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BEFORE THE COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
INDEPENDENT SPIRITS: VETERAN HEALTH & HEALING THROUGH
ADAPTIVE SPORTS"**

FEBRUARY 4, 2026

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, thank you for the opportunity to testify today on VA's Adaptive Sports Programs and the transformative impact they have on Veterans with disabilities.

VA's Adaptive Sports Program is rooted in our mission to promote health, independence, and quality of life for Veterans. These programs are not simply recreational — they are clinically integrated into rehabilitation plans and serve as powerful tools for recovery, resilience, and reintegration.

Benefits of Adaptive Sports for Veterans

Adaptive sports provide Veterans with opportunities to engage in physical activity, build confidence, and foster social connection. They improve strength, mobility, and mental health, helping Veterans live independently and thrive. Recreation therapists and adaptive sports clinicians use these activities as structured interventions to complement medical care, reduce isolation, and empower Veterans to rediscover purpose and joy.

VA's National Rehabilitation Events

VA hosts six national rehabilitation events annually, each designed to meet the unique needs of Veterans with disabilities.

National Disabled Veterans Winter Sports Clinic, Co-Presented with Disabled Veterans of America: Provides adaptive winter sports opportunities such as skiing and snowboarding, helping Veterans with disabilities build confidence, improve physical health, and experience therapeutic benefits in a supportive environment.

National Veterans Wheelchair Games Co-Presented with Paralyzed Veterans of America: The largest annual wheelchair sports event in the world, offering competitive and recreational activities that promote fitness, independence, and camaraderie among Veterans with spinal cord injuries and other mobility impairments.

National Veterans Golden Age Games: Targets Veterans aged 55 and older, encouraging healthy aging through adaptive sports and wellness activities that enhance physical fitness, social engagement, and overall quality of life.

National Veterans Summer Sports Clinic: Focuses on physical and mental well-being and fostering community and social engagement for Veterans living with active posttraumatic stress disorder and other mental health conditions through promotion of fitness, summer sports, and recreational opportunities.

National Disabled Veterans Golf Clinic Co-Presented with Disabled Veterans of America: Introduces Veterans with disabilities to adaptive golf techniques, promoting physical activity, social connection, and therapeutic recreation in an inclusive setting.

National Veterans Creative Arts Competition and Festival: Celebrates artistic expression as a form of rehabilitation, showcasing Veterans' talents in visual arts, music, drama, and writing to support physical and psychological recovery and community engagement.

These events provide opportunities for Veterans with visual impairments, traumatic brain injuries, limb loss, spinal cord injuries, mental health diagnoses, and other conditions to participate in adaptive sports and creative activities. In

fiscal year (FY) 2025, approximately 2,400 Veterans participated in these events, which are a cornerstone of VA's rehabilitation programming.

Adaptive Sports Grants Program

VA's Adaptive Sports Grant Program provides Veterans and members of the Armed Forces with disabilities access to sports and equine therapy to encourage a healthy and active lifestyle. As authorized by 38 U.S.C. § 521A and regulated at 38 C.F.R. part 77, VA awards grants to non-Federal Government entities with significant experience in managing a large-scale adaptive sport program.

- In FY 2025, over 20,000 Veterans participated in adaptive sports and equine-assisted therapy through grant-funded programs.
- VA awarded \$16 million in grants to organizations offering more than 60 different adaptive activities, including cycling, kayaking, fishing, golf, winter sports, and wheelchair basketball.

These grants promote lifelong health and wellness by supporting programs that range from single-session clinics to recurring classes and competitive events. They reflect VA's commitment to expanding access and meeting Veterans where they are.

Veterans Monthly Assistance Allowance

VA provides a monthly stipend for Veterans with disabilities who are training and competing at the elite level in Paralympic or Olympic sports, as authorized by 38 U.S.C. § 322(d) and regulated at 38 C.F.R. part 76. This program ensures that Veterans pursuing competitive excellence have the financial support needed to represent our Nation on the world stage.

To qualify, a Veteran athlete must meet classification and performance standards established by the respective Paralympic or Olympic governing body.

From FY 2020-2025, VA provided stipends, on average, to 200 Veterans annually. In FY 2025, the average stipend was approximately \$1,040 per month.

