



*Pushing
Access
Forward*

2021

LEGISLATIVE PRIORITIES

#PushingAccessForward

“ For nearly 75 years, PVA has advocated for the health care, benefits, and civil rights of all veterans with spinal cord injuries and diseases like MS and ALS. Our work has helped improve the lives of not only our members, but also the lives of millions of people with disabilities. We will continue until all of their voices are heard. ”

– Carl Blake, Executive Director, PVA





TABLE OF CONTENTS

WHO IS PVA?	2
2021 POLICY PRIORITIES	4
VETERANS PRIORITY ISSUES	6
DISABILITY PRIORITY ISSUES	14
VA SCI/D SPOTLIGHT	18
PVA IN YOUR BACKYARD	20
CONTACTS	21

WHO IS PVA?

PARALYZED VETERANS OF AMERICA (PVA) is the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or disorder (SCI/D). With more than 70 offices and 33 chapters, PVA serves veterans, their families, and their caregivers in all 50 states, the District of Columbia, and Puerto Rico.



- **We Champion** important issues that protect the civil rights of all people with disabilities.
- **We Connect** veterans with our National Service Officers (NSOs) — who are located in 73 National Service Offices around the country — and legal services to help them secure benefits that they deserve from the U.S. Department of Veterans Affairs (VA). NSOs are accredited experts in VA benefits and legally represent veterans, dependents, and survivors before the VA and Board of Veterans Appeals. PVA also represents veterans before the U.S. Court of Appeals for Veterans Claims. In fiscal year 2020, PVA's veterans benefits department secured almost **\$270M** in new benefits for our clients.



- **We Examine**, monitor, and audit the quality of health care and related programs at all VA SCI/D Centers and health facilities, and advocate for vital improvements.
- **We Fund** research and education grants that change the lives of people living with SCI/D. Since the inception of our Research Foundation in 1976, PVA has invested nearly **\$52M** in grants.
- **We Provide** critical architectural support to help ensure that buildings, facilities, and sports complexes are ADA compliant.
- **We Offer** veterans employment support, including resume review, interview coaching, employer introductions, and networking opportunities for successful job placement. Since the start of PVA's employment program, Veterans Career Program (formerly known as PAVE), we have helped more than **5,000** transitioning service members, veterans, military spouses, and caregivers in their search for meaningful employment.
- **We Celebrate** 75 years of helping veterans regain what they fought for: their freedom and independence. PVA was founded by a band of service members who returned home from World War II with spinal cord injuries and few to no solutions to the major challenges they faced. These wounded heroes decided not just to live, but to live with dignity as contributors to society and in 1946, they created PVA.



***The Independent Budget's* critical issues for the 117th Congress and recommendations for Fiscal Years 2022 and 2023, designed to meet veterans' needs through programs administered by the Department of Veterans Affairs and other federal agencies, are now available.**

To review the recommendations from the three co-authoring organizations – Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars of the United States – visit [IndependentBudget.org](https://www.IndependentBudget.org)

2021 POLICY PRIORITIES

Improve & Protect Systems & Civil Rights that Support People with Disabilities

A Strengthen Air Carrier Access Act (ACAA)

Congress must improve access for people with disabilities to air travel by requiring airlines to use airplanes that meet broad accessibility standards, strengthening the Department of Transportation's enforcement of the ACAA, and establishing a private right of action under the law.



B Promote Increased Compliance with Americans with Disabilities Act (ADA)

Congress must support increased compliance with the ADA by increasing tax incentives that help businesses remove access barriers. We also support the increased funding for the Department of Justice's (DOJ) ADA mediation program, as well as the increased DOJ enforcement of complaints that are filed.

C Preserve & Strengthen Social Security

Congress must strengthen and enhance the Social Security system without harming beneficiaries by implementing a more realistic cost-of-living-adjustment reflective of typical expenses; reducing the tax burden on beneficiaries; making long overdue adjustments in the financing mechanisms for the system; eliminating the five-month waiting period for Social Security Disability Insurance (SSDI); and removing barriers to work for SSDI beneficiaries.

D Prioritize Employment Opportunities for People with Disabilities

Congress must protect and strengthen disability employment rights; increase tax incentives for employers to hire and retain persons with disabilities; enhance entrepreneurship opportunities for people with disabilities; and improve federal hiring and promotions under Schedule A, veterans preference, and other authorities targeting those with significant disabilities.



Improve the VA Health Care System & Available Services

A Protect Access to VA's Specialized Services

Congress must preserve access to VA's specialized services, including the spinal cord injury/disorder (SCI/D) system of care, and provide appropriate funding to ensure continued success. Congress must also ensure proper staffing of VA's specialized services by providing competitive compensation and retention incentives to keep up with the private sector.

B Expand Access to VA's Long-Term Services & Supports

Congress must conduct oversight of VA's implementation of the Program of Comprehensive Assistance for Family Caregivers to ensure consistent eligibility determinations and a fair appeals process. Also, expedite Phase II of the caregiver program expansion to October 1. Furthermore, Congress must maintain a safe margin of community living center capacity by increasing funding for SCI/D-related construction projects.

