



Paralyzed Veterans
of America

WASHINGTON UPDATE

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*****PRIORITY*****

The Government Relations staff is still looking for stories about problems that our members have experienced during air travel. Please visit www.AirAccess30.org and share your story.

House VA Committee Conducts Hearing to Review Choice Reform Legislation

On October 24, 2017, the House Committee on Veterans' Affairs conducted a legislative hearing to examine a number of important proposals. The hearing included two very important draft bills that offered direction for the reform of the Choice program administered by the Department of Veterans Affairs (VA). Paralyzed Veterans of America submitted a statement for the record for the hearing.

The focus of our testimony was on the draft bill presented by the House VA Committee—a bill that would eventually become H.R. 4242, the “VA Care in the Community Act”—and on the draft bill presented by the VA—the “Veteran Coordinated Access & Rewarding Experiences (CARE) Act.” PVA did not explicitly oppose either draft bill as presented.

We also emphasized in our testimony that before the Committee takes steps to reform the delivery of veterans' health care in the community, it is important to affirm that specialized services are part of the core mission and responsibility of VA. In recent months, VA has indicated that, along with improving the delivery of care in the community to veterans, it plans to concentrate on expanding and improving what it considers “foundational services.” The Secretary has indicated that it considers spinal cord injury and disease (SCI/D) care and blinded care foundational services. However, he must make that policy unequivocally clear to all networks and all facilities. Additionally, we do not believe foundational services end with just those areas; there are many areas of service within VA that inform the principle of veteran-centric care. We appreciate the fact that the Secretary has committed to expanding SCI/D nurse staffing by approximately 1,000 new positions. These concerns about foundational services cannot be dismissed simply in the interest of focusing attention on more community care.

Congress should examine more closely how VA will monitor the quality of care veterans are receiving in the community. This question goes beyond a plan for care coordination. If VA is unprepared to retain ownership of responsibility for care delivered in the private sector, Congress will be helpless in conducting adequate oversight. PVA believes that the Committee and VA need to seriously consider the consequences for veterans when they are injured during the course of their treatment in the community. When veterans receive treatment at a VA medical center, they are protected in the event that some additional disability or health problem is incurred. Under 38 U.S.C. § 1151, veterans can file claims for disability as a result of medical malpractice that occurs in a VA facility or as a result of care delivered by a VA provider.

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When PVA questioned VA as to whether these protections are conferred to veterans being treated in the community, VA officials confirmed in writing that this protection, as a matter of law, does not attach to the veteran in such circumstances. We continue to advocate for the inclusion of this protection in any final bill considered by the Committee. Unfortunately, the bill being considered in the House does not include these provisions.

PVA strongly supports the concept of developing a high-performing integrated health care network that would seamlessly combine the capabilities of the VA health care system with both public and private health care providers in the community. We believe that the design and development of VA's network must be locally driven using national guidance, and it must reflect the demographics and availability of resources within that area. VA has taken the first steps toward this goal by conducting its pilot market assessments using three individual VHA facilities and their surrounding health care markets.

PVA also supports the Secretary's plan to move the Department away from the current 30-day/40-mile eligibility standards in favor of a case-by-case clinical determination. The Committee's draft bill targets the same desired end goal. Access decisions dictated by arbitrary wait times and geographic distances have no comparable industry practices in the private sector. This change would shift the organizational mindset and focus of VA to clinical outcomes instead of catering to arbitrary metrics governing access to care in the community. We have consistently advocated for this proposition before Congress and the administration, stating that eligibility and access to care in the community should be a clinically-based decision made between a veteran and his or her doctor. Establishing appropriate eligibility standards will be an integral part of a sustainable network.

The hearing agenda also included several other bills. PVA supported H.R. 1133, the "Veterans Transplant Coverage Act;" H.R. 2123, the "Veterans E-Health and Telemedicine Support (VETS) Act of 2017;" and H.R. 2601, the "Veterans Increased Choice for Transplanted Organs and Recover Act of 2017." While we also supported the intent of H.R. 3642, the "Military Sexual Assault Victims Empowerment (SAVE) Act," we expressed reservations about some of the underlying assumptions of the bill. Similarly, we expressed concerns about a draft bill that would require the Veterans Crisis Line to collect certain data from veterans who contact the line in crisis.

Subsequent to the hearing, the Committee attempted to mark-up H.R. 4242; however, a recent cost estimate provided by the Congressional Budget Office forced the Committee to withdraw the bill from consideration at this time.

PVA's full written statement can be viewed at www.pva.org.

