's provisions that increased VA's internal capacity to provide care by improving the recruitment, hiring, and retention of highly qualified clinicians; expanded eligibility for VA's Program of Comprehensive Assistance for Family Caregivers; and established a process to address the department's aging health care infrastructure.

While the MISSION Act also allowed greater numbers of veterans to receive care in the community, it was never intended to replace or undermine VA's health care system. Also, PVA firmly believes VA is the best health care provider for disabled veterans, particularly those with catastrophic disabilities. More importantly, our members consistently choose VA's SCI/D system of care, because it provides a coordinated life-long continuum of services that has increased the lifespan of these veterans by decades.

Beyond the loss of use of arms and legs, SCI/D can affect other body systems, including skin, bowel, bladder, and breathing. SCI/D demonstrates the interconnectedness of our body's systems, where damage to one part of the body can affect other aspects of it. Because SCI/D has profound and lasting effects, disrupting both physical and neurological functions, seeing a provider who understands the impact on each body system is a vital necessity. Most community care providers lack the knowledge, expertise, and time to properly understand the impact of SCI/D on body systems. While the overwhelming majority of our members rely on VA's SCI/D system of care, PVA supports the Veterans' ACCESS Act but we offer some thoughts on its individual sections as follows:

Section 101: Although we do not believe codifying access standards would improve veterans' access to care, lower wait times, improve quality, or produce better health outcomes, particularly for veterans with catastrophic disabilities, we do not oppose formalizing the access standards for care received in the community.

Section 102: We support requirements for the VA to notify veterans of their eligibility for care under the Veterans Community Care Program. However, under no instances should a veteran be forced to accept care in the community if they request care at a VA facility.

Section 103: We support the requirement that a veterans' preferences in regard to how, when, and where they receive their health care be considered, including whether they require the assistance of a caregiver, whenever they are seeking hospital care, outpatient care, or extended care services. We understand that the veteran's preference is not the sole factor in determining a veteran's access to community care, but it should be part of the consideration. Many of our members require the assistance of a caregiver, and we are pleased to see that recognition included here.

Section 104: We strongly believe that the VA should provide denials in writing not only when requests to access care in the community are denied, but also for all other decisions that affect veterans' access to care.

Section 105: As health care delivery evolves, we believe veterans should be afforded access to telehealth options. Therefore, we support requirements for VA to better inform veterans about telehealth appointment availability, but veterans should not be required to use telehealth if they would prefer an in-person appointment.

Section 106: PVA does not object to extending the deadline for health care entities and providers to submit claims.

Section 202: PVA supports efforts like those described in this section to improve and standardize VA's processes to determine a veteran's eligibility for priority or routine admissions into a covered treatment program.

Section 203: We agree with the intent of this section. However, homogenizing policies and procedures for VA's mental health Residential Rehabilitation Treatment Programs (RRTP) should be carefully thought out, and must include an assessment of its availability within VA's health care system and community health care facilities. Unfortunately, for veterans with SCI/D, such care is non-existent within VA and the community if they require assistance with other health conditions, such as regular bowel and bladder care. It is a well-established fact that depression is strongly associated with poor health outcomes and exposure to higher pain levels often trigger depression among members of the SCI/D community. Having a history of mental illness or substance abuse, current mental illness other than depression, and current abuse of alcohol or illegal substances are also risk factors for depression among the SCI/D community. Substance use disorders are prevalent and associated with poor outcomes in individuals with SCI/D, with 14 percent of individuals with SCI/D reporting significant alcohol-related problems and 19.3 percent reporting heavy drinking. With its expertise in

SCI/D care, the VA is uniquely positioned to provide this level of care for these veterans and should be directed to do so as part of this legislation.

Section 301: We agree that VA should establish an interactive, online self-service module to allow veterans to request and track their appointments and their referrals for VA community care. Any such system, however, must meet disability access standards to ensure veterans with visual, hearing, cognitive, dexterity, and other impairments are able to independently use it.

Section 302: PVA believes that VA-direct care is the best care for veterans who need specialized health care services. However, we support improved access to community outpatient mental health and substance use services for veterans, when appropriate. Any efforts to extend the pilot program in (c), following its completion, must carefully consider any protections that would be required to ensure there is no degradation of care provided in the VA for these or any other conditions on which veterans, including those with the most significant disabilities, rely. VA is a coordinated care system and how expanded access to community care fits into that system must be well thought out. The pilot program at (c) could begin to explore several of these potential issues by including provisions that address elements like whether treated conditions must be service-connected, the veteran's prior use of VA health care, how and whether other payment remedies must be attempted first, defining reasonable values for reimbursement, and setting standards for notifying VA about when community-based care has been scheduled or received. [Many of these factors have been established in the statute (38 U.S. Code § 1725) and regulation (38 CFR § 17.120) that govern veteran use of non-VA emergency care facilities.

Based on outreach from our members, most veterans with SCI/D want to receive their care at a VA facility. So, if Congress is sincere about improving access to care, this committee must also take meaningful steps to strengthen VA's internal capacity, in particular, the department's specialized services like SCI/D and blind rehabilitation. Also, there must be meaningful discussions about what can be done to address VA's infrastructure backlog, which was a primary goal of the MISSION Act.

H.R. 1041, the Veterans 2nd Amendment Protection Act

PVA supports the Veterans 2nd Amendment Protection Act. We believe the VA's current practice of reporting veterans who need assistance managing their VA benefits and finances to the FBI's National Instant Criminal Background Check System, without a court of law finding that the veteran is a danger to themselves or others, violates their constitutional rights because of a disability.

H.R. 1391, the Student Veteran Benefit Restoration Act of 2025

PVA supports this legislation which would restore benefits to students who were using their VA education benefits at an institution of higher learning if they were victims of fraudulent activities, including substantial misrepresentation through advertising, marketing, recruiting, and enrollment

practices. However, we feel the bill could be improved by amending the language so the change is applied retroactively, and clarifying which programs would not be eligible for reimbursement.

PVA would once again like to thank the committee for the opportunity to submit our views on some of the bills being considered today. We look forward to working with you on this legislation and would be happy to take any questions for the record.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$479,000.

Fiscal Year 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — \$ 437,745.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.