We are honored to have heard from the veteran adaptive sports athletes on the first panel. Their achievements and stories exemplify the spirit of this program and the resilience of the Nation's Veterans. VA is proud to support their pursuit of excellence and their role as ambassadors for adaptive sports.

Outreach and Engagement

VA uses targeted outreach through social media, national events, and other efforts to connect Veterans with adaptive sports opportunities.

- Sports4Vets social media engagement increased 115% last year.
- VA conducts monthly sessions with adaptive sport grant recipients and collaborates with community partners to expand participation.
- Outreach efforts include health and wellness expos, educational sessions, and resource stations at national events.

Impact and Success Stories

Adaptive sports are more than recreation — they are rehabilitation. They help Veterans rebuild lives, restore confidence, and reconnect with their communities. Veterans often describe these programs as life-changing, providing physical benefits, psychological healing, and renewed purpose.

Pending Legislation

Having provided an overview of VA's adaptive Sports initiatives, I will now provide the VA's views on the four bills on today's agenda.

S. 1644 **Autonomy for Disabled Veterans Act**

Summary: Section 2(a) of this bill would amend 38 U.S.C. § 1717 to increase the amount available to eligible Veterans for improvements and

structural alterations furnished as part of home health services. It would establish a lifetime cap on the cost of such improvements or alterations of \$6,800 for Veterans who first applied for benefits under this paragraph before the date of enactment for a non-service-connected disability and whose disability VA later determined to be service-connected. For Veterans who first applied for benefits under this paragraph on or after the date of enactment, the lifetime limit would be \$10,000.

Section 2(b) would further amend this statute to require VA to adjust these limits annually to increase them by a percentage equal to the percentage by which the residential home cost of construction index established under 38 U.S.C. § 2102(e)(3) increased during the previous fiscal year; if that index did not increase, the rate would remain the same. It would also limit VA to furnishing no more than three improvements or structural alterations under paragraph (2) section 2(c) would create a rule of construction stating that Veterans who exhausted their eligibility for benefits before the date of enactment would not be entitled to additional benefits under this section by reason of these amendments.

Position: VA supports the intent of this bill, subject to amendments, however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or the Congressional Budget Office (CBO) has provided a score.

Views: VA supports updating the benefits offered through the Home Improvement and Structural Alterations (HISA) program. The HISA amounts have not been increased for more than 15 years. This bill would provide necessary flexibility to ensure Veterans receive medically indicated modifications to their homes to support independent living. By including an index adjustment, the bill would also ensure the HISA benefits are based on average industry costs and are adjusted over time. Further, the bill would provide a single, consistent amount – at least based on when the Veteran applied for HISA benefits – regardless of service connection, which VA supports. We believe the recommended amount of \$10,000 for future applicants is appropriate, as that is

generally consistent with the national average cost for a bathroom modification, which is the most common HISA modification. VA has some technical edits on this bill it will share with the Committee.

Cost Estimate: VA is working on a cost estimate for this bill.

**S. 1726 Automotive Support Services to Improve Safe Transportation
Act of 2025 (ASSIST Act of 2025)**

Summary: Section 2 of this bill would amend 38 U.S.C. § 1701(6)(I), which generally defines, among medical services VA is authorized or required to furnish, automotive adaptations. Current law includes the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use. The bill would amend this authority to include the provision of any medically necessary automobile adaptations for driver or passenger use, including ramp and kneeling systems, raised doors or lowered floors, raised roofs, air conditioning, occupied and unoccupied mobility lifts, ingress or egress accessibility modifications, wheelchair tiedowns, and adapted seating.

Section 3 of this bill would amend 38 U.S.C. § 5503(d)(7), which generally limits pension payments for certain Veterans, by extending the sunset date of this provision from November 30, 2031 (sic), to September 30, 2032.

