



 **Pushing  
Access  
Forward**

# 2026 **POLICY PRIORITIES**

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**#PushingAccessForward**

# 2026 POLICY PRIORITIES



**For 80 years, PARALYZED VETERANS OF AMERICA**—the only congressionally chartered veterans service organization dedicated solely to the benefit and representation of veterans with spinal cord injury or diseases (SCI/D), like MS and ALS—has led the fight for accessibility and provided a full circle of support from the point of injury or diagnosis through all of life's milestones. With offices inside all 25 Department of Veterans Affairs (VA) SCI/D centers, PVA is unmatched. Staffed

with licensed architects, medical professionals, legal experts, and leaders in research and education, PVA fights to help veterans with SCI/D receive the benefits they earned, the specialized health care they deserve, the accessible homes and vehicles they need, and the meaningful careers they want. PVA also advocates for disabled veterans with the greatest support needs to have access to the same opportunities and freedoms available to all Americans.

To review PVA's policy priorities in depth, please visit [PVA.org/PolicyPriorities](https://PVA.org/PolicyPriorities).



## Strengthen the Foundations of VA's Specialized Health Care Services

- **Veterans with SCI/D choose VA for their care because it is unmatched in the community.** Sending catastrophically disabled veterans to the community for specialty care services, rather than providing it in the VA, decreases the quality of their care.
- **VA's SCI/D system of care is a national system of care.** Veterans from different states often depend throughout their lives on the services of their SCI/D center (hub) site. Sites at VA facilities closer to home (spokes) give veterans options while ensuring access to the full support of this crucial care system.
- **Chronic staffing deficiencies continue to have a direct, adverse impact on VA specialty care.** The SCI/D system of care faces clinical vacancies and suffers from inefficient hiring practices.
- **Infrastructure deficiencies also compromise veterans' care.** VA's SCI/D system of care is comprised of 25 acute care centers and seven long-term care centers. Many of the older centers have only had cosmetic or basic renovations.

### ▶ Recommendations

- Implement a holistic assessment of the SCI/D system of care and ensure individual centers are properly supported to meet SCI/D veterans' needs.
- Address chronic staffing deficiencies in VA specialized services, including the SCI/D system of care.
- Prioritize facility infrastructure and leasing projects that support the unique services the VA provides, such as SCI/D care, that are not readily available in the community.
- Provide sufficient funding to fully support VA specialized services, like SCI/D care, through proper staffing and infrastructure.



PVA firmly believes VA is the best health care provider for disabled veterans, particularly those with catastrophic disabilities. More importantly, our members consistently choose VA."

*Testimony of PVA National President Robert Thomas on September 17, 2025, before the Senate Veterans' Affairs Committee.*



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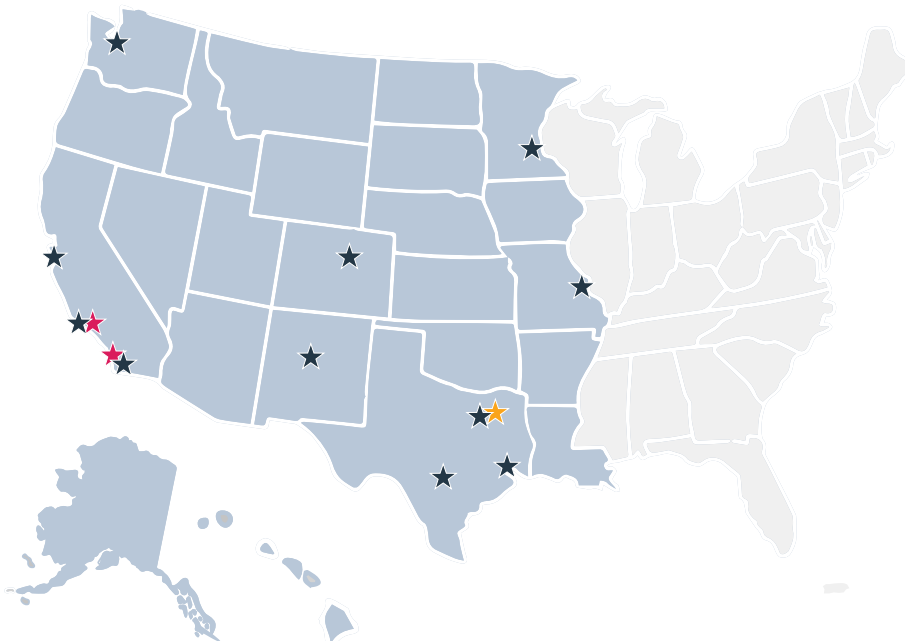


