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*501(C)(3) Veterans Non-Profit*

**STATEMENT OF  
TOM WHEATON  
NATIONAL TREASURER  
PARALYZED VETERANS OF AMERICA  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
ON  
PENDING LEGISLATION  
DECEMBER 3, 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 the bills being examined by the committee today. No group of veterans understand the full scope of benefits and care provided by the Department of Veterans Affairs (VA) better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D).

**H.R. 4077, the GUARD Veterans' Health Care Act**

In recent years, there has been a noticeable uptick in the marketing of Medicare Advantage affinity plans to veterans, including those dually covered by the Veterans Health Administration (VHA). Insurers are often able to offer incentives to attract veterans to these plans (e.g., \$0 premiums or supplemental benefits), which typically do not include prescription benefits under Medicare Part D. Many of these veterans already receive much of their care and prescriptions through the VHA, so their participation in a Medicare Advantage plan is likely a redundant effort. Meanwhile, insurers of these Advantage plans receive full monthly capitated rates for their veteran enrollees from the U.S. Centers for Medicare & Medicaid Services, but they do not reimburse the VHA system for any Medicare-covered service that occurs in VHA facilities, since the VHA is not allowed to bill Medicare for reimbursement.

This legislation seeks to amend title 38, United States Code, and the Social Security Act to allow the VA to recover from Medicare Advantage and Medicare prescription drug plans part of the cost of care or services furnished to veterans enrolled in these Medicare benefits for both service-

connected and non-service-connected disabilities. Because Medicare Advantage plans receive fixed per-patient payments for health care services without having payments reduced when veterans receive care through the VHA, it's a reasonable assumption that the department should have the ability to recoup some of those costs. This would be, in essence, a form of Medicare subvention, which PVA has generally supported for decades.

The delivery of health care has changed dramatically in recent years, and the intense pressure to control costs, coupled with the rapid spread of managed care, has had an impact on every health delivery system in this country, including VA. We believe Congress should consider legislation like this which could be beneficial in a couple of ways. First, VA would be reimbursed by Medicare Advantage plans for the high-quality care it provides to veterans who had the opportunity to seek it elsewhere. Second, and perhaps most importantly, it helps preserve veteran access to VA's direct care system.

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. PVA members want to receive their care at the VA because it is the best care available for them. Allowing VA to receive payment from certain Medicare plans for care and services it provides these veterans is a commonsense use of taxpayer funds.

#### **H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act of 2025**

PVA strongly supports provisions in this bill that would increase the amount of Special Monthly Compensation (SMC) for the most severely disabled veterans and raise VA Dependency and Indemnity Compensation (DIC) rates for the surviving family members of deceased servicemembers and veterans. PVA has long advocated for increasing these critical benefits. Unfortunately, little attention has been paid in recent years to the ongoing financial needs of these veterans and their survivors.

#### **Increase in Special Monthly Compensation**

SMC is arguably the most important ancillary benefit for veterans with severe, service-connected disabilities. The benefit is unique in that it is dependent on non-economic factors such as the profoundness of the disability, personal inconvenience, and social inadaptability. For example, a veteran who lost the use of their lower extremities in service to their country is compensated not just for the loss in their future earnings potential, but also all future hardships and costs associated with the disability. VA considers entitlement to SMC based on the medical evidence when adjudicating a claim for service connection or an increase in an evaluation. VA considers it an "inferred issue." To be clear, given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do

not believe that the impact on quality of life can be totally compensated for; however, SMC does at least offset some of its loss.

