Annual Legislative Presentation

Al Kovach

National President

Paralyzed Veterans of America

Before a Joint Hearing of the

House and Senate Committees on Veterans' Affairs

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Chairman Isakson, Chairman Miller, and members of the Committees, I appreciate the opportunity to present Paralyzed Veterans of America's (PVA) legislative priorities for 2015. For nearly 70 years, PVA has served as the lead voice on a number of issues that affect severely disabled and catastrophically injured veterans in this country. Our important body of work over the past year included championing much-needed changes within the Department of Veterans Affairs (VA) and educating legislators as they developed important policies that would impact the lives of those who served. I come before you with our views on the current state of veterans programs and services with recommendations for continued improvement in the services and benefits provided to veterans. Our concerns and policy recommendations are particularly important in light of the serious access problems that came to light last year and the steps that have been taken to address those problems.

BACKGROUND—PVA was founded in 1946 by a small group of returning World War II veterans, all of whom had experienced catastrophic spinal cord injury and who were consigned to various military hospitals throughout the country. Realizing that neither the medical profession nor government had ever confronted the needs of such a population, these veterans decided to become their own advocates and to do so through a national organization.

From the outset the founders recognized that other elements of society were neither willing nor prepared to address the full range of challenges facing individuals with a spinal cord injury, be they medical, social, or economic. PVA's founders were determined to create an organization that would be governed by the members themselves and address their own unique needs. Being told that their life expectancy could be measured in weeks or months, these individuals

set as their primary goal to bring about change that would maximize the quality of life and opportunity for all veterans and individuals with spinal cord injury—it remains so today.

Over the years, PVA has established ongoing programs of research, sports, service representation to secure our members' and other veterans benefits, advocacy for the rights of all people with disabilities, accessible architecture, and communications to educate the public about individuals with spinal cord injury. We have also developed long-standing partnerships with other veterans service organizations. As you know, PVA, along with AMVETS, Disabled American Veterans, and the Veterans of Foreign Wars, co-author *The Independent Budget (IB)*—a comprehensive budget and policy document that has been published annually for 29 years.

Today, PVA is the only congressionally chartered veterans service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or disease.

IMPLEMENTATION OF THE "VETERANS ACCESS, CHOICE, AND ACCOUNTABILITY ACT (VACAA)"—As a result of the serious scrutiny the VA health care system experienced last year, Congress approved on a bipartisan basis Public Law 113-146, the "Veterans' Access, Choice, and Accountability Act (VACAA)," to expand purchased care outside of the VA in order to address the problems that were identified. We cannot overemphasize the fact that the VA's specialized services—spinal cord injury care, amputee care, blinded care, polytrauma care, mental health care—are incomparable resources that cannot be duplicated and sustained in the private sector. Establishing a program whereby veterans can choose to leave the VA health care system—a reality of the VACAA—places the entire system and, more important, the health of veterans at risk.

The viability of the VA health care system along with patient-centric care depends upon a fully integrated system where all of the services support each other. Sending veterans into the private health care marketplace serves only to support part of an integrated system while undermining other parts of the same system. Contract care simply is not a viable option for veterans with the most complex and specialized health care needs. Sending those individuals outside of the VA places their health at significant risk while abrogating VA of the responsibility to ensure timely delivery of high quality health care for our nation's veterans. This is not to suggest that coordinated, purchased care is not part of the solution to access problems in the VA. However, granting easier access to the private sector should not come at the expense of the existing health care system and the men and women who rely almost solely on the VA for their health care.

Despite our concerns, PVA believes VA has done a fair job of rolling out the "choice" program created by VACAA. The number of veterans who opt for non-VA care is growing at an incremental pace. But the decision to issue every veteran enrolled in the VA health care system a card has created mass confusion about eligibility. Moreover, we believe that VA has not done a satisfactory job training staff down to the local level on the implementation of "choice" and the responsibilities those staff have to veterans seeking health care services who might be eligible for "choice." We do think that VA made the right decision recently to interpret the 40-mile rule based on driving distance, not straight-line distance. However, it is important to note that Congress specifically legislated for the VA to consider straight-line distance when implementing this program, despite comments to the contrary.