## Maximize VA Long-Term Services and Supports for Veterans with SCI/D

- **Veterans with SCI/D often need long-term services and supports**, whether in their homes or through facility-based care, throughout their lives.
- **Inadequate nursing care for SCI/D veterans in community institutions often leads to a lower quality of care, poorer outcomes, and increased costs for VA.** Many community facilities will not accept veterans with intensive needs, such as those who are ventilator dependent or require regular assistance with bowel and bladder functions.
- **Disabled veterans with the greatest support needs must also have improved access to VA-provided home and community based-services**, such as those available through the Veteran Directed Care (VDC) program.
- **The VA's Bowel and Bladder program is a life-sustaining program providing support to veterans with SCI/D, but it is fraught with challenges for caregivers and is unevenly applied across the VA.** Timely reimbursement and the tax treatment of payments are the chief complaints, as well as a lack of due process in its administration.
- **VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) unnecessarily restricts even some paralyzed veterans from being found eligible for this program.** These caregivers, as well as unpaid caregivers, are unable to receive Social Security credits for retirement.

### ▶ Recommendations

- Prioritize infrastructure and leasing projects focused on increasing specialized VA long-term care facilities for veterans with SCI/D.
- Monitor the implementation of the provisions in the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act of 2025 (P.L. 118-210) that expand access to VA's home and community-based services to ensure that services, including the VDC program, are available to all catastrophically disabled veterans, regardless of where they live.
- Codify VA's Bowel and Bladder program to correct existing reimbursement problems and ensure equitable treatment of payments for veterans' caregivers.
- Reform VA's PCAFC to reduce unnecessary restrictions on access to family caregiver supports for veterans with catastrophic disabilities.
- Support credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to perform caregiving duties.



- ★ SCI/D Acute Care Centers
- ★ SCI/D Long-term Care Facilities
- ★ SCI/D Long-term Care Facilities in Development



# 2026 POLICY PRIORITIES



## Fortify the Financial Security of Veterans with SCI/D, their Families, and Survivors

### VA Disability Compensation

- **VA Disability Compensation is a crucial, earned benefit for veterans who are injured or become ill** due to their service.
- **Special Monthly Compensation (SMC) is an additional benefit that can be paid to veterans due to special circumstances**, such as the need for aid and attendance by another person, or a specific disability, such as loss of use of one hand or leg.
- **SMC is designed to compensate for non-economic factors**, including the severe nature of the disability, social inadaptability, or inconvenience. It is not meant to compensate for the economic effects of a service-connected disability.
- **Baseline rates for SMC have not been re-examined for years** and are not meeting the cost of living with a catastrophic disability.



Special Monthly Compensation is intended to assist veterans with the higher costs of living that disabled veterans experience. But its baseline rates haven't been raised for decades, so it isn't helping veterans as much as it did when it was established."

*Testimony of PVA National Treasurer Tom Wheaton on December 3, 2025, before the House Veterans' Affairs Committee.*

#### ▶ Recommendations

- Ensure that the core foundations of the VA Disability Compensation program are preserved, and that Congress and the VA take meaningful actions to eliminate inefficiencies affecting veterans, their families, and survivors.
- Support increasing SMC rates for veterans with catastrophic injuries and illnesses.



