



Paralyzed Veterans  
of America

## WASHINGTON UPDATE

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

Written and produced by Paralyzed Veterans of America - Government Relations Department

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..... Volume 25, Number 4

### **PLEASE REGISTER: PVA HOLDING DISABILITY CIVIL RIGHTS WEBINAR ON MAY 2**

On May 2 at 2:00 pm ET, PVA will be holding a webinar on the civil rights laws that provide access to housing, air travel, public accommodations, and government services for people with disabilities. This webinar will provide a broad overview of the multiple federal laws that protect the rights of Americans with disabilities - from the Architectural Barriers Act to the ADA - and is intended for audience members seeking a basic understanding of these laws, including what to do if you encounter discrimination prohibited by them.

This webinar is open to the public. To register, please visit:

[https://zoom.us/webinar/register/WN\\_E7JSIm7OS4emEwpFyyt64w](https://zoom.us/webinar/register/WN_E7JSIm7OS4emEwpFyyt64w).

### **FEEDBACK ON VA'S CAREGIVER PROGRAM REQUESTED**

VA recently postponed the expansion of the Caregiver Program, which was directed by the VA MISSION Act, until 2020 because the IT systems needed to support the expanded program will not be ready. This news was upsetting for many, and it has caught the attention of several members of Congress who are now asking questions. This heightened level of attention has given PVA many opportunities to discuss our goals with the Caregiver Program. Consequently, we need your help. We need feedback from PVA members *who are in the current program*. Specifically, we need to know: how is it working; what kind of training did you receive when you started the program; and most important, what kinds of problems are you are experiencing with it? Your inputs will be greatly appreciated and you can send them to PVA's National Legislative Director, Morgan Brown, at [MorganB@pva.org](mailto:MorganB@pva.org).

**Paralyzed Veterans of America**

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## PVA TESTIFIES ON COMPREHENSIVE LEGISLATIVE PROPOSALS TO ENHANCE SOCIAL SECURITY

On April 10, PVA Deputy Executive Director Shaun Castle testified before the House Ways and Means Social Security Subcommittee at a hearing exploring legislative proposals to strengthen and preserve the Social Security system. Among other witnesses were representatives from the National Taxpayers Union, National Committee to Preserve Social Security and Medicare (NCPSSM) and Social Security Works, along with Stephen Goss, Chief Actuary of the Social Security Administration and Dianne Stone, Director of the Newington (CT) Senior and Disability Center.

In its written testimony, PVA stressed the importance of Social Security to over nine million veterans currently receiving benefits – whether retirement or disability – and noted that veterans and their families comprise over one-third of the beneficiary population. Mr. Castle relayed his personal story about the positive impact that Social Security Disability Insurance (SSDI) had on his life and outlined PVA's support for the Social Security 2100 Act, HR 860. Provisions that he highlighted in his statement to the Subcommittee were those that would establish a more realistic cost-of-living-adjustment for beneficiaries, strengthen protections for low-income workers, cut taxes on benefits for nearly twelve million beneficiaries and make long overdue adjustments in the financing mechanisms for the system. Social Security actuaries have determined that this bill will ensure the long-term solvency of the trust funds without the need for cuts or changes that could harm beneficiaries.

Chief Actuary Goss reminded the Subcommittee that Social Security will be able to pay benefits in full through approximately 2034, but will begin experiencing a shortfall in revenues after that time, which must be addressed by Congress or benefits will be cut. Nancy Altman with Social Security Works and Max Richtman with NCPSSM detailed numerous polling data showing widespread, bipartisan support for improving Social Security and opposition to measures that reduce benefits or raise the retirement age. Mattie Duppler with the Taxpayers Union cautioned against proposals that would lift the cap on income [currently set at \$132,900] against which the Social Security payroll tax applies or that would phase-in slight increases in the payroll contribution rate.

During the question and answer period, there was considerable discussion around the impact that financing changes could have on the Millennial generation, which is now entering its prime working years. Some members of the Subcommittee were concerned that increasing the payroll tax by 50 cents a week over 20 years or applying that tax to earnings above \$400,000 could dampen the savings rate among younger workers. Other members of the Subcommittee countered that the survivor, disability, and inflation-protected retirement benefits of Social Security were worth those additional investments.

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This hearing was the third in a series of hearings into the value, benefits, and future of Social Security. Information about the hearing and witness testimony can be found at:

<https://waysandmeans.house.gov/legislation/hearings/comprehensive-legislative-proposals-enhance-social-security>.