House of Representatives Passes Veterans Legislation

During the week of Veterans' Day, the House of Representatives passed a long list of bills targeted at improving various services in the Department of Veterans Affairs (VA). That list includes:

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- H.R. 918, the “Veteran Urgent Access to Mental Healthcare Act.” This bill would require VA to provide an initial mental health assessment and any subsequent mental health services required to meet urgent mental health care needs to former service members who would otherwise be ineligible for such services because they were discharged from military service under other than honorable (OTH) conditions.
- H.R. 1066, the “VA Management Alignment Act of 2017.” This bill would require VA to submit a report regarding the roles, responsibility, and accountability of elements and individuals of VA, using the findings of the Independent Assessment, the Commission on Care, and relevant GAO reports as resources.
- H.R. 1133, the “Veterans Transplant Coverage Act.” This bill would authorize VA to provide all care and services needed for a veteran to receive an organ transplant from a live donor, regardless of whether the donor is eligible for VA health care or whether the health care facility is part of the VA.
- H.R. 1900, the “National Veterans Memorial and Museum Act.” This bill would designate the Veterans Memorial and Museum in Columbus, Ohio, as the National Veterans Memorial and Museum.
- H.R. 2123, the “Veterans E-Health and Telemedicine Support Act (VETS) Act of 2017.” This bill would give the VA Secretary the legislative authority to allow VA providers to practice telemedicine across state lines.
- H.R. 2601, the “Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act.”
- H.R. 3122, the “Veterans Care Financial Protection Act of 2017.” This bill directs VA to work with federal agencies and states to develop and implement standards that protect individuals who are eligible for increased pension from dishonest, predatory or otherwise unlawful practices.
- H.R. 3562, a bill to authorize the Secretary of Veterans Affairs to furnish assistance for adaptations of residences of veterans in rehabilitation programs.
- H.R. 3634, “the Securing Electronic Records for Veterans Ease (SERVE) Act of 2017.” This bill would make BAH documentation available online to all veterans, which would help confirm a veteran’s monthly housing stipend and simplify their home or apartment rental process.
- H.R. 3656, a bill that would provide a headstone or marker for all eligible non-veterans who die on or after November 11, 1998.
- H.R. 3657, a bill that would authorize VA to provide headstones and markers to eligible spouses and dependents who are buried or interred at tribal veterans cemeteries.
- H.R. 3705, the “Veterans Fair Debt Notice Act.” This bill instructs VA to use plain language in its debt notices to provide a clear explanation of why VA is alleging that the veteran owes such a debt.
- H.R. 3949, the “Veteran Apprenticeship and Labor Opportunity Reform (VALOR) Act.” This bill would simplify an approval process by allowing companies to register their apprenticeship programs with one central approval agency.
- H.R. 4173, the “Veterans Crisis Line Study Act of 2017.” This bill would require VA to conduct a study on the outcomes and efficacy of the Veterans Crisis Line based on an analysis of national suicide data and data collected from the VCL.

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PVA generally supported all of the bills that were considered and approved by the House. In testimony earlier this year, we did express concerns about the data collection process that would occur to support H.R. 4173, particularly what the impact might be of trying to obtain this type of information from veterans who are in crisis.

VA Considering Proposed Cuts to VA Special Purpose Funds

In October, PVA became aware of VA's plan to move nearly \$1 billion dedicated to programs such as Women's Health, Mental Health, Research, and Suicide Prevention, to a general purpose fund for an unclear purpose. While the VA has claimed that it will be used to reinvest in "foundational services"—which includes spinal cord injury/disease care, there has been no guarantee that will actually occur at this point. It seems the real impact of this dramatic shift of funds from special purpose to general purpose is to provide more resources and flexibility to Veterans Integrated Service Networks (VISNs) and Medical Center Directors. PVA has long argued for the need for medical centers to be fully equipped to meet the needs of their patients. And while we understand the ultimate goal of this shift of resources we are deeply concerned by such a dramatic realignment of resources and the potential impact on veterans.

VA has not provided VSOs or Congress any detailed explanation for how the proposed cuts to critical programs will better serve veterans. Given the magnitude of the proposed repurposing and the potential to devastate critical programs, PVA and others in the VSO community have been diligently engaging with VA to pause the move until the extent of the impact is understood. Several members of Congress, including the Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies have reached out to Secretary Shulkin as well to get clarification.

We will continue to monitor this action as the consequences for some key programs in VA could be severe. While VA has promised that "foundational services" will benefit from this shift, we do not believe that it should be at the expense of other critical services within VA.

PVA Hosts Roundtable with Senate Commerce Leaders on Air Travel Accessibility

On November 8, 2017, PVA hosted a roundtable with the Senate Commerce, Science, and Transportation Committee on improving access to air travel for veterans with disabilities. The purpose of the roundtable discussion was to focus on how disability-related provisions in S. 1872, the "TSA Modernization Act," and S. 1405, the "FAA Reauthorization Act of 2017," would lay the ground work for ensuring safe and effective access to air travel for all people with disabilities. The roundtable provided an opportunity for PVA leaders to share their travel experiences and for Senators and staff to learn more about their concerns. Senators engaged leaders about the frequency of wheelchair damage, service animals, and the general accessibility of air travel.

