



Paralyzed Veterans
of America

WASHINGTON UPDATE

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

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INDEPENDENT BUDGET VSOs RELEASE BUDGET RECOMMENDATIONS

In advance of the Administration's budget request for Fiscal Year (FY) 2020 and advance appropriations for FY 2021, Disabled American Veterans (DAV), PVA, and Veterans of Foreign Wars of the U.S. (VFW) — authors of The Independent Budget (IB) — are recommending a total of \$103.3 billion to ensure the Department of Veterans Affairs (VA) begins to fully and faithfully implement the VA MISSION Act of 2018, make needed improvements, and is able to timely deliver benefits and services to ill and injured veterans, their families, and survivors. This is the first time the IB's recommended budget has topped the \$100 billion mark, and represents a 17 percent increase over current FY 2019 funding.

Implementing the VA MISSION Act this fiscal year will require significantly more resources than have been provided through regular appropriations, and is the main reason why medical care appropriations for FYs 2020 and 2021 need to be increased. The law, which changes how VA provides health services for veterans in the community, is projected to increase veterans' enrollment in the VA health care system, and increase veterans' utilization and reliance on VA as a direct provider of care.

Other highlights from the IB funding recommendations for FY 2020 include:

- \$70 billion for veterans medical care funding, a \$3.5 billion increase over FY 2019;
- \$18 billion for medical community care funding, nearly doubling the FY 2019 appropriation;
- \$6.1 billion for information technology (IT), \$1 billion more than FY 2019 funding level; and
- \$2.7 billion for VA major and minor construction programs to repair, renovate, expand, and replace VA's aging infrastructure, a \$1.8 billion increase over FY 2019.

The IB recommends \$18.1 billion for the Medical Community Care account for FY 2020, which includes \$8.5 billion to meet related requirements in the VA MISSION Act, including replacing the Veterans Choice Program with the new Veterans Community Care Program by the start of FY 2020, and implementing the new Urgent Care benefit and Veteran Care agreements.

Additionally, the IB is calling for a \$1 billion increase in IT funding over FY 2019, citing concerns with VA's ability to deliver timely, effective, and efficient IT solutions that can sustain current operations delivering benefits and services to veterans, support continuous improvements in

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benefits and services to veterans, and facilitate initiatives that position the agency to be on the leading edge of technology to care for our nation's veterans, their families, and survivors.

Finally, the IB recommends \$2.8 billion for VA's major construction programs, including \$1 billion to remedy critical seismic deficiencies. To view the full budget report, please visit independentbudget.org.

VA ANNOUNCES PROPOSED ACCESS STANDARDS FOR COMMUNITY CARE

On January 30, VA announced access standards for community care that they plan to propose in the coming weeks. The Veterans Community Care program is expected to be implemented in June, replacing the current Choice Program. One of the eligibility criterion for veterans to access the program is if VA fails to meet its own access standards. These standards, once officially proposed, will be effective when the final regulations publish, likely this summer.

The presented access standards will be based on average drive time and appointment wait times.

- For primary care, mental health, and non-institutional extended care services, VA is proposing a 30-minute average drive time standard.
- For specialty care, VA is proposing a 60-minute average drive time standard.
- VA is proposing appointment wait-time standards of 20 days for primary care, mental health care, and non-institutional extended care services, and 28 days for specialty care from the date of request with certain exceptions.

We support VA's attempt to provide timely, quality health care in the most appropriate setting to veterans. Once the official regulation is published for comment, we will be able to learn more about the proposed access standards and how they would be applied. We want to make sure that VA's expansion into the community is not at the expense of the quality care currently provided through the VA health care system. In addition, we are concerned about VA's reliance on modernized health care IT to successfully execute this new program, particularly in light of its IT failures and the quick implementation time.

PVA GOVERNMENT RELATIONS WELCOMES MORGAN BROWN TO LEGISLATIVE TEAM

We are pleased to announce that Morgan Brown joined the PVA staff as its National Legislative Director on February 4.

Morgan has more than 17 years of experience on Capitol Hill and is a highly respected voice on military and veterans issues. He served in the Air Force for nearly 22 years before starting his advocacy work with the Air Force Sergeants Association as a Legislative Assistant in 2002. He became that association's Director of Military and Government Relations in 2011 with a short stint in between as the Senior Legislative Assistant for the National Association for Uniformed

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Services. Morgan also served as Co-Chair of The Military Coalition (TMC) for three years and for the last 15 years as a leader of its Veterans Subcommittee.

He currently resides in Bristow, Virginia, with his wife Beatrice. He is a member of the Mid-Atlantic Chapter of Paralyzed Veterans of America. We are proud to welcome him to the Government Relations team where he will lead our legislative program and help improve the lives of catastrophically disabled veterans.

