

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

**STATEMENT FOR THE RECORD  
PARALYZED VETERANS OF AMERICA  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS' AFFAIRS  
ON  
PENDING LEGISLATION  
MARCH 18, 2026**

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 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. 210, the Dental Care for Veterans Act**

Even though dental benefits are the bridge to health and wellness, VA closely rations these services, often citing funding shortages. Currently, VA dental care is limited to a small number of veterans such as those who are 100 percent disabled or have a service-connected dental condition, former prisoners of war, and homeless veterans. Dental care may also be available if a dental condition is aggravating a service-connected condition or complicates treatment of that condition. PVA supports H.R. 210, which in time would require VA to furnish dental care in the same manner as any other medical service.

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

PVA has long supported the restoration of benefits for student veterans who may have been defrauded of their VA education benefits due to predatory or subpar education programs. We are pleased to see this important legislation reintroduced in this Congress. However, we believe the legislation would be strengthened by adding a provision within the bill to establish some kind of retroactive restoration. Otherwise, the bill would acknowledge the harm done to veterans but not provide any way to address it. PVA suggests adding language related to retroactivity that is either time or provision bound. Previous drafts of this legislation received a CBO score of essentially zero because schools would have to repay the amount a veteran was defrauded back to VA, making this

legislation almost no cost. Therefore, we see no reason why some kind of retroactive language should not be added to the bill.

### **H.R. 1732, the GUARD VA Benefits Act of 2023**

Unaccredited claims consultants often skirt long-standing mandates of Congress and VA that require all who assist veterans with the preparation, presentation, or prosecution of VA claims and appeals to be accredited by the VA, subject to ongoing VA oversight, and compliant with laws regarding fees. Often, their technique of choice is to operate in the shadows by assisting a veteran with claims preparation and then leaving the veteran to file his or her claim alone, thereby avoiding the appearance of “representing” the claimant. Unlike accredited veterans service organizations, attorneys, and agents who provide complete representation, they normally would not have access to the veteran’s VA claims folder. Instead, these unaccredited consultants frequently seek a veteran’s personal eBenefits log-in and/or banking information and then use it to charge and collect unreasonable fees in violation of 38 U.S.C. § 5904. Furthermore, they routinely obtain medical opinions from affiliated medical providers, raising ethical concerns regarding the veracity of such opinions.

In recent years, the unaccredited “claims consulting” industry has exploded. New guardrails are desperately needed to protect veterans from individuals and entities seeking to surreptitiously take their hard-earned benefits. PVA supports the GUARD VA Benefits Act, which would reinstate criminal penalties for non-VA accredited persons charging veterans unauthorized fees relating to claims for benefits under the laws administered by the VA.

### **H.R. 2722, the VA Funding and Workforce Protection Act**

PVA firmly believes VA is the best health care provider for disabled veterans. 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. VA’s specialized systems of care follow higher clinical standards than those required in the private sector. The failure in recent years to properly fund and staff the system threatens its availability for paralyzed veterans, leaving them with inferior care options in the community. The department and Congress must take immediate steps to address hiring freezes and reductions in head counts in the SCI/D system to preserve access to this critical, life-saving care.

### **H.R. 3183, the Safe Steps for Veterans Act of 2025**

According to the Centers for Disease Control, falls are the leading cause of injury and death among adults ages 65 and over. More than 1 in 4 older adults fall each year, leading to 41,000 deaths, 3.6 million emergency department visits, and 1.2 million hospital stays. Falls from aging Americans result in about \$80 billion in medical costs every year. Given the tremendous cost to the government, as well

as the individual, and because half of the estimated 16.5 million living veterans are over 65, it makes sense to reorient existing VA prevention programs towards a more proactive posture.

