



**▶ Pushing
Access
Forward**

2025 **POLICY PRIORITIES**



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Paralyzed Veterans of America

For nearly 80 years, PARALYZED VETERANS OF AMERICA—the only congressionally chartered veterans service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or diseases (SCI/D), like MS and ALS—has led the fight for accessibility and provided a full circle of support from the point of injury or diagnosis to all of life’s milestones. To help disabled veterans lead independent, healthy, and productive lives, PVA focuses on the whole

veteran – their physical health, financial security, societal needs, and mental well-being. With offices inside every Department of Veterans Affairs (VA) SCI/D center across the U.S., PVA is unmatched. Staffed with licensed architects, medical professionals, legal experts, and leaders in research and education, PVA fights to help veterans with SCI/D receive the benefits they earned, the specialized health care they deserve, the accessible homes and vehicles they need, and the meaningful careers they want. PVA also advocates for disabled veterans with the greatest support needs to have access to the same opportunities and freedoms available to all Americans.

To review PVA’s policy priorities in depth, please visit [PVA.org](https://www.pva.org).

Protect VA’s Specialized Health Care Services

- The VA is the best health care provider for veterans—particularly those with SCI/D. VA’s treatment of these individuals has expanded their lifespans by decades and is unmatched in the community. Sending them outside of the VA for services amounts to a degradation of care. **That’s why veterans with SCI/D choose VA.**
- Current staffing shortfalls have a direct, adverse impact on the SCI/D system. Despite VA’s 2023 hiring surge, **the SCI/D system of care continues to have numerous clinical vacancies** due to lack of funding and inefficient hiring practices. As a result of nursing shortages, SCI/D units are forced to close beds and deny admissions to the veterans who need it.
- **Infrastructure deficiencies also compromise veteran’s care.** VA’s SCI/D system of care is comprised of 25 acute care centers and six long-term care centers ranging in age from three to 70 years with an average age of 38. Many of the older centers have only had cosmetic or basic renovations.
- If the system is not adequately funded to allow for proper clinical staffing and infrastructure investments, **VA’s capacity to treat veterans with SCI/D will be severely diminished.**

» RECOMMENDATIONS

- Reform VA’s bureaucratic hiring practices that result in months-long delays in onboarding doctors, nurses, therapists, and other critical medical professionals.
- Prioritize facility infrastructure projects that support the unique services the VA provides that are not readily available in the community, like SCI/D care.
- Provide sufficient funding to fully support VA specialized services, like SCI/D care, through proper staffing and infrastructure.



Learn more about why VA’s SCI/D system of care matters to paralyzed veterans.



Increase Access to Long-Term Services and Supports for Veterans with SCI/D

- The lack of adequate long-term services and supports in the United States presents an enormous problem for people with catastrophic disabilities who are now living longer as a result of medical advancements. Veterans with SCI/D require more nursing care than the average ambulatory resident. **Few long-term care facilities are capable of appropriately serving SCI/D veterans.** VA currently operates six such facilities – only one west of the Mississippi River. Although two additional facilities are under construction, the need for this care far outweighs the supply.
- Since VA SCI/D long-term care facilities are extremely limited, **veterans with SCI/D who have chronic medical issues are being treated in community institutions, by providers not trained in SCI/D.** This often results in a lower quality of care, poorer outcomes, and increased costs as veterans must receive care for pressure wounds and other conditions as a result of inadequate nursing care. In some parts of the country, it is nearly impossible to find placements for veterans who are ventilator dependent, as well as those who need regular assistance with bowel and bladder care needs.
- Catastrophically disabled veterans often need long-term services and supports throughout their lives. Although more specialized long-term care beds are desperately needed, **disabled veterans with the greatest support needs must have improved access to VA-provided home and community based-services**, such as those available through the Veteran Directed Care program.
- Family caregivers are often crucial to the continued health and well-being of catastrophically disabled veterans. **VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) unnecessarily restricts even some paralyzed veterans from being found eligible for this program.** The inability to receive Social Security credits for retirement and bureaucratic processes that treat family caregivers like government contractors also cause frustration that can lead to burnout.
- For veterans who do not have family caregivers, it can be very difficult for them to find direct care workers due to the shortage of these workers. A national effort is needed to expand and strengthen this workforce. **The lack of direct care workers severely affects the health and quality of life of veterans with SCI/D.**