We recognize that Congress is also now considering expanding access to "choice" further so as to make veterans eligible when a local VA facility cannot provide the specific service he or she

is seeking, regardless of the 40-mile rule. It will be incumbent upon the Committees to provide sufficient resources if legislation is passed to fund this concept, as it will almost certainly ramp up the cost of the "choice" program substantially. Additionally, the quality of the delivery of the specific service will dictate whether the "choice" was a good one.

Ultimately, Congress and veterans service organization stakeholders must ensure that the highest quality health care is delivered in a timely manner, both inside of the VA health care system and outside in the private sector.

FUNDING FOR THE DEPARTMENT OF VETERANS AFFAIRS FOR FY 2016—PVA is deeply concerned with the funding levels included in the FY 2016 Military Construction and Veterans Affairs appropriations bill that recently passed the House Committee on Appropriations and that is being considered by the full House of Representatives. The funding levels outlined in this critical bill suggest that Congress (particularly the House) is not committed to addressing the internal capacity problems that the VA health care system faces. Moreover, it reflects an attitude that suggests the VA should figure out how to do more with fewer resources.

PVA is extremely disappointed that the House bill does not fully fund the Medical Services account to the levels recommended by the Administration for FY 2016, while also forcing cuts to Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research. Moreover, the House bill forces more than $415 million in rescissions across all of the accounts of the VA. While we appreciate the fact that the bill provides significant advance appropriations for FY 2017, the levels provided for FY 2016 are wholly unacceptable.

As it is, the House bill underfunds (based on the Administration's request) the Medical Care accounts in total by approximately $600 million. Worse yet, it cuts Major Construction additionally by more than $580 million, Medical and Prosthetic Research by approximately $18 million, and IT by approximately $88 million. In total, the House bill provides approximately $1.5 billion less than the Administration's request and more than $2.6 billion less than what the *IB* recommends for FY 2016. If Congress is serious about fixing the problems with timely access to high quality care and timely delivery of appropriate benefits, then it needs to get serious about the funding levels it will provide for the VA.

EXPAND ELIGIBILITY FOR VA CAREGIVER SUPPORT SERVICES—Severely disabled veterans with a service-connected injury or illness do not have full access to caregiver support programs and services from the VA. As a result of Public Law 111-163, the "Caregivers and Veterans Omnibus Health Services Act of 2010," the VA only provides comprehensive benefits as part of the Caregiver Support Program to caregivers of veterans with a service-connected injury that was incurred after September 11, 2001. The benefits include health care coverage through the VA's Civilian Health and Medical Program of Veterans Affairs, a monthly stipend based on the care provided, and payment for travel and lodging when participating in medical appointments with a veteran.

The majority of PVA members are excluded from these VA caregiver benefits because of the arbitrary selection of the September 11, 2001, date or because the law also excludes veterans with serious illnesses or diseases, such as ALS and MS, both of which have a catastrophic impact on activities of daily living and eventually leave veterans dependent upon caregivers. VA benefits and services to service-connected, catastrophically disabled veterans should be not based on their date of injury. No reasonable justification (other than cost considerations) can be provided as to why pre-9/11 veterans with a service-connected injury or illness should be excluded from the caregiver program.

There are men and women who fought for our country in these earlier times who also rely on caregivers, yet their service and sacrifice has been devalued by time-induced amnesia in this country. Imagine being a veteran who fought during the Battle of Medina Ridge during the Persian Gulf War or the Battle of Mogadishu in Somalia or the Battle of Hue during the Vietnam War. Now consider the fact that any of these individuals who incurred a catastrophic injury are not eligible for the Comprehensive Family Caregiver program. We tell these men and women, "We are proud of your service, but, unfortunately, the country cannot afford this benefit that you have earned and deserve." We are grateful for the benefits provided to caregivers, but we believe all military and veterans' caregivers deserve the same support that caregivers for the most recent era receive. It is a part of the cost of sending service members into harm's way, and we must pay it.

As severely disabled veterans begin to age, the responsibilities of their caregivers grow, as well as their need for VA support services. Both the exclusion of "serious illnesses and diseases," and the use of the "date of injury" as an eligibility requirement for such an important benefit is unfair, and likely to have negative impacts on veterans' quality of care and well-being.

