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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

DECEMBER 10, 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. 342, the Purple Heart Veterans Education Act

This legislation would allow veterans who received a Purple Heart after leaving military service to transfer their education benefits to their dependents. The GI Bill is not tied to military achievements. Instead, it's tied to periods of service or duration. It was well understood that the transferability option was intended for retention of military servicemembers when Congress passed the Post 9/11 GI Bill. Purple Heart recipients are granted 100 percent of the GI Bill, regardless of how long they served. Our only concern is that carving out exceptions for transferability could be a slippery slope that leads to unintended consequences.

S. 668, the SAFE STEPS for Veterans Act

According to the Centers for Disease Control, falls are the leading cause of injury and death among adults ages 65 and over. More than 1 in 4 older adults fall each year, leading to 41,000 deaths, 3.6 million emergency department visits, and 1.2 million hospital stays. Falls from aging Americans result in about $80 billion in medical costs every year. Given the tremendous cost to the government, as well as the individual, and because half of the estimated 16.5 million living veterans are over 65, it makes sense to reorient existing VA prevention programs towards a more proactive posture.

PVA supports this legislation, which would establish an Office of Falls Prevention within the Veterans Health Administration (VHA) tasked with preemptively identifying and treating veterans at risk of falling. It also establishes a falls prevention coordinator within VHA who would serve as the department's point person on federal panels focused on falls prevention, including the Administration on Community Living's Interagency Coordinating Committee on Aging. The falls prevention coordinator would be required to develop a national education campaign to promote injury prevention programs and work with the National Institutes of Health to develop veterans-specific research for evidence-based falls prevention programs. The bill also requires annual falls risk assessments to be carried out by a licensed physical therapist for veterans receiving extended care services throughout the VA. Early intervention and prevention strategies help reduce the likelihood of fall-related injuries that could lead to serious health complications. By identifying and addressing individual risk factors, VA providers can develop tailored plans to mitigate these risks, improving the health and wellbeing of the veteran.

Finally, we strongly support the inclusion of a pilot program for home modifications to incorporate evidence-based falls prevention programs. We urge the committee to also consider passage of S. 1644, the Autonomy for Disabled Veterans Act, which would increase the amount available through the Home Improvements and Structural Alterations grant. These grants provide financial assistance for medically necessary improvements and structural changes to a veteran's primary residence, ensuring they can safely reside in their homes.

S. 926, the Saving Our Veterans Lives Act of 2025

Veterans are more likely than the general population to own firearms.[1] Those with access to firearms are more than three times as likely as those without access to die by suicide.[2] Firearms are the most common means used by veterans for suicide and over 69 percent of veteran suicides in 2019 involved a firearm.[3] PVA supports this legislation, which seeks to furnish eligible veterans with secure firearm storage boxes or redeemable vouchers to allow them to purchase one. It also directs VA to conduct an extensive public campaign to raise awareness about the new benefit and allows the VA to partner with entities to raise awareness about the availability of this assistance.

[1] Firearm Ownership Among a Nationally Representative Sample of U.S. Veterans - American Journal of Preventive Medicine.

[2] Conner, A., Azrael, D., & Miller, M. (2019). Suicide case-fatality rates in the United States, 2007 to 2014: A nationwide population-based study. Annals of Internal Medicine, 171(12), 885–895. - Search.

[3] Lethal Means Safety Among Veterans at Risk for Suicide.

S. 1116, the Ensuring Veterans' Final Resting Place Act of 2025

Under current law, if a veteran's family chooses to have the VA furnish a commemorative plaque or urn for their loved one, they inadvertently forfeit the option of later interring the veteran at a national cemetery, which requires either a headstone or a marker at the gravesite. PVA has no objections to this bill, which allows surviving family members to later have the veteran interred at a VA National Cemetery, if they cover the cost of the urn or plaque that was initially received from the VA.

