The Government Relations staff is still looking for stories about problems that our members have experienced during air travel. Please visit www.AirAccess30.org and share your story.

Senate Committee on Aging Considers Military Caregivers

On June 14, 2017, Senator Elizabeth Dole testified before the Senate Special Committee on Aging regarding the needs of military caregivers. Joining the Senator’s remarks with his own testimony was Hidden Heroes ambassador and actor, Ryan Phillippe. A second panel included veterans, their caregivers, and researchers from the RAND Corporation who shared the findings of a report commissioned by the Elizabeth Dole Foundation outlining the critical needs of caregivers.

There are currently 5.5 million veteran and military caregivers. Many post-9/11 service connected veterans have found support through the VA Comprehensive Family Caregiver Program. However, the majority of veterans with service-connected disabilities are remain ineligible. Senator Dole extolled the moral urgency of correcting this inequality. And while most members of the committee ardently agreed to expansion in principle, the cost of the effort remains a concern not yet alleviated.

Additionally, Senator Dole illustrated the toll of the duties of caregiving on those providing it. The wellbeing of the caregiver is directly linked to the wellbeing of the veteran. As a caregiver’s health declines or is interrupted so too does the quality of assistance. Other deleterious factors in providing care are the loss or insecurity of income. Caregivers often decrease the hours they can work or quit their jobs altogether to care for a veteran. Caregivers, similar to their veterans, often experience devastating isolation in their roles that can take them out of their communities and social interactions necessary to maintaining emotional wellbeing.

The Elizabeth Dole Foundation works to raise awareness of the role of caregivers in our society. Last September, the Foundation launched Hidden Heroes to push forward solutions to the daily challenges caregivers face. PVA has developed a relationship with the Foundation to advance legislation that will expand eligibility for the Comprehensive Family Caregiver Program permanently.
PVA Testifies Before Subcommittee on Economic Opportunity

On June 29, 2017, Gabe Stultz, Legislative Counsel for PVA, testified before the House Veterans’ Affairs Committee, Subcommittee on Economic Opportunity. The Subcommittee considered a number of bills, including efforts to better track bonuses and the reasons behind transfers of VA employees. PVA testified specifically on a draft proposal that would restructure the way home adaptations are delivered as part of the Independent Living Services in the Vocational Rehabilitation and Employment (VR&E) program. For anyone qualifying for home adaptations under the VR&E program, the draft bill would have the VA’s Specially Adapted Housing (SAH) office carry out the actual delivery of services.

Because the Loan Guaranty office currently administers both the SAH and SHA grants, the effect would be to consolidate all administrative authorities for home modifications under one office within VA. The HISA grant would remain separate and continue to be administered by the Prosthetics and Sensory Aids department within the Veterans Health Administration (VHA). PVA called for oversight to ensure that as VA consolidates the administrative functions that it does not suddenly increase the workload in the SAH program without a corresponding increase in staff.

PVA Participates in Public Hearing on Implementation of the Veterans Mobility Safety Act

In December 2016, Congress enacted the “Veterans Mobility Safety Act,” a bill that requires VA to ensure that vehicle adaptations are carried out by qualified individuals. While VA has standards for the specific equipment being installed on vehicles, it never had any standards for who was installing that equipment. Simply put, the safety of the equipment itself is irrelevant if the person installing it is incompetent.

The law called for VA to develop a policy related to safety certification for installers. VA began the process by soliciting comments from stakeholders in writing back in February of this year. On June 13, 2017, VA continued this process by hosting an in-person hearing where stakeholders could voice their opinions. Fred Downs, Prosthetics Consultant for PVA, provided an oral statement on our organization’s behalf. The following is an excerpt from the oral statement and highlights our main position on the matter:

“When PVA first involved itself in the passage of the Veterans Mobility Safety Act, our biggest concern was ensuring that as safety standards for installing automotive adaptive
equipment were implemented, the end user would not be negatively impacted. The risks as we saw them were that, either by design or by poor implementation of this law, veterans might begin to lose access to vendors who have long provided disabled veterans with safe products.

VA is charged with developing safety standards, but these standards were not intended to govern the entire industry. They are only supposed to serve as a benchmark by which others are judged. VA’s standards should only be directly employed when a provider fails to present certification from the product manufacturer or a trade association that incorporates adherence to stringent safety standards as part of its membership.

This law should not be viewed as an opportunity for VA to expand regulations on the industry. The goal is to identify providers who are offering substandard installations and unwilling to adhere to basic industry safety standards. When those providers are identified, they should face a choice: become certified under VA’s standards or stop doing business with VA.”

We remain concerned that VA has not developed a sound policy yet to ensure proper implementation of these requirements. We will continue to work with VA staff to ensure that this necessary change is not haphazardly carried out.

House and Senate FAA Reauthorization Bills Include Provisions to Improve Air Travel for Passengers with Disabilities

PVA’s efforts to improve air travel for passengers with disabilities have led to the inclusion of disability-related provisions in the House and Senate versions of the Federal Aviation Administration (FAA) Reauthorization bills currently pending on Capitol Hill. Many of these provisions are similar to those found in the S. 1318, the “Air Carrier Access Amendments Act,” that is strongly supported by PVA.

