



# Washington Update

Check out the [PVAAction Force](#) page to view our latest alerts and a list of key legislation.

## PVA HOSTS EXPEDIA LISTENING SESSION

On March 22, PVA hosted a meeting with the disability community and Expedia Group. Founded in 1996, Expedia Group, Inc. is headquartered in Seattle and is the largest online booking site for travel, hotels, flights, vacation homes (VRBO), and cruises. The focus of the meeting was for representatives of Expedia to understand the disability market and listen to the meeting participants, who represent an underserved segment of the population. Expedia serves people with disabilities in all areas but not as the primary target for their services.

Disability community members spoke individually about the barriers in the travel industry that they encounter as people with disabilities. Senior Associate Advocacy Director Lee Page focused his remarks on the issues wheelchair users generally have even with accessible hotel rooms – bed heights that are too tall, reach range requirements that are not met for essential items in the room, and devices that continue to have power switches that are not accessible. Other points of failure are shuttle services from the airport to the hotel that are not wheelchair lift equipped and roll-in showers that sometimes do not adhere to the Americans with Disabilities Act Accessible Guidelines.

Moving forward, Expedia will do two more listening sessions for people with disabilities. One of the sessions

will take place in London, England, and the other in Tokyo, Japan.

## REINTRODUCTION OF IMPORTANT MST LEGISLATION

Last week, Senate Veterans' Affairs Committee Chair Jon Tester (D-MT), Sen. Lisa Murkowski (R-AK), and Rep. Chellie Pingree (D-ME) reintroduced the [Servicemember and Veterans Empowerment and Support Act of 2023](#) (H.R. 2441/S. 1028). PVA was proud to support this legislation in the last session of congress and will continue to do so in the 118th Congress.

The Servicemember and Veterans Empowerment and Support Act of 2023 is a bipartisan bill that seeks to improve the claims process and increase access to benefits for military sexual trauma (MST) survivors. This important legislation would expand the evidentiary standard for survivors filing claims with the VA and allow non-Department of Defense (DOD) evidence to be submitted to support the claims. The bill also expands access to mental health support for former Guard and Reserve members and allows them to receive support at the VA.

The DOD annual sexual assault [report](#) illustrated that sexual assault and harassment are persistent among the uniformed service and the VA needs to be prepared to receive survivors when they separate from service.



## ANNUAL FEDERAL BUDGET PROCESS

The annual federal budget process is moving forward slowly. In late March, the House Appropriations Committee held a [hearing](#) to examine the President's Fiscal Year (FY) 2024 VA budget proposal which was submitted on March 9. As previously reported, the Administration asked for \$137.9 billion in discretionary funding and \$20.3 billion in mandatory spending for the Toxic Exposure Fund (TEF), which was created by the PACT Act. They also requested \$112.6 billion in advance FY 2025 discretionary spending, and \$21.5 billion for FY 2025 for the TEF.

Committee members expressed skepticism with how the TEF would be used, and questioned the Administration's plan to move some construction spending into the mandatory category. Historically, all of the VA's construction funding has been considered to be discretionary. VA's chief witness, Secretary Denis McDonough, mentioned that VA has hired more people at the Veterans Health Administration in the first quarter of this fiscal year than in any previous year. He said they are well on their way to meeting the Department's goal of 52,000 new hires this year and stressed the importance of increasing the number of nurses they train to boost the workforce.

The Secretary also stressed the need for greater investment in VA infrastructure by pointing out that the VA has only built four hospitals in the past 10 years. In addition to plus ups for major construction projects, more money needs to be allocated for minor construction and leases, which allows the VA to build new clinics around the country, and non-recurring maintenance, which allows VA to make existing facilities workable. He fielded many questions on the current status and viability of VA's Electronic Health Record Modernization project, PACT Act implementation, and the impact of reverting VA funding to FY 2022 levels. That latter issue has been largely discounted by House appropriators who have signaled that veterans health care funding will be protected.

The House Appropriations Committee is expected to begin drafting its version of the annual funding bills soon without the traditional guidance on topline or a

confirmed budget resolution. The Senate is much further behind and is not likely to hold hearings to examine the Administration's proposal until May.

## HVAC HOLDS LEGISLATION HEARINGS

Congress has been busy these past few weeks and the House Veterans' Affairs Committee (HVAC) has held several pending legislation hearings to discuss new and reintroduced legislation. In addition to the previously reported Health Subcommittee hearing, the Disability Assistance and Memorial Affairs (DAMA) and Economic Opportunity (EO) Subcommittees also recently held legislation hearings.

On March 24, the DAMA Subcommittee's [pending legislation hearing](#) focused on burial eligibility, survivor benefits, the Board of Veterans' Appeals backlog, a grant program for county and tribal veteran service officers, a cost of living adjustment bill (COLA), as well as legislation to reinstate penalties for people who charge veterans unauthorized fees for assistance with filing a VA claim.

