



Paralyzed Veterans
of America

WASHINGTON UPDATE

Recent news regarding legislation and regulatory actions affecting veterans and people with disabilities.

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PVA NATIONAL PRESIDENT DAVID ZURFLUH TO TESTIFY ON MARCH 4

On March 4 at 10:00 AM ET, PVA National President David Zurfluh will testify, along with leaders of other veterans service organizations, before a joint session of the House and Senate Veterans' Affairs Committee on our 2021 legislative priorities. The hearing is virtual and will be available for viewing [here](#). Please invite all PVA members, their families, and caregivers to watch this important testimony.

PRIORITY ACCESS TO THE VACCINE NOW AVAILABLE TO ALL SCI/D VETERANS

On February 19, VA formally announced that SCI/D veterans will now have priority access to the COVID vaccine regardless of age. VA's decision is based on data showing that SCI/D veterans who contract COVID have higher adverse outcomes. As a result, all veterans with SCI/D, are now eligible for the vaccine through VA subject to limitations based on supply.

Caregivers who are not part of VA's comprehensive caregiver program are still not currently eligible for the vaccine through VA. On February 24, House Veterans' Affairs Committee Chairman Mark Takano (D-CA) and Ranking Member Mike Bost (R-IL) introduced legislation, the "VA VACCINE Act," (H.R. 1276) that would make more caregivers eligible to receive the vaccine through VA, including those who are in the general caregiver program and those who provide care through the Bowel and Bladder program. PVA supports this legislation. That same day, Dr. Richard Stone, Acting Under Secretary for Health, Veterans Health Administration, testified before the Senate Veterans' Affairs Committee about access to the vaccine through VA. To view the hearing, please click [here](#).

COVID-19 RELIEF BILL WOULD PROVIDE \$17B TO VA

On February 11, the House Veterans' Affairs Committee passed its portion of the latest COVID response package, the "American Rescue Plan," along a party line vote. The package would provide approximately \$17 billion for VA. Of that amount, \$13.5 billion would help VA provide health care services and related support to eligible veterans, including COVID-19 vaccine distribution, expanded mental health care, enhanced telehealth capabilities, community care, extended support for veterans who are homeless or in danger of becoming homeless, and personal protective equipment (PPE) and supplies for clinical employees.

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Much of the remaining amount would help mitigate the impact of the pandemic on the benefits claims and appeals backlog (\$272 million); accelerate the Department's supply chain modernization efforts and improve its preparedness and response to public health emergencies (\$100 million); support COVID-19 response, staff and veteran safety, and preparedness at State Veterans Homes (\$750 million); and provide up to 12 months of retraining assistance for veterans who are unemployed due to COVID-19 and do not have other veteran education benefits (\$386 million). Other language in the bill directs VA to waive any co-pays for all VA medical appointments from April 6, 2020, through September 30, 2021, which, if passed in the final bill, would require the Department to reimburse veterans who have already paid. The entire bill will be subject to considerable debate and negotiation in the coming days, so changes are likely. It is advancing largely along party lines but is expected to receive floor time and votes in both chambers during the month of March.

HOUSE APPROPRIATORS EXAMINE VA'S COVID RESPONSE

On February 19, the House Appropriations Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held a [virtual hearing](#) to assess how well VA is responding to the COVID-19 pandemic. Topics covered during the hearing included the COVID vaccine rollout and distribution, therapies for COVID-19 patients, the utilization of telehealth, and health care accessibility in rural and hard-to-reach communities. Dr. Richard Stone, Acting Under Secretary for Health, Veterans Health Administration, told the panel that the limited vaccine supply has inhibited the Department's ability to distribute the vaccine to veterans and VA staff. So far, VA has administered more than 1.3 million doses of the COVID-19 vaccine; nearly one million of them went to veterans. He said VA is enrolling eligible veterans so they can receive the vaccine but made it clear that the Department does not have the supplies or authority to vaccinate the broader population of veterans who are not eligible for VA health care at this time.

Dr. Stone also spoke about COVID-related funding received last year and the Department's need for additional funding for its COVID-19 response. The Department already used \$6.5 billion of the more than \$19 billion Congress gave the Department last year through the Coronavirus Aid, Relief and Economic Security (CARES) Act. The remaining amount will be committed this year and the additional funding Congress is now considering would go toward health care costs, personal protective equipment (PPE), and several large-scale modernization efforts. Dr. Stone also said VA has begun talking about the long-term ramifications of the pandemic. Stone said, "We know that there's a huge impact on deferred and delayed care that will begin to come in. We know that there's a huge effect on unemployment, where people lose their health insurance and come to us as a safety net."

ANNUAL DISABILITY STATISTICS COMPENDIUM RELEASED

In a virtual presentation over several days in mid-February, the Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC) released its annual compendium of disability statistics and related reports. The Compendium gathers the most recent national statistics on people with disabilities from various federal programs and agencies and provides current statistics and time trends related to the prevalence of disabilities as well as

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key indicators on employment, health, community living, and other outcomes of importance in monitoring the well-being of individuals with disabilities.