VA PROPOSED URGENT CARE BENEFIT

In preparation for the roll out of the new Veterans Community Care Program this June, VA has announced its proposed regulations for urgent care benefits. Certain eligible veterans will have access to urgent (walk-in) care when they need it. The benefit will cover services that are non-emergent, but need immediate attention such as flu, pink-eye, and strep throat. To be eligible, a veteran must be enrolled in VA and have received care from VA within the previous 24 months.

Priority Group(s)	Copayment Amount
1-5	<ul style="list-style-type: none">• First three visits (per calendar year): \$0• Fourth and greater visits (per calendar year): \$30
6	<ul style="list-style-type: none">• If related to combat experience, special authority, or exposure:<ul style="list-style-type: none">○ First three visits (per calendar year): \$0○ Fourth and greater visits (per calendar year): \$30• If not related to combat experience, special authority, or exposure:<ul style="list-style-type: none">○ \$30 per visit
7-8	<ul style="list-style-type: none">• \$30 per visit

The comment period will close on March 4. PVA will be submitting comments about the administration of this benefit. To read the proposed regulations, please visit:

<https://www.federalregister.gov/documents/2019/01/31/2019-00277/urgent-care>.

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HOUSE JUDICIARY HEARING ON VOTER REGISTRATION PRIORITIES

On January 29, the House Judiciary Committee held its first hearing of the 116th Congress on H.R. 1 – For the People Act. Introduced by Representative John Sarbanes (D-MD), this bill would expand Americans’ access to the ballot box, reduce the influence of “big money” in politics, and strengthen ethics and rules for public servants.

Section I includes provisions to modernize voter registration, such as promoting internet registration, same day registration, and automatic voter registration. Currently 37 states and the District of Columbia have a form of online registration, while 17 states and the District of Columbia have same day registration of a federal election, including registration during early voting. Automatic voter registration requires the chief election officials to automatically register to vote any eligible unregistered citizen while protecting from prosecution ineligible voters who mistakenly register.

Section II requires states to promote access to voter registration and voting for people with disabilities. The legislation provides grant funds to improve voting for persons with disabilities and creates a pilot program to allow people with disabilities to register to vote from home.

Other sections of the legislation promote accuracy, integrity, and security through a voter-verified paper ballot. This would require states to use an individual durable voter-verified paper ballot that can be counted by hand or optical character recognition device. It provides the voter the opportunity to correct the ballot should a mistake be made and requires that ballots are preserved in a manner where they are not identifiable with the voter.

Section VII requires states to provide provisional ballots for eligible voters at incorrect polling places and count those ballots. Section VIII requires at least 15 consecutive days of early voting for federal elections and requires early voting locations be near public transportation and open at least four hours per day. Furthermore the bill would prohibit a state from imposing restrictions on a person’s ability to vote by mail. Currently, three states, Colorado, Oregon, and Washington conduct all elections by mail.

The legislation would also require states to send absentee ballots to overseas voters and uniformed service members at least 45 days before the election and allows civil penalty for failure. Section XII allows individuals to have a private right of action and the ability to file administrative complaints in order to enhance enforcement.

Section XIV promotes voter access through election administration improvements. The Act would make Election Day a federal employment holiday and encourages private sector employers to do so as well. It would also require seven days’ notice of polling place changes and makes colleges and universities voter registration agencies. The Election Assistance Commission (EAC) would be fully reauthorized and required to develop a model training program for the recruitment of poll workers and provide grants for training.

H.R. 1 is the most comprehensive change to the election process since the Help America Vote Act of 2002 and the National Voter Registration Act of 1993. It would broaden registration capabilities making it easier to register to vote and exercise the vote for all eligible citizens. Opponents of the legislation are concerned that it goes too far as the framers of the Constitution

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gave the states the authority to design and execute voting procedures. H.R. 1 currently has 227 cosponsors.

SOCIAL SECURITY 2100 ACT INTRODUCED

On January 30, Representative John Larson (D CT), Chairman of the Ways & Means Social Security Subcommittee, introduced the "Social Security 2100 Act," H.R. 860. In remarks to a public briefing on that occasion, Larson said, "Today, over 200 Members of Congress came together on the anniversary of President Franklin Delano Roosevelt's birth to honor his legacy, and to enhance and expand the nation's most successful insurance program, Social Security, which touches the lives of every American. With 10,000 baby boomers becoming eligible for Social Security every day, the time to act is now. The Social Security 2100 Act will provide economic security not just for today's seniors but for future generations, too."

