



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

January 16, 2018

Volume 24, Number 1

*****PRIORITY*****

The Government Relations staff is still looking for stories about problems that our members have experienced during air travel. Please visit www.AirAccess30.org and share your story.

PVA OUTLINES POLICY PRIORITIES FOR THE 2ND SESSION OF THE 115TH CONGRESS

Prior to the Christmas holiday, the Government Relations Department finalized our primary policy priorities for 2018. A brief outline of those issues that will comprise our point papers for the 2018 Advocacy and Legislative Seminar in March is below:

A. Protection of Specialized Services

- The highest priority is to strengthen and sustain VA's specialized services, such as spinal cord injury/disease care, blinded care, poly-trauma care, and mental health care, which are not duplicated in the private sector.
- Provide sufficient funding for VA to hire additional clinicians, to include physician, nurses, psychologists, social workers, and rehabilitation therapists to meet demand for services in the SCI/D system of care.
- Ensure veterans who receive care in the community retain current protections unique to VA health care under Title 38 U.S.C., including medical malpractice remedies governed by 38 U.S.C Section 1151, clinical appeal rights, no-cost accredited representation, and Congressional oversight and public accountability.

B. Expand Eligibility for VA's Comprehensive Family Caregiver Program

- Congress must expand eligibility for caregiver services provided through the VA's Comprehensive Family Caregiver Program for veterans with service-connected injuries or illnesses incurred prior to September 11, 2001.

C. Oversight of Comprehensive Reform of the Claims Appeals Process Needed

- Provide oversight of VA's implementation of the comprehensive reform of the benefit claims and appeals process that was agreed to by stakeholders and subsequently signed into law.

Paralyzed Veterans of America

Government Relations Department

801 18th Street, NW · Washington, DC 20006

(800) 424-8200 · (800) 795-4327 · www.pva.org

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

D. Improve Benefits for Catastrophically Disabled Veterans

- Increasing the rates of Special Monthly Compensation as well as Aid and Attendance benefits.
- Maintaining appropriate Automotive Adaptive Equipment (AAE) reimbursement.
- Ensuring access to Prosthetics as VA considers rule changes.

E. Air Carrier Access Act (ACAA) Problems for People with Disabilities

- Improve access to air travel for people with disabilities by strengthening protections in the ACAA to ensure safe and efficient assistance and accommodations in air travel and increasing enforcement of these protections.

F. Americans with Disabilities Act (ADA) Notification

- Protect the rights of people with disabilities to seek immediate redress of discriminatory barriers in public accommodations under the ADA by refusing to enact notification requirements under Title III.

G. Protect and Strengthen Social Security, Medicare, and Medicaid (Entitlement Reform)

- American workers have earned these vital social insurance benefits. Because these programs represent an economic safety net for millions of Americans, Social Security and Medicare should be strengthened and efforts to undermine these programs through benefit cuts or privatization must be rejected. Access to Medicaid, including long-term services and supports, must also be protected.

UPDATE – TAX REFORM

Just before Christmas, Congress passed and the President signed into law the Tax Cuts and Jobs Act of 2017, the major tax initiative of the Trump Administration and Congress. The vote in the House of Representatives was 227 in favor and 203 opposed with five Members not voting. In the Senate, the party line vote was 51 to 48 with Senator McCain [who is undergoing treatment for brain cancer] not voting. While taking no position on the overall issue of tax reform, PVA had expressed strong objections to several provisions in the House bill that would have adversely affected many veterans and people with disabilities.

The House bill would have eliminated the deduction for significant medical expenses, the Work Opportunity Tax Credit (WOTC) that offers incentives for companies to hire veterans, people with disabilities and others with barriers to employment and the Disabled Access Tax Credit (DAC) which assists small businesses in making their establishments accessible to people with disabilities. The final version of the tax bill preserved these vital tax credits. For those who itemize their taxes, the medical expense deduction was not only maintained but made more generous. Starting next year, the deduction will kick in for expenses totaling 7.5percent of income instead of 10percent.

