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STATEMENT OF MORGAN BROWN

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PARALYZED VETERANS OF AMERICA

BEFORE THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

ON

PENDING LEGISLATION

MAY 21, 2025

Chairman Moran, Ranking Member Blumenthal, and members of the committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to testify on some of the pending legislation impacting the Department of Veterans Affairs (VA) that is before the committee. No group of veterans understand the full scope of benefits and care provided by the VA better than PVA members—veterans who have acquired a spinal cord injury or disorder (SCI/D). PVA provides comments on the following bills included in today's hearing.

S. 214, the MEDAL Act of 2025

PVA supports the MEDAL Act, which recognizes the exceptional bravery and commitment of the nation's living Medal of Honor recipients. Specifically, this legislation raises the monthly special pension provided to them from $1,406.73 to $8,333.33. It also establishes $1,406.73 as the rate of the monthly pension provided to the surviving spouses of Medal of Honor recipients and requires that both rates be adjusted annually for inflation. This change is a fitting way to honor those who have given so much in service to our nation.

S. 219, the Veterans Health Care Freedom Act

This bill directs the VA to establish a three-year pilot program in four Veterans Integrated Service Networks (VISN) that would eliminate the VA MISSION Act's (P.L. 115-182) rules for access to non-VA care. Eventually, the program would become permanent for all VISNs. Uncoordinated care like this would most certainly lead to rapidly rising costs and drain off resources needed for VA direct care.

Therefore, we have grave concerns about the impact this legislation would have on catastrophically disabled veterans who rely on VA's specialty care for their ongoing health and independence.

S. 506, the Coordinating Care for Senior Veterans and Wounded Warriors Act

Many veterans who are over the age of 65 and those who are disabled are often enrolled in both Medicare and the VA. The lack of coordination between these two agencies can lead to duplication of care, poor coordination of services, higher costs, and in the worst cases, it endangers the health and wellbeing of the veteran. PVA supports the Coordinating Care for Senior Veterans and Wounded Warriors Act, which seeks to create a three-year pilot program within the VA to better coordinate, navigate, and manage the delivery of health care for veterans enrolled in both Medicare and VA health care. This would test VA's ability to coordinate and manage care and benefits between these two systems for covered veterans.

S. 585, the Servicemember to Veteran Health Care Connection Act

PVA supports this legislation, which would codify and expand the existing VA pre-transition healthcare registration process for all servicemembers transitioning to civilian life. This would ensure that the VA, in partnership with the Department of Defense (DOD), will pre-register all servicemembers leaving active duty and contact them within 30 days after their discharge to complete registration if they wish to enroll in VA healthcare services. It also requires the department to be more proactive in its outreach efforts to transitioning servicemembers, so they are better informed about the VA healthcare services available to them, before and after enrollment. This improvement to the existing process will help greater numbers of veterans overcome challenges, particularly in accessing health care as they transition to civilian life.

S. 605, the CHAMPVA Children's Care Protection Act

The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a comprehensive healthcare program for the spouse or widow(er) and children of an eligible veteran. Through CHAMPVA, VA shares the cost of certain healthcare services and supplies with eligible beneficiaries. It may also provide benefits to the Primary Family Caregiver through the Program of Comprehensive Assistance for Family Caregivers (PCAFC). Coverage for children under CHAMPVA currently expires when they turn 18 unless they are full-time students. In this case, they continue to receive coverage until they turn 23, stop attending school full-time, or get married. However, for most Americans with health insurance, their adult children can remain on their plan until age 26 with no separate premium, as mandated in the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148). CHAMPVA and the military's TRICARE programs were not affected by the ACA, so they required separate congressional action to extend these benefits to children up to age 26. This discrepancy was addressed for TRICARE in 2011 and the CHAMPVA Children's Care Protection Act would fix this for VA's CHAMPVA program.