Some of the most seriously disabled veterans who, because of their disability, can no longer take care of themselves without aid, may be eligible for aid and attendance (A&A). There are three rates for A&A within special monthly compensation. If the veteran has a single 100 percent schedular-evaluated disability and requires the aid of another person to perform the personal functions required in everyday living, the veteran would be considered for A&A under 38 U.S.C. § 1114 (r). If the veteran is entitled to the maximum rate under either 38 U.S.C. § 1114 (o) or (p), and needs regular A&A, the veteran would be considered for A&A under 38 U.S.C. § 1114 (r)(1) or SMC R1. If the veteran meets the requirements for R1, and then clearly establishes the need for supervised, daily, skilled health care on a continuing basis, the veteran would be considered for a higher A&A benefit under 38 U.S.C. § 1114 (r)(2) or SMC R2. These veterans live with the most severely disabling conditions and might be bedridden due to a traumatic spinal cord injury or a disease such as amyotrophic lateral sclerosis (ALS). Currently, the SMC rates of R1, and R2 are \$9,559.22 and \$10,964.66, respectively. Meanwhile, SMC T is provided to veterans with severe medical residuals related to a service-connected traumatic brain injury (TBI). These veterans often need additional care, and SMC T is provided at the SMC R2 rate for additional financial support.

Even with additional financial support, many of our most severely disabled veterans are struggling. They often spend more on daily home-based care and other disability-related needs than they receive in SMC benefits, which generates a tremendous financial strain on them. Eventually, some are forced to opt for care in an institutional setting, which is even more costly to the taxpayer. This problem is due in part to SMC's baseline rates, which haven't been adjusted in decades, so they are inadequate to offset the burden placed on veterans by their disabilities.

Most veterans receiving SMC are spending it directly on their care. Some veterans are fortunate to have parents or family members who can provide for many of their care needs. It may cost \$30-\$35 an hour for a veteran to hire someone to attend to such needs. If the veteran needed skilled care nursing, the cost would be much higher. Even veterans who have family members to help provide daily care, or receive home-based supports from the VHA, often need to hire additional assistance. Bringing someone in for just six hours a day could cost \$180 per day or \$5,400 a month. That's about half of the SMC a veteran with R2 receives. In addition, many veterans who have received their R1 or R2 rating earlier in their lives due to a training accident or wounds received on the battlefield, might not realize how much more aid will be needed as they get older. SCI/D ages with the veteran, and like any injury or medical condition, as the body ages the conditions get worse and the costs that used to be covered by their compensation are no longer adequate for their new needs. For those catastrophically disabled veterans who don't have family members close by to support them, it's not uncommon for them to use the bulk of their SMC for needed care, especially later in life.

The higher direct and indirect costs of living with a disability are well documented. A 2020 study determined a household containing an adult with a disability that limits their ability to work requires, on average, 28 percent more income (or an additional \$17,690 a year) to obtain the same standard of living as a similar household without a member with a disability.<sup>1</sup> Many PVA members have examples of additional costs for daily living due to their disability that many of us take for granted. They run the gamut from the mundane to life threatening.

In my own life, I have found that living with my condition creates costs that many would normally not have to face. Wheelchairs are not sports cars that can ease through turns or whip around bends. I have found that drywall repairs and repairing or replacing damaged door frames is a constant strain on the budget. Vehicles suffer similar damage that need constant attention. My clothing wears out faster than most, as every point of contact between myself and my chair causes rips, tears, and worn spots. Couple that with the need for adapted and tailored clothes, made especially for my situation, means that the clothing allowance provided by the VA runs out quickly, and I find myself going deeper into my own pocket just to keep myself properly clothed. As an advocate for paralyzed veterans, I need to keep and maintain suits so I can participate in events like this hearing. I may look dapper, but maintaining this image is more costly than you might realize.

Traveling is also more expensive. First, many veterans who utilize a wheelchair and choose to fly must travel first class, as the difficulty boarding and deboarding a plane is just too much due to their physical limitations. When we get to our destinations, we find many hotels whose “accessible rooms” aren’t, because there isn’t enough room to accommodate a large wheelchair. The accessible room with the roll in shower may only have a king bed. So, if a veteran has a caregiver traveling with them, two rooms may have to be rented instead of one. This makes it more expensive for travel and many of us who are living off the SMC we receive find it impossible to take even a small vacation with our families. Living with paralysis leads to added costs in all aspects of my life, whether it is hiring someone to do regular home upkeep or shovel snow, or purchasing necessary items like shower benches; they all put a strain on the budget.