PVA encourages the Senate VA Committee to take up S. 657, the "Caregivers Expansion and Improvement Act of 2015," introduced by Senators Tammy Baldwin (D-WI) and Richard Durbin (D-IL). Similarly, we thank Senator Patty Murray (D-WA) and Representative Jim Langevin (D-RI) for recently introducing the "Military and Veteran Caregiver Services Improvement Act of 2015." We encourage the House and Senate VA Committees to consider and pass these important bills as soon as possible. These proposals correct long-standing inequities that have denied too many catastrophically disabled veterans and their families access to critical services.

REINSTATE THE ANNUAL CAPACITY REPORTING MANDATE FOR SPECIALIZED SYSTEMS OF CARE—The VA has not maintained its capacity to provide for the unique health care needs of severely disabled veterans—veterans with spinal cord injury/disorder, blindness, amputations, and mental illness—as mandated by P.L. 104-262, the "Veterans' Health Care Eligibility Reform Act of 1996." As a result of P.L. 104-262, the VA developed policy that required the baseline of capacity for VA's Spinal Cord Injury/Disorder (SCI/D) System of Care to be measured by the number of staffed beds and the number of full-time equivalent employees assigned to provide care. Under this law, the VA was also required to provide Congress with an annual "capacity" report to be reviewed by the Office of the Inspector General. Unfortunately, this reporting requirement expired in 2008.

Currently, within the SCI/D system of care, the VA is not meeting capacity requirements for staffing and the number of inpatient beds that must be available for SCI/D veterans. Reductions of both inpatient beds and staff in VA's acute and extended-care settings have been continually reported throughout the SCI/D system of care. VA has eliminated staffing positions that are necessary for an SCI/D center or clinic to maintain its mandated capacity to provide care, or has operated with vacant health care positions for prolonged periods of time. When this occurs, veterans' access to VA care decreases, remaining staff become overwhelmed with increased responsibilities, and the overall quality of health care is compromised.

VA's capacity to provide health care through its specialized health systems is based on disabled veterans having access to quality care in VA rehabilitation programs. To provide such care, as a component of workforce planning, VA tracks the status of vacant and staffed health care positions throughout the Veterans Health Administration, as well as the number of veterans utilizing the specialized systems of care. With this information readily available, VA should

compile and use the collected data for annual reports to assess its ability to meet the capacity mandate.

PVA recommends that Congress reinstate the aforementioned reporting requirement for VA specialized services to complete an annual capacity report, without a specific end date to prevent future expiration of the mandate. This requirement will ensure that catastrophically disabled veterans' access to care is not diminished due to the VA's lack of transparency with regard to its mandated capacity requirements and ensure that the VA is held accountable for having the requisite number of available inpatient beds for veterans, as well as required levels of staff to deliver quality care.

IMPROVE BENEFITS FOR CATASTROPHICALLY DISABLED VETERANS—PVA believes that it is time for Congress to make a concerted effort to improve benefits for the most severely disabled veterans, particularly with regard to the rates of Special Monthly Compensation (SMC) paid to severely disabled veterans. Numerous studies and reports have indicated there is a shortfall in the rates of SMC paid to the most severely disabled veterans whom the VA serves. SMC represents payments for "quality of life" issues, such as the loss of an eye or limb, the inability to naturally control bowel and bladder function, the inability to achieve sexual satisfaction, or the need to rely on others for the activities of daily life, such as bathing or eating. Given the extreme nature of the disabilities incurred by most veterans in receipt of SMC, we do not believe that a veteran can be totally compensated for the impact on quality of life; however, SMC does at least offset some of the loss of quality of life. PVA believes that an increase in SMC benefits is essential for veterans with severe disabilities.