» RECOMMENDATIONS

- Prioritize infrastructure projects focused on increasing specialized VA long-term care facilities for veterans with SCI/D.
- Expand access to VA's home and community-based services to ensure that services such as the Veterans Directed Care program are available to all catastrophically disabled veterans, regardless of where they live.
- Reform VA's PCAFC to reduce unnecessary restrictions on access to family caregiver supports for veterans with catastrophic disabilities.
- Support credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to perform caregiving duties.
- Codify VA's Bowel and Bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veteran caregivers.
- Increase and strengthen the direct care workforce to meet the rising demand for home care services by initiating national policies that improve training requirements, develop career pathways, and improve wages for these critically-needed providers.



Learn more about why caregivers matter to paralyzed veterans.



Improve Veterans' Financial Security

VA Disability Compensation

- **Special Monthly Compensation (SMC) is an additional benefit that can be paid to veterans due to special circumstances**, such as the need for aid and attendance by another person, or a specific disability, such as loss of use of one hand or leg.
- **SMC is designed to compensate for non-economic factors**, including the severe nature of the disability, social inadaptability, or inconvenience. It is not meant to compensate for the economic effects of a service-connected disability.
- SMC is subject to annual cost-of-living (COLA) increases but **the formula used to establish the increase often understates the higher costs in goods and services required by these individuals**. Baseline rates have not been reexamined for years.

VA Survivor Benefits

- **VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans.**
- Eligible survivors can also receive an additional amount 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." **Rarely do survivors of deceased veterans with ALS qualify for the additional DIC benefit** given the eight-year requirement and the quick progression of the disease.
- DIC rates also need to be raised. Established in 1993, **rates for this vital survivor program have only been minimally adjusted in the last 30 years**. In contrast, monthly benefits for the 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%. Currently, DIC payments are approximately 41% of compensation for a 100% service-disabled veteran with a spouse. Survivors of our nation's heroes should be cared for at least as well as survivors of federal employees.

» RECOMMENDATION

- Support increasing SMC rates for veterans with catastrophic injuries and illnesses.

» RECOMMENDATIONS

- Support providing eligible survivors of veterans who died of service-connected ALS with the DIC kicker.
- Support indexing the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.



Improve Veterans' Financial Security

Accessible Housing

- There is a **national shortage of affordable, accessible housing for people with disabilities**, including disabled veterans.
- VA's Home Improvements and Structural Alterations (HISA) grants **help veterans and service members make medically necessary improvements and structural alterations** to their primary residence.
- The **HISA grant ceiling** has not been raised in over a decade, yet the cost of home modifications has significantly increased over the same period.

Employment

- Veterans with service-connected disabilities are less likely to participate in the labor force than veterans without disabilities. **Veterans with catastrophic disabilities face significant challenges in finding and obtaining employment** that meets their needs.
- High caseloads within the Veteran Readiness and Employment (VR&E) program **limit the amount of time counselors are able to spend with individual veteran clients**, particularly those with significant barriers to employment.
- **Disabled veterans using the VR&E program do not receive the same subsistence rate as Post-9/11 GI Bill recipients.**

» RECOMMENDATIONS

- Enhance the availability of accessible housing by increasing tax incentives for home modifications and building accessible units.
- Support increasing HISA grant amounts to match the present cost of typical housing renovations and tie them to a construction cost index for future years to ensure the benefit serves its intended purpose.

» RECOMMENDATIONS

- Prioritize filling VR&E staffing vacancies to ensure veterans with catastrophic injuries and illnesses receive the time and attention needed to address their complex needs and help them return to work.
- Reform VR&E to remove inefficient processes and ensure that benefits targeted to disabled veterans are not less than those available in VA's education programs.
- Enhance the current Work Opportunity Tax Credit available to employers that hire targeted populations with barriers to employment.



