



# Washington Update

Check out the [PVAAction Force](#) page to view legislative campaigns and a list of key legislation. [Sign the petition](#) in support of the VA's SCI/D system of care.

## VA OIG WEIGHS IN ON VA BUDGET SHORTFALLS AND PROJECTIONS

In July 2024, the VA informed Congress that it anticipated a \$3 billion shortfall for the remainder of fiscal year (FY) 2024 related to compensation and pension and readjustment benefit payments, and a \$12 billion shortfall in FY 2025 funds needed for veterans' health care. Congress passed the Veterans Benefits Continuity and Accountability Supplemental Appropriations Act (P.L. 118-82) in September, giving the Veterans Benefits Administration (VBA) the \$3 billion it said it needed to keep making compensation and pension payments through the remainder of FY 2024. However, the VA told Congress in November that it rolled over more than \$5 billion in unobligated funds into FY 2025, meaning the additional funding was not needed. At the same time, the VA said they were reducing their projected health care funding shortfall in FY 2025 to \$6.6 billion. The pair of announcements only aggravated Congress's already waning confidence in the department's ability to manage its finances.

In September 2024, Congress passed a supplemental appropriations bill that directed VA's Office of Inspector General (VA OIG) to look into the circumstances that led to the funding shortfalls for VBA and the Veterans Health Administration (VHA). The VA OIG looked at both

problems carefully and released a pair of reports on March 27.

In its report, [Review of VA's \\$2.9 Billion Supplemental Funds Request for FY 2024 to Support Veterans' Benefits Payments](#), the VA OIG found that inaccurate reports of benefits usage above budgetary projections and the failure to include all available budgetary resources in calculations contributed to the concerns about a VBA shortfall. They also found that the VBA continued to emphasize the risk to veterans in its communications to Congress, even when existing data suggested they did not need the extra money. Also, some of VBA's assumptions driving the supplemental funding request were not supported. VBA officials stated they anticipated a surge in claims processing at the end of the fiscal year due to both expanded eligibility for millions of veterans under the PACT Act (P.L. 117-168) and VBA regional office performance goals. However, data from the VA Office of Budget showed no significant end-of-year spikes in obligations in the past five years for either the compensation and pension account or the readjustment benefits account. The VA OIG made four recommendations to prevent the problem from occurring again. They include the development of better financial management controls and monthly fiscal reviews to routinely assess performance and cost drivers that may affect the status of available funds.



In a second [report](#), the VA OIG looked at the causes and conditions that led to the department's initial \$12 billion supplemental funding request for VHA. The VA OIG determined that the FY 2024 President's Budget, which included advanced appropriations for FY 2025, relied on outdated data and assumptions, including lower-than-actual costs for new medications and both direct and community care. Also, a legislative budget cap limited VHA's ability to increase the FY 2025 advanced appropriations, although leaders believed they could keep spending within funding limits by developing cost-saving options. The goals and options that emerged from a January 2024 financial sequester, such as reducing hiring and community care obligations, did not achieve the necessary cuts. The combination of these triggered the department's request for \$12 billion in supplemental health care funds, which eventually as we indicated previously was revised downward to \$6.6 billion. Congress passed a continuing resolution in mid-March 2025 to fund VA's remaining FY 2025 medical care expenses at \$6 billion from the Toxic Exposures Fund. The VA OIG recommended the department review how VHA projects its medical care budget needs, including staffing, and to develop a new approach to form more accurate estimates; consider changes to allow program offices and other experts to weigh in on inputs for model projections; and conduct fiscal reviews at least quarterly to assess key cost drivers.

#### **PRIORITY LEGISLATION HIGHLIGHTED IN STARS AND STRIPES**

On April 21, [Stars and Stripes published an article](#) about the Veterans Accessibility Advisory Committee Act (H.R. 1147)/Veterans Accessibility Act (S. 1383) that featured Anne Robinson, PVA National Vice President. This legislation would create a federal advisory committee on equal access which would focus on physical and technical barriers that veterans face at VA and in the community. It is off to a good start this Congress with bipartisan support in the House and Senate. In the Senate, the Chairman and Ranking Members of both the Senate Veterans' Affairs Committee and the Senate Special Committee on Aging are the original supporters of the legislation.

If you'd like to encourage your legislators to support H.R. 1147/S. 1383, please visit [PVAAction Force](#) to let them know.

#### **PVA PARTICIPATES IN MEETING ON WOMEN VETERANS**

Earlier this month, staff for the House and Senate Veterans' Affairs Committees hosted the first "four corners" meeting for 2025 focused on women veterans. A four corners meeting is a discussion hosted by personnel from the majority and minority staff for House and Senate committees on a particular topic. The quarterly meetings were established when the House's Women Veteran Task Force wrapped up in 2024 and were intended to be an opportunity for veterans service organizations and advocates to voice their concerns on women veterans issues. Several organizations participated in the meeting.

PVA highlighted the need for increased accessibility, especially in women's health clinics. We also stressed the need to pass several PVA-priority pieces of legislation including S. 1245, the Servicemember and Veteran Empowerment and Support Act of 2025, H.R. 1147/S. 1383, the Veterans Accessibility Advisory Committee Act/Veterans Accessibility Act, and H.R. 222, the Veterans Infertility Treatment Act of 2025.

If you'd like to show your support for a piece of legislation supported by PVA, please visit [PVAAction Force](#) and send a message to your members of Congress.

