



Washington Update

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

HVAC HEALTH SUBCOMMITTEE REVIEWS PENDING LEGISLATION

On June 21, the House Veterans' Affairs (HVAC), Health Subcommittee held a hearing examining several veterans' health-related bills. PVA submitted our views on the legislation in a statement for the record. The bills considered by the panel included H.R. 2818, the Autonomy for Disabled Veterans Act, which would make much needed improvements to VA's Home Improvements and Structural Alterations (HISA) grant program. Improving the HISA program is a PVA priority. Currently, the lifetime HISA benefit is worth up to \$6,800 for veterans who need a housing modification due to a service-connected condition. Veterans who rate 50 percent service-connected may receive the same amount even if a modification is needed due to a non-service-connected disability. Veterans who are not service-connected but are enrolled in the VA health care system can receive up to \$2,000. These rates have not changed since 2010 even though the cost of home modifications and labor has risen at least 50 percent during the same timeframe. The Autonomy for Disabled Veterans Act seeks to raise rates to \$10,000 and \$5,000 (respectively), and ties the new baseline rate to the Consumer Price Index (CPI) in an effort to keep rates relevant in future years. PVA indicated its support for the legislation, but stated that it could be made even better by adjusting the text to provide a single rate of \$10,000 for all veterans, regardless of their disability

status, and tie any future increases to the same index VA uses for its other home modification programs.

PVA also expressed support for another priority, H.R. 1815, the Expanding Veterans' Options for Long Term Care Act, which would test VA's ability to pay for veterans' care at assisted living facilities. Currently, the VA can refer veterans to these facilities, but it cannot directly pay for that care. The Expanding Veterans' Options for Long Term Care Act would create a three-year pilot program at six VISNs, including at least two program sites in rural areas and two in state veterans homes to test the benefit of having VA pay for this care. Veterans eligible for the pilot would include those already receiving nursing home-level care paid for by the VA and those who are eligible to receive assisted living services or nursing home care. At the conclusion of the pilot program, participating veterans would be given the option to continue receiving assisted living services at their facility, paid for by the VA. PVA believes this legislation would help veterans and the VA alike by giving greater access to assisted living and reducing costs for long-term care, allowing more veterans to receive needed assistance.

Another bill before the Subcommittee would increase the mileage reimbursement rate available to beneficiaries for travel to or from VA facilities in connection with vocational rehabilitation; required counseling; or for the purpose of examination, treatment, or care. H.R. 1278, the Drive Act, would make

the reimbursement rate for such travel equal to or greater than the mileage reimbursement rate for government employees using private vehicles when no government vehicle is available. Government employees' travel rates are adjusted annually but reimbursement rates for veterans are not. Under current regulations, VA reimburses veterans when traveling for a VA health care appointment at a rate of 41.5 cents per mile, which is far less than what government employees receive. PVA endorsed this bill because veterans should benefit from the higher reimbursement rate. The complete list of bills reviewed by the Subcommittee and a video of the hearing can be found [here](#).

SVAC HOLDS HEARING ON THE EFFECTIVENESS OF VA'S OFFICE OF INTEGRATED VETERAN CARE

On June 21, the Senate Veterans' Affairs Committee (SVAC) held a hearing on Examining the Effectiveness of VA's Office of Integrated Veteran Care. The hearing was convened to examine how VA is ensuring veterans have access to the best care in a timely manner, whether in the VA or the private sector. Under Secretary for Health Dr. Shereef M. Elnahal delivered VA's testimony. Dr. Elnahal noted the VA Secretary has set a goal to provide more care and more benefits to more veterans than ever before. To meet this goal and fully implement the Honoring our PACT Act of 2022 (P.L. 117-168), he indicated VA must continue to increase access to care, whether that be through VA medical facilities or through care in the community.

In 2021, the VA realigned the Office of Community Care and the Office of Veterans Access to Care, establishing the Office of Integrated Veteran Care (IVC), which provides oversight for the completion and implementation of the integrated access and care coordination model. SVAC Ranking Member Jerry Moran (R-KS) stated that while the consolidation of the two offices was to improve veterans timely access to VA or community care, veterans are still encountering problems with scheduling appointments. According to VA's written testimony, IVC is continuing efforts to simplify the process for a provider to refer a veteran to another provider. The Referral Coordination Initiative

aims to ensure veterans have comprehensive information about their care options when scheduling takes place as a result of these referrals. Referral coordination teams include local staff with administrative and clinical expertise who talk to veterans about their available care options with a VA provider, in-person or virtually, or when eligible, through the Veterans Community Care Program. VA said the Department is rolling out a multi-year comprehensive roadmap designed to guide the efforts to modernize their scheduling systems. All major stakeholders and efforts that impact direct care, virtual care, community care, and veteran self-scheduling have been integral in creating a single vision, business case, and roadmap for scheduling.

VA indicated they are taking two paths to provide their schedulers with better tools to simplify the scheduling process for veteran appointments. The first piece of their scheduling modernization roadmap involves making enhancements to their internal scheduling system to provide schedulers visibility to all appointment availability for a particular provider, across locations, for both in-person and virtual appointments. With these improvements, including increased visibility into provider schedules, their schedulers will be able to schedule across VA locations. Another update will be an automated community care eligibility calculator, which will eliminate the need for schedulers to manually calculate whether VA can schedule an appointment within the designated access standards.

SVAC Chair Jon Tester (D-MT) concluded the hearing by stating VA must ensure the Department is spending taxpayers' dollars appropriately and that the Committee would continue to perform oversight to verify that the VA is indeed doing so. You can watch a video of the hearing [here](#).

