
501(C)(3) Veterans Non-Profit

STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS SUBCOMMITTEE

ON

PENDING LEGISLATION

JUNE 24, 2025

Chairman Luttrell, Ranking Member McGarvey, and members of the subcommittee, 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 being considered during today's hearing. No group of veterans understand the full scope of benefits and care provided by the VA better than PVA members—veterans who have acquired a spinal cord injury or disorder (SCI/D).

H.R. 659, the Veterans Law Judge Experience Act

This legislation would prioritize the appointments of individuals with three or more years of veterans law experience to the Board of Veterans' Appeals (Board). PVA supports this legislation because it would help ensure that those who are deciding the pending appeals for veterans have the experience necessary to increase the accuracy and number of decisions coming from the Board.

H.R. 2055, the Caring for Survivors Act

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. Dependency and Indemnity Compensation (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 and increases if the surviving spouse has eligible children who are under age 18. DIC benefits 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.

PVA strongly supports the Caring for Survivors Act of 2025, which would increase the amount of DIC to an amount equal to 55 percent of the compensation received by a 100 percent service-disabled veteran with a spouse. This change would bring the benefit in line with the standard for survivors of federal employees. The bill would also reduce the timeframe a veteran needed to be rated totally disabled from 10 to five years. Current law restricts the DIC benefit for survivors if the veteran was rated at 100 percent for less than ten years before his or her death. The reforms included in the Caring for Survivors Act would allow greater numbers of survivors to benefit from this important program.

H.R. 2721, the Honoring our Heroes Act

Currently, only veterans who died on or after November 1, 1990, can be furnished a government headstone or marker for their resting place, regardless of whether the grave is already marked with a privately purchased headstone or marker. The only exception to this is if the veteran's grave is currently unmarked. PVA supports the Honoring Our Heroes Act of 2025, which would allow veterans who passed away prior to November 1, 1990, to be able to have this same benefit afforded to their final resting place. PVA believes that all families should be able to honor their veteran loved ones regardless of when they passed away.

H.R. 3123, the Ernest Peltz Accrued Veterans Benefits Act

PVA supports this legislation, which would allow the VA to award entitlement to accrued pension benefits to the surviving family members of veterans who were awarded entitlement but died before such benefit was paid. In many cases, accrued benefits can be paid to surviving family members in DIC claims so we believe that it makes sense that the VA treats Non-Service Connected (NSC) Pension claims the same. In addition, veterans who are eligible for NSC Pension benefits are at the poverty level, and these funds could be critical to helping the surviving family members.

H.R. 3833, the Veterans' Caregivers Appeals Modernization Act

The Veterans Health Administration lacks an integrated system to manage applications and appeals pertaining to its Program of Comprehensive Assistance for Family Caregivers (PCAFC). As a result, medical records and patient documents are scattered across multiple platforms, many of which are not accessible to all VA staff involved in the process. This creates delays, confusion, and unjust denials, particularly during appeals, which can take years to resolve. Also, some of our members receive care from outside providers that could be relevant to their PCAFC application; thus, capturing this information is extremely desirable.

PVA supports this bill, which seeks to create a single system where medical records, including those from providers outside of VA, PCAFC applications, PCAFC assessments, and Centralized Eligibility and Appeals Team decisions through all levels of appeals would be kept. This would give all interested parties access to the complete information for each veteran and caregiver through a single records system. Such a move is way overdue and might be achievable by leveraging VA's existing systems versus creating or procuring a new product. The bill also clarifies deadlines to file an appeal and allows caregivers to be eligible for past-due caregiver stipends, if the caregiver application is eventually granted on appeal, including in cases where the veteran dies during the pendency of the appeal.

H.R. 3854, the Modernizing All Veterans and Survivors Claims Processing Act

This bill requires the VA to develop and submit a proposal to Congress for the use of automation to streamline the processing of claims administered by the Secretary. By automating the retrieval of service records, the information sharing between federal agencies, the dissemination of correspondence, and the compilation of relevant evidence, VA could significantly reduce the time needed for the processing of VA claims and reduce veterans' wait times. Another provision requires VA to implement policies, processes, and leverage technological capabilities to ensure that when a veteran or school age child is awarded benefits based on the child attending school, Veterans Benefits Administration's (VBA) Compensation Service and Education Service are each automatically updated to help prevent overpayments of dependent benefits. Other language directs the VA to ensure that documents in VA's electronic claims processing system are correctly labeled when they are uploaded into that system, including when they are automatically labeled using AI technology. PVA supports this legislation and looks forward to its passage.