#### **REPORT ON PVA'S SURVEY ABOUT DISABILITY-RELATED BARRIERS ENCOUNTERED WHEN VOTING**

Thank you to all our members who participated in PVA's survey on any disability-related barriers encountered when voting in the 2024 general election. Your responses have provided PVA with important data on disability-related barriers in voting. We will use this data to create resources to educate and better support members and spread awareness of barriers to voting for people with disabilities.

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The data we received showed that a majority of participants utilize mail-in voting (40.27 percent). Early polling place voting (24.83 percent) and election day in-person voting (23.49 percent) came in a close second and third. Overall, the survey shows fewer accessibility barriers were experienced when participants chose alternatives to in person voting. Over 80 percent of participants reported that they did not face any accessibility barriers. Most of the barriers participants who voted in person faced were related to lack of accessible parking, limited space to maneuver mobility devices, and inaccessible ballot boxes.

PVA provides resources on voting accessibility. To learn more about our resources, visit [PVA's voting accessibility page](#) on our website and follow us on social media.

## NEWS OF NOTE

### VA Initiates Search Commissions to Identify Potential Under Secretaries for Benefits and Health

Recently, VA announced it was establishing commissions to find candidates to lead the Veterans Health and Veterans Benefits Administrations. VA is required by law to convene commissions to evaluate potential candidates to serve as Under Secretaries for Health and Benefits. The composition of the two panels is dictated by law and traditionally reflect interests in such areas as clinical care, education, or veterans advocacy. VA Deputy Secretary Paul R. Lawrence, Ph.D., will chair both commissions. The commissions, which will help the VA find candidates for these critical positions, are a prerequisite to the president's nomination of a candidate for each role. Those nominated will need to be confirmed by the Senate before they can assume the position.

### New VA OIG Report on PACT Act-Related Claims

The VA Office of Inspector General (VA OIG) recently investigated whether claims processors are properly assigning effective dates when considering PACT Act-related claims. After reviewing a sample of PACT Act-related claims completed from August 10, 2022, through August 9, 2023, the VA OIG estimated that incorrect

effective dates were assigned for about 31,400 of 131,000 (24 percent). In an estimated 26,100 of those claims, the assigned effective date was incorrect, resulting in at least \$6.8 million in improper payments and 2,300 additional claims had date errors, but no monetary impact. The VA OIG believes this was due to the Veterans Benefits Administration not providing detailed guidance in its PACT Act-related standard operating procedure, its automated tools being unreliable for determining effective dates, and not initially providing the necessary training for their staff. The VA OIG recommended the Under Secretary for Benefits create a job aid for claims processors on how to determine the correct effective date for PACT Act-related claims, remove the older tool and update the newer one, assess training effectiveness, and correct all errors on cases identified by the review team.

### VA Plans to Deploy New EHR to Nine Additional Sites In 2026

The VA has [announced](#) the complete list of additional medical facilities at which it plans to deploy its new electronic health record (EHR) system in 2026. The deployment will include nine additional VA medical centers and their associated clinics. The sites include:

- Cincinnati VAMC-Fort Thomas (Fort Thomas, KY)
- Chillicothe VAMC (Chillicothe, OH)
- Cincinnati VAMC (Cincinnati, OH)
- Dayton VAMC (Dayton, OH)
- Louis Stokes Cleveland VAMC (Cleveland, OH)
- Fort Wayne VAMC (Fort Wayne, IN)
- Marion VAMC (Marion, IN)
- Richard L. Roudebush VAMC (Indianapolis, IN)
- Alaska VA Healthcare System (Anchorage, AK)

## WEBINARS, STUDIES, PVACTION FORCE & COMMITTEE ACTIVITIES

### REMINDER: Invitation to Participate in University of Illinois at Chicago Research Study on Air Travel and People with Disabilities

Are you a person with a spinal cord injury who has experience traveling by air? If you are 18 years old or

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older, you are invited to take part in a University of Illinois at Chicago research study to better understand your air travel experiences, accessibility needs, and barriers to safe and accessible travel. This knowledge will be used to create recommendations for airline and airport personnel training, as well as information resources to facilitate a safe and pleasant travel experience. Your participation would require taking part in a 60-minute interview via phone or a teleconferencing platform (Zoom). You will be compensated \$50 for your time. If you are interested in participating or would like more information, please contact the research assistant for this project at [acesstofly@uic.edu](mailto:acesstofly@uic.edu).

### **Webinar Recording on Advocacy Storytelling Webinar Now Available**

We have new resources to help you learn how to advocate with your legislators about our policy priorities. In April, we were honored to have Maureen Elias, in partnership with Armed Services Arts Partnership (ASAP), teach us how to advocate through telling our story. We also created a worksheet to help guide you as you craft your story. Let's get ready to own our stories and help guide legislation in the process. Watch the webinar by clicking [here](#). Make sure you use the worksheet located [here](#). And a copy of the PowerPoint slides can be found [here](#).

### **PVAction Force Update: Sign Our Petition**

We need your help as we raise our united voice through our petition urging Congress to oppose any efforts to dismantle the VA's spinal cord injuries and disorders system of care. Our goal is to reach 5,000 signatures by June's Advocacy/Legislation Seminar. We currently have over 2,800 signatures. When we meet with members of Congress in June, we plan to share the number of individuals in their states and districts who have signed the petition to raise awareness on how important this is to us. If you have not had the chance to sign it, there is still time. Click [here](#) to sign your name to our petition today.

### **Veterans' Committee Activities**

Please visit the [House](#) and [Senate](#) Veterans' Affairs Committee webpages for information on previous and upcoming hearings and markups.