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

While the tax bill will provide significant cuts in corporate tax assessments and temporary reductions in tax rates for individuals, it will add an estimated amount to the deficit over ten years between \$1.5 trillion and \$600 billion (assuming economic growth offsets some of those costs). PVA is concerned about the impact this may have on programs such as Medicare, Medicaid and Social Security because of the linkage between the tax measure and proposals outlined in the House and Senate 2018 budget plans. Those Congressional budget resolutions call for \$487 billion in savings over ten years from Medicare, \$1 trillion in savings from Medicaid and \$5.4 billion from Social Security. Proposed changes for Medicare include a gradual increase in the eligibility age from 65 to 67, raising income related premiums for Parts B and D and converting this program to a premium support system of financing. If enacted, Medicare beneficiaries would be given a flat payment or voucher with which to buy health insurance either under traditional Medicare or through the private market.

All plans competing in the program would have to match the benefits and services of traditional Medicare and insurers could not deny coverage to any beneficiary.

Although the impact on beneficiaries of this plan is unclear, previous analyses by the Congressional Budget Office have indicated that a premium support system would increase costs for those enrollees in traditional Medicare.

The \$1 trillion in cuts to Medicaid are assumed to come from adoption of provisions that were included in previous House-passed health care reform bills such as turning Medicaid into a block grant to the states and ending the Medicaid expansion. Some two million veterans and their families are covered by traditional Medicaid or the expansion and reductions in spending on that program could strain capacity of other health systems such as the VA. For Social Security, the 2018 budget resolution proposes reducing Social Security Disability Insurance (SSDI) benefits to those beneficiaries receiving Unemployment Insurance compensation. Such a move could prove to be a work disincentive for SSDI recipients who attempt a return to work but lose their jobs through no fault of their own.

Although these changes proposed to Social Security, Medicare and Medicaid are only a road map for authorizing committees to turn into legislation, PVA remains concerned that pressure to address the deficit will drive calls to dramatically reduce benefits to beneficiaries of these programs. PVA expects to be involved in efforts to combat threats to safety net programs that are vital to so many members and their families.

Analyses of the tax bill can be found at: <https://taxfoundation.org/final-tax-cuts-and-jobs-act-details-analysis> and <http://www.taxpolicycenter.org/feature/analysis-tax-cuts-and-jobs-act>.

HOUSE COMMITTEE ON VETERANS' AFFAIRS SUBCOMMITTEE ON ECONOMIC DEVELOPMENT HOLDS HEARING ON VETERANS HOME LOANS

On Wednesday, January 10, 2018, the House Committee on Veterans' Affairs Subcommittee on Economic Development held a hearing to address "Home Loan Churning Practices and How Veteran Homebuyers are Being Affected."

Testifying on the panel were Mr. Jeffrey London, Director of the Loan Guaranty Service, Veterans Benefits Administration; Mr. John Bell, Deputy Director of the Loan Guaranty Service, Veterans Benefits Administration; Mr. Michael R. Bright, Executive Vice President and COO, Government National

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

Mortgage Association; Mr. J. David Motley, CMB, President, Colonial Savings F.A.; and Mr. Brock Cooper, General Counsel, Veterans United Home Loans. The hearing opened with Mr. Jeffrey London providing testimony regarding the VA home loan program.

Over the past 70 years VA has guaranteed more than 23 million loans totaling in excess of \$2 trillion dollars. Last fiscal year alone, VA guaranteed an all-time record of over 740,000 loans totaling more than \$189 billion.

The hearing focused on questionable practices by organizations who prey on veterans who used the VA home loan program and/or one of VA's two refinance programs. These organizations will provide erroneous information to the veterans that could have a detrimental effect on the loan to include ruining the equity of the loan. It has been determined that these questionable practices, or "churning," are not a systemic problem and VA has been addressing the problem.

Representative Mark Takano raised the question of whether or not the "churning" organization could be fined. While the panel indicated the organization could be fined, it must be very specific and address whether the organization had intended to specifically fraud or mislead the veteran.

Representative O'Rourke asked the panel if there had been any progress ensuring the "churning" organizations have ceased their questionable practices. The panel responded that as of that day, January 10th, organizations must disclose all loan information sent to the veteran including recoup time for refinance loans.