S. 1657, the Review Every Veteran's Claim Act

PVA strongly supports this legislation, which seeks to limit the VA's authority to deny a veteran's claim solely based on the veteran's failure to appear for a medical examination associated with the claim. Thousands of veterans' claims for service connection, claims for increase, and for other benefits like Total Disability Individual Unemployability and Aid and Attendance have been denied solely because of missing an examination. There are many legitimate reasons why a veteran may not be able to attend a scheduled exam. We are also aware of numerous instances where VA contractors erroneously record the veteran as a "no show." Veterans with SCI/D often encounter multiple barriers in travel when compared to other veterans and are apt to miss some of these appointments. We believe that passage of this legislation will ensure that a missed exam isn't the only basis for denying a veteran's claim. VA should also carefully consider whether an examination is needed since many veterans with SCI/D already receive most of their care through the department's SCI/D system of care. Their records have adequate information to provide an accurate picture of their disabilities.

S. 1665, the Obligations to Aberdeen's Trusted Heroes (OATH) Act of 2025

PVA supports the OATH Act, which would provide a clear definition of secrecy oath programs; require VA to provide notice of available benefits and services to eligible veterans of those programs; and assign an equitable effective date to eligible veterans who seek benefits. While the military may consider the use of secrecy oath programs necessary for our national security, these programs can result in devastating health issues for the veterans who served in them. But those veterans are unable to seek VA benefits or assistance because of the nature of their service, until the Department of Defense (DOD) releases them from the oath. This bill will provide long-needed equitable treatment for this group of veterans, by requiring outreach from VA and permitting the earliest possible effective date for their claims.

S.1868, the Critical Access for Veterans Care Act

According to the VA, there are 2.7 million rural and highly rural veterans enrolled in the VHA. More than half of those enrolled in VA's health care system (54 percent) are 65 or older. They often have multiple comorbidities, which require complex case management.[4]

This legislation would allow veterans to self-refer to designated Critical Access Hospitals[5] or affiliated clinics within 35 miles of their residence, bypassing the need for prior authorization from the VA. The hospital would then be able to refer these veterans to other providers and specialists without any review or oversight of the VA.

This prevents VHA from performing its critical role in managing veterans care and restricts VA from requiring referrals or prior authorization for community care services. Uncoordinated care like this would most certainly lead to rapidly rising costs and draining off resources needed for VA direct care. Therefore, we have grave concerns about the impact this legislation would have on catastrophically disabled veterans.

S. 1992, Veterans Appeals Efficiency Act of 2025

This bill would establish additional reporting and tracking requirements for the Veterans Benefits Administration and the Board of Veterans' Appeals (Board), such as information on Higher Level Reviews, Supplemental Claims, and Notices of Disagreement. It also requires the tracking of claims pending in the National Work Queue, not assigned to an adjudicator; cases that are remanded by the Board; Veteran Appeals Improvement and Modernization Act cases pending a hearing; and when a decisionmaker did not comply with the Board's decision. We recognize the value of and support efforts to track meaningful data to improve the effectiveness and accuracy of the claims process. However, the data sought by this legislation will be meaningless unless VA addresses the problems that hinder their ability to obtain proper medical opinions, since this continues to result in remandable errors.

This legislation would also give the Board the authority to aggregate certain claims. While PVA does not oppose allowing the Board to aggregate appeals involving common questions of law or fact, we believe that before that can be done a feasibility study should be conducted, and the findings reviewed. Then, legislation based on those findings could be brought forth.

S. 2061, the Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025

Military servicemembers are frequently exposed to environmental pollutants that can cause a variety of diseases such as rare cancers, heart conditions, and chronic lung ailments. The

[4] RURAL VETERANS - Office of Rural Health.
[5] Critical Access Hospitals, CMS.gov.

descendants of these veterans are also likely to experience similar health challenges, which are believed to be related to their parents' or grandparents' exposure to toxic chemicals. PVA supports this bill, which establishes a multiagency task force to conduct research on the diagnosis and treatment of health conditions of descendants of veterans exposed to toxic substances during their military service. This research would be authorized through the Toxic Exposure Research Working Group, which was established by the Honoring our PACT Act of 2022 (P.L. 117-168).