Position: **VA supports the intent of this bill, subject to amendment, however, VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or CBO has provided a score.**

Views: VA supports the proposed amendments in section 2. These amendments would largely match with current VA policy (except for kneeling systems, which VA can currently prescribe but not actually provide) and would address concerns VA has identified with the current statutory language, which was enacted in section 22 of the Veterans Auto and Education Improvement Act

of 2022 (P.L. 117-333). VA's concern is that the current statutory language is too narrow and does not provide VA clear authority to furnish other necessary adaptations, such as ramp and kneeling systems, lowered floors, and ingress and egress accessibility modifications more generally. The current statute also refers only to wheelchair tiedowns "for passenger use." It does not include tiedowns for the driver's use. By modifying the language to refer more broadly to "any medically necessary automobile adaptations," it leaves VA room to include additional adaptations as adaptations are developed and proven to be safe and appropriate for use. VA recommends including specific authority to allow VA to limit the use of these benefits to once every five years to ensure these modifications are consistent with current regulation and to provide greater financial accountability for VA.

Regarding section 3 of the bill, we note initially that Congress recently modified and extended this authority, which does not currently expire until January 31, 2033 (per section 4 of the Medal of Honor Act; Public Law 119-43). We note that this appears to be intended to offset the cost of section 2, but this offset would not provide VA necessary funds to support implementation of these amendments.

Cost Estimate: VA is working on a cost estimate for this bill.

S. 2981 Veterans Prosthetics Advancement and Reform Act

Summary: Section 2 of the bill would establish a new 38 U.S.C. § 1709D regarding a prosthetic and rehabilitative items and services formulary (the Formulary). Proposed § 1709D(a) would require VA to establish the Formulary for purposes of furnishing medical services under 38 U.S.C. § 1701(6)(F) pursuant to § 1710. Proposed § 1709D(b) would require VA to solicit input from Veterans and the public in developing the formulary; VA would have to ensure that all items and services included in the Formulary are available at or through all VA facilities, and in developing the Formulary, VA would have to rely on the best available evidence to identify which items and services should be included.

Proposed § 1709D(c) would require VA to publish the Formulary online and update it periodically. VA would have to communicate to Veterans the contents of the Formulary and provide information about how to appeal decisions regarding the provision of items and services on the Formulary. Proposed § 1709D(d) would require VA to enter into such contracts as VA considers necessary to support the availability of items and services included in the Formulary. Proposed § 1709D(e) would require VA to ensure the availability of training on the Formulary for clinicians and other VA staff. Proposed § 1709D(f) would require VA to establish a process for VA clinicians to request, prescribe, and furnish prosthetic and rehabilitative items and services that are not included on the Formulary when medically necessary. VA would have to monitor requests, prescriptions, and the furnishing of prosthetic and rehabilitative items and services to ensure that such items and services are being consistently and appropriately prescribed at all VA facilities and to determine whether such items or services should be added to the Formulary. Proposed § 1709D(g) would require VA, in developing the Formulary, to consider how the approach of VA's Pharmacy Benefits Management (PBM) Services for formulary management and medication safety could be adapted to support the efficient and effective administration of the Formulary.

Position: VA supports the intent of this bill but cites concerns, and VA is unable to assess the impact to budgetary resources and therefore will follow up with the Committee once this evaluation is complete or CBO has provided a score.

Views: VA supports the intent of this bill but cites concerns. VA is unclear if the bill intends to include specific medical services (such as the fitting, fabrication, and adjustment of items) and items that may be covered under other VA authorities. VA welcomes the opportunity to discuss how this bill might impact clinical outcomes and current resources, as well as the intended effect of the bill. We understand that this bill is intended to provide clear authority for VA to establish the Formulary and to ensure that access to prosthetic and rehabilitative items and services are consistently available across the country. VA greatly

appreciates the extensive engagement between VA and the Committee in developing this proposal through technical assistance. are consistently available across the country. VA greatly appreciates the extensive engagement between VA and the Committee in developing this proposal through technical assistance.

We do note this bill would likely require significant dedicated resources to be assigned to the creation and administration of the Formulary; for example, VA's PBM relies on a large, specialized team to manage formulary items, which is only feasible as these products are standardized and approved by the Food and Drug Administration. Replicating this process for prosthetic items would require a larger workforce, given the complexity and variability of products.