## **PVA GOVERNMENT RELATIONS WELCOMES ROSCOE BUTLER TO LEGISLATIVE TEAM**

On April 1, Roscoe Butler started as an Associate Legislative Director for PVA. Roscoe served three years in the United States Army from May 1974 to May 1977. After his honorable discharge, he was employed by VA in October 1977. Throughout his VA career, he worked at six VA health care facilities before transferring to VA Central Office in 1992. He is a graduate of the Veterans Health Administration Health Care Leadership Institute, Class of 2008, and the Interagency Institute for Federal Health Care Executives, Class of September 2009. Prior to his retirement, he was the Deputy Director for Policy in the Veterans Health Administration, Chief Business Office. After 37 years of service to our nation's veterans, he retired from VA in December 2011.

## **HOUSE VETERANS COMMITTEE HOLDS ECONOMIC OPPORTUNITY HEARING**

On April 9, the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity held a hearing to discuss upcoming legislation. Much of the hearing focused on the reintroduction of the VET OPP Act, H.R. 2045, which seeks to realign VA's transition, education, and employment programs under a new fourth administration.

All panelists expressed support for this legislation except for VA and The American Legion. VA said adding a fourth administration would only add more layers to an already very bureaucratic process. The American Legion did not have a position.

PVA has already publicly supported this legislation and provided the following quote in advance of its introduction: "We are pleased to support legislation to establish the Veterans Economic Opportunity and Transition Administration. By creating a fourth administration within VA, this bill will give the financial and administrative autonomy needed for VA to strengthen the focus on Vocational Rehabilitation and Employment services and other programs to help veterans with catastrophic disabilities."

## **CHAMPVA IMPROVEMENTS INTRODUCED**

Legislation has been reintroduced to allow children of disabled veterans to remain eligible for coverage under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) until they are 26 years old – the same coverage required under the Affordable Care Act for private-sector insurance plans, as well as the military's TRICARE program. Senator

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Sherrod Brown (D-OH) and Congresswoman Julia Brownley (D-CA) simultaneously introduced the legislation, S. 1034 /H.R. 2094, with Senator Brown being joined by Senators Tammy Baldwin (D-WI), Jon Tester (D-MT), Richard Blumenthal (D-CT), Jack Reed (D-RI), Patty Murray (D-WA), Debbie Stabenow (D-MI), Kirsten Gillibrand (D-NY), Chris Murphy (D-CT), Bernie Sanders (D-VT), and Dick Durbin (D-IL). CHAMPVA provides comprehensive health care benefits for dependents of permanently and totally disabled veterans, survivors of veterans who died as a result of a service-connected disability, survivors of veterans who at the time of death were permanently and totally disabled from a service-connected disability, and survivors of service members who died in the line of duty. Currently, a child of a veteran loses eligibility for CHAMPVA at age 18 if he or she is not a student or at age 23 regardless of student status.

When the Affordable Care Act was signed into law in 2010, it required private-sector health plans to allow children to stay on their parents' insurance until they are 26 years old, but this coverage was not extended to military or veteran health coverage. This discrepancy was addressed for TRICARE in 2011. The CHAMPVA Children's Care Protection Act would fix this for VA's CHAMPVA program. This legislation is supported by PVA, DAV (Disabled American Veterans), The Retired Enlisted Association (TREA), Military Officers Association of America (MOAA), and The Military Coalition (TMC).

## **FAIR HOUSING VETERAN PROTECTION LEGISLATION CONSIDERED IN HOUSE**

On April 2, the House Financial Services Committee held a hearing highlighting a number of housing proposals, including H.R. 149, which seeks to create a new Department of Housing and Urban Development program for proactively testing for discrimination. The legislation, which was introduced by Rep. Al Green (D-TX), would also start a competitive grant program for nonprofit groups studying the causes and effects of discrimination and implementing pilot projects in response. Authorized at \$25 million over five years, the grant program would cover anti-veteran discrimination, as well as all other classes protected by housing law. In addition, this legislation calls for increasing funds for private fair housing organizations that assist housing discrimination victims. The Fair Housing Initiatives Program (FHIP) received \$39.6 million in fiscal year 2019. This legislation would increase the FHIP authorization to \$42.5 million through fiscal year 2024.

## **HOUSE VETERANS COMMITTEE HOLDS TECHNOLOGY MODERNIZATION HEARING**

The House Committee on Veterans' Affairs, Subcommittee on Technology Modernization held a hearing on April 2 entitled, "Mapping the Challenges and Progress of the Office of Information and Technology (OIT)." Unfortunately, VA failed to send a representative to the hearing. VA's OIT Chief was scheduled to testify at a later hearing so the Subcommittee requested VA to send the Deputy. VA failed to respond to that request.