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PVA National President David L. Zurfluh, PVA National Secretary Larry Dodson, PVA National Vice President Charles Brown, and Interim Executive Director Carl Blake were joined at the event by Senate Commerce Committee Chairman John Thune (R-SD), Ranking Member Bill Nelson (D-FL), and Senator Tammy Duckworth (D-IL). Heather Ansley, Associate General Counsel for Corporate and Government Relations and Lee Page, Senior Associate Advocacy Director, served as moderators for the event. Representatives for Wounded Warrior Project, the American Legion, and VetsFirst also participated.

PVA Hosts First Meeting of the RESNA Standards Committee on Air Travel

On November 7, 2017, PVA hosted the first meeting of the RESNA Standards Committee on Air Travel. The goal of the committee is to create air travel standards and guidelines for mobility devices, to include design, labeling, information cards, and airport personnel handling and training procedures. RESNA is a standards developing organization accredited by the American National Standards Institute (ANSI). The RESNA Assistive Technology Standards Board is the U.S. Technical Advisory Group to ANSI for the development of ISO (International Organization for Standardization) standards pertaining to assistive technology and other products for persons with disabilities.

PVA is an official member of the committee and works closely with the committee's leadership. Moving forward, the committee plans to meet quarterly over the next year to work toward the goal of reducing damage to wheelchairs in air travel. PVA is joined by airlines, wheelchair manufactures, and other key stakeholders in these efforts.

Congress Prepares to Tackle Tax Reform by End of November

Efforts to make major changes in the tax code for the first time in 30 years recently moved forward in the House and Senate. As of press time for this newsletter, the House was preparing to vote on H.R. 1, the "Tax Cuts and Jobs Act," while the Senate Finance Committee had begun working on its own version of the legislation with a vote expected in the full Senate after Thanksgiving. Proponents of these measures point to the anticipated economic growth that will ensue from reductions in corporate and individual tax rates and simplification of the tax code. Meanwhile, the nonpartisan Congressional Joint Committee on Taxation has produced analyses of the legislation showing almost 60 percent of U.S. households would see meaningful tax cuts in 2019. However, by 2027, because of changes to deductions and credits in the current tax code, less than half of Americans would experience a tax cut worth \$100 or more, while about 1 in 5 would see their taxes go up compared with current law.

In a letter to the House Ways and Means Committee, PVA expressed strong opposition to provisions in the House bill that would eliminate several credits and deductions in the tax code of particular importance to veterans and people with disabilities. H.R. 1 would repeal the Work Opportunity Tax Credit that has helped companies hire almost 300,000 veterans with barriers to employment from 2013 to 2015.

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The bill also would repeal the Disabled Access Tax Credit that was created in 1990 to help small businesses comply with the Americans with Disabilities Act. In addition, the House measure would eliminate the medical expense deduction which has softened the burden of over 9 million households facing high costs associated with long term disabilities and illnesses.

The initial Senate Finance Committee chairman's mark of the tax measure did not include repeal of these credits and deductions. However, Congress must ensure that the final tax bill adds no more than \$1.5 trillion to the deficit, which was the limit fixed in the House and Senate budget resolutions.

As a result, the conference committee that will be appointed to reconcile the House and Senate tax bills will be under considerable pressure to eliminate deductions and credits that add to the measure's costs. Nevertheless, PVA will continue to press its support for these tax credits and deductions that advance the economic independence and community integration of veterans and people with disabilities.

FAIR Heroes Act Introduced

On November 9, 2017, Senator Bill Nelson (D-FL) and Senator Richard Blumenthal (D-CT) introduced S. 2117, the "FAIR Heroes Act," that would make veterans who were medically retired from the military eligible for both Medicare Part B and TRICARE, a health care program for retired veterans and their families, and allow them to choose which health plan works best for them. Under current law, veterans who receive Social Security Disability Insurance (SSDI) benefits are required, by law, to purchase Medicare Part B coverage. In some cases, they must maintain that coverage even if they return to work. S. 2117 would give these veterans the choice to enroll in TRICARE instead of Medicare Part B. According to a press statement accompanying the bill's introduction, this legislation could save many veterans up to \$1,300 a year.

Currently, medically retired veterans who fail to purchase Medicare Part B coverage immediately upon becoming eligible, or who fail to maintain that coverage for at least eight years after returning to work, are forced to pay a late enrollment fee and higher premiums if they enroll in Medicare later in life. The late-enrollment penalty and higher premiums make Medicare coverage unaffordable for many of these veterans. The legislation seeks to change that, not only by giving these disabled veterans the option to enroll in TRICARE instead, but also by eliminating the eight-year Medicare requirement and late-enrollment penalties for those who were medically retired from the military.

PVA has endorsed this legislation because of many of our members are affected by this issue.

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