Testifying from the VA was Mr. Kevin J. Friel, Deputy Director of the Pension and Fiduciary Service, Ms. Cheryl Rawls, Executive Director of the VA, and Ms. Christa A. Shriber, Deputy Chief Counsel for the Benefits Law Group who oversee the Accreditation, Discipline, and Fees Program at VA.

On March 30, the EO Subcommittee held a [pending legislation hearing](#) that focused on legislation related to homelessness, employment, benefits restoration, and several education-related bills.

Testifying on behalf of VA was Mr. Joseph Garcia, Executive Director of Education Services for VA, Dr. Keith Harris, Senior Executive Homelessness Agent, and Mr. Nick Pamperin, Executive Director of Veteran Readiness and Employment (VR&E).

The Health, DAMA, and EO Subcommittees are planning to hold markups later this month to move some or all of the considered bills forward.

PVA.org

@ParalyzedVeterans



Paralyzed Veterans of America



@PVA1946



@PVA1946



## SOCIAL SECURITY AND MEDICARE TRUSTEES REPORT ON THE PROGRAMS' FINANCIAL STATUS

On April 4, the Social Security Board of Trustees released its annual report on the status of the Social Security Trust Funds. A separate report on the financial condition of the Medicare Trust Funds was issued by the Trustees for that program on March 31. Under the Social Security Act, the Boards, among other duties, are required to report annually to Congress on the actuarial status and financial operations of the OASI (Old Age and Survivors Insurance) and DI (Disability Insurance) Trust Funds, as well as the Hospital Insurance [(HI) Medicare Part A] and Supplementary Medical Insurance (Medicare Parts B, C and D) Trust Funds.

The Social Security Trustees project that the OASI Trust Fund will become depleted in 2033, one year sooner than last year's estimate. However, when combined with the DI Trust Fund reserves, the depletion date remains at 2034, at which time the system will have enough revenue coming in to pay 80 percent of benefits.

The Medicare HI trust fund will be depleted in 2031, which is three years later than the date projected in last year's Trustee's report. The report attributes this to several factors, including fewer expected beneficiaries as a result of COVID-19 deaths, and long-term prescription drug savings from the Inflation Reduction Act. Still, without any changes to the law, Medicare benefits for inpatient hospital services will have to be cut in 2031 by 11 percent to match revenue, with the cuts growing to 19 percent by 2047.

In addition to their financial projections, the Trustees' reports contain a number of statistics about benefits and enrollment in Social Security and Medicare. For example, Social Security paid benefits of \$1.232 trillion in calendar year 2022 to approximately 66 million beneficiaries. During 2022, an estimated 181 million people had earnings covered by Social Security and paid payroll taxes. (See [SSA Press Release March 31, 2023](#)). In 2022, Medicare covered 65 million people, of which 57.1 million were aged 65 and older, and 7.9 million were people with disabilities. Close to half, 46 percent, of these beneficiaries were enrolled in Part C private health plans (Medicare Advantage). (See [2023 Annual Report of](#)

[the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds](#))

## NEW FORMS IN DEVELOPMENT FOR VA'S BOWEL AND BLADDER PROGRAM

On December 15, 2022, the VA published a notice in the Federal Register requesting comments on two new forms: 10-314a, Bowel and Bladder Services Preauthorization, and 10-314b, Request for Payment of Bowel and Bladder Services. VA Form 10-314a will be used by physicians to request preauthorization of bowel and bladder services and certify that caregivers have been properly trained and meet all requirements for safely rendering care to veterans. VA Form 10-314b will be used by caregivers to request reimbursement for bowel and bladder care services. On March 1, VA published a second notice in the Federal Register seeking additional comments.

PVA submitted comments in response to both requests. In response to the first request, we provided comments concerning the need for a standardized form for payment of bowel and bladder services, as well as the need for caregivers to be able to fill it out and submit it online. Based on the second request for comments, which provided the opportunity to review the actual forms, we requested changes to the type of information required and some of the terminology to make it easier for caregivers to use.

## UPDATE ON VA'S EHR PROJECT

VA has extended its pause on future deployments of its new multi-billion-dollar Oracle Cerner electronic health record (EHR) system. The Department planned to restart its rollout of the Oracle Cerner system in June at the VA Saginaw Health Care System in Michigan, but opted to postpone the launch after determining that the new EHR is not yet ready. Lawmakers have become increasingly critical of the troubled project in recent months. As a result of that criticism, the VA leadership promised they would not deploy the new EHR system at any facility until they are confident it is ready to deliver for veterans and VA providers.

