



Paralyzed Veterans  
of America

# WASHINGTON UPDATE

*Recent news regarding legislation and regulatory actions affecting veterans and people with disabilities.*

Written and produced by Paralyzed Veterans of America - Government Relations Department

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## **PVA GOVERNMENT RELATIONS WEBINAR ON VA'S CAREGIVER PROGRAM**

On October 29, PVA's Legislative Team will host a webinar for chapters and PVA members about the status of the expansion of VA's comprehensive family caregiver program. The webinar will be held at 2:00 pm ET. To register for the webinar, please visit: [https://pva.zoom.us/webinar/register/WN\\_lyMz49woSkCnLvFUdV1ERw](https://pva.zoom.us/webinar/register/WN_lyMz49woSkCnLvFUdV1ERw). After registering, you will receive a confirmation email containing information about joining the webinar.

## **VETERANS BENEFITS/SOCIAL SECURITY COLA ANNOUNCED**

The Social Security Administration (SSA) announced on October 10 that Social Security benefits will receive a 1.6 percent cost-of-living adjustment (COLA) increase starting in 2020. SSA's COLA serves as a baseline for other federal benefit increases that must be authorized annually. Congress passed legislation on September 12 authorizing a parallel increase in veterans' disability compensation and military retirement benefits that was signed into law by the President on September 26.

## **BOWEL AND BLADDER PROGRAM REIMBURSEMENT NOTICE**

Due to some recent changes in VA's payment and authorizations systems, family members who receive reimbursement for providing bowel and bladder care are now required to obtain a National Provider Identifier (NPI) to continue to receive reimbursement for care provided. An NPI is a unique, 10-digit identification number issued to health care providers by the Centers for Medicare and Medicaid Services (CMS). It is required to ensure individual family member caregivers can be loaded into VA's updated payment and authorizations systems, and for a Veterans Care Agreement (VCA) to be issued. The VCA will act as the agreement for payment and services rendered with the VA.

Caregivers were directed to obtain their NPI by September 30, or risk not receiving payment for services provided. If you are a caregiver and you have not yet acquired your NPI, visit <https://nppes.cms.hhs.gov/#/> to create an account and request one. Once you have received

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your NPI, either electronically or through the mail, you should contact your VA Medical Center and advise the local Community Care staff that you are ready to sign a VCA. The local Community Care staff are the same staff from whom you receive authorization to deliver care.

## **PVA NATIONAL STAFF SPEAKS AT A VETERANS PANEL AND POLICY DISCUSSION ON RE-THINKING SUICIDE PREVENTION**

On September 26, Representatives Steven Horsford (D-NV) and Debra Anne Haaland (D-NM) hosted a veterans panel and policy discussion about re-thinking suicide prevention. Roscoe Butler, Associate Legislative Director for Government Relations, participated in the special event which gave veterans, veterans service organizations, and suicide prevention experts the chance to share their experience in helping those who struggle with suicidal thoughts and offer their perspective on policy solutions that cannot only save lives, but also empower veterans to live healthy, meaningful lives.

According to VA's 2019 National Suicide Prevention Annual Report, suicide among veterans increased by 6.1 percent from 2005 to 2017. The number of veteran's suicides exceeded 6,000 each year from 2008 to 2017.

Roscoe shared his own personal experience with a family member who committed suicide. He reminded everyone that no one is immune from suicide; so, we must be watchful for the warning signs and engage anyone who may be in distress. He also discussed how literature on systematic implementation of suicide prevention initiatives in SCI practice is lacking, as well as how the Boston VA Health Care System is currently integrating Suicide Prevention in SCI practice. While still a work in progress, they are running a pilot which may provide practical guidance for implementing suicide prevention initiatives in SCI care, which will serve as a basis for future research to identify evidence-based strategies for suicide prevention in SCI practice.

## **VA RELEASES 2019 NATIONAL VETERAN SUICIDE PREVENTION ANNUAL REPORT**

VA released its National Veteran Suicide Prevention Annual [Report](#) in late September. According to Dr. Richard Stone, Veterans Health Administration (VHA) Executive in Charge, there was no significant change in the suicide death data between 2016 and 2017, which is the most recent year of available information for veterans. This data is the result of a thoroughly vetted process based upon all available data from the Centers for Disease Control National Death Index. The report outlines efforts VHA has initiated since 2017, including the launch of the National Strategy for Preventing Veteran Suicide. VA's strategy is based upon a widely successful public health model that includes interventions for the entire population, for groups at higher risk, and for targeted individuals.