### Employment

- **Veterans with catastrophic disabilities face significant challenges in finding and obtaining employment** that meets their needs.
- **High caseloads within the VA's Veteran Readiness and Employment (VR&E) program limit the amount of time counselors can spend with individual veteran clients**, particularly those with significant barriers to employment.
- **Disabled veterans using the VR&E program do not receive the same subsistence rate as Post-9/11 GI Bill recipients.**

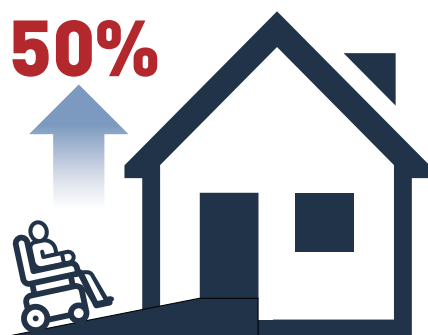
#### ▶ Recommendations

- Oppose efforts to weaken disability-related protections for and incentives to hire disabled veterans.
- Prioritize filling VR&E staffing vacancies to ensure veterans with catastrophic injuries and illnesses receive the time and attention needed to address their complex disabilities and help them return to work.
- Reform VR&E to remove inefficient processes and ensure that benefits targeted to disabled veterans are not less than those available in VA's education programs.

# 2026 POLICY PRIORITIES

## Accessible Housing

- **Affordable, accessible housing is in short supply, for people with disability** including disabled veterans.
- **VA's Home Improvements and Structural Alterations (HISA) grants help veterans and service members make medically necessary improvements and structural alterations** to their primary residence.
- **The HISA grant ceiling has not been raised in over a decade**, yet the cost of home modifications has significantly increased over the same period.



**Increase in materials and labor costs for home modifications since 2010.**

### ▶ Recommendations

- Enhance the availability of accessible housing by increasing tax incentives for home modifications and building accessible units.
- Support increasing HISA grant amounts to match the present cost of typical housing renovations and tie them to a construction cost index for future years to ensure the benefit serves its intended purpose.

## VA Survivor Benefits

- **VA provides Dependency and Indemnity Compensation (DIC) to qualified survivors of service members and veterans.**
- **DIC rates have only been minimally adjusted since 1993.** These payments are approximately 41 percent of compensation for a 100 percent service-disabled veteran with a spouse. In contrast, monthly benefits for the survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent.
- **Rarely do survivors of veterans with ALS qualify for the additional "DIC kicker,"** available to survivors based on how long the veteran lives with a totally disabling disability, due to the quick progression of the disease.

### ▶ Recommendations

- Support indexing the rate of compensation for DIC payments to 55 percent of a 100 percent service-disabled veteran with a spouse to achieve parity with federal employees' survivors.
- Support providing eligible survivors of veterans who died of service-connected ALS with the DIC kicker.

#### DIC kicker eligibility requirement

**8 years**

**Average life expectancy  
of person with ALS**

**3-5 YEARS**

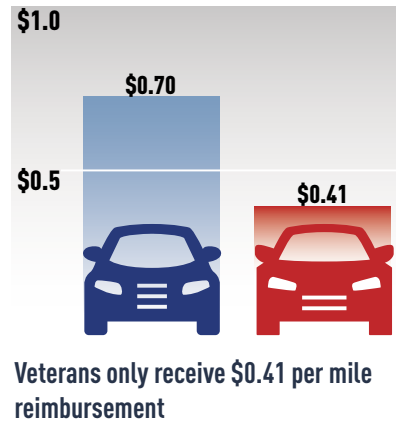
# 2026 POLICY PRIORITIES



## Increase SCI/D Veterans' Access to Health Care Services

### Accessible Transportation

- **Transportation is often one of the biggest barriers to health care for veterans with SCI/D.** Missed health care appointments result in worse health outcomes and higher costs.
- **VA's Automobile Adaptive Equipment (AAE) program provides necessary vehicle adaptations,** but changes have made it more bureaucratic.
- **VA's travel mileage reimbursement rate has remained stagnant,** even while gas prices and other costs like insurance and maintenance have increased.



### Recommendations

- Improve travel options for catastrophically disabled veterans, particularly those who use wheelchairs, live outside urban areas, and need help traveling to medical care appointments.
- Streamline the AAE program by eliminating hurdles that make it more difficult for veterans to purchase and access vehicles that meet their needs.
- Increase the reimbursement rate for veterans' travel expenses to improve their access to health care services and reduce their financial burden.