PRESIDENT TRUMP SIGNS EXECUTIVE ORDER ON TRANSITIONING VETERANS

With the statement that "*We must ensure that our veterans are given the care and support they so richly deserve. That is our unwavering commitment to those who served under the flag of the United States,*" President Donald J. Trump signed a new Executive Order to ensure veterans have the resources they need as they transition back to civilian life. He signed the Executive Order on "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life." The Executive Order directs the Secretaries of Defense, Homeland Security, and Veterans Affairs to:

- Within 60 days, develop and submit a Joint Action Plan to provide "seamless access to mental health treatment and suicide prevention resources for transitioning uniformed service members in the year" following military service; and
- Within 180 days, update the President on the implementation of the Joint Action Plan and outline further reforms to increase veterans' access to mental health services.

The status report will include the progress of reforms implemented through the Joint Action Plan and any additional reforms that could help further address problems that obstruct veterans' access to mental health treatment resources.

There is significant concerns that veterans in their first year after service are particularly vulnerable to mental health risks but often do not receive adequate care. Most veterans' experience in uniform increases their resilience and broadens the skills they bring to the civilian workforce. Unfortunately, in some cases within the first year following transition, some veterans can have difficulties reintegrating into normal life after their military experiences and some tragically take their own lives. Only 50 percent of returning service members who need mental health treatment seek it, and only about half of those who

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

receive treatment receive adequate care, according to the Substance Abuse and Mental Health Services Administration.

Perhaps more concerning, the suicide rate among veterans in the first year after their service is twice the average among veterans. Veterans 3 to 12 months out of military service are 3 times more likely to commit suicide than their active duty compatriots, while those up to 3 months out of service were 2.5 times as likely, according to a study from the Naval Postgraduate School. Approximately 18.5 percent of veterans returning from Iraq or Afghanistan suffer from post-traumatic stress disorder or depression.

President Trump and Secretary Shulkin have announced four important initiatives to expand healthcare access for our veterans through technological innovation.

- An expansion of the VA's "Anywhere to Anywhere" healthcare, which allows VA providers to use tele-health technology to remotely treat veterans regardless of geographic location.
- A greater adoption of VA Video Connect, an application for mobile phones and computers, which directly connects veterans and healthcare providers from anywhere in the country.
- At over 100 VA sites across the nation, a rollout of the new Online Scheduling Tool, which enables veterans to schedule appointments from their mobile devices or computers.
- A launch of the VA's "Access and Quality Tool," which allows veterans to view online both wait times at VA locations and important quality-of-care data.

President Trump has ensured continued access to care in the Veterans Choice Program by signing the VA Choice and Quality Employment Act, authorizing \$2.1 billion in additional funds for the Veterans Choice Program (VCP). The VCP gives eligible veterans their choice of private care if they live more than 40 miles from the closest eligible VA facility, experience wait times over 30 days from the clinically indicated date, or face an excessive burden in accessing VA care. The President also announced that the Department of Veterans Affairs will adopt the same Electronic Health Record (EHR) as the Department of Defense (DOD). VA's adoption of the same EHR as DOD will ultimately result in all patient data residing in one common system, enabling the immediate availability of service member's medical records and seamless care between the departments. Secretary Shulkin has expanded access to urgent mental healthcare to former service members with other-than-honorable (OTH) discharges.

ACCESS BOARD HOSTS MEETING ON ACCESSIBLE PARKING

On December 6, 2017, the Access Board hosted a stake holder's forum on accessible parking and disabled placard abuses. The event was organized by the International Parking Institute and they shared the results of a survey they administered about accessible parking. The survey was online and distributed to the membership organizations of American Association of People with Disabilities (AAPD), National Council of Independent Living (NCIL), Paralyzed Veterans of America (PVA), United Spinal Association, and the United States ACCESS Board social media network.

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

There were 3,751 respondents who completed the survey. Out of that number, 91 percent of the respondents said they had a permanent need for accessible parking and that 85 percent of the time they have trouble finding a space. The biggest obstacle is that there are not enough spaces or they are all full with fraudulent placards. In parking on the street, 82 percent of the disabled drivers said, when trying to leave the space other cars have parked to close. Forty percent of the time, respondents say they physically couldn't pay for parking, or feed the meter because it was inaccessible.