VA's previous reports included data on current service members, Guard and Reserve members (including those who were never federally activated), and veterans eligible for care and services from VA, whereas this one focuses solely on veteran deaths. DoD published its own [report](#)

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recently reflecting actively serving losses to suicide. Looking across both reports, the aggregate remains about 20 suicide deaths per day with 17 of them being veterans. Moving forward, VA's annual report will provide greater fidelity of veterans to better inform targeted interventions to address suicide risk.

## **CAPITOL HILL BRIEFINGS HIGHLIGHT DISABILITY INCLUSIVE DISASTER MANAGEMENT**

Advocates for disability inclusive emergency management legislation organized two briefings on Capitol Hill on September 23, to draw attention to access barriers faced by people with disabilities in recent natural disasters. Participating in the briefing were representatives from the National Council on Disability (NCD), Disability Rights North Carolina (DRNC), the American Association of People with Disabilities (AAPD), and the Partnership for Inclusive Disaster Strategies. The aim of the briefings was not only to educate staff and policymakers about the challenges faced by people with disabilities during catastrophic emergencies but also to highlight disability inclusive solutions to emergency management.

Amy Nicholas, Attorney Advisor with NCD, discussed the agency's recent report on involuntary institutionalization of people with disabilities during disasters, [Preserving Our Freedom: Ending Institutionalization of People with Disabilities During and After Disasters](#). Curtis Hill with DRNC recounted his work during Hurricane Florence to ensure protection of the rights of people with disabilities. Maria Town, Executive Director of AAPD, lived through Hurricane Harvey in Texas while managing emergency response operations for the Houston Mayor's office and discussed her experiences during that storm. Marcie Roth with the Partnership outlined existing legal requirements for protecting those with access and functional needs during disasters while her colleague, German Parodi, shared his experiences working in areas recently affected by natural disasters.

The panelists also discussed two pieces of legislation which PVA has endorsed - the Real Emergency Access for Aging and Disability Inclusion (REAADI) for Disasters Act, S. 1755/H.R. 3208, and S. 1754/H.R. 3215, the Disaster Relief Medicaid Act (DRMA). REAADI would ensure that the experiences of older adults and people with disabilities are considered throughout preparation for, response to, recovery from, and mitigation of disasters. DRMA responds to circumstances in which people with disabilities who use Medicaid long-term services and supports must relocate to another state in the event of a major disaster. REAADI and DRMA are currently pending action before a number of congressional committees and supporters of these bills should ask their members of Congress to cosponsor them.

## **LEGISLATION TO END SSDI AND MEDICARE WAITING PERIODS INTRODUCED**

On September 19, Senator Bob Casey (D-PA), Representative Lloyd Doggett (D-TX), and Representative Brian Fitzpatrick (R-PA) introduced the Stop the Wait Act, S. 2496/H.R. 4386.

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After navigating the bureaucracy and often waiting months to qualify for Social Security Disability Insurance (SSDI), individuals with disabilities must wait another five months to begin getting their benefits and another two years to obtain health coverage through Medicare. The Stop the Wait Act would eliminate these waiting periods that can adversely affect individuals with disabilities by delaying critical health care and economic supports. Indeed, in 2017, more than 10,000 Americans died while waiting for SSDI benefits to begin. The wait times are particularly harmful to adults with rapidly progressing diseases.

American workers who develop a disability and have paid into Social Security may be eligible for SSDI, a benefit financed by employee/employer payroll taxes. SSDI requires an application and determination period that can last more than 18 months, as well as a five month waiting period to obtain a disability payment, and then another 24 months to receive Medicare benefits. The Stop the Wait Act aims to remove these unnecessary and onerous requirements by:

- Requiring the Social Security Administration to begin payment to an individual eligible for SSDI immediately after they are determined to be eligible for the program.
- Phasing out the 24-month waiting period for Medicare disability benefits.
- Directing the National Academy of Medicine to conduct a study to ensure the elimination of the waiting periods are resulting in better health and community living outcomes for eligible SSDI recipients and their families.