One of the most important SMC benefits to Paralyzed Veterans of America is Aid and Attendance (A&A). PVA recommends that A&A benefits be appropriately increased. Attendant care is very expensive and often the A&A benefits provided to eligible veterans do not cover this cost. In fact, many PVA members who pay for full-time attendant care incur costs that far exceed the amount they receive as SMC-Aid and Attendance beneficiaries at the R2 compensation level (the highest rate available). Other lifetime costs related to living with a disability include replacement of clothing due to wear and tear, specially adapted taxi services, certain home repair and adaptations not covered by VA, or reproductive assistance with a spouse, just to name a few. The price to achieve some semblance of normalcy is a high one that severely disabled veterans must either pay or accept a lower standard of living.

Also, we believe Congress should consider expanding travel reimbursement benefits to nonservice-connected catastrophically disabled veterans. While we recognize that the VA may face tighter budgets in the future, and that such a benefit could add a significant cost to the VA, we believe the short-term costs of expanding this benefit to this population of veterans would be far outweighed by the potentially greater long-term health care costs for these veterans. Too often, catastrophically disabled veterans choose not to travel to VA medical centers for appointments and procedures due to significant costs associated with their travel. The result is often the development of far worse health conditions and a higher cost of care. By eliminating travel costs as a barrier to seeking care for catastrophically disabled veterans, the overall health care costs to the VA can be reduced.

We urge the Committees and Congress to swiftly pass H.R. 288 and S. 171, the "Veterans Medical Access Act," which would remove the financial barriers catastrophically disabled veterans face when accessing specialized rehabilitation services through VA's world-class Spinal Cord Injury system of care or the VA's Blind Rehabilitation Centers.

Finally, we believe Congress should pass legislation to eliminate the provision in law that allows the Adaptive Automobile Assistance grant to be paid only once during a veterans lifetime. The cost of replacing modified vehicles is a financial hardship for veterans who must bear the full replacement cost once the adapted vehicle has exceeded its useful life. The Department of Veterans Affairs currently provides a one-time financial assistance grant of $20,144 to eligible veterans toward the purchase of a new or used automobile to accommodate a veteran or service member with service-connected disabilities. Unfortunately, veterans who have exhausted the grant are left to replace modified vehicles that have surpassed their useful life at their own expense, often at a higher cost as a result of inflation.

Today, many severely disabled veterans are working and have families. They rely on adapted vehicles to maximize these opportunities. Unfortunately, the life cycle of an adapted vehicle is short. Additionally, adapted vehicles are more expensive than non-adapted, placing an undue financial burden on those with the greatest needs. We believe Congress should authorize an additional adaptive automobile grant to assist this segment of the veterans' population that has the greatest need.

PROCREATIVE SERVICES FOR CATASTROPHICALLY DISABLED VETERANS—The VA does not provide health care benefits for procreative services to veterans with a service-connected condition that prevents the conception and gestation of a child. Reproductive assistance provided as a health care benefit through VA would ensure that these veterans are able to have a full quality of life that would otherwise be denied to them as a result of their service.

For many, one of the most devastating results of spinal cord injury or disease is the loss or compromised ability to have a child. As a result of the recent conflicts in Afghanistan and Iraq, many service members have incurred injuries from explosive devices that have made them unable to conceive a child naturally. While the Department of Defense does provide reproductive services to service members and retired service members, VA does not. When veterans have a loss of reproductive ability due to a service-connected injury, they must bear the total cost for any medical services should they attempt to have children. It is often the case that veterans cannot afford these services and are not able to receive the medical treatment necessary for them to conceive. For many paralyzed veterans, procreative services have been secured in the private sector at great financial and personal cost to the veteran and family.

PVA has long sought inclusion of reproductive services in the spectrum of health care benefits provided by the VA, and further recommends amending title 38 U.S. Code, Section 1701(6) to include reproductive assistance as standard VA medical care. Reproductive assistance services must include care and delivery options for fertility counseling and treatment for service-connected veterans and their spouses. Therefore, PVA urges Congress to introduce and pass legislation that would authorize VA to provide veterans with reproductive assistance services. Improvements in medical treatments have made it possible to overcome infertility and reproductive disabilities. Veterans who have a loss of reproductive ability as a result of a service-connected injury should have access to these advancements.