S. 2264, the Advancing VA's Emergency Response to (AVERT) Crises Act of 2025

PVA supports this legislation, which seeks to preserve VA's ability to fulfil its Fourth Mission; thereby enhancing the nation's preparedness for national emergencies, including war, terrorist attacks, pandemics, and natural disasters. Ensuring the department has the resources it needs to respond to these emergencies and improving its coordination with other federal agencies will help ensure the VA can properly fulfill its critical mission to assist veterans and the nation during times of crisis.

S. 2309, the Veteran Burial Timeliness and Death Certificate Accountability Act

This bill seeks to address the significant delays, which can be as long as eight weeks, in certifying veterans' death certificates. These delays could hinder survivors' timely application for benefits. Currently, the VA has faced systemic barriers that have caused these delays, such as having only 25 percent of their physicians enrolled in the Electronic Death Registration System (EDRS), which is needed for the certification process.

VA issued VHA Notice 2025-03 in June 2025, which establishes interim policy regarding updated oversight requirements for the Survivors Assistance and Memorial Support (SAMS) Program, formerly known as Decedent Affairs[6]. Under paragraph l(2) of the new policy, it states the death certificate of a veteran be signed within two business days of the veteran's death and as defined by state and local laws. The VHA Notice does not replace VHA Directive 1601B.04, Decedent Affairs, dated December 1, 2017, but rather supplements it. It also states that the notice establishes interim policy regarding updated oversight requirements for the SAMS Program.

This bill does not include mandates for expanding registration amongst VA doctors into EDRS nor does it increase staffing, which could leave those 25 percent who are registered doing all the certifications for the death certificates. A concern would be that these physicians would be rushed into signing documents with less than accurate information causing headaches for the family when trying to file for benefits.

[6] https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=12296.

This policy change is temporary and will expire on June 30, 2026. We believe it would be prudent to wait until this change has been examined and reviewed to see how successfully it was implemented, the accuracy of death certificates, and whether more physicians are enrolling in EDRS. We want to commend Secretary Collins for addressing this issue swiftly and look forward to the changes he directed being reflected in final policy.

S. 2328, the Military Learning for Credit Act of 2025

It is common for veterans to discover that courses taken while in uniform do not transfer to other institutions of higher learning. The Military Learning for Credit Act would ease the financial responsibility for veterans who decide to go back to school using their GI Bill, but who discover they may need additional assessments to enroll in and/or avoid repeat courses. PVA supports this legislation.

S. 2333, the Health Records Enhancement Act

There are many reasons why a veteran's medical records may be incomplete. For example, veterans can receive care through multiple programs (TRICARE, Medicare, private insurance, and VA and its community care partners) and numerous points of service (primary care, specialty care, urgent care, or the emergency room). The increased variables raise the likelihood that documentation from their visit won't reach their VA healthcare file. The Health Records Enhancement Act seeks to improve the accuracy of medical records for deceased veterans by allowing surviving family members or designated caregivers to add missing records or other relevant data to their records. PVA has no objections to this legislation.

S. 2397, the Caring for our Veterans Health Act of 2025

Having access to treatment information in medical records from VA's community care providers is critical to ensuring continuity of care for the veteran and effective patient management. An August 2025 VA Office of Inspector General report[7] highlighted the challenges some VA facilities face while attempting to retrieve these records. Just 82 percent of three million community care consults reviewed had the medical records returned, indicating that a significant gap in data management still exists. PVA supports this effort to close that gap by requiring VA's Under Secretary for Health to implement guidelines to ensure tracking of medical documentation after a veteran receives care from a community provider. This would enable the VA's Office of Integrated Veteran Care to ensure veterans receive the standard of care they need and deserve.

[7] Facilities Faced Challenges Retrieving Medical Records from Community Providers and Importing Them into Veterans' Electronic Health Records.

S. 2683, the VSAFE Act of 2025

Last month, VA sounded the alarm about a new scam targeting veterans, surviving spouses, and family members who receive VA benefits. The scammers pretend to be VA representatives collecting an overpayment of benefits. The official looking letters, emails, and texts often include fake VA logos and use letterhead that appears to be genuine. It makes it extremely difficult to distinguish them from official VA communications. Veterans are often targeted by scams due to their access to government resources and trust in official institutions. Thus, PVA supports efforts like the VSAFE Act to protect them. This bill would establish a Fraud Evasion Officer within the department, and the person serving in this role would be responsible for scam and fraud prevention, reporting, and incident response plans at the VA.