C Increase Access to IVF

Congress must repeal VA's ban on IVF and make these services a regular part of the medical benefits package available to veterans and authorize VA to provide assisted reproductive technology, including IVF, surrogacy, and gamete donation at VA for any veterans enrolled in VA health care.

D Enhance Care for Women Veterans with SCI/D

Congress must ensure VA properly serves women veterans with catastrophic disabilities by considering their unique needs in developing programs and services.



Improve VA Benefits

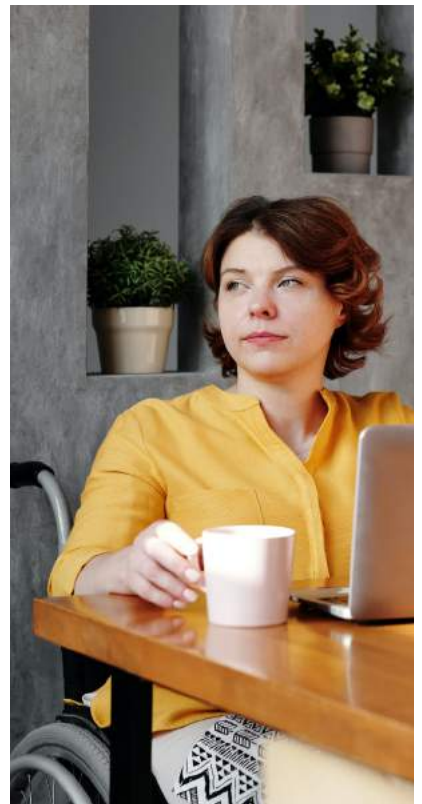
A Strengthen Benefits for Catastrophically Disabled Veterans

Congress must improve their benefits by:

- Increasing the number of times veterans can access the Automobile Allowance Grant & ensure veterans receive Automotive Adaptive Equipment (AAE) reimbursement;
- Allowing veterans with nonservice-connected catastrophic disabilities to receive the same type of AAE as veterans with service-connected disabilities; and
- Raising the amount of VA's Home Improvements and Structural Alterations grants.

B Enhance Benefits for Spouses of Catastrophically Disabled Veterans

Congress must ensure survivors of veterans who die from ALS receive the full benefits they are due.



VETERANS PRIORITY ISSUES

Preserve Access to VA's Specialized Services

The Issue

PVA members require specialized health care and rely on the Department of Veterans Affairs' (VA) Spinal Cord Injuries and Disorders (SCI/D) System of Care to meet their specialized health care needs. VA's specialized systems of care follow higher clinical standards than those required in the private sector. Preserving and strengthening VA's specialized systems of care—such as SCI/D care, blinded rehabilitation, amputee care, and polytrauma care—remains our highest priority. This includes access to high-quality prosthetics through VA's Prosthetics and Sensory Aids Service.

If VA continues to shift care to the private sector and woefully understaff and underfund its facilities, the Department's capacity to treat veterans will be diminished, and could lead to the closure of facilities and reductions in services offered to catastrophically disabled veterans. PVA is very concerned about efforts to permanently reduce inpatient beds in some SCI/D Centers, including at facilities that provide specialized long-term care. The capacity of the system to provide a continuum of care must be preserved and strengthened to meet the needs of paralyzed veterans.

Staffing problems tend to have a direct impact on the SCI/D System of Care. According to VA's Fourth Quarter MISSION Act Section 505 data, the veterans Health Administration reported having 30,578 vacancies across the entire VA health care system. Within the SCI/D System of Care, lengthy, cumbersome hiring processes and a high cost of living in some locations make it difficult to hire and retain staff which prohibits SCI/D Centers from meeting adequate staffing levels necessary to care for this specialized veteran population. SCI/D Centers with nursing shortages limit bed availability for admission to an SCI/D Center. This limits access to care for specialized care delivery.

PVA Position

- Congress must increase oversight to ensure that VA retains the capacity in its system for specialized services such as those provided by the SCI/D Centers.
- Congress must ensure sufficient funding is allocated to meet the needs of veterans requiring specialized services such as SCI/D.
- Congress must ensure proper staffing of VA's specialized services by ensuring the Department has the authority to provide additional pay, compensation, and retention incentives to make VA service more competitive with the private sector.

Increase Access to Long-Term Care for Veterans with Catastrophic Disabilities

The Issue

The nation's lack of adequate long-term care (LTC) options presents an enormous problem for people with catastrophic disabilities who, as a result of medical advancements, are now living longer. There are few LTC facilities that are capable of appropriately serving veterans with spinal cord injuries and disorders (SCI/D). The Department of Veterans Affairs (VA) operates six such facilities; only one of which lies west of the Mississippi River. Many aging veterans with SCI/D need VA LTC services but the Department only has the capacity to provide this kind of care for about 200 patients. As a result, the need far exceeds VA's specialized LTC bed capacity.

When the demand for VA LTC beds exceeds capacity, VA has the authority to place the veteran in a community nursing home facility. However, in some areas, it is nearly impossible to even find community placements for veterans who are ventilator dependent and those with bowel and bladder care needs. Furthermore, providers in community nursing homes are not trained in providing SCI/D care. This often results in compromised quality of care and poor outcomes.