The delay in making this change to CHAMPVA has adversely impacted several of our members. Take PVA member Amy and her husband for example. She served honorably in the U.S. Marine Corps before an SCI/D cut her military service short. Her husband served in the Marine Corps as well, but injuries he sustained in Operation Desert Storm curtailed his military career too. Both have 100 percent disability ratings from the VA. Their two boys have severe immune deficiencies that were caused by their parents' exposure to hazards during their military service. As a result, the boys require weekly plasma infusions to keep them alive. These infusions cost thousands per month, and they cannot afford to pay for them out of pocket. They rely on CHAMPVA to provide this life-saving care and suffered tremendous angst when their oldest child turned 18. Fortunately, he became well enough with the infusions that they were able to keep him in school and CHAMPVA until he turns 23 in March 2026. The younger child is currently 17 but he has additional comorbidities that may not allow him to do the same. The family is straining under the pressure that the lack of action from Congress has put on them and unless legislation like this is passed, there is a very real possibility that both children will age out of the program next year. Surviving children of military veterans who are eligible for CHAMPVA should be able to retain their healthcare coverage until their 26th birthday just like those in private and federal healthcare plans. We urge Congress to correct this inequity as soon as possible.

S. 635, the Veterans Homecare Choice Act of 2025

The VA currently excludes nurse registries from the VA's Community Care Network, which prevents them from qualifying for reimbursement. Meanwhile, aging and disabled veterans want to live independently in their own homes but sometimes they need extra assistance to do so. For many of our members, they require extra assistance throughout their lives. Across the country, there is an increasing shortage of direct care workers, and a national effort is needed to expand and strengthen this workforce. Until then, we should leverage as much of the existing workforce as possible to help ensure veterans' needs are being met. Prior to the passage of the VA MISSION Act, the VA would reimburse veterans who employed a home care professional via a nurse registry, making it a great option for many veterans. Since that time, only services provided by a home care agency have been covered. PVA supports this bill, which seeks to correct an obvious error, giving veterans more options for their home care needs.

S. 649, the Guard and Reserve GI Bill Parity Act

PVA supports the Guard and Reserve GI Bill Parity Act. Today, serving in the military looks a lot different than it did 20 or 30 years ago. Our guard and reserve uniformed services are being called up to serve more frequently; however, they are often locked out of the GI Bill due to limited time on Title 10 orders. This legislation would allow those serving in the Reserve Components to count their drill time, annual training, military training schools, and state-level orders towards their Post-9/11 GI Bill eligibility.

S. 784, the Rural Veterans Transportation to Care Act

Veterans living in rural areas regularly face barriers to receiving care as they are more likely to be over the age of 65[1] and may have financial challenges that make travel costs for healthcare appointments burdensome. Others, especially those with catastrophic illnesses or injuries, cannot drive and some don't own a car. Longer distances to healthcare facilities in rural areas also mean veterans may not have immediate access to all types of healthcare providers, including specialists.

PVA supports the Rural Veterans Transportation to Care Act, which seeks to expand eligibility for the department's Highly Rural Transportation Grants (HRTG) Program to both rural and highly rural counties. The "highly rural" definition of seven persons per square mile is unique to this VA program, and is quite restrictive, applying to very few areas in the country (e.g., North Dakota has some counties that meet the definition). Other VA rural programs use rural-urban commuting area codes to assess rurality. Including "rural" and "highly rural" areas would allow grantees to serve more veterans. The bill would also increase the maximum amount of funding grant recipients are eligible for from $50,000 to $60,000, or up to $80,000 for grantees to purchase an ADA-compliant vehicle. We strongly support efforts to increase transportation options, particularly for veterans who use wheelchairs and have limited mobility resources.

S. 800, the Precision Brain Health Research Act of 2025

There is growing concern with potential subconcussive neurological injuries following repetitive low-level military occupational blast exposure, such as heavy weapons training and breaching activities.[2][3] Precision medicine is an innovative approach for traumatic brain injury (TBI) treatment that customizes medical treatment to the individual characteristics of each patient. Instead of using a one-size-fits-all approach, providers consider aspects of a patient's genetics, environment, and lifestyle to select targeted therapies that may be more effective. PVA supports the Precision Brain Health Research Act, which adds repetitive, low-level blast exposure to a list that includes TBI, depression, anxiety, and posttraumatic stress disorder (PTSD) as targets for validating brain and mental health biomarkers as part of VA's Precision Medicine for Veterans Initiative. It also requires the VA to work with the National Academies of Science, Engineering, and Medicine to create a ten-year research plan to establish the effects of repetitive low-level blast injuries. Both changes will help make certain veterans have the evidence-based care and benefits they deserve.