### Growing Disabled Veterans' Families

- **Thousands of service members have suffered injuries, illnesses, or encountered exposures that affect a veteran's ability to procreate.**
- **Women veterans are 50 percent more likely to suffer from infertility** than the general population.

### Recommendations

- Protect and support increased access to health care services, including IVF, that help disabled veterans grow their families.
- Direct research to improve VA's ability to meet the long-term reproductive health care needs of veterans whose SCI/D affects their ability to reproduce.

### Women Veterans with SCI/D

- **More women veterans than ever are using VA health care.** Women veterans with SCI/D are a small but significant subset of these users.
- **Women veterans, including those with SCI/D, need access to comprehensive gender-specific mental and physical health care** with high standards of care regarding the quality, privacy, safety, and dignity of that care.

### Recommendations

- Improve access to services and benefits for veterans who have experienced military sexual trauma.
- Designate women veterans' primary care services and gender-sensitive mental health care as essential, foundational services at every facility and provide training to community care providers.
- Ensure that all VA and community care clinicians who provide services for women veterans adhere to VA's evidence-based clinical practice guidelines.

# 2026 POLICY PRIORITIES



## Ensure Equal Opportunity and Full Participation for Catastrophically Disabled Veterans

### Disability Access

- **Despite the Americans with Disabilities Act (ADA), access barriers remain, unfairly limiting opportunities for veterans with disabilities**, including those who use wheelchairs.
- **Unfortunately, complaints filed with the Department of Justice are routinely dismissed without any action due to the number received.** Despite a private right of action, lawyers are often hard to secure as there are no monetary damages for suits against public accommodations under the ADA.

#### ▶ Recommendations

- Support increasing tax incentives that help businesses with ADA compliance and increase funding for the DOJ review of ADA complaints.
- Oppose efforts to impose requirements that would decrease proactive compliance by giving businesses an opportunity to “cure” the violation prior to a lawsuit or hinder adoption of regulatory requirements that promote equal opportunity and full participation.

### Surface Transportation

- **Despite the ADA and other disability rights laws**, access to transportation continues to be fragmented.
- **People with disabilities, particularly those who use wheelchairs and other assistive devices for mobility, routinely encounter disability-related barriers in accessing transportation.**
- **Problems range from broken sidewalks to a lack of accessible taxis and rideshare vehicles, as well as an inability to safely and efficiently access rail and subway stations** due to a lack of elevators or level boarding.

#### ▶ Recommendations

- Include proposals in the next surface transportation reauthorization that will provide needed funding to help remove barriers to transportation for people with disabilities, including fixing barriers that prevent access to sidewalks, curb cuts, and crosswalks.
- Support efforts that increase accessible transportation options for wheelchair users, such as wheelchair accessible rideshare and autonomous vehicles.



**Top access barrier for PVA members?  
Broken or missing sidewalks, curb cuts,  
and crosswalks.**

# 2026 POLICY PRIORITIES

*Ensure Equal Opportunity and Full Participation for Catastrophically Disabled Veterans, continued*

## Air Travel

- **Veterans with SCI/D must endure inaccessible security screening processes and are often injured in the aircraft boarding and deplaning process** and/or their assistive devices are delayed, damaged, or even destroyed.
- **The FAA Reauthorization Act of 2024 (P.L. 118-63) recognized the need to improve the safety and dignity of passengers with disabilities** through new training requirements, an improved complaint process, and research focused on improving air travel for wheelchair users.
- **In 2024, the Department of Transportation finalized Air Carrier Access Act (ACAA) regulations protecting the safety and dignity of passengers with disabilities who use wheelchairs and scooters in air travel.** Now, some of those protections are in danger of being rolled back.
- **ACAA protections are only enforceable through discretionary administrative actions.**

## Recommendations

- Improve airport security screening processes and training to facilitate an efficient and dignified experience.
- Conduct effective oversight of implementation of FAA Reauthorization Act requirements focused on improving disability access in air travel.
- Oppose efforts to rollback regulatory requirements for wheelchair users in air travel.
- Support improved enforcement of ACAA requirements to protect the health and safety of passengers with disabilities.



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