VA must expand the number of VA specialized LTC facilities and LTC SCI/D beds across the VA health care system. VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations. However, significant movement on these plans has been languishing for years.

PVA Position

- Congress must ensure that VA designs an SCI/D LTC strategic plan that addresses the need for increased LTC SCI/D bed capacity within its system.
- Congress must provide increased funding directed at the completion of pending SCI/D-related construction projects.

Improve Access to Transportation for Catastrophically Disabled Veterans

The Issue

VA Automobile Allowance Grants

Access to an adapted vehicle is essential to the mobility and health of catastrophically disabled veterans who need a reliable means of transportation to get them to and from work and attend medical appointments, as well as meet family obligations.

The current, one-time Department of Veterans Affairs' (VA) Automobile Allowance Grant of roughly \$21,500 covers anywhere from one-half to one-third of the cost to procure a vehicle to accommodate certain disabilities that resulted from a condition incurred or aggravated during active military service. The substantial costs of modified vehicles, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its lifespan. Due to the high cost to procure replacement vehicles, veterans often retain them beyond their reliability point.

Automobile Adaptive Equipment

VA's Automobile Adaptive Equipment (AAE) program helps physically disabled veterans enter, exit, and/or operate a motor vehicle or other conveyance. VA provides necessary equipment for veterans with service-connected disabilities such as platform wheelchair lifts, UVLs (under vehicle lifts), power door openers, lowered floors/raised roofs, raised doors, hand controls, left foot gas pedals, reduced effort and zero effort steering and braking, and digital driving systems.

The program also provides reimbursements (to service-connected veterans) for standard equipment including, but not limited to, power steering, power brakes, power windows, power seats, and other special equipment necessary for the safe operation of an approved vehicle. Support for veterans with non-service-connected disabilities is limited to assistance with ingress/egress only. Veterans need the independence AAE provides, allowing them to transport themselves to and from work, medical appointments, and other obligations.

PVA Position

- PVA supports the AUTO for Veterans Act (H.R. /S.), which would allow eligible veterans to receive an Automobile Allowance Grant every ten years for the purchase of an adapted vehicle.
- Congress must direct VA to reimburse the cost of items on the Department's current AAE list as well as modern driver assistance technologies to broaden opportunities for veterans with catastrophic disabilities to drive more comfortably and safely.
- Congress must pass legislation that allows veterans who have non-service-connected catastrophic disabilities to receive the same type of adaptive automobile equipment as veterans whose disabilities are service connected.

Ensure Proper Implementation of VA's Comprehensive Caregiver Program Expansion

The Issue

On October 1, 2020, the Department of Veterans Affairs (VA) announced implementation of a new information technology (IT) system and officially launched the first phase of expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to caregivers of eligible veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975. The new rules governing the PCAFC, which were implemented on October 1, 2020, also impact current program recipients and will result in veterans being removed from the program. Phase II of the PCAFC expansion is expected to begin on or about October 1, 2022, for eligible veterans who incurred or aggravated a serious injury in the line of duty on or after May 8, 1975, and on or before September 10, 2001.

The VA MISSION Act (Pub. L. 115-182) directed the PCAFC be expanded to severely injured veterans of all eras through a phased approach beginning October 1, 2019. However, due to IT delays and failures, VA implemented the first phase one year later. As a result, veterans in the second phase must wait even longer in order to participate in this important program. Prolonged delays are further straining caregivers who desperately need relief now, particularly in light of the impacts of the global pandemic.

There are no logistical or operational impediments to moving up the second phase of the caregiver expansion to October 1, 2021, as Congress intended. VA has confirmed that its new caregiver IT system does not require any additional functionality or capacity to handle the increased workload anticipated during Phase II and VA can easily hire the additional 700 staff needed over the next year. Veterans and their caregivers should not have to continue waiting for this critical support.

PVA Position

- Congress must conduct oversight of VA's implementation of the expanded PCAFC to ensure that eligibility determinations are consistent and the appeals process is fair and just.
- Congress must expedite implementation of Phase II of the caregiver program to October 1, 2021.

Increase Grants for Housing Adaptations

The Issue

The Department of Veterans Affairs' Home Improvements and Structural Alterations (HISA) grants help veterans and service members make medically necessary improvements and structural alterations to their primary residence.

As the name suggests, the HISA grant helps fund improvements and changes to an eligible veteran's home. Examples of qualifying improvements include improving the entrance or exit from their homes, restoring accessibility to the kitchen or essential lavatory and sanitary facilities (e.g. lowering counters/sinks), and making necessary repairs or upgrades to plumbing or electrical systems due to installation of home medical equipment. It does not pay for walkways to exterior buildings; spas, hot tubs, or Jacuzzis; exterior decking; or new construction.

A lifetime HISA benefit is worth up to \$6,800 for veterans with service-connected conditions and \$2,000 for veterans who have a non-service-connected condition.

HISA rates have not changed since Congress last adjusted them in 2009. Meanwhile, the cost of home modifications and labor has risen more than 40 percent during the same timeframe.