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The absence of a VA representative made it difficult to conduct a hearing since no one was present from OIT to answer questions or provide any insight on the current state of VA's IT management. In light of the Chief's absence, the Subcommittee determined that VA faces quite a few challenges that must be addressed to ensure the correct implementation of both the VA MISSION Act and Appeals Modernization.

## **HOUSE COMMITTEE ON VETERANS' AFFAIRS HOLDS HEARING ON STATUS OF IT SOLUTIONS NEEDED TO IMPLEMENT THE VA MISSION ACT**

The House Committee on Veterans' Affairs held an oversight hearing on April 2 entitled, "MISSION Critical: Assessing the Technology to Support Community Care." Dr. Richard Stone, Executive in Charge, Veterans Health Administration; Mr. James Gfrerer, VA's Assistant Secretary for the Office of Information and Technology/Chief Information Officer; and Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration represented VA.

This hearing was held to discuss VA's implementation of the new Veterans Community Care Program (VCCP), which is due to roll out on June 6. The Committee opened the hearing by voicing concerns about whether the Decision Support Tool (DST) will be ready to deploy by the implementation deadline. DST is a tool VA is developing to make decisions on drive and wait times. Dr. Stone stated that DST is not required to launch the VCCP and VA will be ready to launch the program as planned. Mr. Gfrerer explained DST was designed by VA physicians and looks at the Master Patient Index, Enrollment System, and Patient Data Exchange to make decisions about drive time and wait time.

The Committee also addressed VA's proposed access standards. Committee Members outlined their disappointments in writing to VA, noting the Department's proposed access standards don't live up to the goal of the VA MISSION Act, which was to get rid of the arbitrary one-size-fits-all approach to veterans' access to community care. They urged the Department not to hollow out VA's capacity to serve veterans by bypassing VA care for nearly-automatic eligibility for community care. The Committee also criticized VA's unacceptable lack of transparency in developing access standards that would hold community providers to lower standards than VA doctors. Lastly, the members also noted that VA does not know how many veterans will be affected by the proposed access standards and is unable to provide accurate data about how much it will cost tax payers.

## **CAREGIVER LEGISLATION INTRODUCED IN EARLY APRIL**

In April, two important pieces of legislation impacting caregivers were introduced. First, the Lifespan Respite Care Reauthorization Act of 2019, S. 995/H.R. 2035, was introduced in the Senate on April 2 by Senators Susan Collins (R-ME) and Tammy Baldwin (D-WI), and in the House by Representatives by Jim Langevin (D-RI) and Cathy McMorris Rodgers (R-WA). The

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bill authorizes \$200 million over five years, extending the program through fiscal year 2024. The Lifespan Respite Care Program Act authorizes grants to states to implement statewide coordinated systems of respite services, provide planned and emergency respite services, recruit and train respite workers and volunteers, and provide information to family caregivers to help them access respite care.

To date, 37 states and the District of Columbia have received Lifespan Respite grants from the Administration for Community Living to help improve access, quality and affordability of respite for family caregivers of children and adults. Extending the program for another five years will help ensure that states are able to sustain the work they have begun and still allow new states to receive grants.

Second, on April 3, Senators Dick Durbin (D-IL) and Tim Kaine (D-VA) introduced the Supporting America's Caregivers and Families Act, S. 1017, a bill that would increase funding, training, and support for the more than 34 million family caregivers in America. The bill would bolster the nation's network of Area Agencies on Aging (AAAs), and enhance support for caregivers through skills building, resources and information, respite care, counseling, and other services.

The legislation enhances the ability of AAAs, under the authority of the Older Americans Act, to support caregivers and those they serve by doing the following:

- **Increase funding:** Increases the funding authorization level for the National Family Caregiver Support Program (Title III-E of the Older Americans Act) from \$160.8 million to \$360 million.
- **Increase the use of caregiver assessments:** Directs the Secretary of Health and Human Services to establish a plan to increase the use of caregiver assessments, and creates a new technical assistance and resource center to share best practices. Eighty-four percent of caregivers report they could use additional information to provide care to loved ones. Increasing the use of caregiver assessments will help identify and address the health, financial, training, and skills that caregivers may need.
- **Enhance Partnerships with Health Payers:** Expand the ability of AAAs to receive funding from Medicare and Medicaid to provide case management and other services for seniors, which will increase funding for support services to seniors.