PVA supports this legislation, which would establish an Office of Falls Prevention within the Veterans Health Administration (VHA) tasked with preemptively identifying and treating veterans at risk of falling. It also establishes a falls prevention coordinator within VHA who would serve as the department's point person on federal panels focused on falls prevention, including the Administration on Community Living's Interagency Coordinating Committee on Aging. The falls prevention coordinator would be required to develop a national education campaign to promote injury prevention programs and work with the National Institutes of Health to develop veteran-specific research for evidence-based falls prevention programs. The bill also requires annual falls risk assessments to be carried out by a licensed physical therapist for veterans receiving extended care services throughout the VA. Early intervention and prevention strategies help reduce the likelihood of fall-related injuries that could lead to serious health complications. By identifying and addressing individual risk factors, VA providers can develop tailored plans to mitigate these risks, improving the health and wellbeing of the veteran.

Finally, we strongly support the inclusion of a pilot program for home modifications to incorporate evidence-based falls prevention programs. We urge the committee to also consider passage of H.R. 2245, the Autonomy for Disabled Veterans Act, which would increase the amount available through the Home Improvements and Structural Alterations grant. These grants provide financial assistance for medically necessary improvements and structural changes to a veteran's primary residence, ensuring they can safely reside in their homes.

#### **H.R. 3869, the Every Veteran Housed Act**

This PVA supported bill would expand the technical definition of "veteran" for the purposes of homelessness assistance to streamline access and remove unnecessary barriers to homelessness programs at VA. For example, the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program has recently seen an eligibility expansion, but others have not kept pace, potentially barring some veterans from accessing programs. Ultimately, this bill would align standards for all homelessness programs at the VA and bring critically needed consistency across them. Alignment across the board will provide greater choice to veterans and help to guarantee services are veteran centric. It would also authorize parity for guard and reserve members that have long been barred from accessing these critical support programs.

#### **H.R. 4114, the EVEST Act**

PVA supports this legislation, which would allow automatic enrollment of eligible veterans in VA's patient enrollment system. It also directs the department to give veterans the ability to access an electronic version of their certificate of eligibility for VA health care enrollment and an electronic

mechanism by which the veteran may opt-out of such enrollment. PVA believes the transition from active duty to civilian life should be seamless, and this legislation would facilitate that transition.

**H.R. 5203, to direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes**

PVA supports this bill which would direct the VA to update emergency directives for the VHA regarding the management of acute sexual assault events, and it would ensure that the policies of each medical facility, as well as the VA police, conform to the new directive. The legislation would also require medical facility directors to employ a certified sexual assault nurse examiner (SANE) or a sexual assault forensic examiner (SAFE) at VA medical centers (VAMC) or to improve referrals to community care providers with SANE/SAFE certified staff if the VAMC lacks appropriate staff. It also adds requirements for emergency room and urgent care directives for SAFE/SANE providers and a supply of necessary inspection kits. The legislation would require VA to establish clear guidance for providers and law enforcement officers responding to acute sexual assault events. Unfortunately, sexual assault is a pernicious problem in the military ranks and even on VA campuses. Ensuring that the VA staff caring for our nation's veterans are trained in trauma-informed care practices, especially in acute sexual assault instances, is critical.

**H.R. 6583, the VA Research Reform Act of 2025**

The VA Research Reform Act seeks to improve visibility into proposal approvals, funding streams, project milestones, and the ultimate impact of research on veteran health care and VA operations of the department's research enterprise by creating a centralized research management system. The bill directs the VA to establish a tiered review process for research proposals. Lower-risk research projects could move through the approval process more quickly, while higher-risk projects would undergo a more comprehensive review. Additionally, the legislation would establish department-wide timelines for approving research proposals and creating clinical research hubs. The VA would also be required to report on the implementation and performance of the new research framework.

PVA sees several potential benefits in this proposal. A centralized research data system could reduce information silos across the VA research enterprise and provide improved transparency into the status and performance of projects. Standardized review timelines could improve predictability for researchers and institutions seeking to partner with VA. The bill's requirement for mandatory planning for how research outcomes translate into benefits for veterans, could strengthen accountability and ensure taxpayer resources are directed toward meaningful improvements in care.