With veterans sheltering in place during and following the resolution of the pandemic, ensuring veterans can safely remain in their homes is more essential than ever. HISA rates must be raised to reflect current costs and better meet veteran's current needs.

PVA Position

- Congress must raise HISA grant rates to at least \$10,000 for service-connected disabled veterans and \$5,000 for non-service-connected disabled veterans.
- Congress should also tie these grants to The Turner Building Cost Index or similar formula to help ensure rates remain current.

Improve Access to Fertility Services Through VA

The Issue

Thousands of service members have suffered a genitourinary injury, resulting in the loss of, or compromised ability, to have a child. Among those who served in Iraq and Afghanistan, genital injury occurrences were higher than any previous wars, most of these injuries were a result of ground-based explosive mechanisms. These injuries result in medical and psychological trauma that can affect a veteran's ability to procreate.

Recognizing the need for increased assistive reproductive therapy options, in September 2016, Congress granted a temporary authorization for the Department of Veterans Affairs (VA) to provide invitro fertilization (IVF) to veterans with a service-connected condition that prevents the conception of a pregnancy.

VA began offering IVF services in January 2017, and in September 2018, they were reauthorized for another two years. In drafting the rules for the program, VA anticipated recurring authorization by Congress; so, the Department stipulated IVF may continue to be provided if Congress approves its funding through the annual appropriations process. VA's current temporary authority prohibits the use of gametes that are not a veteran's and his or her spouse's. Because they require donated gametes, they are ineligible for IVF through VA.

Also, due to the complex care needs of women veterans with spinal cord injuries and disorders, many women veterans are unable to carry a pregnancy to term. These women need the services of a surrogate in order to have a child.

Congress should permanently authorize assistive reproductive therapies to include IVF services, gamete donation, and surrogacy for veterans with service-connected infertility, and include the treatment of the veteran spouses in applicable cases.

PVA Position

- Congress must repeal the ban on VA's provision on IVF and make these services a regular part of the medical benefits package available to veterans.
- Congress must also pass legislation to authorize VA to provide assisted reproductive technology, including IVF, surrogacy, and gamete donation at VA for any veterans enrolled in VA health care who are living with infertility, including the authorization of services to non-veteran partners.

Improve Services for Women Veterans with SCI/D

The Issue

More than three quarters of a million women veterans are currently using health care through the Department of Veterans Affairs (VA), and this rate is expected to grow by 18,000 women per year. Women veterans with spinal cord injuries and disorders (SCI/D) are a small, but important subset of these users.

Women veterans, including those living with SCI/D, need access to comprehensive gender-specific mental and physical health care with high standards of care regarding the quality, privacy, safety, and dignity of that care. VA has developed a robust SCI system to serve the needs of veterans with SCI/D but there needs to be a stronger focus on the needs of women veterans living with these disabilities.

While the majority of care provided for veterans with SCI/D is within the VA's SCI spoke and hub system of care, veterans also access other VA facilities for specialty, OB/GYN, and ER care. Many of the facilities in these buildings are not accessible for non-ambulatory users.

As Congress develops strategies and policies for VA to follow, additional emphasis is needed to ensure women veterans with SCI/D are incorporated into these plans.

PVA Position

- Congress must conduct oversight to ensure the needs of women veterans with SCI/D are being met by VA and that any programming and facilities are accessible.
- Congress must mandate and fund VA to conduct research on the unique health care and economic opportunity needs of this population.
- Congress must ensure robust oversight of the implementation of the women veteran specific sections of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Pub. L. 116-315).

Benefits for Surviving Spouses of ALS Veterans

The Issue

The Department of Veterans Affairs (VA) provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans. Eligible survivors can also receive an additional \$288.27 per month in DIC in cases where a veteran who, at the time of death, was in receipt of or was entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years. This extra payment is commonly referred to as the “DIC kicker.”

Currently, VA regulations recognize amyotrophic lateral sclerosis (ALS) as a presumptive service-connected disease and, due to its aggressive nature, veterans diagnosed with ALS are automatically rated at 100 percent once service connected. Unfortunately, many veterans are unable to meet the eight-year DIC kicker requirement because the average life expectancy for a person with ALS is two to five years. Rarely do spouses of deceased veterans with ALS qualify for the additional DIC benefit given the eight-year requirement.

This policy fails to recognize the significant sacrifices these veterans and their families have made for this country. ALS is an aggressive disease that leaves many veterans totally incapacitated and reliant on family members and caregivers. DIC kicker payments should be provided to surviving spouses of veterans who die from ALS regardless of how long they were service connected for ALS prior to death.

PVA Position

- PVA believes survivors should not be deprived of a benefit simply because the service-connected disease their veterans acquired made it nearly impossible for them to meet an eight-year life expectancy requirement.
- Congress should reintroduce and pass legislation to entitle surviving spouses of veterans who died of service-connected ALS to the DIC kicker.