Additional information about the Durbin-Kaine bill can be found at <https://www.kaine.senate.gov/press-releases/durbin-kaine-introduce-bill-to-support-family-caregivers>.

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## WORK OPPORTUNITY TAX CREDIT EXTENSION INTRODUCED

On April 2, Senators Rob Portman (R-OH) and Sherrod Brown (D-OH), along with Senators Ben Cardin (D-MD), Robert Menendez (D-NJ), Bill Cassidy (R-LA), and Roy Blunt (R-MO) introduced S. 978, a bill to make the Work Opportunity Tax Credit (WOTC) permanent. A week later, on April 10, House Ways and Means Select Revenue Measures Subcommittee Chairman Mike Thompson (D-CA), along with Representatives Tom Reed (R-NY), Bill Pascrell (D-NJ), Tom Rice (R-SC), and Tom Suozzi (D-NY) announced the introduction of H.R. 2213, a similar bill to make the tax credit permanent.

The WOTC encourages private employers to hire people on public assistance who might otherwise have barriers to employment, including disabled, unemployed, and food stamp-dependent veterans. Studies show that WOTC saves both state and federal governments at least \$85 billion over ten years because it reduces spending on programs like TANF, SNAP, Medicaid, and housing assistance. The most recent five-year extension of the program, enacted in 2015, significantly increased hiring by employers of individuals on public assistance programs, veterans, and people with disabilities. According to the Department of Labor's most recent statistics, over 2.2 million WOTC certifications were issued in fiscal year 2018 compared to 1.3 million in fiscal year 2014.

PVA is a strong supporter of WOTC and recently joined a number of advocacy organizations in a letter to Congress urging permanent extension of the program prior to its expiration on December 31. Of the Senate sponsors, all but Senator Blunt are members of the Senate Finance Committee. Senator Blunt, however, is a member of the Senate leadership and works closely with Majority Leader Mitch McConnell (R-KY). Their sponsorship of this measure is meant to send a strong signal to Congress and the White House that the time for WOTC permanency is long overdue.

## ITS AMERICA DRIVERLESS CAR REPORT

The Intelligent Transportation Society of America (ITS America) released its April 2019 report on Driverless Cars and Accessibility: Designing the Future of Transportation for People with Disabilities. <https://bit.ly/2CW6Gtd>.

The report summarizes current challenges that people with disabilities face and speculates as to which requirements might be necessary for a "fully automated" and "fully accessible" vehicle to indeed be accessible. The report focusses on issues affecting people with disabilities who are deaf and hard of hearing, blind and low vision, and those who are mobility Impaired.

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Representatives from the mobility impaired community have expressed the importance of considering the following when designing automated vehicle systems:

- Human-machine interface of the vehicle – specifically, that the interface can accommodate users who experience a range of physical challenges, such as difficulties associated with fine motor control or speech.
- Challenges associated with inaccessible routes (e.g. street furniture, streetscape) or obstacles on the way to/from vehicle (including navigating through traffic as a pedestrian).
- Independent and safe ingress and egress methods.
- Independent and safe use of occupant protection and mobility aid device restraint systems (e.g. Wheelchair Tie-down and Occupant Restraint Systems).

There are still gaps in accessibility and plenty of lessons learned from several decades of experience with ADA in transportation. Therefore, new vehicle designs that incorporate fully automated driving systems, particularly those supporting demand-responsive passenger service (to include shared-use ride-hailing, micro-transit, and para-transit services), represent a unique opportunity to reexamine the needs of people with disabilities.

## ADDRESSING VETERAN'S MENTAL HEALTH NEEDS

PVA recently endorsed S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, which was introduced by the Ranking Member of the Senate Veterans' Affairs Committee, Senator Jon Tester. This landmark legislation incorporates ideas from mental health advocates, local stakeholders, and veterans, and builds upon what VA is doing right when it comes to mental health treatment and suicide prevention, while filling in the gaps with innovative treatment options, better access to care for rural and women veterans, and more help for service members transitioning out of the military. Among other provisions, the bill would:

- **Bolster VA's mental health workforce to serve more veterans** by giving VA direct hiring authority for more mental health professions, offering scholarships to mental health professionals to work at Vet Centers, and placing at least one Suicide Prevention Coordinator in every VA hospital.
- **Improve rural veterans' access to mental health care** by increasing the number of locations at which veterans can access VA telehealth services and offer grants to non-VA organizations that provide mental health services or alternative treatment to veterans.
- **Strengthen support and assistance for service members transitioning out of the military** by giving every service member one full year of VA health care when they leave



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the military and improving services that connect transitioning veterans with career and education opportunities.

