PVA'S PUBLIC POLICY PRIORITIES FOR 2021 ARE NOW ONLINE

PVA's 2021 policy priorities are now available on pva.org. Our priorities include: improving the VA health care system and available services, improving VA benefits, and improving and protecting the systems and civil rights that support people with disabilities. PVA's full list of priorities is available here.

SENATE CONFIRMS VA SECRETARY

On February 8, the Senate voted 87-7 to confirm Denis McDonough to be the next VA Secretary. In a statement released following McDonough's confirmation, PVA Executive Director Carl Blake stated, "PVA has enjoyed a close relationship with the VA in the past and hopes to build upon that rich history with an even more collaborative and transparent partnership." Blake also stated that, "With a career in public service, we are hopeful Secretary McDonough's understanding of government and politics will help him navigate the challenges inherent in the second-largest federal agency, and America's most complex health care and benefits system." At the end of January, the Senate Veterans' Affairs Committee held a hearing on McDonough's nomination. During the hearing, Secretary McDonough told Committee members that most of his decisions would be based on whether they increase access and improve outcomes for veterans.

INDEPENDENT BUDGET VETERANS AGENDA AND VA BUDGET RECOMMENDATIONS RELEASED

On February 1, the Independent Budget Veterans Service Organizations (IBVSOs)—DAV (Disabled American Veterans), PVA, and the Veterans of Foreign Wars of the United States (VFW) released The Independent Budget: Veterans Agenda for the 117th Congress and our VA budget recommendations for fiscal years 2022 and 2023 advance appropriations. In the Veterans Agenda for the 117th Congress, the IBVSOs elected to focus on 11 critical issues addressing health care, benefits, and education and employment. Several of the critical issues, including ensuring veterans access to long-term care and support services and sufficient VA health care staffing, directly relate to PVA priorities.

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For FY 2022, the IB recommends Congress appropriate approximately $120.3 billion for all VA programs and services, a 10.2 percent increase over FY 2021 appropriations levels. The IB estimates the VA health care system will require $81.5 billion in FY 2022, an 8.5 percent increase, to provide care to more than seven million unique users. This recommendation would allow VA to fill over 10,000 health care vacancies, complete the caregiver program expansion, increase home-based long-term care services, and address inequities in health care delivery to women and minority veterans.

$2.25 MILLION AVAILABLE IN AMTRAK DOJ SETTLEMENT AGREEMENT

On January 29, Amtrak began accepting claims for monetary compensation from passengers with mobility disabilities who were not able to travel or wanted to travel but were denied service at 78 Amtrak stations due to physical barriers in violation of the Americans with Disabilities Act (ADA). Claims must be submitted by May 29, 2021.

Amtrak was given 20 years to comply with the ADA and in 2013 the National Disability Rights Network filed multiple complaints with the Department of Justice (DOJ) claiming that Amtrak was out of compliance as they were a public service and were subject to Title II requirements. DOJ in a 2015 letter of findings submitted that Amtrak was indeed out of compliance as of July 27, 2010, and found systemic violations including:

Parking: Amtrak failed to make parking readily accessible to and usable by individuals with disabilities as prescribed by the Department of Transportation (DOT) Standards. For example, access aisles were too narrow or not adjacent to the parking space. Some spaces were not on an accessible route or the shortest distance to the entrance.

Routes from Accessible Parking to Buildings: Amtrak failed to make the routes from accessible parking, public streets, sidewalks, and public transportation stops to the entrances of buildings accessible to individuals with disabilities as prescribed by the DOT Standards. For example, the running slopes and cross slopes of some walking surfaces and ramps were too steep, other surfaces along certain routes were not stable, firm, and slip resistant.

Building Entrances: Amtrak failed to make building entrances readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards. For example, the entrances at some of these buildings had door openings that were too narrow, or had doors with maneuvering clearances that were too small.

Waiting Areas: Amtrak failed to make waiting areas readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards. For example, routes throughout the waiting areas at particular stations had excessive cross slopes or were too narrow.

Elevators: Amtrak failed to make elevators readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards, including at the following stations: Atlanta, Georgia; Pittsburgh, Pennsylvania; and Marshall, Texas.

Toilet Rooms: Amtrak failed to make toilet rooms in buildings readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards. For example, some station toilet room doors lacked maneuvering clearance for wheelchairs, and some station toilet room doors had hardware that required tight grasping, pinching, and twisting of the wrist to operate.

Passenger Platforms: Amtrak failed to make passenger platforms readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards at 29 stations. Several passenger platforms had running and cross slopes that were too steep, and some passenger platforms had no detectable warnings at the boarding edges.

Passenger Platform Heights and Gaps: Amtrak failed to make the passenger platforms readily accessible to and usable by individuals with disabilities as prescribed by the DOT Standards at 10 stations. These stations had excessive horizontal gaps or vertical height differences between the passenger platforms and the rail car floors.

Under the agreement, Amtrak has committed to make its intercity rail stations accessible, prioritizing stations with the most significant barriers to access. Over the next 10 years, Amtrak will design at least 135 stations to be accessible, complete construction at 90 of those stations, and have at least 45 more under construction. Amtrak will also train staff on ADA requirements and implement an agreed-upon process for accepting and handling ADA complaints.

For a list of stations and information about how to file a claim see the DOJ announcement.