PVA calls on the Senate Committee on Veterans' Affairs to pass S. 469, the "Women Veterans and Families Health Services Act of 2015." Similarly, we call on the House Committee on Veterans' Affairs to pass the discussion draft bill considered at a legislative hearing last month to improve the reproductive treatment provided to certain disabled veterans. We appreciate the interest that House VA Health Subcommittee Chairman Benishek and his staff have shown on

this issue, and we thank Chairman Miller and Senator Murray for introducing these key measures.

LONG-TERM CARE—PVA continues to be concerned about the lack of VA long-term-care (LTC) beds and services for veterans with spinal cord injuries or disorders. Approximately 50 percent of our members are now over 65 years of age and another 30 percent are between 55 and 64. These aging SCI/D veterans will soon be in need of VA LTC services at the 25 VA SCI/D centers (or "hubs"). Unfortunately, we believe the VA is not requesting and Congress is not providing sufficient resources to meet the current demand. As a result of insufficient resources, the VA is moving toward purchasing private care instead of maintaining acute care and long-term care in-house at SCI/D centers.

The VA has designated SCI/D long-term-care facilities because of the unique medical needs of SCI/D veterans, which are usually not met in community nursing homes and non-SCI/D–designated facilities. SCI/D centers provide a full range of services and address the unique aspects of delivering rehab, primary, and specialty care. SCI/D veterans require more nursing care than the average hospitalized patient. Additionally, in SCI/D LTC units, the distribution of severely ill veterans is even more pronounced as a sizable portion requires ventilator and tracheotomy care due to respiratory issues.

The demand for additional LTC facilities in SCI/D is ever-present. From 2009 to 2013, the VA increased required available beds in LTC units at SCI/D centers by an average of 16 percent annually. However in 2014, the number of SCI/D LTC beds was not increased. Since 2009, the number of SCI/D veterans in those LTC units has increased by an average of more than 14 percent per year. Often, the existing LTC units do not have space available for new SCI/D veterans and thereby have long waiting lists for admission. An increase in SCI/D LTC required beds would reduce or eliminate waiting lists and ease the LTC demand in SCI/D centers.

Currently, the VA operates only six (6) LTC facilities in SCI/D centers. These existing LTC units are not geographically located to meet the needs of a nationally distributed SCI/D veterans' population as they are all located in the central and eastern states. In 2014, PVA conducted a survey of its members in certain geographic regions regarding their LTC plans. The percentage of members that stated they planned to live at an SCI/D LTC Center ranged from 7 percent to 20 percent (excluding the Aurora, CO, area, which, understandably, responded 0 percent). The San Diego/Long Beach area responded the highest for SCI/D LTC Center care at 20 percent. However, no such facility currently exists in that area. Albuquerque, Memphis, and Seattle responded the lowest at 7 percent. In fact, residing in an SCI/D center was the third most common response behind residing with family and not being sure of one's LTC plans.

In anticipation of the need for additional LTC services among the SCI/D veterans population, PVA conducted a survey in 2013 to examine the non-VA LTC landscape. More than 400 VA-contracted skilled nursing homes and State Veterans Homes within a 50-mile radius of the 25 SCI/D centers were contacted. Three hundred and forty-three (343) skilled nursing homes, including 19 State Veterans Homes completed the survey. The results were astounding. Only 49 (approximately 14 percent) VA-contracted nursing homes accepted ventilator patients. Only nine of the 49 facilities were on the East Coast; 28 were in the central US; and 12 were located on the West Coast. Additionally, State Veterans Homes cannot ease the ventilator case load as none of the State Veterans Homes surveyed could accept ventilator patients. Private skilled nursing facilities are generally not trained to care for SCI/D veterans. They also lack the equipment needed to treat the most severe cases. Thus, a plan to increase purchasing of LTC at VA-contracted nursing homes would be detrimental to SCI/D veterans.

While VA has identified the need to provide additional SCI/D LTC facilities and has included these additional centers in ongoing facility renovations, such plans have been pending for years. To ensure that SCI/D veterans in need of LTC services have timely access to VA centers that can provide quality care, both the VA and Congress must work together to ensure that the Spinal Cord Injury System of Care has adequate resources to staff existing SCI/D LTC facilities. PVA, in accordance with the recommendations of *The Independent Budget* Policy Agenda for the 114th Congress, recommends that VA SCI/D leadership design an SCI/D LTC strategic plan that addresses the need for increased LTC beds in VA SCI/D centers.