DISABILITY PRIORITY ISSUES

Strengthen the Air Carrier Access Act (ACAA)

The Issue

Nearly thirty-five years ago, President Ronald Reagan signed the Air Carrier Access Act (ACAA) into law. The ACAA prohibits disability-based discrimination in air travel. Prior to passage of the ACAA, people with disabilities were routinely forced to travel with an attendant at their own expense, even if they did not need assistance to fly safely; required to sit on a blanket for fears that they might soil the passenger seat; or simply refused passage. The ACAA has provided passengers with disabilities improved consistency in air travel. Through this law, air carriers must provide passengers with disabilities the opportunity to preboard, if additional time or assistance is needed in boarding the aircraft; timely assistance in boarding and deplaning; proper stowage of assistive devices; and appropriate seating accommodations.

Although the ACAA led to improvements in the air travel experience for passengers with disabilities, the process is far from seamless and is, at times, dangerous. PVA members routinely report incurring bodily harm in boarding and deplaning aircraft, and their wheelchairs, particularly power wheelchairs, are often damaged while stowed. In addition, members have expressed difficulty in receiving appropriate seating accommodations on aircraft and often encounter air carrier personnel and contractors who are not appropriately trained in assisting passengers with significant disabilities. As a result, some people with disabilities would rather drive long distances than risk personal injury or damage to their mobility devices.

Many of the difficulties that travelers with disabilities encounter in air travel are not sufficiently addressed by the ACAA and its implementing regulations. For example, the ACAA does not require aircraft to provide even basic accessibility, such as access to lavatories, a path of travel, or seating accommodations for passengers with disabilities who use wheelchairs. Unlike most other civil rights laws, the ACAA lacks a guaranteed private right of action. Enforcement is limited to administrative processes that provide passengers with disabilities limited redress of their grievances.

PVA Position

- To improve access to air travel, Congress must pass the soon to be introduced Air Carrier Access Amendments Act, which would address these problems by:
 - ✦ Strengthening ACAA administrative enforcement and establishing a private right of action.
 - ✦ Ensuring new airplanes are designed to accommodate the needs of people with disabilities by requiring airlines to meet defined accessibility standards. These standards will address safe and effective boarding and deplaning, visually accessible announcements, seating accommodations, lavatories, and better stowage options for assistive devices.
 - ✦ Requiring removal of access barriers on existing airplanes to the extent that it is readily achievable – easily accomplishable and may be done without much difficulty or expense.

Prioritize Job Opportunities for People with Disabilities

The Issue

Nearly a third (29.6 percent, 3.5 million) of the 12 million working-age veterans report having a disability: 12.4 percent with a service-connected disability; 10.5 percent with non-service-connected disabilities only; and 6.7 percent reporting both service-connected and non-service-connected disabilities. Despite employment protections provided under the Americans with Disabilities Act and other disability employment rights laws, the labor force participation rate among people with significant disabilities remains at roughly 30 percent, while that for people without disabilities is approximately 70 percent. Only about a third of veterans who report both a service-connected and a non-service-connected disability (32 percent) and 37 percent of those reporting only a non-service-connected disability are employed, compared with over three-quarters of veterans without disabilities.

Although the Department of Veterans Affairs (VA), provides vocational rehabilitation for veterans with service-connected disabilities, many of these veterans, as well as non-service-connected disabled veterans, also rely on the same employment programs and systems available to assist non-veterans with disabilities. They will face many of the same employment challenges in the years ahead as the country emerges from the pandemic. PVA supports legislation that would protect and strengthen disability employment rights; increase tax incentives for employers to hire and retain persons with disabilities; enhance opportunities for entrepreneurs with disabilities; and improve federal hiring and promotions under Schedule A, federal contracting rules, veterans' preference, and other authorities targeting those with significant disabilities.

PVA Position

- Congress must pass legislation that would enhance the current Work Opportunity Tax Credit available to employers by raising the amount of salary eligible for the credit, raising the maximum available tax credit, and extending the availability of the credit for any business that retains an employee for a second year of employment.
- PVA supports passage of the National Apprenticeship Act, H.R. 447, which would support development of apprenticeship programs across the country, offer technical assistance to state apprenticeship agencies and promote greater diversity in the national apprenticeship system. People with disabilities are among the populations specifically identified in the legislation for recruitment, employment, and retention in the nation's apprenticeship system. The bill also requires states to collect data on participation of people with disabilities in their apprenticeship programs and encourage the participation in the apprenticeship system of employers that target individuals with barriers to employment such as individuals with a disability, veterans, and military spouses.
- PVA supports the Relaunching America's Workforce Act, S. 200, which would authorize \$15 billion in funding into the workforce system over the next three years to help employers keep workers on the job and help displaced or underemployed workers quickly re-enter the workforce. These funds will strengthen workforce training activities—including on-the-job training and registered apprenticeships—as well as career services, including career navigation support, online skills training, and employment services. Many of the programs covered under Title I of the Workforce Innovation and Opportunity Act are authorized to serve veterans and other people with disabilities so this much needed infusion of capital into those programs should enable them to serve better these individuals who have suffered disproportionately during the pandemic.

Increase Compliance with the Americans with Disabilities Act

The Issue

On July 26, 1990, President George H.W. Bush signed the Americans with Disabilities Act (ADA) into law and he said, “Let the shameful wall of exclusion finally come tumbling down.” He was referring to the systemic discrimination people with disabilities were facing on a daily basis in the United States. The ADA prohibits discrimination against qualified individuals in employment, public services, public accommodations, transportation, and telecommunications.