S. 3119, the Fisher House Availability Act

Beneficiaries of active-duty servicemembers often travel far from home to receive care through DOD's TRICARE program. Often their appointments don't end until late in the day which then requires them to drive extended distances home at night. This bill would allow VA to provide temporary lodging to a covered beneficiary or a family member of a covered beneficiary on a space available basis. If VA has available space and there is no cost to the department, PVA can support this legislation.

Senate Discussion Draft, the Veterans National Traumatic Brain Injury Treatment Act

Hyperbaric Oxygen Therapy (HBOT) is a well-established treatment for a variety of conditions, including decompression illness, carbon monoxide poisoning, or compromised skin grafts and flaps. However, its safety and efficacy in treating traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD) is unclear. PVA has no objections to this legislation, which seeks to establish a pilot program at the VA to assess the effectiveness of HBOT for these conditions.

Senate Discussion Draft, the Leveraging Integrated Networks in Communities (LINC) for Veterans Act

The LINC VA Act seeks to help veterans by improving the coordination between public and private social services and the VA. It requires the department to carry out a pilot program to establish community integration network infrastructure for services for veterans and collect information from veterans about social determinants that may impact their health. Using a new or existing network, the program would test the coordination of public and private providers and payors of services for veterans for things such as nutritional assistance, transportation, job training, caregiving or respite care, and disability assistance. PVA supports the draft bill and is confident the results of the pilot will enable VA and Congress to better understand the needs of veterans in certain subpopulations, such as those with catastrophic disabilities; racial or ethnic minorities; women veterans; and those residing in rural or underserved parts of the country.

Senate Discussion Draft, the SERVE Act

In times of fiscal constraint, joint use agreements between DOD and VA should be highly prized for their ability to increase access to care for servicemembers and veterans while reducing overall federal spending. Such agreements allow for the sharing of medical personnel, facilities, and resources which can lead to faster access to high quality care and improved medical outcomes. They also reduce bureaucracy and improve the efficiency of the system. DOD and VA have had the authority to execute these types of agreements for decades but have never used them to their full potential.

This draft legislation seeks to improve access to healthcare by improving collaboration and increasing the use of these agreements between the two departments. This includes allowing VA access to underutilized space at military medical treatment facilities (MTF) and the development of action plans that address the cross-credentialing of providers. It would also expedite base access for VA beneficiaries, integrate IT systems between the two departments, and designate coordinators in each department to manage implementation of the agreement. Agreements between VA and MTFs have been effective in the past, but often faltered whenever personality differences arose between the VA facility director or MTF commander. We support this effort to restate Congress's expectations for these types of agreements. We believe the draft bill's performance monitoring mechanisms and reporting requirements will help ensure success where others have failed.

Senate Discussion Draft, the Improving Access to Care for Rural Veterans Act

This draft legislation allows VA to enter into partnership agreements with rural hospitals to provide care for veterans residing in these areas. This includes the development of a standardized, renewable waiver process if a VA medical facility is unable to establish a partnership or agreement with a rural hospital. This authority seems like those granted to VA through the VA MISSION Act of 2018 (P.L. 115-182). We believe the committee should further consider those authorities before advancing this legislation. Also, the term VA medical facilities should be changed to VA medical centers (VAMC) since the earlier term implies that Community-Based Outpatient Clinics and Vet Centers could execute agreements on their own, even though they are extensions of a VAMC.

Senate Discussion Draft, the Get Justice Involved Veterans BACK HOME Act

PVA supports this draft legislation, which instructs VA to establish a pilot program to furnish mental health care to incarcerated veterans. Emphasis would be placed on those with service-connected ratings for PTSD, TBI, and conditions related to military sexual trauma. It does, however, restrict the use of community care providers, which we believe may hinder the support this effort is intended to provide.

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.