Paralyzed Veterans of America

1875 Eye Street NW, Suite 1100,
Washington, DC 20006
(O) 202.872.1300
www.PVA.org

501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON

PENDING LEGISLATION

JUNE 30, 2026

Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the bills being examined by the subcommittee 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. 4398, the Veteran Burial Timeliness and Death Certificate Accountability Act

This bill seeks to address the significant delays in certifying veterans' death certificates, which can be as long as eight weeks. Such delays can hinder survivors' timely application for benefits. Currently, the Veterans Health Administration (VHA) has faced systemic barriers that have caused these delays, such as having only 25 percent of their physicians enrolled in Electronic Death Registration Systems (EDRS) as needed for the certification process.

Unfortunately, this bill does not include mandates for expanding registration amongst VA doctors into EDRS nor does it increase staffing, which could leave those 25 percent who are registered doing all of the certifications for the death certificates. A concern would be that these physicians would be rushed into signing documents with less than accurate information causing headaches to the family when trying to file for benefits.

VA issued VHA Notice 2025-03 in June 2025 to establish interim policy regarding updated oversight requirements for the Survivors Assistance and Memorial Support (SAMS) Program, formerly known as Decedent Affairs. When listing the responsibilities and duties of VA personnel, the notice states

the facility health care provider is responsible for signing the death certificate of a veteran within two business days of the veteran's death and as defined by state and local laws. The VHA Notice does not replace VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017, but rather supplements the directive. It also states that the notice establishes interim policy regarding updated oversight requirements for the SAMS Program.

VA's policy change is temporary and will expire on June 30, 2026, however, the department can extend the deadline. We would appreciate using additional time to study the efficacy of this policy change. As a result, PVA is not taking a position on this bill until the results of the new policy have been examined and reviewed to see how successfully VA implemented this change, the accuracy of death certificates moving forward, and whether more physicians are enrolling in EDRS.

H.R. 4805, the Warrior Impact from Neurological and G Force Stress (WINGS) Act

The Warrior Impact from Neurological and G-Force Stress (WINGS) Act would direct VA to conduct a comprehensive longitudinal study examining the long-term neurological and psychological effects of military aviation service. The study would investigate the relationship between cumulative flight hours; exposure to G-forces; traumatic brain injuries; cognitive decline; mental health conditions; suicide risk; and neurodegenerative diseases, such as ALS, Parkinson's disease, and chronic traumatic encephalopathy. The bill would also establish a Military Aviator Neurohealth Registry to collect health and exposure data from participating aviators.

Past research has shown a link between military service and development of ALS, particularly amongst veterans who served in the Air Force.[1] PVA is supportive of efforts to conduct additional research as outlined in the bill. By creating a more robust evidence base regarding the long-term health effects of military aviation, the bill could inform future screening programs, treatment protocols, and potential disability compensation policies for former aviators.

H.R. 6835, the Veterans STAND Act

VA's SCI/D system remains the gold standard for specialized care; however, access to preventative services and emerging assistive technologies is not consistently integrated across the system. Veterans with SCI/D face lifelong risks of secondary complications, including pressure injuries, osteoporosis, cardiovascular disease, and chronic pain. Too often, access to advanced mobility devices and rehabilitation technologies is limited to circumstances in which a veteran has already experienced functional decline, rather than being incorporated proactively to preserve health, independence, and quality of life.

[1] https://www.usmedicine.com/2025-compendium-of-federal-medicine/risk-of-amyotrophic-lateral-sclerosis-is-dramatically-greater-in-veterans/

As PVA has pointed out in previous testimonies, inadequate staffing heightens the risk of missing annual exams and evaluations that would prevent these secondary complications. Using the levels prescribed in VHA Directive 1176 as our guide, our calculations show a 36 percent staffing shortage on the acute care side and an 11 percent shortage on the long-term care side. As evidenced by the department's responses to questions for the record, stemming from a Senate Veterans' Affairs Committee hearing on September 17, 2025, on VA's SCI/D system of care, the previous Administration's practice of eliminating unfilled positions continues. This is extremely concerning because it artificially presents the illusion that staffing levels are better than they really are. Vacancies coupled with steady losses in SCI/D trained staff have prevented untold veterans with SCI/D from receiving needed preventative care.

By requiring in statute that VA provides annual, comprehensive evaluations for veterans with SCI/D, PVA hopes it will incentivize VA to follow its own staffing model. By establishing a standardized process to assess veterans for clinically appropriate assistive technologies, including emerging mobility and neuromodulation devices, veterans will not have to wait until they've already lost function. Additionally, the bill's focus on training, follow-up care, and telehealth-enabled monitoring will be critical to ensure safe and effective use of these technologies.

PVA also supports the bill's emphasis on accountability through improved data collection, reporting, and incorporation of SCI/D evaluation metrics into Veterans Integrated Service Network performance measures. These provisions will help Congress and VA better assess whether the department is meeting its obligation to maintain specialized rehabilitative capacity for this population.