NEW MASK MANDATE IN PUBLIC TRANSPORTATION AND HUBS

Following the issuance of an Executive Order, the Centers for Disease Control (CDC) issued an Order on January 29 requiring travelers to wear masks on public conveyances, including airplanes, trains, subways, taxis, and buses, to prevent the spread of COVID. Operators of transportation hubs must also require all persons to wear a mask when entering or on the premises of a transportation hub. The CDC Order exempts from the mask requirement people with disabilities who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability.

In response to COVID-19, U.S. and foreign air carriers generally have implemented policies requiring passengers to wear masks onboard aircraft even before the issuance of the Executive Order and the CDC Order. Some carriers have adopted policies that expressly allow "no exceptions" to the mask requirement other than for children under the age of two. Following the CDC Order, DOT has released a notice of enforcement policy stating that airlines are expected

to review their face mask policies immediately and to revise them as necessary to comply with the Air Carrier Access Act.

The Transportation Security Administration's (TSA) security procedures also now require that all individuals must wear masks at the checkpoints and baggage screening locations. In the event that a person with a disability advises a TSA Officer that they have a disability that prevents them from wearing a mask, the TSA Officer may notify a supervisor to assist. Medical documentation to support an exemption from the mask-wearing mandate should be on the passenger's licensed physician's letterhead, and should include the passenger's name, and clearly state that he or she cannot wear or safely wear a mask. Passengers may be asked if they can wear a mask during screening for a short-duration, only when additional screening may be required (e.g., pat-down) and social distancing is not possible. If passengers have concerns before, during, or after your screening, they may ask for a Passenger Support Specialist or Supervisory TSA Officer.

NEWS ITEMS OF NOTE

- A Framework for Integrating Family Caregivers into the Health Care Team

  RAND Corporation published a study in mid-January examining the role of family caregivers in a health care team and making recommendations for effective involvement of caregivers in supporting loved ones with disabilities or chronic health conditions. Four themes around barriers to integrating caregivers into health care teams emerged from the study report including: (1) identifying caregivers; (2) communication and information-sharing; (3) time limitations and competing demands; and (4) trust and cultural barriers. The authors also identified six policy areas in which initiatives could mitigate these barriers: (1) identify and record information on family caregivers; (2) incentivize providers to engage with family caregivers; (3) invest in programs that provide supportive services for family caregivers; (4) expand access to and funding for care coordinators to support caregivers and connect them to clinical information; (5) implement training programs for providers and caregivers to facilitate effective communication; and (6) develop, test, and improve caregiver access to technologies that foster caregiver-provider care integration and information-sharing. A downloadable version of the report can be found here.

- ODEP Posts Recommendations on eRecruiting Screening Systems

  The Office of Disability Employment Policy (ODEP) Employer Assistance and Resource Network (EARN) on Disability Inclusion and Partnership on Employment & Accessible Technology (PEAT) have released the "Checklist for Employers: Facilitating the Hiring of People with Disabilities Through the Use of eRecruiting Screening Systems, Including AI." eRecruiting systems, including artificial intelligence, are becoming more commonly

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used to screen candidates, streamline the application process, provide training, disseminate information to employees, and increase productivity in the workplace. This publication highlights questions and issues that business leaders, human resources personnel, equal employment opportunity managers, and procurement officers should consider about contracts with vendors regarding the content of eRecruiting screening tools.

- NCSL Report on COVID-19's Impact on Disability Employment and the Economy

  The National Conference of State Legislatures (NCSL) published a report, "The Pandemic's Effect on the Economy and Workers," that examines economic data and workforce trends following the emergence of COVID-19. The report shows how the pandemic has accelerated the adoption of telework and digital services, which present new employment opportunities for people with disabilities, and features federal and state responses to the pandemic. The report is the first in a series developed in collaboration with the State Exchange on Employment & Disability on the opportunities and challenges stemming from the COVID-19 pandemic and its impact on the employment of people with disabilities.

- Recovery Stalls for People with Disabilities

  The January 2020 Jobs Report - National Trends in Disability Employment was recently issued by Kessler Foundation and the University of New Hampshire. As COVID-19 outbreaks continue to affect national and local economies, the job market struggled to maintain momentum, according to the Monthly Update (nTIDE). The report does note that, in the coming months, prospects for recovery may improve as vaccine availability increases and the federal government implements new public health measures and considers additional economic relief.

WEBINARS

- U.S. Access Board Webinar: Medical Care and Long-Term Care Facilities

  The next webinar in the U.S. Access Board's free monthly series will take place March 4 from 2:30 – 4:00 pm ET and will provide an in-depth review of ADA and Architectural Barriers Act requirements for medical care and long-term care facilities, including hospitals, rehabilitation centers, nursing homes, and other facilities. The presenters will review scoping and technical requirements for exam rooms, patient bedrooms, bathrooms, accessible routes, accessible parking, and other spaces and elements. They will also provide a brief overview on the Board's voluntary Medical Diagnostic Equipment Standards. Visit www.accessibilityonline.org for more information or to register.

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- PVA Webinar: Access to the COVID Vaccine for SCI/D Veterans

In an effort to provide our members with more information about VA's rollout of the COVID vaccine, we are hosting a webinar with VA on Friday, February 26 at 1:00 pm ET. Please register in advance for this webinar [here](#). This webinar will present members with an opportunity to hear directly from VA leadership about the rollout of the COVID-19 vaccine.