Other presentations were made by the Texas Governors Committee on people with Disabilities, a survey that had over 7,500 participants. The KU Life Span Institute from the University of Kansas, did a presentation on the importance of accessible spaces designated for van parking. Demonstrated many violations and frustrations of drivers who cannot access their van because the access aisle has been blocked after they parked by another car or improper parking space design. They had an extensive study on signage and the message that discouraged violator's from parking in the space.

Two study reports from Los Angeles and San Francisco Parking Management and Enforcement Divisions, San Francisco reported that at any time during the day in the central business district that 90 percent of the metered parking spaces had cars with handicapped placards allowing them to park for free. San Francisco has a dedicated parking enforcement members to seek out fraud in the handicapped placards. Of the respondents surveyed 55 percent said, "If we had to pay for parking it still wouldn't make a difference due to the amount of fraudulent placards in use."

The participating groups in the meeting agreed to form a coalition to work on this issue which includes disability group, academics, state and local governments, the ACCESS Board and other interested parties.

PVA CONDUCTS WEBINAR FOR TSA OFFICERS

On January 10, 2018, PVA recorded a webinar for the Transportation Security Administration (TSA) that will be available to TSA officers around the nation. The purpose of the webinar is to educate TSA personnel about PVA, spinal cord injuries, wheelchairs and accessories. Also included were important items for TSA officers to consider when screening someone with a spinal cord injury. TSA asked PVA to conduct the webinar as part of their series on disability awareness. Heather Ansley, Associate General Counsel for Corporate and Government Relations, and Lee Page, Senior Associate Advocacy Director, served as presenters for the webinar.

PVA EXPRESSES CONCERN TO DOJ REGARDING WITHDRAWAL OF OLMSTEAD EMPLOYMENT GUIDANCE

On December 21, 2017, the Department of Justice (DOJ) rescinded its "Statement on Application of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* to State and Local Governments' Employment Service Systems for Individuals with Disabilities." The statement provided guidance to states on administering their employment services for people with disabilities in the most appropriate integrated setting. Although DOJ noted that their action "does not change the legal responsibilities of state and local governments under Title II of the ADA," members of the disability community, including PVA, believe that DOJ's withdrawal of the guidance sends the wrong signal to

WASHINGTON UPDATE

January 16, 2018

Volume 24, Number 1

public entities and employment service providers about what is necessary to comply with the ADA's integration mandate in employment services.

On January 8, 2018, the Consortium for Citizens with Disabilities (CCD) and the Collaboration to Promote Self-Determination sent a letter to John Gore, Acting Assistant Attorney General for Civil Rights at DOJ, expressing concern over the withdrawal of the guidance. PVA signed on in support of this letter. On January 9th, PVA and other members of the CCD Rights Task Force met with DOJ officials to further discuss our concerns. During our discussion, we also expressed concern regarding the lack of transparency in DOJ's decision to withdraw not only the Olmstead employment guidance but also nine other technical assistance documents. PVA will continue to work with the broader disability community to ensure that ADA protections for people with disabilities remain strong.

PVA GOVERNMENT RELATIONS WELCOMES STEVEN HENRY TO LEGISLATIVE TEAM

The PVA Government Relations team welcomes our newest Associate Director Steven Henry. Steve is replacing Gabe Stultz, who resigned from GVR in September of 2017. Steve recently worked in PVA's Veterans Benefits department. Steve will be representing PVA to federal agencies, most notably the Department of Veterans Affairs (VA) on issues regarding veteran's benefits. Prior to joining PVA, Steve represented The American Legion at the Board of Veterans Appeals, he served as American Legion's only service officer in Washington, DC, where he conducted site visits to VA Medical Centers across the United States to assess them for timeliness and quality of care. Steve currently represents PVA on VA's VSO Advisory Council on preventing veteran suicide.

Steve grew up in Severna Park, Maryland and enlisted into the Marines at the age of 17. He started his career as a veterans advocate in 2010, with the American Legion. Steve currently resides in Bowie, Maryland with his wife Jennifer and his son Ethan.