VA INFRASTRUCTURE—VA currently has 152 hospitals, more than 800 community-based outpatient clinics (CBOCs), and 161 extended-care facilities and domiciliary. Additionally, the VA operates 25 spinal cord injury centers that serve the needs of our members. Unfortunately many of these facilities are aging and struggling to meet the needs of today's veterans. In 2004, VA's capacity was at 80 percent. Today it sits at 119 percent, while the condition of the facilities hovers just under 80 percent. Moreover, the VA Secretary recently testified that the VA has more than 1,000 buildings that are over 90 years old and many that are more than 100 years old.

Over the past few years VA's budget request and the Congress's VA construction appropriations have fallen short of the actual need. It is important to remember that VA facilities are where our veterans receive care, and they are just as important as the physicians and staff who deliver that care. A VA budget that does not adequately fund facility maintenance and construction will continue to negatively impact the quality and timeliness of veterans' health care. As we mentioned previously, despite our concerns, the House Military Construction and Veterans Affairs appropriations bill slashes requested funding for Major Construction by more than $580 million. While there are certainly valid concerns about construction projects such as Denver, Orlando, and New Orleans, all other construction projects are now being punished for those failures as evidenced by this congressional decision. We can only conclude that Congress plans to turn away from the critical infrastructure that VA maintains. Paralyzed Veterans of America will continue to hold Congress and the VA accountable for ensuring the quality of facilities used by our members and all veterans.

Meanwhile, the problems with the Denver VA facility construction project were years in the making. Many staff members who still remain at VA bear responsibility for the change orders and scope alteration that would ultimately plague the project to the tune of more than $1.7 billion. Some of these VA employees have a hand in several current construction projects as we speak, and VA leadership has a responsibility to rule out whether Denver was just an anomaly or a typical case of incompetence that happened to grab the public's attention. This is a case ripe for the accountability measures sanctioned by the "Veterans Access, Choice, and Accountability Act." Yet we have been left wanting when it comes to holding these bad actors accountable in a manner that goes beyond the preemptive resignations of the last several senior VA executives whose professional negligence or misconduct was rewarded with "golden parachute" retirement packages and benefits.

In the end, the Committees need to consider what is best for veterans in the Denver area and its catchment area. This includes veterans with spinal cord injuries and diseases who were promised the construction of a 30-bed SCI/D center that would obviate the need to travel hundreds of miles to centers in Long Beach or Albuquerque to receive treatment for decubitus ulcers, pulmonary dysfunction, and other conditions in which time is of the essence for treatment. Some talk about veterans' choice as if the private sector is the only choice. For our members, that choice, by a mile, would be the Denver VA once it is completed. This is why we

cannot emphasize enough proper commitment to address the infrastructure needs of the VA health care system in order to ensure necessary capacity for all types of services are maintained.

VETERANS EMPLOYMENT—Despite the fact that the current unemployment rate for veterans has dropped, those with catastrophic disabilities are still six to eight times more likely to remain unemployed despite having a desire to work. This reality is linked to a number of factors, starting with low self-expectations on the veteran's part. But employers have contributed as well, by submitting to stigmas and misperceptions about the drawbacks and cost of hiring "less than perfect" veterans. PVA confronted these challenges head on with the launch of our Paving Access for Veterans Employment (PAVE) Program in 2007. The program's animating purpose was to erase stigmas and change expectations for veterans who have suffered a life-changing circumstance and need help regaining independence and economic self-sufficiency.

Our PAVE Program provides direct services to more than 1,500 veterans as well as extended services (benefits, health, and/or career assistance), and our master's-level certified counselors have helped hard-to-place clients achieve their vocational goals. PAVE counselors and service officers serve any veteran, spouse, or dependent, at no cost to them. Our services extend to all 50 states and Puerto Rico through seven regional offices collocated with VA Spinal Cord Injury Centers and our network of 69 service offices around the country. The U.S. Chamber of Commerce's Hiring Our Heroes Foundation recently recognized the PAVE Program by awarding Paralyzed Veterans of America the Don Weber Wounded Warrior Employment Award for leadership in veteran hiring. The secret of our success is the holistic transition approach we use. This model allows us to engage veterans at the bedside while they recover, integrate resources, and customize services to individual needs. We then remain partners for life with our veterans to ensure that they never have to go it alone.