However, PVA also has concerns regarding several aspects of the proposal. The legislation provides override authority that could allow senior VA leadership to undermine the integrity of existing review processes. Additionally, the bill's emphasis on direct veteran impact may unintentionally discourage foundational research. Basic research, even when it lacks immediate clinical application, is often the

precursor to breakthroughs that ultimately transform care for veterans. For veterans with SCI/D, this concern is particularly significant. SCI/D research represents a relatively small subset of the VA's overall research portfolio. Under a system focused heavily on broad or immediately measurable impact, research focused on smaller populations could be deprioritized. PVA believes the bill represents a positive first step toward improving the VA research pipeline, but careful oversight of the implementation process will be necessary.

#### **H.R. 6549, the VA Contracting and Procurement Act**

This bill would impose new limitations on VA contracting authority by capping major contracts at \$50 million unless Congress is notified and given the opportunity to review and approve larger expenditures. The legislation also introduces firm fixed pricing for prosthetics and directs VA to coordinate with the Defense Health Agency (DHA) to develop a catalogue of prosthetic and medical devices.

Increased oversight of major VA expenditures, particularly in areas such as community care and electronic health record modernization, is an important objective. Establishing clearer structures around procurement could help address cost overruns and improve transparency in large acquisition programs. However, PVA is concerned that this legislation could create additional administrative hurdles for routine areas of major spending, including benefits administration and health care contracting. Because the bill allows contracts to proceed if Congress does not act within a 30-day window, it is unclear whether the oversight mechanism would meaningfully change outcomes in practice, given the pace of congressional calendars.

Requiring firm, fixed pricing for prosthetics and medical devices could discourage manufacturers from participating in VA procurement if the pricing structure does not adequately reflect market realities. Differences between the populations served by VA and the DHA may also limit the usefulness of a shared equipment catalogue. Given these concerns, PVA believes the bill may create more operational challenges than it resolves.

#### **H.R. 6580, the VA National Formulary Act of 2025**

This legislation would establish statutory direction for a VA national drug formulary, including the creation of two committees responsible for governing formulary decisions, standardizing timelines for reviewing non-formulary drug requests, and establishing a tiered copayment structure based on whether a medication is generic or brand name. While VA already operates a national formulary, the bill seeks to standardize how that formulary is applied across the enterprise and create clearer timelines for the evaluation and inclusion of medications.

PVA recognizes the importance of consistency in formulary implementation and supports efforts to ensure veterans have timely access to necessary medications. Establishing deadlines for reviewing and adding medications to the formulary could improve predictability for both providers and veterans. However, we are concerned that the creation of two new governing committees may not meaningfully improve the existing decision-making structure within VA. Additionally, the proposed tiered copayment system could result in increased costs for veterans, particularly for those who require specialized or brand-name medications.

While the goal of improving consistency in formulary management is worthwhile, PVA is not convinced that this legislation would significantly improve the current process. We believe further consideration is needed to ensure any changes do not increase financial burdens on veterans or otherwise limit their access to needed medications.

#### **H.R. 6599, the Leasing and Infrastructure Act of 2025**

PVA supports the intent of this legislation. With the costs associated with new construction becoming a serious barrier to addressing VA's infrastructure needs, leasing may be a more cost-effective measure in the future delivery of VA health care. However, it is our understanding that the legislation would not authorize independent leasing authority for the VA. Therefore, we would defer to the experts at VA on whether this legislation would make improvements that meaningfully address the department's infrastructure needs.

#### **H.R. 6733, the VISN Reform Act of 2025**

The VISN Reform Act proposes to consolidate the current Veterans Integrated Service Network (VISN) structure from eighteen networks to eight and to establish staffing caps at each VISN headquarters. Under the bill, each VISN would be limited to 50 employees, with no more than 10 positions filled by contractors. The VA Secretary would retain authority to grant temporary waivers when additional personnel are necessary to carry out essential duties.