PVA was pleased to join with other aging and disability organizations in endorsing this legislation.

## **U.S. ACCESS BOARD TO ASSESS FEASIBILITY OF WHEELCHAIR RESTRAINT SYSTEMS ON AIRCRAFT**

The inability to use one's wheelchair on airplanes makes air travel very difficult, if not impossible, for many people with disabilities. It requires multiple transfers between boarding chairs and aircraft seats, posing injury risks. Airline seats are a poor alternative to personal wheelchairs which are typically customized for the user's safety, comfort, and specific medical needs. Further, passengers' wheelchairs are stowed in the cargo hold and often damaged, mishandled, or lost as a result.

To address these challenges, the U.S. Access Board is undertaking a study to assess the feasibility of equipping aircraft with restraint systems so that passengers can remain in their wheelchairs on flights. Congress directed the Board to study this question in its most recent reauthorization of the Federal Aviation Administration. PVA was a lead advocate for its inclusion in the bill. The Board has enlisted the Transportation Research Board (TRB), which is part of the congressionally chartered National Academy of Sciences, to conduct this assessment and to issue a report. The Board and TRB will consult the Department of Transportation, aircraft

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manufacturers, air carriers, and disability advocates in the course of the study, as directed by the act.

"The Board is eager to examine this issue which has the potential to make flying safer and more comfortable for thousands of people who use wheelchairs," stated Board Executive Director David Capozzi. "We look forward to building upon and advancing the work of other organizations who have provided critical leadership, advocacy, and research on this subject, notably All Wheels Up, Flying Disabled, and Paralyzed Veterans of America."

TRB will organize an expert panel to assess and evaluate the feasibility of equipping passenger aircraft with in-cabin wheelchair restraint systems. This panel will include experts in aircraft manufacturing, aeronautics, aviation safety, accessibility, disability policy, airline operations, and other disciplines. It will examine the design, engineering, and safety requirements for equipping aircraft with locking or tiedown mechanisms for non-motorized and motorized wheelchairs used as seats. If such restraint systems are found to be feasible, the panel will then assess how they can be used to accommodate passengers using wheelchairs through all phases of flight, from boarding to deplaning. A peer-reviewed report on the panel's findings will be published at the conclusion of the project and submitted to Congress. The report is expected by October 2021.

## **TSA'S IMPROVEMENTS FOR SCREENING OF PASSENGERS WITH DISABILITIES FY 2019 REPORT**

As required by the FAA Reauthorization Act of 2018, the Transportation Security Administration (TSA) has released a report titled, "TSA's Improvements for Screening of Passengers with Disabilities." PVA advocated for this requirement along with a requirement for TSA to revise its training requirements for Transportation Security Officers related to the screening of passengers with disabilities; develop best practices based on complaint trends and accommodation requests; and place signs at major airports which provide contact information for the appropriate employees designated to resolve disability-related complaints that arise from the screening process to improve the experience of passengers with disabilities.

After reviewing the report, we are hopeful that its findings that show updates to TSA's etiquette and sensitivity training and the incorporation of best practices to address complaints from travelers with disabilities will lead to better experiences with the security screening process.

"TSA revised its initial and recurrent training requirements for those who perform screening functions at airports as a result of PVA and other focus groups' participation earlier this year. The report also reveals that the focus groups showed a benefit to updating TSA's Passenger Support Specialist training," said Carl Blake, PVA's executive director. "We are pleased TSA used the input of Paralyzed Veterans of America and additional focus groups in order to improve the engagement that travelers with disabilities deserve."

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Additional findings from TSA's report show airline travelers filed 1,816 disability complaints from October 1, 2018 through May 31, 2019. Of those complaints, 16.2 percent were from travelers who encountered problems while using wheelchairs or scooters.

"It's extremely disappointing to see individuals experience discrimination or lack of accommodations simply because they use a wheelchair or scooter," said Blake. "We hope that TSA's incorporation of best practices into training will prevent these problems in the future."