The last major overhaul of Social Security was in 1983 and the significant changes made then enabled the system to pay benefits well into this century. However, modest updates are needed to ensure that the program will remain strong into the next century. Social Security is the most important source of retirement income for 4 out of 5 seniors. It serves over 9 million veterans and their families, including over 1 million veterans with disabilities.

PVA has endorsed the Social Security 2100 Act because of the important improvements it makes to the program, from setting a more realistic cost-of-living-adjustment, cutting taxes on benefits for almost twelve million beneficiaries and making long overdue adjustments in the financing mechanisms for the system. Moreover, Social Security actuaries have determined that this bill will ensure the long-term solvency of the trust funds. The legislation current has more than 200 cosponsors.

LEGISLATION INTRODUCED TO ELIMINATE SUBMINIMUM WAGE

On January 30, Representative Bobby Scott (D-VA), Chairman of the Committee on Education and Labor, Senator Bob Casey (D-PA), and Representative Cathy McMorris Rodgers (R-WA) introduced the Transformation to Competitive Employment Act (H.R. 873 and S. 260), which aims to provide states, service providers, subminimum wage certificate holders, and other agencies with the resources to help workers with disabilities transition into competitive, integrated employment.

Currently, under section 14(c) of the Fair Labor Standards Act, employers that obtain a 14(c) certificate are permitted to hire individuals with disabilities at less than minimum wage. The Transformation to Competitive Employment Act would strengthen and enhance disability employment service delivery systems throughout states while subminimum wages are phased out over a six-year period.

Included in the Transformation to Competitive Employment Act are provisions that would:

- Create a competitive state grant program to assist states to transition all 14(c) certificate holders to models that support competitive, integrated employment for individuals with disabilities.

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- Create a competitive grant program for current 14(c) certificate holders, located in states that do not apply for the state grant, to transition their business models to support individuals with disabilities in competitive, integrated employment.
- Immediately freeze the issuance of any new 14(c) certificates by the Department of Labor (DOL) and phase out the use of existing 14(c) certificates over six years until employees are paid the federal minimum wage.
- Establish a technical assistance (TA) center to support all entities, even those not receiving the transformation grants, to transition to competitive integrated employment.

Supporting introduction of H.R. 873 and S. 260 were more than 20 national and state disability rights, consumer, and advocates organizations including the Association of University Centers on Disabilities (AUCD), Council of State Administrators of Vocational Rehabilitation (CSAVR), Disability Rights Education & Defense Fund (DREDF), National Council on Independent Living (NCIL), National Disability Rights Network (NDRN), National Federation of the Blind (NFB), and National Rehabilitation Association. As a proponent of competitive, integrated employment, PVA applauds this legislation and will join with these allies in the disability community in promoting its passage.

APPEALS MODERNIZATION ACT - UPDATE

The Veterans Appeals Improvement and Modernization Act of 2017 was passed and signed into law in August 2017. This legislation was a collaboration between VA and VSOs to address the extensive wait times veterans encounter when appealing their benefit claims.

Initially, this legislation was set to be implemented on February 14; however, due to the government shutdown, implementation was delayed to February 19. VA has been transparent during the implementation period by holding monthly meetings and keeping VSOs up to date on the progress on the program.

As the legislation moves toward implementation, PVA has several concerns regarding this program, including:

- VA developed and has implemented a new IT program, Caseflow, to allow staff to follow the status of cases being appealed. Unfortunately, VSOs still do not have complete access to this program. Until they do, PVA's representatives at the Board of Veterans Appeals will be unable to determine how the program's effectiveness.
- Typically, if a veteran needed the opinion of a specialist to determine the outcome of his/her claim, VA would request an outside medical opinion. However, this program has been dissolved. This is particularly concerning for PVA since we represent veterans who have the most complex claims and more often than not need the opinion of a specialist.
- Training is a significant concern of all VSOs since VA has maintained that all new personnel will be completely trained prior to the implementation of the law. VA was provided authority to hire hundreds of new employees, all of which VA has guaranteed

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would be brought on board and trained prior to February 1. On one hand, these new employees will not have the habits of older employees; however, they will not have their experience either. Given the fact that the learning curve of these positions is quite steep, it will be interesting to see how having less experienced employees will affect the implementation of the program.

- VA has requested that time limits be placed on Informal Hearing Presentations (IHPs); however, this was not introduced as a new regulation or statute. PVA opposes time limits for IHPs and feels VA is only asking to make it easier for them to meet their goal of producing decisions in 365 days.