- **Study and invest in innovative and alternative treatment options** by expanding veterans' access to animal, outdoor, or agri-therapy, yoga, meditation, and acupuncture, and investing in VA research into the impact of living at high altitude on veterans' suicide risk and identifying and treating mental illness.
- **Hold VA accountable for its mental health care and suicide prevention efforts** by examining how VA manages its suicide prevention resources and how VA provides seamless care and information sharing for veterans seeking mental health care from VA and community providers.

## **HOUSE LEADERSHIP UNVEILS LEGISLATION TO STRENGTHEN PROTECTIONS FOR PRE-EXISTING CONDITIONS AND LOWER HEALTH CARE COSTS**

In late March, House Democratic leaders introduced the Protecting Pre-Existing Conditions & Making Health Care More Affordable Act of 2019, H.R. 1184, which is intended to strengthen protections for people with pre-existing conditions and address recent regulatory moves to weaken the Affordable Care Act. The bill would reverse efforts by the Department of Health and Human Services to give states waivers that undermine pre-existing condition protections in health insurance coverage and stop the expansion of so-called "junk insurance plans" that fail to provide adequate coverage and discriminate against some consumers. The legislation would also restore critical outreach and enrollment funding for navigators to assist consumers in signing up for health care plans.

To address the rising costs of health insurance coverage, the bill expands eligibility for premium tax credits beyond 400 percent of the federal poverty line and increases the size of tax credits for all income brackets. The legislation would also establish a national reinsurance program to help cover the costs of consumers with expensive medical conditions, which should lower premiums in general, and would offer funding to states to establish their own State-Based Marketplaces, which often offer lower cost health insurance plans.

This legislation is likely to pass the House whenever it is brought to the floor for a vote but its fate in the Senate is uncertain given the reluctance of Senate leadership to pursue health care reforms during the 116<sup>th</sup> Congress.

## **SENATE LETTER HIGHLIGHTS 2020 ADMINISTRATION BUDGET IMPACT ON DISABILITY PROGRAMS**

Senators Bob Casey (D-PA) and Sherrod Brown (D-OH) have written to Office of Management and Budget (OMB) Director Mick Mulvaney urging the Administration's cabinet departments to review their budgets for cuts to disability programs and to restore recommended funding for

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these programs. Early reports on the budget highlighted a \$1.5 trillion cut to Medicaid, \$800 billion reduction in Medicare spending, \$84 billion reduction in Social Security Disability Insurance, and elimination of funding for the Special Olympics.

In addition to those cuts, the Senators' letter goes on to point out reductions in funding contained in the fiscal year 2020 budget to the Traumatic Brain Injury program; the Paralysis Resource Center; State Councils on Developmental Disabilities; University Centers on Developmental Disabilities; the National Institute on Disability, Independent Living, and Rehabilitation Research; Independent Living Centers; the Voting Access for People with Disabilities program; state Assistive Technology programs; the Family Caregiver Support Services program; Lifespan Respite Care program; and Section 811 Housing for Persons with Disabilities.

The scope of these cuts are unlikely to come to fruition because Congress has largely dismissed the Administration's proposed 2020 budget. However, PVA will be working with its allies in the disability community to ensure that any final spending bills preserve support for these and other vital programs that are essential to the lives of people with disabilities.

## **UPCOMING U.S. ACCESS BOARD WEBINARS**

On April 20 at 2:00 pm ET, the U.S. Access Board is hosting part one of a webinar series on "Promoting Independence and Access through Responsible Design." Melissa Anderson, PE, formerly a Transportation Engineer for the U.S. Access Board, will present a four-part webinar series designed to improve the understanding of why and how to provide accessible pedestrian facilities in the public right of way. Part one will begin with a discussion of legal obligations, how the standards and guidelines apply and then move through the components of pedestrian access and how to actually achieve access.

The Access Board is also hosting a webinar on May 2 at 2:30 pm ET. This session will cover access to sales and services counters and review applicable requirements in the Americans with Disabilities Act and Architectural Barriers Act Standards. Presenters will illustrate access to various types of counters, including sales counters, check-in counters, and food service counters. They will also address teller and service windows, check-out aisles, self-service shelves, and food and beverage dispensers.

For more information or to register for these webinars, please visit [www.accessibilityonline.org](http://www.accessibilityonline.org).