
501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON

PENDING LEGISLATION

March 11, 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 bills being discussed during today's hearing.

H.R. 217, the Communities Helping Invest through Property and Improvements Needed or CHIP IN for Veterans Act

The Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 (P.L. 114-294), often referred to as the "CHIP IN" Act, authorized the VA to carry out a pilot program under which it may accept up to five donations from nonfederal entities of existing facilities, land, or a facility to be constructed by the donor on real property of the VA. Increasing investment in VA's infrastructure, particularly facilities that support specialized health care services, is a crucial priority for veterans with SCI/D. PVA supports this bill, which would make the CHIP IN pilot program permanent, thus, increasing the availability of health care services to veterans.

H.R. 658, to establish qualifications for the appointment of a person as a marriage and family therapist, qualified to provide clinical supervision, in the Veterans Health Administration

PVA supports this legislation, which would establish qualifications for the appointment of a person as a marriage and family therapist, qualified to provide clinical supervision in the Veterans Health Administration (VHA). Veterans who have developed mental health issues often find it difficult to

resume daily activities, which creates stress and anxiety. Well trained marriage and family therapists have helped thousands of veterans become productive citizens and improve their family relationships. Removing current restrictions that limit the growth potential for marriage and family therapists within the VA will increase retention of these professionals and improve access to the care they provide.

H.R. 1107, the Protecting Veteran Access to Telemedicine Services Act of 2025

PVA supports this legislation, which would permanently extend a pandemic-related exemption that allows VA health care providers to prescribe certain medications via telemedicine to their veteran patients. Specifically, it would authorize a covered health care professional to use telemedicine to deliver, distribute, or dispense to veterans certain controlled medications via telemedicine under specific conditions as determined under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.). Veterans who live in rural communities often do not have easy access to a VA health care facility, and telemedicine is often the most convenient way to provide essential care. Using technology to increase access to care within VA is an important way to provide care to better meet veterans' needs, ensuring they receive their medications without interruption.

H.R. 1336, the Veterans National Traumatic Brain Injury Treatment Act

Hyperbaric Oxygen Therapy (HBOT) is a well-established treatment for a variety of conditions, including decompression illness, carbon monoxide poisoning, or compromised skin grafts and flaps. However, its safety and efficacy to treat Traumatic Brain Injury or Post Traumatic Stress Disorder is unclear. PVA has no objections to this legislation, which seeks to establish a pilot program at the VA to furnish HBOT to veterans with these conditions.

H.R. 1644, the Copay Fairness for Veterans Act

PVA supports this legislation, which would eliminate copayments for medications and preventive health services provided by the VA. While the VA charges copays to certain veterans for hospital and medical care, veterans should not be subject to copays for preventive services. These services are essential for management and early detection of health issues, that if left untreated, could lead to more serious illnesses or conditions. Ending copays for preventative care will also ensure parity for veterans with most other Americans who have no copays when accessing this type of care.

H.R. 1823, to direct the VA Secretary and the Comptroller General of the United States to report on certain funding shortfalls in the VA.

In July 2024, the Veterans Benefits Administration (VBA) projected a \$2.88 billion budget shortfall for the remainder of fiscal year (FY) 2024 and VHA projected a \$12 billion shortfall for FY 2025. Toward the end of September 2024, Congress approved H.R. 9468, the Veterans Benefits Continuity and Accountability Supplemental Appropriations Act of 2024 (P.L. 118-82), which gave VBA an additional \$2.9 billion to pay veterans' pension and disability benefits for FY 2024.

On November 1, 2024, VBA revealed that it carried over approximately \$5.1 billion from FY 2024 to FY 2025, meaning it did not need the additional funding approved by Congress. Also, at the end of November, the VA announced that it only needed \$6.6 billion, not \$12 billion, to cover existing shortfalls in the VHA budget for FY 2025. The lack of clarity on what VA's true financial needs are has been a concern for all interested parties, and to date, sparse details have been provided about VA's inability to track and project its funding. PVA strongly supports this legislation, which requires the Comptroller General to investigate the circumstances surrounding the reported funding shortfalls for the VHA and VBA in FY 2024 and FY 2025.

Discussion Draft, to establish the period during which the referral of a veteran, made by a health care provider of the Department of Veterans Affairs, to a non-Department provider, for care or services under the Community Care Program of such Department, remains valid.

PVA supports this draft legislation, which would establish the valid time frame for a referral from a VA health care provider to a non-VA Community provider under the Community Care Program. As written, "valid time" begins the day a covered veteran has their first appointment with the community care provider. This would ensure veterans referred to community care providers meet all of VA's authorization requirements, allowing the provider to focus on delivering appropriate care to a veteran without delay.

Discussion Draft, the Providing Veterans Essential Medications Act

PVA supports this draft bill, which would ensure that veterans receiving nursing home care in State Veterans Homes have access to high-cost medications, as needed. Currently, the VA does not pay state homes for high-cost medications for veterans. This bill would require the VA Secretary to either reimburse state homes for costly medications or furnish them directly, which would eliminate financial burdens on these long-term care facilities and increase veterans' access to care.

Discussion Draft, The Veterans Supporting Prosthetics Opportunities and Recreational Therapy ("SPORT") Act.

PVA strongly supports this draft bill, which would provide VA coverage of prosthetic limbs that veterans with limb loss use to participate in sports and other recreational activities. Specifically, this bill would add "adaptive prostheses and terminal devices for sports and other recreational activities" to the statute governing which equipment and aids that the VA is allowed to grant veterans. Adaptive equipment is intended to promote and support holistic healthy lifestyles for amputees. But occasionally, VA's own internal policies create unnecessary barriers for veterans with disabilities. For this reason, we highly recommend that VA provide these kinds of adaptive equipment for amputees without requiring that the veteran be enrolled in a VA rehabilitative program.

Discussion Draft, the Saving Our Veterans Lives Act

Firearms are the most common method of suicide in the US, with veterans representing slightly more than 69 percent of cases.¹ More than 70 percent of male veteran suicide deaths and 50 percent of female veteran suicide deaths are the result of firearms, and these rates greatly exceed those of non-veterans. Fifty-one percent of veterans report owning one or more personal firearms, and of those, over half report storing firearms that are loaded and/or unsecured. Many of the veterans who store their firearms loaded and unlocked don't even own a lockbox or safe. PVA supports this effort to make it easier for veterans to access secure firearm storage devices and raise awareness about the importance of lethal means safety to help prevent firearm suicide among veterans and their families.

Discussion Draft, the Women Veterans Cancer Care Coordination Act

The Women Veterans Cancer Care Coordination Act would require the VA to hire or designate a Regional Breast Cancer and Gynecologic Cancer Care Coordinator at each Veterans Integrated Services Network (VISN). While PVA supports the intent of this draft bill, some changes are needed to make it stronger. The National Women Veterans Oncology System of Excellence was established in 2020 to offer increased attention and collaborative treatment plans for women experiencing breast or gynecological cancers. Their work has led to improved early detection, coordinated treatment of cancers, and provided increased trust in VA among women veterans. However, the National Women Veterans Oncology System of Excellence is not protected in statute. PVA recommends adding a provision within the legislation that secures the National Women Veterans Oncology System of Excellence to ensure the great work VA is doing on behalf of women veterans living with cancer. Additionally, cancer care coordination is disparate across the system, and while PVA supports additional focus and attention on the needs of women veterans, we believe having someone within each VISN to focus on all cancers, regardless of gender, should be prioritized.

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.

¹ [Firearm suicide risk and prevention in service members - ScienceDirect](#)

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.