Accompanying the Compendium is an Annual Report that focuses on national trends from year to year. Findings in the 2020 report cover the period 2018 to 2019. Among the statistics from the American Community Survey (ACS) highlighted was an increase in the size of the U.S. population with disabilities from 13.1 percent in 2018 to 13.2 percent in 2019. In raw numbers, that meant that, of the 327,011,000 people in the U.S. in 2019, 43,227,000 identified as people with disabilities. In 2019, the employment-to-population ratio for people with disabilities was 38.9 percent compared to 78.6 percent for those without disabilities, which created an employment gap of 39.8 percent. The employment gap in 2018 had been 40.3 percent. Data also reflected an increase in the “disablement index” which researchers describe as the degree to which the environment impacts the ability of individuals with disabilities to interact with their community. State reports provide county level data on prevalence of people with disabilities, employment rates for people with disabilities, and numbers and percentages of those with disabilities living in poverty.

Using data from the ACS and Veterans Benefits Administration, a chapter on veterans with disabilities presented tables showing that, in 2019, 1,698,714 individuals ages 18 and over living in the community reported having a military service-connected disability rating of 70 percent or more. Of the veterans with disabilities ages 18-64 years living in the community, 247,410 individuals lived in poverty—a poverty rate of 15.2 percent. A table showing the prevalence rate of veterans with disabilities among state populations indicated that Minnesota had the lowest prevalence rate (13.3 percent) while Arkansas had the highest prevalence rate (27.5 percent).

The Compendium, Annual Report, and state reports can be found [here](#). The virtual release featured presentations from the Census Bureau, the Department of Labor’s Office of Disability Employment Policy and other federal agencies as well as focused workshops on the impact of COVID-19 on people with disabilities and social inequities affecting African Americans with disabilities. The archived event can be found [here](#).

NEWS ITEMS OF NOTE

- DOL VETS Deputy Assistant Secretary Assumes Post

Mr. James D. Rodriguez has taken his place as Deputy Assistant Secretary for Policy while serving as Acting Assistant Secretary within the Department of Labor’s Veterans’ Employment and Training Service. He will serve in the acting capacity until a permanent Assistant Secretary is nominated and confirmed by the Senate. Prior to his recent appointment, Mr. Rodriguez served as the Deputy Assistant Secretary of Defense, Office of Warrior Care Policy, Office of the Secretary of Defense from 2014 through 2017. Mr. Rodriguez spent several years in the corporate arena but prior to that served twenty-one years in the United States Marine Corps. During his final duty assignment at Balboa Naval Hospital, he was the Senior Enlisted Leader/Advisor to the Officer in Charge of the Wounded Warrior Battalion, where he was responsible for the rehabilitation, transition, professional development, and education of service members with service-connected

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disabilities.

- VA OIG Report, “Insufficient Oversight for Issuing Prosthetic Supplies and Devices”

According to a recent VA Office of Inspector General Report, the Veterans Health Administration (VHA) has oversight weaknesses that led to PSAS staff improperly cloning consults. Consequently, VHA improperly issued an estimated \$15.8 million in prosthetic supplies during (calendar year) 2017. In contrast, the audit team determined that VHA maintained adequate oversight to prevent duplicate supply issuance. Additionally, the OIG found that while six percent of transactions for supplies to deceased veterans were improper, the team did not identify evidence of fraud. The report is available [here](#).

- Disenrolled from TRICARE Select? Here’s How to Reinstate Your Coverage

As of January 1, 2021, military retirees who enlisted prior to 2018 and use TRICARE Select programs are required to pay enrollment fees each month. If you didn’t set up your enrollment fees for [TRICARE Select](#) or [TRICARE Overseas Program Select](#) coverage last year, you were disenrolled as of December 31, 2020. If you want to have TRICARE Select coverage this year, you must request reinstatement with your TRICARE contractor. You have until June 30, 2021, to make your request. Click [here](#) to learn more.

- Space A Travel for Eligible Dependents of Disabled Veterans

A change in law two years ago allowed permanently and totally disabled veterans to take advantage of military Space A travel within the continental US (CONUS), or directly between the CONUS and Alaska, Hawaii, or U.S. territories. Late last year, the Department of Defense (DOD) updated its Space A [guidance](#) to allow eligible dependent family members of these veterans to travel with them. For now, Space A travel is strictly limited to official travel due to the pandemic. Once DOD resumes normal flight operations, you may want to check it out and see if it is a viable option for you and your eligible dependents. For up-to-date information about military Space A travel, visit the Air Mobility Command’s [Space-A travel website](#).

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SURVEY

- Reeve Foundation Survey on COVID-19 Vaccine Experiences

The Christopher and Dana Reeve Foundation is inviting persons with SCI/D to take part in a [survey](#) about the COVID-19 vaccine. They would like to hear about peoples' plans regarding the vaccine, if it's available to them now, their sense of the government's response to distribution of the vaccine and more. The data collected from this survey will be used to advocate for the community around the COVID-19 vaccine. The survey is anonymous and no personal identifying information will be collected.