Despite this landmark achievement, and more than 30 years of implementation, barriers still remain. For example, PVA members continue to face barriers when staying in hotels. All hotels have designated “handicapped” rooms to accommodate a guest with a disability and yet the interior designs fail to be accessible for wheelchair users. Too often, bed heights are too high and reach ranges for curtains and climate controls are too far. Also, shuttle vans often do not have lifts and sidewalks do not have curb cuts or parking with egress toward entrances.

Some businesses believe there needs to be a “notice and cure” period to promote further compliance with the law. This strategy strikes at the heart of ADA and would only embolden non-compliance. The result being a person with a disability would once again encounter physical discrimination in a public accommodation setting and then have to notify and document the incident and allow a period for that party to comply before the aggrieved person with a disability could file suit under the ADA.

When barriers are encountered, people with disabilities can file a complaint with the Department of Justice (DOJ) or file a lawsuit using the ADA’s private right of action. Unfortunately, complaints filed with DOJ are routinely dismissed without any action due to the number received. Few complaints are sent to mediation. Lawyers are often hard to secure as there are no damages under ADA Title III.

PVA Position

- To improve compliance with the ADA, Congress must pass legislation that would:
 - ✦ Increase the tax incentives that help businesses remove barriers and increase funding for DOJ’s ADA mediation program.
 - ✦ Expand tax credits and deductions that are available for employers who hire and retain employees with disabilities and to make their places of business more accessible, including their internet or telecommunications services.

Preserve and Strengthen Social Security

The Issue

More than nine million veterans and their families receive retirement, disability, or survivor benefits from Social Security and, together, they comprise approximately 35 percent of the Social Security beneficiary population. Due to the recession caused by COVID-19, the Social Security trust funds will face a shortfall and be unable to pay full benefits a year earlier than previously anticipated, in 2034. If action is taken now, the current modest shortfall in long-term system funding can be addressed without damaging cuts to beneficiaries. This should be done through prudent, phased-in changes to the system's financing along with benefit enhancements that will respond to the nation's growing retirement crisis. Failure to act will mean that, once the trust funds are depleted, there will only be enough incoming revenue from payroll contributions to pay roughly 75 percent of all retirement, disability, and survivor benefits.

We support legislation that would set a more realistic cost-of-living-adjustment (COLA) reflecting expenses frequently incurred by retirees and people with disabilities; reduce the tax burden on beneficiaries; ensure no one retires into poverty by improving minimum benefits; and make long overdue adjustments in the financing mechanisms for the system. We also support measures to gradually eliminate the earnings cliff in Social Security Disability Insurance (SSDI) and make other improvements to the Social Security Ticket to Work Program to remove barriers to work for disability beneficiaries. In addition, we believe it is time to eliminate the five-month waiting period not only for SSDI but also the two-year waiting period for Medicare. We also believe it is critical that the Social Security trust funds be stabilized by restoring the monies lost to the system during COVID-19 and steps be taken to protect workers who could face permanently lowered benefits resulting from catastrophic economic downturns such as that precipitated by the pandemic. In addition, we support other measures that will help people understand better the benefits to which they are entitled and protect them from fraudulent misuse of their Social Security identification number. Finally, PVA opposes changes to Social Security and Medicare through mechanisms like an unaccountable "special commission" that could put forth proposals harmful to beneficiaries.

PVA Position

- Congress must pass legislation that would establish the Consumer Price Index for the Elderly (CPI-E) as the metric for COLAs, set a minimum benefit above poverty level, apply Social Security payroll premium contributions to high-income earners to close the funding gap, and make other improvements in benefits necessary to protect those who rely on this vital social insurance.
- Congress must pass legislation that would end the five-month wait for SSDI once someone is determined eligible and end the two year-wait for Medicare for those beneficiaries.
- Congress must pass legislation to prevent an unintended reduction in benefits due to the severe recession and record unemployment caused by COVID-19.
- Congress must pass legislation that would require the Social Security Administration to send statements out so that Americans can be informed about their future benefits and to provide a single point of contact for any individual whose Social Security account number has been misused.
- Congress should avoid making changes to Social Security and Medicare through mechanisms like special commissions that risk damaging cuts to benefits without any accountability.

VA SCI/D SPOTLIGHT DURING COVID-19

- There are +17,000 veterans with Spinal Cord Injury/ Disorder (SCI/D) in the VA Health Care system.
- VA SCI/D Care Centers require medical staff specialized in SCI/D care – a main reason why paralyzed veterans and their caregivers choose the VA Health Care system.
- PVA is the **ONLY** veterans service organization that evaluates care throughout the VA Health Care system. In a typical year we visit all SCI/D Centers and collaborate with the VA to make a **great health care system better...**