The “21st Century Aviation Innovation, Reform, and Reauthorization Act” (H.R. 2997), the House’s version of the FAA Reauthorization, includes four disability-related provisions as passed by the House Transportation and Infrastructure Committee on June 27. Sections 541, 542, and 543 would establish a select subcommittee on passengers with disabilities to advise the Secretary of Transportation, require a study concerning airport accessibility and air carrier training policies, and mandate research into the feasibility of allowing passengers with disabilities to fly from their wheelchairs. An amendment added during the committee’s markup would also require the Department of Transportation (DOT) to move forward in promulgating rules on service animals, lavatories on single-aisle aircraft, and in-flight entertainment.
As passed out of the Senate Commerce, Science, and Transportation Committee on June 29, S. 1405, the “FAA Reauthorization Act of 2017,” would require a study concerning airport accessibility, a determination on the feasibility of using in-cabin wheelchair restraint systems, and the creation of an advisory committee on the air travel needs of passengers with disabilities to advise the Secretary of Transportation on implementation of the Air Carrier Access Act (ACAA). The Senate FAA Reauthorization also includes a requirement for airlines to provide wheelchair and scooter information to DOT beginning January 1, 2018. This requirement was delayed by the Department earlier this year. Other provisions added during the committee’s markup include an airline passengers with disabilities bill of rights, increased civil penalties for harm to assistive devices or passengers with disabilities due to ACAA violations, and a requirement for hands on training for those who provide that type of assistance to passengers with disabilities.

Both the House and Senate versions of the FAA Reauthorization are currently pending floor action. Each includes provisions unrelated to the disability sections that may make it difficult for either bill to pass. The current FAA authorization expires at the end of September. Congress must take action to either extend the current authorization or pass a reauthorization before that time.

In the meantime, PVA will continue to seek additional co-sponsors for S. 1318, and support for further amendments to the FAA Reauthorization bills to foster additional improvements in air travel for passengers with disabilities.

**Senate Health Care Reform Bill Introduced**

On June 22, 2017, Senate Majority Leader Mitch McConnell released the Better Care Reconciliation Act (BCRA), the Senate’s version of a bill to “repeal and replace” the Affordable Care Act (ACA). Developed largely in secret by a few allies of the Majority Leader, the bill was intended for a quick vote under simple majority rules prior to the July 4th Congressional recess. However, strong bipartisan opposition to the measure, including among moderate and conservative Republicans, arose and forced Leader McConnell to postpone the vote. A revised version of the bill was unveiled on July 13. The majority leader has been working to corral the necessary 50 votes (Vice President Pence would be the tie breaker) to proceed under reconciliation rules. Among the provisions of the bill in its latest form are:

**Cuts to Medicaid** - In addition to phasing out the ACA’s Medicaid expansion, which has covered roughly 340,000 veterans nationwide, according to FamiliesUSA, the Senate bill would, according to the Congressional Budget Office, reduce spending in the basic Medicaid program by 35 percent by 2036. Under the limits on Medicaid funding
contained in the bill, states would likely be forced to severely restrict the populations covered and services provided by the program. This could put at risk approximately 1.75 million veterans currently covered by traditional Medicaid.

- **Pre-existing condition exclusions** – The BCRA permits states to waive portions of the ACA’s essential health benefit (EHBs) requirements. The ACA requires that certain benefits be included in any insurance plan offered on the individual and small group market. These EHBs include outpatient services, emergency room care, hospitalization, maternity care, mental health and substance abuse services, prescription drugs, rehabilitative and habilitative services, lab tests, preventative care, and pediatric care. With a state waiver, insurers would be able to deny numerous services that people with disabilities, and others with pre-existing conditions rely upon. It would also mean that individuals living in one state may be able to access the services they need, while those in another state may not. People with pre-existing conditions could technically still be able to purchase insurance, just not the insurance that includes the services they need at a cost they can afford.

- **Lifetime and annual limits on benefits** - The ACA limits the amount that insurers can charge annually to individuals and families for out-of-pocket payments. The Senate proposal would make it easier for states to apply to the federal government to waive these limits. Similarly, while there is language in the bill that continues the prohibition on lifetime coverage caps, these only apply to limits on essential health benefits. If a state changes or eliminates the essential benefit options, lifetime coverage caps could effectively be reinstated. This would have a disproportionate impact on individuals with disabilities who depend on many services now required to be offered under the EHB rules.