H.R. 3834, the Protecting Veterans Claim Options Act

Currently, when a veteran disagrees with a decision from VA, they can choose one of three options to appeal it. One of those options is the "supplemental claim," which requires the veteran to submit "new and relevant" evidence to continue their claim. However, many times the VA denies that the new evidence is relevant, in which case, the veteran is left having to try and

appeal, not on the merits of his or her original claim, but on the relevance of the evidence. This creates an undue burden on the veteran and needlessly drags out a claim far longer than necessary. PVA supports the Protecting Veterans Claims Options Act, which would ensure that the Board decides on the merits of the claim, and that an appeal could not be denied due to the lack of “new and relevant” evidence with a timely filed supplemental claim.

H.R. 3627, the Justice for America’s Veterans and Survivors Act of 2025

This legislation would require the VA to create an annual report on the cause of death among veterans, with particular focus on whether the individual veterans were rated as totally disabled, the primary cause of death, the secondary cause of death, and whether the veteran died by suicide secondary to a disability for which the veteran was rated as totally disabled. PVA supports the intent of this legislation and believes that the additional information to be gathered is a step in the right direction to help veterans who are at risk of dying by suicide. However, we suggest the following change to help increase the quality of information gathered. Specifically, we believe combining these new efforts with the Behavioral Health Autopsy Program (BHAP) would help the VA better understand the circumstances surrounding suicide and develop prevention strategies. BHAP was established in 2012 to enhance suicide prevention efforts by learning more about the circumstances and contexts surrounding veterans’ deaths by suicide. To do this, BHAP systematically collects information for all veteran deaths by suicide reported to VA clinicians and Suicide Prevention Teams through comprehensive medical record reviews and interviews with family members who have lost loved ones to suicide. In addition, while BHAP collects the data of all veterans who were reported to have died by suicide, this legislation focuses on those who “died by suicide secondary to a service-connected disability rated as total.” Combining these efforts would result in a more well-rounded picture.

H.R. 3951, the Rural Veterans’ Improved Access to Benefits Act of 2025

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) created a pilot program that allowed VA’s contracted healthcare professionals to provide medical disability examinations across state lines. This bill would make that authority permanent and expand the categories of providers who can perform cross-state disability exams. Also, it requires the VA to establish a mechanism for providers to submit evidence that a veteran brings with them to the examination to the VA, a process which is currently not in place. PVA supports expanding and permanently extending this authority and greatly appreciates the provision directing VA to consider evidence the veteran may bring with them to their disability examination appointments.

H.R. 3835, the Veterans Appeals Efficiency Act of 2025

This bill creates additional reporting and tracking requirements for VBA and the Board, such as information on Higher Level Reviews, Supplemental Claims, and Notices of Disagreement. It also requires the tracking of claims pending in the National Work Queue, not assigned to an adjudicator; cases that are remanded by the Board; Veteran Appeals Improvement and Modernization Act cases pending a hearing; and when a decision-maker did not comply with the Board's decision. We recognize the value of and support efforts to track meaningful data to improve the effectiveness and accuracy of the claims process. However, the data sought by this legislation will be meaningless until the VA first fixes their problems with obtaining medical opinions, since the lack of them are constantly creating remandable errors.

This legislation would also give the Board the authority to aggregate certain claims. While PVA does not oppose allowing the Board to aggregate appeals involving common questions of law or fact, we believe that before that can be done a feasibility study should be conducted, and the findings reviewed. Then, legislation based on those findings could be brought forth.

H.R. 3983, the Veterans Claims Quality Improvement Act of 2025

This legislation would require the VA to develop policies and procedures to provide notice to an employee of the VBA that they had committed an "avoidable deferral" during the claims adjudication process. In addition, it would also require a report on "inconsistent opinions in matters involving substantially similar questions of law or fact" that had come from the Office of General Counsel.

While we generally do not have concerns with the first two provisions, we believe that the term "avoidable deferral" needs to be defined. While VA and others have used this term to point out broader adjudicative issues, having this be a reason for punitive actions against individual employees requires a specified reason that the deferral was "avoidable" or else the legislation is meaningless.

A third provision in the bill directs the Chairman of the Board to establish a program to ensure the quality of Board decisions with a requirement to report to the Veterans' Affairs Committees annually. This section would impose many requirements related to items that are already the Board's responsibility. Instead of a new law, the Board should be held accountable for these existing requirements.

PVA would once again like to thank the subcommittee for the opportunity to submit our views on the legislation 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.