STUDENT LOAN FORGIVENESS FOR 100 PERCENT DISABLED VETERANS

Recently, legislation was passed that allows 100 percent service-connected disabled veterans to have their student loans forgiven. Unfortunately, even though the Department of Education (ED) is aware that veterans may take part in this program, they are still referring these veterans for collection, which has a negative impact on their credit and quality of life.

Veterans Education Success (VES) submitted a Freedom of Information Act (FOIA) request and learned that there are 42,763 veterans who VA has deemed are 100 percent disabled or Individually Unemployable (IU), and are therefore, eligible for student loan forgiveness. Of those, more than half of these veterans (25,023) are already in default - owing \$168 million in outstanding loans. Veterans who are in default on student loans have their disability checks withheld.

PVA is working with other VSOs to address this problem. This includes increasing outreach to veterans who are eligible and persuading them to utilize this benefit. If any PVA members feel that they may be eligible for student loan debt forgiveness (100 percent service connected, IU included), please contact Steven Henry, Associate Legislative Director, at stevenh@pva.org for assistance.

PVA LEADERSHIP AND STAFF VISIT PUERTO RICO CHAPTER

In mid-January, a team of PVA leadership and staff travelled to Puerto Rico to see how the PVA chapter, its members, and all people with disabilities had fared since the devastation of Hurricane Maria in 2017. Led by National President David Zurfluh and Vice President Hack Albertson, the delegation spent two full days meeting with government officials as well as PVA members and chapter leaders.

The group met with representatives of the Federal Emergency Management Agency (FEMA) that have been deployed to the island to attend to matters regarding post-Hurricane Maria recovery. In that meeting, FEMA Disability Integration Advisors Karin Agritelly and Candace Alder and Evelyn Medina with the Joint Field Operations staff outlined the Core Advisory Groups (CAGs) that have been established to bring together stakeholders from the disability community as well as local and state emergency officials to develop disability inclusive

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emergency preparedness plans for the Commonwealth. The executive director of PVA's Puerto Rico chapter, Diana Sambolin, heads up the CAG in the San Juan region. Five regional CAGs were created in October and tasked with identification of access issues in disaster management, outreach to the disability community, and development of emergency response plans using the information brought forward in their meetings. The regional CAGs and smaller municipal CAGs that FEMA hopes to organize are expected to present reports and recommendations to the Puerto Rico Emergency Management Agency by the end of March.

The FEMA officials emphasized repeatedly the importance of individual responsibility in preparing for natural disasters, describing their role primarily as one of offering guidance and technical assistance to the state government about inclusive emergency management practices. However, they stressed that the responsibility for assuring access ultimately falls to the state government.

Dr. Antonio Sanchez, the acting director of the VA Medical Center in San Juan, discussed with the PVA group the recovery process for the VA health care system since Maria, noting that they had just received a positive visit from the VISN and VA Central Office. The medical center had received funds from Washington to correct gaps found in their hurricane preparation and have proceeded with repairs to clinics in Arecibo and Vieques, which will be collocated with the Puerto Rico Department of Public Health in a new facility expected to open in January 2020. The VA has also enhanced the satellite infrastructure at the San Juan VAMC and Virgin Islands facilities and VHA is ensuring placement of generators at its CBOCs in Florida based on the experience of Puerto Rico in 2017.

The medical center has also updated its enrollee records with addresses, phone numbers, and emails to avoid the problems contacting veterans that it encountered during and after Maria. Using the VA's electronic health records system, Dr. Sanchez reported that they were eventually able to locate all registered veterans with SCI/D and determine whether they were still on the island or had relocated to VA facilities elsewhere.

In a meeting with Mildred Gomez, the Associate Director for MAVI, the Center for Independent Living (CIL) in San Juan, the group heard about the experiences of the broader disability community during and after Maria and what work the CIL community on the island has done to address problems with inaccessible and improperly provisioned shelters. MAVI also offers workshops in disability inclusive emergency response and self-preparation techniques for people with disabilities.

Most of the PVA members with whom the team met have managed to rebuild their homes and their lives after the hurricane. However, there were still troubling examples of members who experienced problems receiving financial assistance from FEMA or whose neighborhoods were still pockmarked with damaged roads or without working street lights.

Among the take-aways from the visit, the PVA team felt that the VA medical center appeared to have learned from its experiences with Hurricane Maria and was taking steps to correct problems brought to light during that period. There is concern, however, that while individual preparedness is a key component to surviving a natural disaster, FEMA should be more assertive in ensuring that the rights of people with disabilities are not overlooked in emergency management systems. The CAGs are viewed as good mechanisms for assuring disability

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inclusion in emergency preparation and response. However, there continues to be a need for better integration between the VA and civilian disability response systems.