31

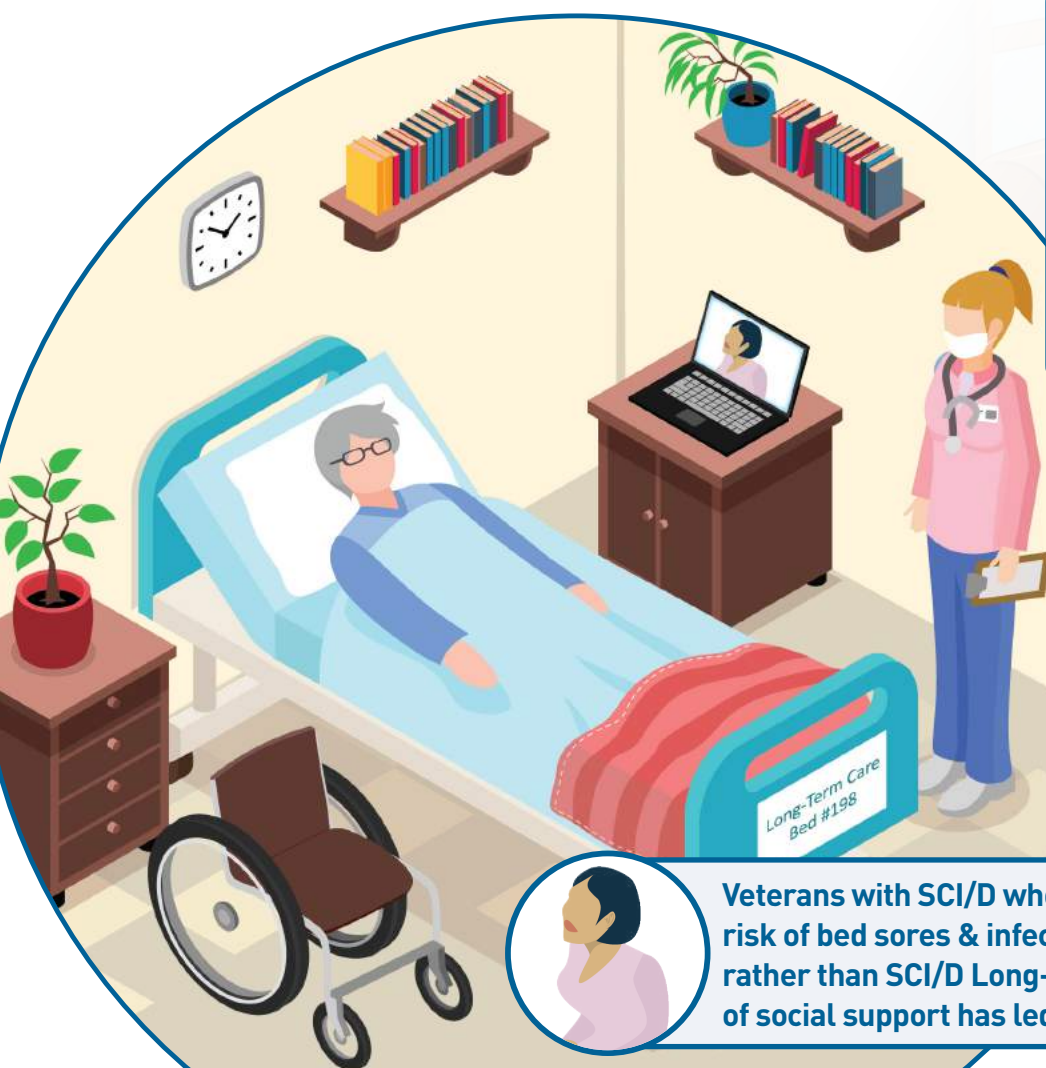
SCI/D Centers across the U.S. mainland: 6 Long-Term & 25 Acute Care Centers



SCI/D Long-Term Care Centers have chronic wait lists of veterans for admission

198

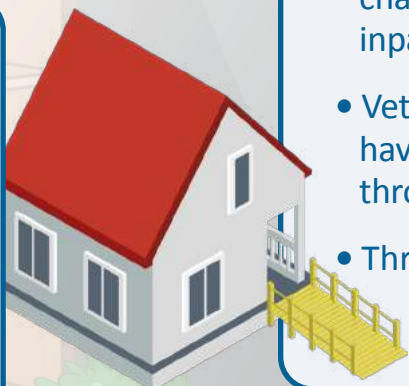
SCI/D Long-Term Care beds available across the VA Health Care system and most are occupied



Veterans with SCI/D who need long-term care are at higher risk of bed sores & infections at community nursing homes rather than SCI/D Long-Term Care Centers. Isolation & lack of social support has led to increased anxiety & loneliness.

30%

of veterans with SCI/D as of the end of January report having been vaccinated with at least one dose