H.R. 6038, the Improving Veteran Access to Care Act

This bill would require VA to develop a comprehensive plan for modernizing its health care appointment scheduling systems. The legislation directs VA to create a roadmap for improving both the veteran and employee experience by enhancing scheduling technology, expanding self-service options, and improving access to appointment information. Among its objectives, the bill calls for a scheduling system that allows veterans to view available appointments, schedule and manage appointments online, request referrals electronically, and receive assistance from schedulers by phone when needed. The proposal is intended to address longstanding frustrations with appointment scheduling and improve timely access to care throughout the VA health care system.

In the past few years, PVA has seen VHA work to alleviate or solve the problems this bill would address through investments in technology, updates to internal processes, and collaboration with private industry. We've seen demonstrations of scheduling programs that would greatly improve the process for VA and the veteran alike. It's not clear how this legislation might impact on the department's efforts, so we encourage the committee to consult with VA on the matter before pressing forward.

H.R. 9018, the Fostering TRUST Act of 2026

The Fostering Transparency, Understanding, and Support for Veterans (TRUST) Act would require VA to notify Congress whenever a veteran suicide or attempted suicide occurs at a VA facility or at a Community Care provider location. Initial notification would be required within seven days, followed by a more detailed report within 60 days. The follow-up report would include information regarding the veteran's enrollment status, recent interactions with VA, insurance coverage, and military service history. PVA supports this effort to provide greater transparency to Congress when an attempted or completed suicide occurs.

H.R. 9316, the Travel Assistance for Veterans in Medical Deserts Act

This legislation expands eligibility for VA beneficiary travel reimbursement for veterans residing in U.S. territories and the Freely Associated States where no VA medical facility is available. Under current law, many veterans must have a service-connected disability rating of at least 30 percent to qualify for travel benefits. The proposal would waive that rating requirement for veterans living in locations without access to a VA medical center.

PVA supports all veterans being connected with the medical care and benefits they have earned through their service. By expanding eligibility, regardless of disability rating, this bill would reduce financial barriers to obtaining VA care and recognize the unique challenges faced by veterans living far from VA facilities, and address geographic inequities that affect veterans living in remote locations, such as Guam, American Samoa, the Northern Mariana Islands, and the Freely Associated States.

H.R. 9376, the Veteran Chaplaincy Engagement and Suicide Prevention Data Act

This legislation would codify VA's National Veteran Suicide Prevention Annual Report and require annual briefings to Congress regarding suicide prevention efforts. In addition, the bill directs VA to conduct a two-year study examining whether engagement with VA chaplains and faith-based programs correlates with suicide risk among veterans. The study would evaluate participation in chaplain services, outreach activities, and other non-confidential interactions, while assessing relationships between those activities and mental health outcomes. PVA supports every effort to end veteran suicide, including through spiritual support.

Discussion Draft, the Foreign Medical Program Integrity and Improvement Act

This draft legislation would reform oversight of VA's Foreign Medical Program (FMP), which reimburses health care costs for eligible veterans residing or traveling overseas. The bill would generally limit reimbursement rates to Medicare-equivalent payment levels unless higher payments are needed to ensure access to care. It would also prohibit payments involving deceased veterans or providers and strengthen safeguards against fraud, waste, and abuse. The bill further directs VA to refer suspected fraudulent claims to the Office of Inspector General and authorizes payment holds while investigations are underway.

PVA supports the effort to ensure the sustainability and transparency of this important program. However, limiting payment to Medicare rates could create unintended consequences for the veteran. Physicians practicing outside the United States are not required to accept Medicare rates and could bill veterans for the balance of the services rendered. If the veteran were to then seek reimbursement from the FMP program for that debt, then there would be no cost savings to the program, but additional stress and worry would have been incurred by the veteran and additional staff hours processing the new claim incurred by VA. Also, as currently written, section 2(b) may prohibit the estate of a deceased veteran from seeking reimbursement for medical care that occurred prior to the veteran's death. The language should be amended to clarify claims must be dated prior to the individual's death, codifying current VA policy.[2]

Discussion Draft, the VHA OPEN Policies Act of 2026

The Veterans Health Administration Online Publication and Easy Navigation of Policies (OPEN Policies) Act would require VA to make all national VHA policies publicly available online. The bill covers directives, handbooks, memoranda, guidance documents, and procedural manuals necessary to understand how national policies are implemented throughout the health care system. It also establishes deadlines for posting newly issued or revised policies. PVA supports greater transparency for the benefit of veterans, caregivers, providers, and oversight organizations by publishing documents that would make it easier to understand how VA programs operate and how decisions are implemented across the health care system.

Discussion Draft, the National Task Force on Caregiving Youth of Veterans Act

This draft bill would establish a multi-agency National Task Force on Caregiving Youth to study and address the needs of children and adolescents who provide care to veterans and service members. The task force would include representatives from VA, the Department of Health and Human Services (HHS), the Department of Defense, and the Department of Education. It would oversee a national study examining the prevalence of caregiving youth and the educational, economic, physical, and mental health effects of caregiving responsibilities.