SENATE MILCON/VA BILL APPROVED IN COMMITTEE

The Senate Appropriations Committee recently approved its version of the fiscal year (FY) 2024 Military Construction, Veterans Affairs, (MILCON/VA) and Related Agencies Act. The measure seeks to provide \$135.3 billion in discretionary funding and \$161.7 billion



in mandatory funding for the VA. Those rates differ somewhat from the \$138.6 billion and \$152 billion that their counterparts in the House agreed to, but these differences are not believed to be insurmountable. Like the House bill, it also provides advance appropriations for veterans in FY 2025, including \$112.6 billion for veterans' medical care and \$193 billion for veterans benefits.

The Senate bill seeks \$2.4 billion, or \$556 million more than FY 2023 to help VA implement its Caregiver Program and extend legacy participant eligibility and benefits through 2025. It also allocates \$1.3 billion for gender-specific health care services, as well as initiatives and improvements to health care facilities.

Both the House and Senate bills must still be approved by their respective chambers. Voting on the measures is expected to occur before the August recess. If those efforts are successful, a special conference committee would then be established to work out any differences and come up with a single bill both chambers can agree to.

NEWS OF NOTE

75th Anniversary of the Military Women's Memorial at Arlington National Cemetery

On June 12, the Military Women's Memorial at Arlington National Cemetery celebrated the 75th anniversary of the Women's Armed Services Integration Act, the law that allowed women to serve in the military. PVA's own National Vice President Tammy Jones and National Vice President-Elect Anne Robinson attended the ceremony. They were joined by Cheryl Vines, Director of Research and Education.

In support of Women Veteran's Day, Vice President Jones and Vice President-Elect Robinson spent a day on Capitol Hill meeting with several members of the House Veterans' Affairs Committee (HVAC). Specifically, they met with HVAC Health Subcommittee Chair and Army Veteran, Rep. Mariannette Miller-Meeks (R-IA), HVAC Oversight and Investigations Subcommittee Chair and Navy Veteran, Rep. Jen Kiggans (R-VA), as well as Rep. Nikki Budzinski (D-IL) and staff for HVAC Health

Subcommittee Ranking Member Julia Brownley (D-CA). During their meetings, Vice President Jones and Vice President-Elect Robinson discussed access to gender-specific health care, as well as the PVA-supported Elizabeth Dole Home Care Act.

SAH Grant Program Reaches Key Milestone

The Specially Adapted Housing (SAH) grant program was established on June 19, 1948, by the Veterans Administration to provide support to paraplegic veterans returning home from war, in adapting their homes to meet their unique needs. The passage of this important home modification grant was one of PVA's earliest legislative victories. Over the years, we've worked continuously to ensure the benefit reflects the evolving needs and life changes that may arise for disabled veterans with the greatest support needs and their families. Our most recent effort, in 2020, increased the grant's overall value as well as the number of times a veteran could tap into the financial resources provided by the grant. Capped at \$10,000 when it was created, today's grant rate of \$109,986 means the program is better equipped to meet the needs of veterans who use the grant to modify their homes. For 75 years, the SAH grant program has existed to provide a better quality of home life for the most severely disabled veterans and we will continue to ensure it does so for 75 more.

Preliminary Recommendations on Passengers with Disabilities Finalized for TSA Administrator Report

On June 15, Senior Associate Advocacy Director Lee Page participated in the Transportation Security Administration (TSA) Aviation Security Advisory Committee (ASAC), ASAC Passengers with Disabilities Working Group. The purpose of the working group is to bring government and industry stakeholders to the table to identify ways to improve the experience of passengers with disabilities. The all-day meeting included presentations about TSA's interaction with the public, getting through security, assistance for passengers with disabilities, and the TSA Cares and Passenger Support Specialist personnel program. The advisory committee finalized their recommendations for the TSA Administrator, which will be published later this year.

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PACT Act Filing Deadline Approaching

It has been more than 10 months since the [Honoring our PACT Act of 2022 \(P.L. 117-168\)](#) was signed into law, expanding VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. Among many things, the bill increased the list of health conditions presumed to be caused by exposure to these substances, ensuring multiple generations of veterans and their survivors can receive the care and benefits they've earned and deserve. As a reminder, veterans who believe they qualify for PACT Act benefits must submit their benefit claims by August 10, 2023, in order to receive a whole year's worth of retroactive benefits. Applications submitted after this date will not be provided back pay. Contact your PVA service officer or visit www.va.gov/PACT for more information.

Adding A Caregiver to Your Tricare Express Scripts Account

If you receive prescriptions through the TRICARE Pharmacy Program, you are allowed to add authorized caregivers to your Express Scripts online account. This allows them to order or cancel your prescriptions, manage shipping and payment information, and answer Express Scripts' questions about orders on your behalf. Click [here](#) to learn more.

HEARINGS AND WEBINARS

PVA's Advocacy Webinar Series

This April kicked off the first of a five-part webinar series on advocacy hosted by PVA. So far, the topics covered range from the [basic fundamentals of government](#); a holistic view of the legislative process; and most recently, understanding the issues and becoming a change agent. Our last two webinars in the series, who is advocating and who with, and the art of advocacy, are scheduled for late July and August. We encourage all of you to join in and get involved. Advocacy is an essential tool that allows individuals to use their voice to promote change and advocate for their rights. By speaking up and sharing your experience, you can raise awareness about important issues and influence policies that affect lives.

Your story is important. We hope that our webinar series will help you in that journey. Please contact Lisa Elijah, PVA's Grassroots Advocacy Manager, at LisaE@PVA.org for more information.

Upcoming Veterans' Committee Activities

Please visit the [House](#) and [Senate](#) Veterans' Affairs Committee webpages for information on upcoming hearings and markups.