A fellow PVA member who also lives in Colorado is housebound because of their service-connected condition. It is extremely difficult for them to do things that most of us take for granted. For a person with SCI/D, a trip to the grocery store can be daunting, so this veteran must have needed items delivered, which adds an additional \$20-\$30 a trip, not including the additional markup of 15 percent, in her case, of the in-store items. Additionally, she incurs charges on some very basic errands that the average American wouldn’t give a second thought to, such as dropping off or picking up dry cleaning, going to the pharmacy or post office. She utilizes an online service to help mitigate costs, but it is not free, and it adds up quickly.

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<sup>1</sup> [The Extra Costs of Living with a Disability in the U.S. — Resetting the Policy Table.](#)

Another example of higher expenses is the cost of renting an accessible vehicle. PVA's Senior Vice President, who uses a power wheelchair, relayed her experience renting an accessible van for a PVA business trip earlier this year. She knew of two companies in the large metropolitan area she was visiting on the west coast that rented accessible vans. The first one she called told her that they didn't work weekends and didn't deliver vehicles to the airport. They also won't pick up customers who are renting vehicles. Renters must arrange with another company for transportation from the airport to the company's pickup location. She then called the other company, which was willing to deliver a vehicle to the airport. The delivery fee was nearly \$200. Then the daily rental fee was over \$100 a day. This was the cost borne by our organization, but it could just as easily have been the cost to a veteran visiting the area to see family. In that case, the cost would be borne solely by the veteran.

Owning an accessible vehicle is also costly despite the amount offered through the VA's auto grant program. A PVA member in West Virginia lives in a rural area, and air travel is challenging and potentially even dangerous for him. So, he relies extensively on his adapted vehicle. It's easy to think that an eligible veteran receives their auto grant and then the issue is resolved, but that isn't the case. The auto grant amount is currently \$27,000, which might sound like a lot, until you realize an adapted vehicle can cost anywhere between \$50,000 for a sedan to upwards of \$90,000 for a van.

Adapted vehicles are usually larger and heavier which causes them to consume more fuel and require additional maintenance. To maintain an adapted vehicle means to acquire unique costs that the average vehicle owner does not encounter. Our member in West Virginia says the increase in his SMC over the past few years was erased by a single purchase of new tires for his vehicle because of increased costs. These are just a few examples of the costs associated with living with physical disabilities.

Damage to the spinal cord or nerves often makes veterans more susceptible to temperature. For those with Multiple Sclerosis (MS), inflammation in the nervous system causes damage to the myelin sheath, a fatty coating around nerve fibers that helps them send electrical signals. This damage and myelin loss (demyelination) impairs the nerves' ability to send electrical signals and makes it harder for them to regulate their body temperature. Roughly three-fourths of all veterans with MS find their symptoms get worse in response to heat, so they rely heavily on air conditioning to help manage their condition. In similar fashion, many veterans with high level spinal cord injuries (above T-6) experience difficulties because their heat dissipating and heat conserving mechanisms are interrupted. This can trigger Dysautonomia, a nervous system disorder that disrupts autonomic body processes, and in the severest cases, Autonomic Dysreflexia, a dangerous situation that requires immediate medical attention.

While SMC receives a modest annual cost-of-living adjustment, it does not account for actual increases in the types of services our members require. For example, retail electricity prices have increased faster than the rate of inflation since 2022, and the U.S. Energy Information Administration expects this trend to continue for at least another year. Some veterans who are kept alive by a ventilator have reported electricity bills of more than \$1,000!<sup>2</sup> Another veteran has had modifications made to their very rural house to include electrical door openers, electrical sinks, adapted lights, etc. However, due to the unreliable power grid in the area, VA also installed generators to ensure the veteran is not put in a life-threatening situation. These generators need maintenance and fuel, which are costly and not covered by the VA.