PVA.org

@ParalyzedVeterans



Paralyzed Veterans of America



@PVA1946



@PVA1946

## NEWS OF NOTE

### REAAADI For Disasters Act Reintroduced in 118th Congress

The [REAAADI \(Real Emergency Access for Aging and Disability Inclusion\) for Disasters Act](#) was introduced on March 29 by Sen. Robert Casey (D-PA) and nine other original cosponsors (S. 1049) and in the House by Rep. Debbie Dingell (D-MI) and six other original cosponsors (H.R. 2371). Among its provisions, the REAAADI for Disasters Act would:

- Create a national network of centers focused on training and technical assistance, as well as research, to assist states and localities to better involve and support people with disabilities and older adults during and after disasters;
- Direct the Department of Justice to review the spending of disaster funds by federal agencies and states to ensure funds have been spent in accordance with the Americans with Disabilities Act; and
- Create a competitive grant program to pilot strategies for greater inclusion of people with disabilities and older adults in disaster preparation, response, recovery, and mitigation.

### Tracking Your PACT Act Claim Status Online

The PACT Act expanded benefits eligibility for veterans exposed to toxic substances such as Agent Orange, radiation, or burn pits during their military service. If you have a pending PACT Act claim, click [here](#) to learn how to check its status online.

### Copayment Exemption for American Indian and Alaska Native Veterans

A recently implemented provision of the Isakson and Roe Veterans Health Care and Benefits Improvement Act of 2020 [exempts eligible American Indian and Alaska Native veterans from copayments](#) for health care services and urgent care visits. VA will review all copayments received for covered services on or after January 5, 2022.

## Caregivers FIRST

Friends and families who help provide care for veterans can learn to navigate the VA health care system, discover new strategies for caregiving, and connect with other caregivers all through the four-session group training program, Caregivers FIRST. Here's what the program offers:

- Flexible in-person or virtual group training sessions.
- A gateway to learning about resources available through VA and community organizations.
- Workbooks and supplemental materials to support anger-management, medication management, sleep challenges, and more.
- Connection with fellow veterans' caregivers.
- Guidance on decision-making strategies, coping skills, helping your veteran remain independent, the value of self-care, preparing for the future, and more.

To learn more about Caregivers FIRST, check out this [one pager](#) or contact your local [Caregiver Support Program team](#).

### Invite Your Caregiver to Your Next Video Visit

Many veterans feel comfortable when their family member or caregiver is present at their VA appointment. They may offer support in a time of need or provide helpful insight for your VA provider. Now, you can have the same assistance at your video telehealth appointments by inviting up to five family members or caregivers to join you. Just ask about the "Caregiver Connect" option when scheduling your video visit. Click [here](#) for more information.

## ADVOCACY TIPS AND ACTIVE ALERTS

### Advocacy Tips

When reaching out to your elected officials, make it personal, when possible. Remember, a meeting is better than a phone call, a phone call is better than an e-mail, and an e-mail is better than not reaching out at all. You

are a real, tangible person and you bring the human aspect to an issue. Including your voice in policy that affects you goes a long way in how legislators decide to approach it.

### Current Action Alerts

We have quite a few [PVA Action Force alerts](#) we can use your advocacy on ranging from updating VA facilities, to long-term home care, to improving access to air travel.

Here are a few that we would like to highlight:

- The [Air Carrier Access Amendments Act](#) would improve access to air travel for passengers with disabilities. The Air Carrier Access Act (ACAA) prohibits disability-based discrimination in air travel. Four years after its passage, Congress passed the Americans with Disabilities Act (ADA). While the ADA requires disability access in airports, shuttles, and other forms of mass transportation, it explicitly does not apply to commercial air travel. The Air Carrier Access Amendments Act would require airlines to operate airplanes that meet basic access standards for passengers with disabilities, including wheelchair users, and increase enforcement of the ACAA.
- The [Caring for Survivors Act](#) would increase Dependency and Indemnity Compensation for qualified survivors of service members and veterans.
- The [VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support \(CAREERS\) Act](#) would help VA attract and retain top health care talent by increasing pay caps to compete with other health care sectors.
- The [Build, Utilize, Invest, Learn, and Deliver \(BUILD\) for Veterans Act](#) would streamline the process VA uses to design and build medical facilities and other infrastructure projects, bolster the Department's workforce, and expedite the disposal or repurposing of unused and vacant buildings owned by the VA.
- The [Stop the Wait Act](#) would phase out the five-month waiting period to receive Social Security Disability Insurance benefits and allow those

who are uninsured or unable to afford health insurance to immediately receive coverage under Medicare.

- The [Veterans Infertility Treatment Act](#) would greatly expand and improve access to assisted reproductive technology to a veteran and/or a partner who needs infertility care to achieve a pregnancy.
- The [Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act](#) would make urgently needed improvements to the VA's home and community-based services. It would address many of the shortfalls of the program, including raising the cap on how much the VA can pay for the cost of home care from 65 percent up to 100 percent.