S. 827, the Supporting Rural Veterans Access to Healthcare Services Act

[1] RURAL VETERANS - Office of Rural Health

[2] Repetitive Low-level Blast Exposure and Neurocognitive Effects in Army Ranger Mortarmen | Military Medicine | Oxford Academic.

[3] The Neurological Effects of Repeated Exposure to Military Occupational Blast: Implications for Prevention and Health: Proceedings, Findings, and Expert Recommendations from the Seventh Department of Defense State-of-the-Science Meeting.

As previously stated, VA's HRTG program helps veterans in highly rural areas travel to VA or VA-authorized healthcare facilities. The program provides funding to veterans service organizations (VSO) and state veterans service agencies to provide transportation services in eligible counties. Currently, the HRTG provides transportation programs in counties with fewer than seven people per square mile and there is no cost to participate in the program for veterans who live in areas where the program is available. This bill seeks to improve the existing program by extending grant eligibility to tribal and Native Hawaiian organizations. It also addresses the financial limitations of the current program by allowing for an increase in the maximum grant amount for counties with more than five communities that are off the road system. This provision acknowledges the additional logistical challenges faced by veterans in these remote areas and aims to provide more substantial support to overcome transportation barriers. Also, it eliminates the existing funding cap of $3 million per year, replacing it with such "sums as may be necessary for each of fiscal years 2025 through 2029." This would ensure the program is truly funded based on veterans' actual needs in that area, not some arbitrary amount.

S. 879, the Veteran Caregiver Reeducation, Reemployment, and Retirement (RRR) Act

The VA's PCAFC was established by Congress in 2010 to support family caregivers who play a critical role in caring for and supporting veterans severely injured in the line of duty following 9/11. Occasionally, changes have been made to improve the program's support of veterans. Such changes include those in the VA MISSION Act of 2018, which authorized VA to offer PCAFC to caregivers for veterans of all eras.

Still, the program does not consider that many caregivers are forced to reduce their work hours, take unpaid leave, or leave the workforce entirely to provide care. They sacrifice wages, retirement savings, and financial stability to care for those they love. The time away from their jobs creates gaps in their resumes and many lose the employment certifications they previously held. When their loved one either passes away or returns to independent functioning, caregivers need to return to the workplace and must address these issues. Also, those who were relying CHAMPVA for their health care lose this coverage within 90 days of leaving PCAFC through the death or discharge of the veteran. Members in other insurance programs have 180 days to transition their health insurance benefits.

The Veteran Caregiver RRR Act seeks to strengthen the PCAFC by addressing these, and other common problems that many caregivers face. Provisions in the bill would provide former caregivers with bereavement counseling, funding to renew their professional certifications, and the ability to participate in employment assistance programs like Military OneSource or the Department of Labor's, Veterans' Employment and Training Service (DOL VETS). It also directs studies on the possibility of allowing caregivers to make contributions to Social Security and other types of existing retirement accounts, the feasibility of caregivers being allowed to participate in a Department of Labor returnship program, and the possibility of the VA incorporating former caregivers into the VA workforce as

personal care attendants, enabling the VA to lessen staff shortages. Lastly, it gives caregivers who are not Medicare eligible the option to keep their CHAMPVA coverage for 180 days if they need it.

Caregivers are often the most important component of rehabilitation and maintenance for veterans with catastrophic disabilities. As a result, their welfare directly affects the quality-of-care veterans receive. We strongly support this bill and urge Congress to pass it quickly.

S. 1383, the Veterans Accessibility Advisory Committee Act of 2025

PVA strongly supports this legislation, which directs the VA to create an advisory committee on issues relating to the accessibility of VA benefits, services, and facilities for veterans and employees with mobility, hearing, visual, cognitive, or other disabilities. Few veterans have a greater reliance on VA benefits and services than veterans with SCI/D. Because of the complex nature of catastrophic disabilities, PVA members utilize healthcare services at a much higher rate than other groups of veterans. For most, it is a lifetime partnership, beginning immediately after injury or diagnosis and continuing through rehabilitation and periods of sustaining care. So, anytime there is a problem accessing VA benefits or services, it tends to severely affect our members.