The stated goal of the legislation is to reduce administrative overhead and increase transparency in how resources are managed within the VA's regional leadership structure. PVA agrees that oversight of administrative layers within the department is important, and we recognize the potential benefit of streamlining bureaucratic processes. However, with VA's recent announcement of their Restructure for Impact and Sustainability Effort (RISE), the structure proposed in this legislation may ultimately overlap with or be superseded by VA's own plans. Nevertheless, the bill aligns with prior PVA statements supporting efforts to improve oversight and accountability within VA management structures.

### **H.R. 6740, the VA TRUST Act**

PVA appreciates Congress's continued oversight of senior executive accountability within the VA. This legislation seeks to strengthen transparency surrounding executive compensation by requiring the department to report on bonuses and awards provided to senior executives, including the source of funds and the employee's salary level. PVA generally supports actions that promote transparency and accountability for VA's senior executives.

### **H.R. 6755, the Accountable Leadership for Veterans Act of 2025**

This legislation proposes several statutory changes affecting leadership positions within the VA. The bill would increase the allowable percentage of non-career appointees within the Senior Executive Service from five percent to 10 percent and would modify certain statutory provisions governing the appointment and qualifications of senior VA leadership positions.

PVA recognizes that expanding the number of non-career appointments could provide senior VA leaders with greater flexibility to recruit advisors and executives with private-sector expertise that would modernize the VA or address persistent challenges. However, increasing the number of political appointees within senior leadership positions raises concerns about maintaining the professional independence and stability of VA leadership. The department's ability to provide consistent, veteran-focused policy implementation depends on experienced career professionals who understand the complexities of the VA health care and benefits systems. For this reason, PVA cannot support this legislation.

### **H.R. 6764, the Veterans Affairs Advisory Committee Oversight Act of 2025**

The VA currently has 27 federal advisory committees (FACs), 18 of which were established by statute. There are currently several FACs that touch on specific lanes within the VHA, the Veterans Benefits Administration (VBA), facilities management, research, minority populations, and other topics that allow information to flow to the secretary in hopes of gleaning the unique perspectives of the various stakeholders. Consolidating 27 FACs into four would not streamline or improve the outcomes of FACs. Instead, this consolidation would limit the voices of veterans who serve on these committees.

Management of FACs may be burdensome, and some may believe them to be unnecessary, but for the veterans who fill seats on each committee, these are critical avenues to share experiences, perspectives, and criticisms. The FACs that exist offer an opportunity for veterans to raise their concerns to the VA through official channels when local advocacy efforts may have fallen short. PVA would be open to working with the committee to find solutions in the management and oversight of the various FACs housed at VA, but the blanket elimination of all existing advisory committees is not something that we can support.

### **H.R. 6833, the Acquisition Reform and Cost Assessment Act of 2025**

This legislation would significantly restructure how the VA manages large acquisition and procurement programs. The bill would create a centralized Office of Acquisition led by an Assistant Secretary for Acquisition who would serve as the department's Chief Acquisition Officer and oversee procurement, logistics, contracting, and supply chain management across the VHA, VBA, and National Cemetery Administration (NCA). It also establishes formal program management requirements for "major acquisition programs," defined as projects exceeding a lifecycle cost of \$1 billion or annual costs above \$200 million. These programs would be required to follow structured cost, schedule, and performance management standards. Additionally, the legislation would establish a Director of Cost Assessment and Program Evaluation who would report directly to the secretary and produce independent cost estimates and annual reports to Congress.

PVA supports efforts to strengthen transparency and accountability in VA procurement. Large acquisition programs—such as electronic health record modernization and major infrastructure projects—have historically faced cost overruns and schedule delays. Establishing independent cost analysis and formal program management standards could improve oversight and reduce financial risk. However, the effectiveness of this structure will depend heavily on how priorities are coordinated across VA's administrations. Misalignment between VHA, VBA, and NCA leadership could slow acquisition timelines if centralized decision-making does not adequately account for the operational needs of each administration. Despite these challenges, PVA believes the bill represents a constructive effort to modernize VA acquisition practices and improve transparency in major spending decisions.