- **Creation of high risk pools** – A state stability fund is proposed to help states bring down premiums and start programs that lower costs for insurers and consumers. The bill includes more than $180 billion for this fund. Prior to the ACA, 35 states had created high-risk pools to offer coverage to state residents with pre-existing conditions that made them uninsurable. Features adopted by the states to limit enrollment, and thus costs, included premiums set well above the standard non-group market rates, 6 to 12 month exclusion periods for pre-existing conditions, lifetime and annual dollar limits on coverage and deductibles between $1000 and $5000.
Other provisions - The revised bill retains several of the taxes included in the ACA such as the 3.8 percent investment income tax on people making over $200,000 a year, a tax on incomes of health insurance executives and the Medicare health insurance tax that was created to extend the life of the Hospital Insurance trust fund. The newest version of the BCRA includes $45 billion in funding to address the opioid crisis. Another new provision in the bill would allow funds in Health Savings Accounts to go toward insurance costs.

Cruz amendment – An amendment is expected to be offered by Sen. Ted Cruz (R-TX) allowing health plans with slimmer benefits packages to be sold on and off the health market exchanges under the assumption that this would make these insurance plans cheaper. However, insurers would also be required to sell at least one ACA-compliant plan. Critics of this amendment fear that segmenting the market in this fashion would drive younger, healthier people to the minimalist plans, leaving older, sicker constituents with the more expansive health plans. This would likely cause premiums for the more robust insurance plans to increase significantly. To protect insurers who attract a disproportionate share of “high risk” individuals, the bill will include a $70 billion fund to offset costs for these companies.

Since the 115th Congress began debating health care reform, PVA has expressed its strong desire that these deliberations be done in a bipartisan fashion under regular order with stakeholders given an opportunity to consider and weigh in on various policy options. By using reconciliation, which requires only a 50 vote margin to win passage, to advance the Senate’s legislation, several issues of particular concern to PVA will go unaddressed. For example, the children of catastrophically disabled veterans covered by CHAMPVA will continue to be excluded from current policies that provide for dependent insurance coverage up to age 26. There have been some questions whether the tax credits meant to make health insurance affordable would be available to veterans who are eligible but not enrolled in the VA health care system. PVA has been informed that reconciliation procedures preclude the opportunity to clarify this issue.

The new version of the BCRA retains almost $800 billion in Medicaid cuts over ten years. Between traditional Medicaid, the Medicaid expansion as well as the ACA premium tax credits, there has been a 40 percent decrease in uninsured non-elderly veterans between 2013 and 2015. Most of these veterans are older than 45, the age group most adversely affected by the Senate bill’s provisions allowing older individuals to be charged up to five times the standard premium amount.

1 Urban Institute, April 2017, “Veterans Saw Broad Coverage Gains Between 2013 and 2015”
Some of these veterans may be able to enroll in the VA health care system under current rules but others, because of policies that bar enrollment to certain veterans above modest income thresholds, will be denied access to the VA. Congress could act to open up the VA health care system to all veterans but it is unclear whether the VA has the budgetary and system capacities able to handle even half of the veterans now covered under Medicaid.

As of the deadline for the Update, the BCRA was tabled as several Republican senators have come out in opposition to the bill, including Sen. Rand Paul (R-KY), Sen. Susan Collins (R-ME), Sen. Jerry Moran (R-KS), and Sen. Mike Lee (R-UT). Sen. McConnell has indicated that he may bring a simple ACA repeal bill to the floor for consideration given the failing support for the BCRA. PVA staff will continue to monitor this effort and reach out to chapters as this debate continues.

**Social Security Trustees Issue Annual Report on System’s Status**

On July 13, 2017, the Social Security Trustees released their annual report on the current and projected financial status of the Social Security trust funds. The 2017 Trustees Report highlights that the Social Security system continues to operate well for the American people. The Social Security system’s financial outlook remains stable, and can continue to pay all scheduled old age, survivors, and disability benefits until 2034. With modest increases in revenue, Social Security will be able to pay full benefits throughout the century and beyond. The 2017 Trustees Report finds that Social Security is fully solvent until 2034, but faces a moderate long-term shortfall.

In 2016, Social Security took in roughly $35 billion more in total income, including interest, than it paid out. Its reserves were $2.85 trillion at the end of 2016. If Congress does not act before 2034, the reserves would be drawn down, and revenue coming into the Trust Funds would cover about 77 percent of scheduled benefits. The Trustees Report also projects that Social Security’s Disability Insurance (SSDI) trust fund by itself can pay all scheduled benefits until 2028—5 years longer than projected in the 2016 Trustees Report. If Congress takes no action before 2028, the Trustees project that thereafter the SSDI trust fund will be able to pay about 93 percent of scheduled benefits.
Royal Caribbean Disability Advisory Board Meets

In June, Susan Prokop, PVA Senior Associate Advocacy Director, attended the meeting of the Royal Caribbean (RCCL) Disability Advisory Board to receive updates on the company’s efforts to make its cruises accessible and to promote itself as an inclusive employer to people with disabilities. PVA was appointed as a member of the Advisory Board in 2016.

Members of the advisory board heard presentations on Royal Caribbean's efforts to track special needs requests and training modules developed for customer contact center staff to assist guests with disabilities. The cruise line has also recently established an employee resource group (ERG) for staff with disabilities in three of its call center sites in South Florida, Wichita, Kansas and Springfield, OR. RCCL hopes to use this ERG to engage with local chapters of its three disability advisory boards.