PVA recognizes that young caregivers often provide substantial support to disabled veterans while receiving little formal recognition or assistance. In many cases, the VA is barred from providing health care services to non-veterans and minors. Expanding the lens through which we view this topic could develop a "whole of government" approach to future policy and programmatic initiatives aimed at supporting caregiving youth and mitigating the long-term consequences associated with these responsibilities.

[2] File A VA Foreign Medical Program Claim | Veterans Affairs

Discussion Draft, the VA Coaching into Care Act

The VA Coaching into Care Act would establish a pilot program creating a dedicated hotline for family members and friends concerned about a veteran's mental or behavioral health. The hotline would be staffed by VA psychologists and social workers who would provide guidance on discussing mental health concerns with veterans and connect callers to appropriate resources. It also requires outreach to veterans organizations and public awareness efforts to promote the program. The proposal is designed to strengthen early intervention efforts by empowering those closest to veterans to recognize warning signs and facilitate access to care before a crisis develops.

VA sunset the "Coaching into Care" hotline administered by the Office of Mental Health & Suicide Prevention in early 2024 and charged the Caregiver Support Hotline with providing the service. We believe the department should be required to provide a report on the Caregiver Support Line's performance of this service before further changes are made. Also, one of the downsides of the success of the Program of Comprehensive Assistance for Family Caregivers is that most think the VA only supports caregivers in that program. There needs to be a broader look at how to raise awareness that VA supports a wider variety of caregivers. One of the stipulations of the report should be to provide information on how best to do that.

Discussion Drafts, the VHA Personnel Transparency and Accountability Act and the VA Health Care Capacity Assessment Act

PVA has often testified on the personnel issues specific to the SCI/D centers of care and their clinical capacity. The next two bills seek to address staffing and capacity concerns across VHA, under which the SCI/D centers fall. The VHA Personnel Transparency and Accountability Act seeks to expand workforce transparency requirements established under the VA MISSION Act. Specifically, it requires VA to publish more detailed staffing and vacancy information by occupation and facility and to provide certain workforce data on a more frequent basis. Making vacancies and staffing information more readily available would help this committee better identify persistent workforce gaps and hold VA accountable for addressing them.

The VA Health Care Capacity Assessment Act requires VA to submit a biennial report assessing staffing and capacity across every VA medical facility. The report would evaluate staffing levels, clinical panel sizes, facility capacity, wait times, and workforce shortages, while also requiring plans to address identified deficiencies. The bill seeks to create a more comprehensive picture of VA's ability to meet demand for care and would provide Congress with regular updates regarding workforce challenges, infrastructure limitations, and strategies for improving access.

PVA is supportive of efforts like these to ensure the VA has the right workforce to meet the challenge of serving our nation's veterans. On multiple occasions, we have pointed out VHA's shortfalls in following their own directives for appropriately staffing the SCI/D system of care. Creating

transparency in staffing levels, as well as establishing a long-term personnel plan, could be an avenue for ensuring our most catastrophically disabled veterans are cared for by fully staffed clinical teams.

Discussion Drafts, the VA-CMS Memorandum of Understanding Act, the Veterans Care and Cost Coordination Act of 2026, and the Veterans Community Care Coordination Act

These three draft bills appear to attempt to address the same concern: the need for better collaboration and data sharing between VA and HHS/Centers for Medicare & Medicaid Services (CMS). The VA-CMS Memorandum of Understanding Act would require VA to seek a formal data-sharing agreement with HHS to improve oversight of veterans who are simultaneously enrolled in VA health care and Medicare, Medicaid, or Medicare Advantage plans. The legislation is designed primarily to prevent duplicative, improper, or erroneous payments by facilitating the exchange of enrollment and claims information between VA and CMS. Under the proposal, VA and CMS would exchange information regarding utilization, billing, and diagnostic codes to identify overlapping coverage and payment activity. The measure focuses primarily on payment integrity and program oversight, with the goal of reducing waste, while ensuring that veterans receive appropriate health care services.

The Veterans Care and Cost Coordination Act would build upon the concept of VA-CMS data sharing by emphasizing care coordination in addition to payment oversight. The bill would require VA and CMS to establish a memorandum of understanding allowing both agencies to identify veterans enrolled in VA and Medicare or Medicare Advantage plans and share relevant utilization information. Unlike the narrower payment-integrity proposal, this legislation specifically directs VA to use the information to improve care management, avoid unnecessary duplication of services, and better coordinate treatment across health systems.

Finally, the Veterans Community Care Coordination Act seeks to further expand VA-CMS coordination by focusing specifically on the Veterans Community Care Program. It would require VA to use Medicare and Medicare Advantage enrollment information to avoid duplicate care and payments, while also identifying Medicare Advantage plans that offer benefits potentially valuable to veterans, such as hearing services, adaptive sports programs, traumatic brain injury rehabilitation, and complementary health services.

PVA has long supported reducing government bureaucracy and identifying better ways the VA can work across the government to support veterans. Each of these bills seem to provide an important step toward ensuring proper coordination and payment for care.

PVA would once again like to thank the subcommittee 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 you may have.

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.