In 2007, after studying veterans' benefits for two and a half years, the Veterans' Disability Benefits Commission, which was established by Public Law 108-136, the National Defense Authorization Act of 2004, released its long-awaited report that addressed the benefits and services available to veterans, servicemembers, and their families. In their concluding recommendations, they stated succinctly that, "Congress should review the profound impact of disabilities on a veteran's quality of life and consider increasing SMC payments and determine if additional ancillary benefits are warranted."<sup>3</sup>

I want to stress that being disabled is costly, both financially and otherwise. A basic task for most people often results in an additional cost to those with an SCI/D. Cleaning the house, mowing the lawn, or general care of the property—even changing a light bulb—can require a catastrophically disabled veteran to pay someone to perform these services. Just maintaining life impacts their finances. They don't often have the choice to perform these tasks themselves. These injuries were incurred serving this nation, and we as a nation should be able to do more to ensure that a disabled veteran never has to be institutionalized because they can no longer afford, even at a young age, to live in the community.

We are pleased to support the provision in this bill that would increase the amount of R1, R2, and T, SMC rates by \$10,000 annually. The veterans with these ratings are living with the most disabling conditions and therefore incur the most costs associated with them. We thank the supporters of this bill for seeking to address this issue and we look forward to this increase becoming law.

### **Increase in Dependency and Indemnity Compensation**

Losing a spouse is never easy, but knowing that financial help will be available following the death of a loved one can ease this burden. DIC is intended to protect against survivor impoverishment after the death of a service-disabled veteran. In 2025, this compensation starts at \$1,653.07 per month

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<sup>2</sup> [U.S. electricity prices continue steady increase - U.S. Energy Information Administration \(EIA\)](#) .

<sup>3</sup> Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century (2007), Veterans' Disability Benefits Commission.

and increases if the surviving spouse has eligible children who are under the age of 18. DIC benefits typically last the entire life of the surviving spouse, except in the case of remarriage before reaching 55.

For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23. The DIC program was established in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. This difference presents an inequity for survivors of our nation's heroes compared to survivors of federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

Our oldest veterans are passing away, and in the case of many of our members, their surviving spouses were their primary caregivers for 40 years or more. Many of them could not work outside of the home. When a service-connected SCI/D veteran passes away, monthly compensation that may have been upwards of \$10,000 a month stops, and their surviving spouse receives roughly a fifth of that per month in DIC, creating a tremendous hardship on those left behind. Adjusting to this precipitous drop of revenue into the household can be too difficult for some surviving spouses who may be forced to sell their homes and move in with friends or family members. In addition, that spouse may have been receiving caregiver benefits and the loss of that compensation is economically catastrophic. Having to handle this along with the death of a loved one can leave the survivor in a precarious mental and financial position.

For me personally, the livelihood of my loved ones is a paramount concern to me. They have spent a good portion of their lives caring for me and helping me enjoy mine. I am very aware that when I am gone, the amount that will be provided to them falls far short of the amount needed to give them financial security. That is not the life I want to leave for them. They have served their nation in their own way and deserve better than to be left impoverished once I am gone. Because of this, I have scrimped and saved where I can, to build up a tiny amount so I have something additional to leave them. This is not right. I pay close attention to efforts to increase DIC because I know any increase in the benefit is an increase in my family's future well-being.

PVA supports this bill's provision increasing the DIC amount by one percent every year for five years in addition to the yearly cost-of-living adjustment. This would be the most significant increase in veteran survivors' benefits in years. It also represents a major step toward our goal of ending the disparity between DIC and all other federal survivor benefit programs.

PVA would once again like to thank the committee for the opportunity to present our views on the legislation being considered today. We look forward to working with you on this legislation and would be happy to answer any questions.

### **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 2026***

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—  
Grant to support rehabilitation sports activities — \$368,500.

#### ***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.

### **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.