In addition to the staffing requirements to develop, manage, and maintain a Formulary, a system integrating the clinical ordering process with the items on Formulary would need to be developed and implemented. Currently these items are ordered through prescriptions or requests that are largely free text entries that often require several iterations of messaging between the ordering provider and procurement staff to ensure that VA provides the exact item is needed, which can result in delays. Without integration to the clinical ordering system, providers will not be able to effectively use a Formulary, and many of the potential benefits of this bill would be unachievable. There are over 100,000 different items that would likely be on the Formulary, and it is not reasonable to expect providers or procurement staff to memorize them all.

Additionally, the bill specifically focuses on furnishing medical services as described in § 1701(6)(F) and § 1710, but VA has other authorities under which it furnishes certain items and services. For example, VA furnishes eyeglasses and hearing aids pursuant to 38 U.S.C. § 1707, and VA furnishes aids for the blind under § 1714. It is unclear if the bill intends to include these other items as well; VA would welcome the opportunity to discuss this further with the Committee to determine if amendments to the bill would be appropriate.

These examples also demonstrate how VA often has multiple authorities governing the same or similar benefit, which can lead to confusion and duplication of efforts. VA would welcome the opportunity to discuss future opportunities to simplify and clarify VA's authorities in this and other areas of health care delivery and management.

Cost Estimate: VA is working on a cost estimate for this bill.

**S. 3138 Veterans Supporting Prosthetics Opportunities and
Recreational Therapy (SPORT) Act**

Summary: This draft bill would amend 38 U.S.C. § 1701(6), which defines the term medical services for purposes of chapter 17 of title 38, U.S.C., to specify that artificial limbs include adaptive prostheses and terminal devices for sports and other recreational activities.

Position: VA supports this bill, subject to amendment.

Views: VA fully supports ensuring that eligible Veterans in need of adaptive recreation equipment, including adaptive prostheses and terminal devices for sports and other recreational activities, are able to access these items. VA has already included these items in its regulations at 38 C.F.R. § 17.3230(a)(1)(ii), which includes adaptive recreation equipment among the items and services VA will provide Veterans if VA determines that such items and services: (1) are needed to promote, preserve, or restore the health of the Veteran (under 38 C.F.R. § 17.38(b)); (2) serve as a direct and active component of the Veteran's medical treatment and rehabilitation; and (3) do not solely support the comfort or convenience of the Veteran. These regulations are VA's interpretation of 38 U.S.C. §§ 1701 and 1710 in this area. VA has defined adaptive recreation equipment at 38 C.F.R. § 17.3210 to mean an item that is designed to compensate for, or that by design compensates for, loss of physical, sensory, or cognitive function and is necessary for the Veteran to actively and

regularly participate in a sport, recreation, or leisure activity to achieve the Veteran's rehabilitation goals as documented in the Veteran's medical record.

VA believes the bill language would be redundant given current regulations and practice. In addition, we express concern that enacting a bill of this type could result in confusion in this area. Such confusion could jeopardize or frustrate the delivery of benefits to Veterans because this language does not align exactly with VA's current regulations. This could lead to an inference that the bill is intended to create benefits different from VA's current regulations and could lead to litigation. We recommend Congress include the following rule of construction to address these concerns: "Nothing in this Act shall be construed to alter the scope of benefits the Secretary currently provides to eligible Veterans under section 17.3230 of title 38, Code of Federal Regulations, or successor regulations." We would be happy to work with the Committee on this language.

VA providers currently evaluate each patient's needs and prescribe adaptive equipment as clinically appropriate. VA can also prescribe and furnish these items as prosthetic devices as well under current regulations. VA currently provides Veterans with artificial limbs specifically designed for numerous activities like running, swimming, and climbing. VA also provides Veterans with a broad array of adaptive equipment to participate in their preferred recreational activities. Examples include adaptive hand cycles; wheelchair basketball equipment; adaptive ski and hockey equipment; and customized adaptations to participate in activities from hunting to kayaking.

If any Members of the Committee are aware of issues or cases where Veterans have not received necessary equipment, we ask that you please let us know so we can assist.

Cost Estimate: This draft bill would result in no additional cost because it would result in no change in policy.

Conclusion

VA remains committed to expanding adaptive sports opportunities for Veterans and working with Congress to strengthen these programs. We appreciate your continued support and look forward to collaborating on legislative efforts that enhance access and impact. Thank you for recognizing the transformative power of adaptive sports. I am happy to answer any questions.