## FORMATION OF VA HEALTH CARE FRAUD TASK FORCE

VA's Office of the Inspector General (IG) and the Department of Justice recently [announced](#) the creation of a special task force to help combat fraud in VA's expanding health care programs. The VA Health Care Fraud Task Force will focus on investigating and prosecuting health care fraud in VA's new Veterans Community Care Program where eligible veterans receive health care from a private provider in their local community instead of a VA health care facility. The interagency task force couples the capabilities and experience of the two agencies, along with an attorney from VA's IG office who has been detailed to serve as its special prosecutor.

## NEW NATIONAL POLL OF VOTERS WITH DISABILITIES

Southpaw Insights recently released a [new poll](#) commissioned by Smartmatic about the voting experience at the polls for voters with disabilities. The survey of 1,004 registered U.S. voters with some form of vision, cognitive, hearing, or mobility impairment was designed to better understand the challenges voters with disabilities face when voting and explore ways election technologies can better meet their needs at the voting booth.

Findings show that nearly all voters with disabilities value voting independently, privately, and in the same way as everyone else. Yet, more than half of respondents have experienced challenges casting their votes in person. Sixty-five percent of those surveyed said they wanted voting machine improvements, such as more user-friendly machines and no paper ballots. The option to vote remotely topped the list of improvements voters with disabilities would like to see in future elections.

## STATUS OF THE EXPANSION OF VA'S CAREGIVER PROGRAM

VA has officially begun efforts to revamp its family caregiver engagement and support programs in compliance with the VA MISSION Act. Currently VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) is only available to eligible veterans injured in the line of duty on or after September 11, 2001. As part of the Act, VA must expand its family caregiver support program to include the caregivers of service-connected injured veterans from all eras.

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In order to successfully expand the caregiver program, VA must utilize new technologies that will help manage a greater number of caregivers. Recently, VA announced it will conduct a three-step, phased-in approach for the new IT system using a commercial, off-the-shelf product called Caregiver Record Management Application (CARMA). Phase one consists of initial tool deployment which is currently underway. In phase two, which is expected to begin in January 2020, VA will begin using CARMA to streamline family caregiver benefits and stipends and make automated payments. In the summer of 2020, VA hopes to be entering phase three where the agency will optimize the CARMA tool to enable family caregivers to apply for benefits. From that point forward, VA will conduct regular screenings to ensure the system is working properly.

By summer of 2020, or when the VA Secretary deems the IT system to be functional, VA will begin expanding the family caregiver program to those injured on or before May 7, 1975. Two years later, VA will expand the family caregiver program to those injured between May 7, 1975, and September 11, 2001.

In the meantime, VA will also be issuing a proposed rule to help clarify the family caregiver program for potential participants. The proposal is expected to streamline certain procedures. We will examine it very closely. Other changes to the program are also expected.

## UPCOMING U.S. ACCESS BOARD WEBINARS

The U.S. Access Board will conduct a webinar on accessible bathing facilities on October 24 from 2:30 – 4:00 pm ET, that will explain and clarify requirements for bathing facilities in the ADA and ABA Accessibility Standards. This session will address common questions and sources of confusion concerning transfer showers, roll-in-showers, and bathtubs. Presenters will review components of accessible bathing fixtures, including grab bars, shower and tub seats, shower spray units and controls, and clearances. They will show how these requirements along with other provisions in the standards apply and come together in the design of accessible bathing facilities.

Also, on November 7, the Access Board will host a webinar from 2:30 – 4:00 pm ET on access to leased facilities. Federal agencies must ensure that the facilities they lease are accessible as required by the Architectural Barriers Act (ABA). Standards issued under the ABA, which apply to facilities funded by the federal government, provide minimum requirements for facilities or buildings newly leased by federal agencies and the U.S. Postal Service. These provisions address accessible routes, parking, toilet, and bathing facilities, sales and service counters, joint use areas, fire alarms, and other elements and spaces. Presenters will review these requirements and explain how they apply to leased facilities.

For more information or to register for both or either session, visit [www.accessibilityonline.org](http://www.accessibilityonline.org). Questions can be submitted in advance of the session (total limited to 25) or can be posed during the live webinar. Webinar attendees can earn continuing education credits. The webinar

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series is hosted by the ADA National Network in cooperation with the Board. Archived copies of previous Board webinars are available on the site.