Enhance Access to Health Care Services for Veterans with SCI/D

Accessible Transportation

- Transportation is often one of the biggest barriers to health care for veterans with SCI/D. Some have experienced travel delays and no shows for scheduled pick-ups with the transportation supports that are available. In other cases, **no transportation assistance is available through VA for catastrophically disabled veterans. Missed health care appointments result in worse health outcomes and higher costs.**
- For many disabled veterans, the solution to their transportation problems is owning a vehicle. VA's Automobile Adaptive Equipment (AAE) program provides necessary vehicle adaptations. Recent programmatic changes, however, have made **the program more bureaucratic for service-connected catastrophically disabled veterans to access statutorily granted benefits.**

Growing Disabled Veterans' Families

- Thousands of service members have suffered injuries, illnesses, or encountered exposures **that affect a veteran's ability to procreate.**
- **Women veterans are 50% more likely to suffer from infertility** than the general population.

Women Veterans with SCI/D

- **More women veterans than ever are using VA health care.** Women veterans with SCI/D are a small but significant subset of these users.
- Women veterans, including those 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.

» RECOMMENDATIONS

- Improve travel options for catastrophically disabled veterans, particularly those who use wheelchairs, live outside urban areas, and need help traveling to medical care appointments.
- Streamline the AAE program by decreasing bureaucratic hurdles that make it more difficult for veterans to purchase and access vehicles that meet their needs.

» RECOMMENDATIONS

- Protect and support increased access to health care services, including IVF, that help disabled veterans grow their families.
- Direct research to improve VA's ability to meet the long-term reproductive health care needs of veterans whose SCI/D affects their ability to reproduce

» RECOMMENDATIONS

- Improve access to services and benefits for veterans who have experienced military sexual trauma.
- Designate women veterans' primary care services and gender-sensitive mental health care as essential, foundational services at every facility.
- Ensure that all VA and community care clinicians who provide services for women veterans adhere to VA's evidence-based clinical practice guidelines.
- Provide training to community care providers that includes modules specific to the needs and experiences of women veterans, particularly those with SCI/D.

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Defend the Freedoms of Veterans with Disabilities

Disability Access

- Although the Americans with Disabilities Act (ADA) became law in 1990, **barriers still remain especially in public accommodations**. These barriers unfairly limit equal opportunity for veterans with disabilities, including those who use wheelchairs.
- 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 the DOJ are routinely dismissed without any action due to the number received**. Few complaints are sent to mediation. Despite a private right of action, lawyers are often hard to secure as there are no damages under Title III of the ADA. As a result, basic freedoms are too often denied to Americans with disabilities.
- To make matters worse, some public accommodations, **feel they should be notified that they are out of compliance** before an individual can file a lawsuit in order to allow them to "cure" the violation. **Such changes, however, eliminate any real incentive for them to proactively comply with the law.**

Air Travel

- Despite decades of protections under federal law, **air travel passengers who use wheelchairs or scooters must endure inaccessible security screening processes** and too often are injured in the aircraft boarding and deplaning process and/or their assistive devices are delayed, damaged, or even destroyed.
- The FAA Reauthorization Act of 2024 (P.L. 118-63) recognized **the need to improve the safety and dignity of passengers with disabilities through new training requirements**, an improved complaint process, and research focused on improving air travel for wheelchair users.
- Although the FAA Reauthorization includes provisions focused on providing a safe, secure, efficient air travel experience for passengers with disabilities, **enforcement of the Air Carrier Access Act (ACAA) must be strengthened**.

» RECOMMENDATIONS

- Support increasing tax incentives that help businesses with ADA compliance and increase funding for the DOJ ADA mediation program.
- Oppose efforts to weaken freedoms by limiting ADA compliance.

» RECOMMENDATIONS

- Improve airport security screening processes and training to facilitate an efficient and dignified experience.
- Conduct effective oversight of implementation of FAA Reauthorization Act requirements focused on improving disability access in air travel.
- Support improved enforcement of ACAA requirements to protect the health and safety of passengers with disabilities.



Learn about why air travel improvements are still needed for passengers with disabilities.

Air travel photo courtesy of Scott McIntyre, New York Times



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