Over the last five decades, Congress has passed several bills to improve disability access both in the VA and in the community. These include the Architectural Barriers Act (ABA), the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA). The ABA requires buildings and facilities that are built, altered, or designed after August 12, 1968, using federal funds or that federal agencies lease be accessible. The Rehabilitation Act includes protections against disability discrimination in federal agency programs. The prohibition also extends to entities that receive federal funds, federal employment, and federal electronic and information technology. The ADA provides protections from discrimination at the state and local government levels, as well as by private entities that provide public accommodations. Taken together, these laws provide critical protections to people with disabilities when they interact with all levels of government and many everyday accommodations, like medical offices, grocery stores, and hotels.

Despite these comprehensive legal requirements, PVA members routinely face disability-access barriers when it comes to accessing care at the VA and within the community. In one VA facility, PVA members have relayed that they must wait and check in and out in hallways because spaces designated for those tasks are too small to accommodate their wheelchairs, meaning privacy isn't possible. We've also heard of VA women's clinics that have examination rooms that are too small for veterans who use wheelchairs or lack overhead patient ceiling lifts.

PVA members also report issues with automatic doors that need servicing and are inoperable, making them far too heavy for a veteran with SCI/D to open. Several members have also complained of

doorways being too narrow and causing significant damage and scrapes to their equipment and wheelchairs, which might not sound like a big deal until that veteran needs to battle with their prosthetics office to get repairs. And at several locations, veterans have encountered out of order elevators that often take days to repair. For SCI/D veterans who use wheelchairs, scooters, or other assistive devices, elevators are critical in getting to their appointments, particularly those within the VA that are in other departments and clinics outside the SCI/D system of care.

Veterans also encounter inaccessible medical diagnostic equipment (MDE). MDE includes equipment like medical examination tables, weight scales, dental chairs, x-ray machines, mammography equipment, and other imaging equipment. In 2017, the U.S. Access Board, published new accessibility standards for MDE. As soon as the new standards were issued, the VA proactively said they would adopt the new standards to ensure that the needs of disabled veterans were met. Since that time, we have received no updates from the VA on the status of implementing the MDE accessibility standards, and we have been unable to determine the extent of the department's progress.

Although VA has worked to address access barriers for disabled veterans, there is more work to do. Establishing a Veterans Accessibility Advisory Committee would help ensure the VA is meeting the needs of veterans, by allowing disabled veterans, experts, employees, and VSOs to identify problems and offer solutions via a formal committee whenever the VA is "missing the mark." We believe that the ongoing existence of access barriers points to the need for more focused, collaborative efforts with the VA.

Passing this legislation would help ensure VA's facilities and programs are better prepared to welcome, accept, and care for disabled veterans and employees by placing disability access at the forefront. The time is now for action, and we call on Congress to pass this legislation as soon as possible.

S. 1441, the Service Dogs Assisting Veterans (SAVES) Act

Service dogs provide invaluable assistance to disabled veterans with the greatest support needs, allowing them to live more independent lives in their communities. PVA supports the SAVES Act, which requires the VA to establish a competitive grant program to fund nonprofit organizations that provide service dogs to veterans with a variety of disabilities, such as mobility or vision impairments or PTSD. Nonprofit organizations would be required to submit an application to the Secretary that includes a description of the training that will be provided by the organization to eligible veterans; the training of dogs that will serve as service dogs; the aftercare services that the organization will provide for the service dog and eligible veteran; the plan for publicizing the availability of service dogs through a marketing campaign; and the commitment of the organization to have humane standards for animals. Passage of this legislation will increase veterans' access to service dogs and their independence.

S. 1533, the VA License Portability Act

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) created a pilot program that allowed VA's contracted healthcare professionals to provide medical disability examinations across state lines. PVA supports this effort to permanently extend this authority.

S. 1543, the Veterans' Education, Transition and Opportunity Prioritization Plan Act

PVA strongly supports this legislation, which would create a new administration within VA to oversee the agency's education, training, employment, and other programs focused on helping veterans as they transition to civilian life. The new Veterans Economic Opportunity and Transition Administration would be headed by an Under Secretary for Veterans Economic Opportunity and Transition.

Two of the programs that would transition to the new administration include VA's Veteran Readiness and Employment (VR&E) program and the Specially Adapted Housing (SAH) program. These programs are relatively small in terms of budget and numbers of veterans served. However, they are vital to veterans who have catastrophic disabilities as a result of their military service. Without them, these veterans would not be able to access independent living services or adapt their homes to meet their disability-related access needs.