### **H.R. 6843, the Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025**

PVA supports this legislation, which would create a new administration within VA to oversee the agency's education, training, employment, and other programs focused on helping veterans as they transition to civilian life. The new Veterans Economic Opportunity and Transition Administration would be headed by an Under Secretary for Veterans Economic Opportunity and Transition.

Two of the programs that would transition to the new administration include VA's Veteran Readiness and Employment (VR&E) program and the Specially Adapted Housing (SAH) program. These programs are relatively small in terms of budget and numbers of veterans served. However, they are vital to veterans who have catastrophic disabilities because of their military service. Without them, these veterans would not be able to access independent living services or adapt their homes to meet their disability-related access needs. Unfortunately, these programs, along with other VA economic opportunity programs, simply cannot receive the staffing, IT, and other support needed due to their position within VBA. VBA plays the crucial role of providing needed disability compensation and pension benefits to veterans. Removing programs like VR&E from VBA's list of responsibilities will not

only allow for more attention to be placed on those programs, but it will also allow them to better focus on processing claims for compensation and pension benefits.

Under an Economic Opportunity and Transition Administration, programs like VR&E and SAH will receive a higher level of visibility. This increased visibility will foster stronger oversight and accountability for the delivery of services and benefits. We believe that such oversight and accountability will help to foster the innovation needed to ensure that the delivery of these benefits and services is modernized. It will also allow for focused collaboration with other agencies and programs, including the Department of Labor's Veterans' Employment and Training Service (DOL VETS), that also serve veterans, increasing program efficiencies.

#### **H.R. 6861, the Consolidating Veteran Employment Services for Improved Performance Act**

This legislation would transfer DOL VETS to the VA, as well as other programs. DOL is the most appropriate agency to oversee VETS as the lead federal agency for employment, training, and worker protection programs. DOL has resources and expertise that VA lacks to effectively run VETS. Moving VETS to VA would likely lead to a tremendous amount of unnecessary turmoil; thus, PVA cannot support this legislation.

#### **H.R. 6904, the Veterans Readiness and Employment Improvement and Accountability Act of 2025**

PVA appreciates the increased interest in the VR&E program by this Congress, as well as efforts to improve efficiencies for the program; however, PVA cannot support this bill.

Sections two and three of this legislation are unnecessary. The VA already has the authority to carry out these functions.

Section four of this legislation would be difficult to implement until VR&E has completed the rollout of the new case management system. Without improved technology support, a counselor would have to manually report each instance of a purchase at the stated amount. VR&E already has internal controls in place for payment and purchasing oversight. PVA supports efforts that improve financial accountability and oversight for payments related to certain purchases, but asking VR&E to get the secretary's approval for every purchase above \$5,000 is an additional layer of bureaucracy that will slow down benefits delivery to disabled veterans.

Section five would cap federal funds at \$250,000 without any distinction on where the federal funds come from. It is important to consider that veterans using VR&E for long-term education may be eligible for Pell Grants from Title VI funds which VA does not track, nor do they require veterans to report them. Pell Grant dollars are issued directly to the institution where a veteran is enrolled. Additionally, a firm cap without the ability to obtain a waiver from the secretary could cause

unnecessary burdens, especially for catastrophically disabled veterans enrolled in the Independent Living track.

Section six would allow vocational rehabilitation specialists (VRS) to determine vocational feasibility, which is an authority granted to vocational rehabilitation counselors (VRC). These distinctions and responsibilities are critical in understanding the delivery of benefits in the VR&E program. A VRS does not need a master's degree, unlike a VRC. There have been many conversations over the years around changing the education requirement for VRCs but the specialized education they obtain could mean the difference in successful outcomes for disabled veterans. A master's degree in vocational rehabilitation is the baseline of VR&E; these people have an advanced degree that gives them the expertise to understand the complexity of the labor market for veterans with specific disabilities. Complex cases arise daily in the VR&E program and treating it as any other education benefit does a disservice to the veterans it seeks to help.