But we cannot do it alone. We appreciate the emphasis that the Committees have placed on veterans' employment in the past few years. Yet we believe more can be done to pave access to job opportunities for more veterans. We strongly recommend the Committees adopt a resolution calling for a permanent extension of the Work Opportunity Tax Credit (WOTC), including the VOW Act credits for veterans incorporated in WOTC. WOTC is particularly important to disabled veterans because two out of three veterans find jobs in the private sector. Unfortunately, most small and medium-size enterprises aren't participating in WOTC because the program expired at the end of 2013 and then was retroactively renewed for 2014. However, it must once again be reauthorized if businesses are to be able to use this credit for 2015 hires. If WOTC were made permanent or, at the very least, extended for a minimum of five years, we believe significant opportunities would be opened to veterans and disabled veterans seeking employment.

We also urge the Committees to be vigilant in following the implementation of the new rules for federal contractors with regard to recruitment and hiring of veterans, especially veterans with disabilities. PVA strongly supports the effort by the Department of Labor to update and strengthen the obligations of federal contractors and subcontractors under the Vietnam Era Veterans Readjustment Assistance Act (VEVRAA) as well as Section 503 of the Rehabilitation Act, which pertains specifically to individuals with disabilities. Most PVA members are covered by both sets of regulations and the targets set for contractor workforces represent important opportunities to advance employment of veterans with the most significant disabilities.

Finally, we call on the Senate and the House of Representatives to immediately consider and pass the "Wounded Warrior Federal Leave Act," S. 242 and H.R. 313, respectively. Paralyzed

Veterans of America has long sought to level the playing field for veterans with disabling conditions who work, which most often involves removing disability as a barrier to substantive employment. This bill, if passed by Congress, will allow veterans who are in transition or may be awaiting a VA disability rating to start a good career while receiving regular medical care and treatment without penalty. At present, newly hired veterans must be placed in "leave without pay" status to keep appointments. However, working a job versus receiving treatment for service-connected conditions should not be an either-or proposition for those who have served.

Chairmen Isakson and Miller, and members of the Committees, I would like to thank you again for the opportunity to present our legislative priorities and concerns for the first session of the 114th Congress. PVA looks forward to continuing our work with you to ensure that veterans get timely access to high quality health care and all of the benefits that they have earned and deserve. I would be happy to answer any questions that you may have.

Comment [i1]: Dr. Sophia Chun has been extended an offer and should be confirmed soon.

Information Required by Rule XI 2(g)(4) of the House of Representatives

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2015

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $425,000.

Fiscal Year 2014

No federal grants or contracts received.

Fiscal Year 2013

National Council on Disability — Contract for Services — $35,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

AL KOVACH, JR.

NATIONAL PRESIDENT
Al Kovach, Jr., of Coronado, CA, was elected national president of Paralyzed Veterans of America (Paralyzed Veterans) during its 68th Annual Convention held in February 2014, taking office with the other members of Paralyzed Veterans' Executive Committee July 1.

A member of the elite U.S. Navy SEALs, Kovach broke his neck in a parachuting accident in 1991. He served as national senior vice president for Paralyzed Veterans for the past three terms. He began service to the organization in 1991 at the chapter level as government relations director for the Cal-Diego Chapter in San Diego and has since served on its board of directors.

Kovach has been a two-time winner of the LA Marathon, a participant of the 1996 Paralympic Games, and has completed a 3,700-mile transcontinental triathlon. He was selected as San Diego Hall of Champions' Disabled Athlete of the Year in 1999. Most recently he was honored by KPBS in San Diego as a "Local Hero" in October 2013 during Disability Awareness Month.

A native of Philadelphia, Kovach attended Indiana University before joining the military**.** He and his wife, Magaly, reside in Coronado, CA.