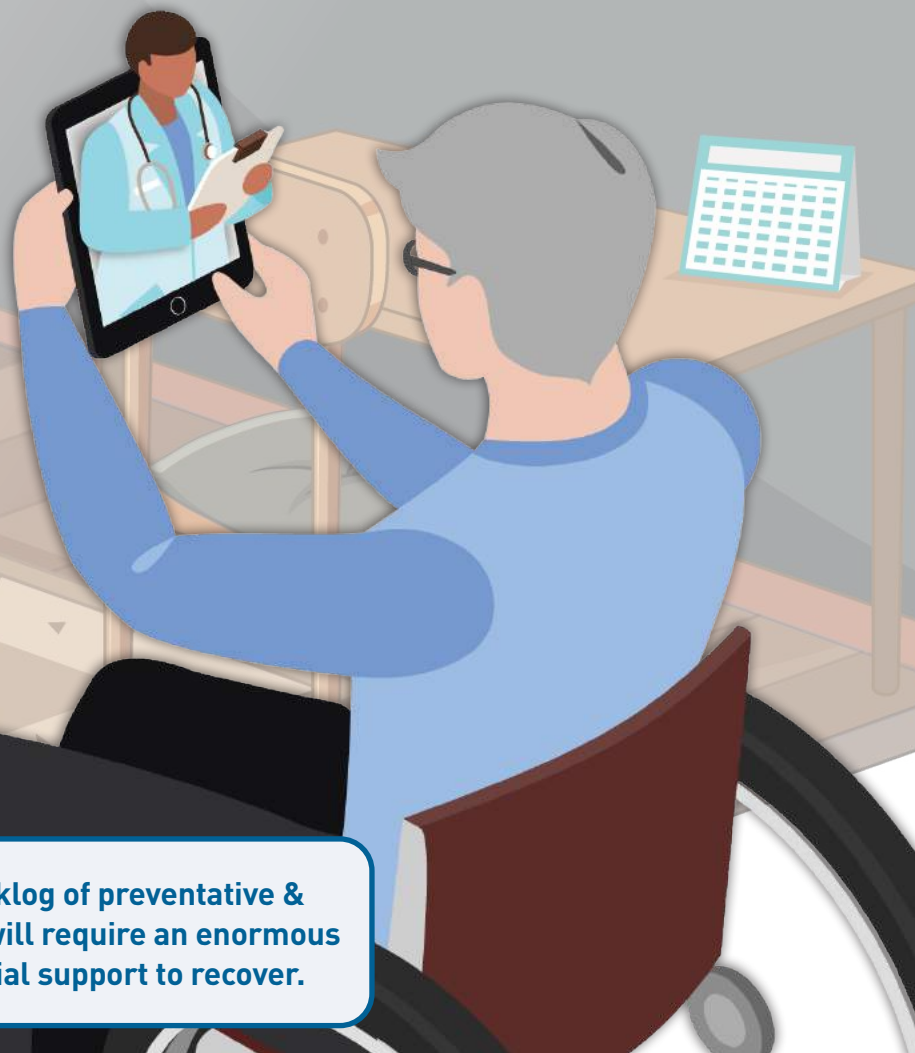
- At the onset of COVID-19, VA SCI/D Centers made significant changes to their regular operations that temporarily limited inpatient, outpatient, and home care services.
- Veterans with SCI/D, including newly injured veterans, have been able to continue to access safe inpatient care throughout the pandemic.
- Throughout the COVID-19 pandemic, VA SCI/D Centers have continued to provide veterans access to their care teams through the expanded use of telehealth.

3.9M

VA Video Telehealth calls were performed throughout VA during 2020: an increase from 294,000 in 2019



SCI/D outpatient clinics opened for urgent cases such as blood draws, catheter changes, & wound care



COVID-19 has increased a backlog of preventative & primary care services which will require an enormous amount of time & large financial support to recover.

PVA IN YOUR BACKYARD



- ★ PVA Member Locations
The size of the star is relative to the number of members in the state
- ★ Employment Program Client Locations
The size of the star is relative to the number of clients in the state
- ★ Research Grant Recipient Locations
- ★ Education Grant Recipient Locations
- ★ PVA NSO Locations
- ★ PVA Chapter Locations
- ★ Recent Locations of the National Veterans Wheelchair Games

CONTACTS

Heather Ansley

Associate Executive Director

Government Relations

(202) 416-7794

HeatherA@pva.org

Issues: Veterans Issues, Legal Advocacy,
Disability Civil Rights

Morgan Brown

National Legislative Director

(202) 416-7622

MorganB@pva.org

Issues: Veterans Issues

Roscoe Butler

Associate Legislative Director

(202) 416-7641

RoscoeB@pva.org

Issues: Veterans Health Care, Long-Term Services
and Supports, VA Caregivers

Maureen Elias

Associate Legislative Director

(202) 416-7678

MaureenE@pva.org

Issues: Veterans Benefits, VA Claims Processing and
Appeals, Women Veterans, Mental Health

Kristen McCone Gordon

Government Relations Director

New England Chapter

(571) 289-8276

kristen@newenglandpva.org

Ronda Whichard

Legal Executive Assistant

(202) 416-7630

RondaW@pva.org

Susan Prokop

National Advocacy Director

(202) 416-7707

SusanP@pva.org

Issues: Social Security Disability Insurance,
Fair Housing, Employment of People
with Disabilities, Emergency Management

Lee Page

Senior Associate Advocacy Director

(202) 416-7694

LeeP@pva.org

Issues: ADA, Air Carrier Access Act,
Disability Civil Rights, Voting



When posting on social media, please use the hashtag:
#PushingAccessForward

 @ParalyzedVeterans

 Paralyzed Veterans of America

 @PVA1946

 @PVA1946

801 18th Street, NW, Washington, DC 20006

pva.org