Unfortunately, these programs, along with other VA economic opportunity programs, simply are not able to receive the staffing, IT, and other support needed due to their position within the Veterans Benefits Administration (VBA). This administration plays the crucial role of providing needed disability compensation and pension benefits to veterans. Removing programs like VR&E from VBA's list of responsibilities will not only allow for more attention to be placed on those programs but it will also allow them to better focus on processing claims for compensation and pension benefits.

Under the Economic Opportunity and Transition Administration, programs like VR&E and SAH will receive a higher level of visibility. This increased visibility will foster stronger oversight and accountability for the delivery of services and benefits. We believe that such oversight and accountability will help to foster the innovation needed to ensure that the delivery of these benefits and services is modernized. It will also allow for focused collaboration with other agencies and programs, including DOL VETS, that also serve veterans, increasing program efficiencies.

S. 1591, the Acquisition Reform and Cost Assessment Act of 2025

The Acquisition Reform and Cost Assessment Act establishes an Office of Acquisition and Innovation to better define major acquisition programs at the VA, streamlines its oversight and contracting processes, enhances accountability through independent evaluations and reporting, and improves training for department staff. PVA recognizes that effective supply chain management plays a pivotal

role in ensuring that the VA can deliver timely, high-quality care to veterans. The VA has faced numerous challenges with its supply and logistics programs in recent years, so we support efforts like this to ensure the department receives the right materials on time, in the right condition, and of course, at the right price.

S. 599, the DRIVE Act of 2025

The Drive Act increases 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. Specifically, the bill makes 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 healthcare appointment at a rate of 41.5 cents per mile, which is far less than what government employees receive. PVA endorses this bill, because veterans should not be subject to a lower reimbursement rate than federal employees.

S. 778, the Lactation Spaces for Veteran Moms Act

PVA supports passage of the Lactation Spaces for Veteran Moms Act, which would help many veteran mothers feel more welcome at VA facilities. There is abundant scientific evidence showing that breastfeeding benefits both babies and mothers and a recent study found a high percentage of women veterans nurse their infants until at least four weeks postpartum.[4] For their health and the health of their babies, veteran mothers and the VA employees that serve them need a safe, private place other than a lavatory to feed or pump breast milk. A few VA facilities have or are thinking about creating dedicated lactation rooms, but they should be required system wide. We recommend adding language to the bill stating that lactation rooms should provide square footage in accordance with national accessibility standards and have a wall mounted sink and fixed bench seating to ensure that maneuvering clearances are met for women veterans who use wheelchairs.

S. 1320, the Servicewomen and Veterans Menopause Research Act

The percentage of women actively serving in all military branches rose from 14.6 percent in 2005 to 17.7 percent in 2023.[5] As increasing numbers of women choose to serve in uniform, more of them will turn to VA for their healthcare needs. More than two million women veterans live in the U.S. today and by 2040, the VA estimates that 18 percent of all veterans will be women. These ever-increasing numbers spotlight the need for both VA and DOD to evaluate health-related programs and services for women who are serving or have served the nation in uniform. Currently, 50 percent of the women

[4] Disparities in Breastfeeding Among Military Veterans - PubMed (nih.gov).

[5] DOD's 2023 Demographics Report Indicates More Women, Fewer Separations - Defense Department News.

enrolled at VA for primary care are between the ages of 45-64, the age range for perimenopause and menopause.[6]

PVA supports this bill which directs the DOD and the VA to investigate how military service influences menopause. Per the legislation, their research must explore the impact that combat roles, hazardous exposures, and overall mental health has on menopause, perimenopause, and mid-life women's health in general. Also, it requires the two departments to look at the availability of and uptake of professional training resources for covered providers relating to mid-life women's health with respect to the care, treatment, and management of these conditions. If done properly, this bill could be a significant step towards providing better health care for women servicemembers and veterans while improving military readiness.

PVA would once again like to thank the committee for the opportunity to testify on some of the bills being considered today. We look forward to working with you on this legislation and would be happy to answer any questions.

[6] Women Veterans' Healthcare Needs, Utilization, and Preferences in Veterans Affairs Primary Care Settings.