Section seven of the bill would require VR&E to pay subsistence allowance to veterans in the program that are eligible for the Post 9/11 GI Bill rate at the zip code of their residence, not the zip code of the school they attend, if the school is more than 25 miles from their home. This would create an inequity between VR&E participants and GI Bill participants, as well as dependents using the benefit. It's also important to remember that not all VR&E participants are eligible for the full housing allowance offered by the GI Bill. Many veterans using VR&E receive around \$700 a month in housing and expense support.

Section eight would require an employment coordinator (EC) in each regional office (RO). The mandating of an EC in each RO without an increase to staffing amounts would mean that one less VRC is employed by that RO. Within each RO there are staffing rates based on full-time equivalent, or FTE, and the RO directors get to determine where their funds are prioritized. Without additional FTE and additional appropriations in the legislation, increasing the number of ECs would negatively impact the FTE for VR&E counselors.

Section nine is especially concerning. The intent of VR&E is to help disabled veterans become employable in a field that will sustain them and their independence without further exacerbating their service-connected disabilities. If a veteran is struggling with employment, it seems cruel to cut them off from the resources created to help them find long-term and lasting employment. The legislation does not clearly state whether it would bar veterans from applying for VR&E once on Total Disability based on Individual Unemployability (TDIU) or strip veterans of their TDIU if they are accepted into VR&E.

Again, PVA appreciates the intent of the legislation and the desire to shore up fiscal responsibility of federal funds, but we believe a more thoughtful approach is needed rather than blanket caps or

reductions in earned benefits. We would be happy to work with this committee to develop legislation to achieve that.

**Discussion Draft: the Honor Vets Act**

The Honor Vets Act would require each covered provider to complete training as a condition of providing VA community care. For current VA Community Care providers, the training would need to be completed within 180 days of enactment. For providers who first furnish care or services through the Veterans Community Care Program after enactment, they would have to complete the training within 180 days of first furnishing care or services. VA would also be required to establish a mechanism for monitoring whether covered providers have completed the required training. Failing to complete the required training would result in sanctions, which would also be administered by VA.

While PVA applauds the effort to strengthen culturally competent care for veterans receiving care in the community, we are concerned that mandates without incentives will cause community providers to forgo joining the community care network due to compliance burdens. Many providers would say that providing care to our nation's veterans is a patriotic duty and they are glad to do it. But performing their patriotic duty still needs to make financial sense to keep their practice afloat. Additionally, the proposed training modules in this bill are a portion of what a provider should know about providing competent care. Should this bill move forward, PVA would like to see SCI/D competency be added to the list of required modules. Too often, our members are provided with treatment that fails to consider their unique health needs. Lastly, PVA also has concerns about the ability for VA to implement this bill, given that VA relies on third party administrators to build and maintain the existing community care network.

**Discussion Draft, to provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs**

PVA has long supported efforts that improve care coordination, clinical decision-making, and access to timely information for providers. Challenges experienced during early deployments of the new electronic health record (EHR) system have raised serious concerns regarding patient safety, clinical workflow disruption, and the readiness of VA facilities to adopt a new EHR platform.

Over the lifetime of this project, the VA has restructured the governance of the implementation several times. It is unclear if those efforts yielded any positive results on the implementation of a modern health record. PVA has concerns that attempting to restructure the implementation team just as the implementation process is restarting will be detrimental to the successful adoption of a modernized EHR.

PVA would like to see Congress begin to focus on what the long-term administration of the EHR will look like. The committee should prioritize patient safety, clinician usability, and uninterrupted access to specialized services that veterans with catastrophic disabilities rely on every day.

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.