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Washington Update

Check out the [PVAction Force](#) page to view legislative campaigns and a list of key legislation.

PVA National Treasurer Testifies in HVAC Hearing on Key Benefits Legislation

On December 3, the House Veterans' Affairs Committee (HVAC) held a legislative hearing to examine H.R. 6047, the Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act, and H.R. 4077, the GUARD Veterans' Health Care Act. H.R. 6047 would increase the amount of Special Monthly Compensation (SMC) for the most severely disabled veterans. It would also raise VA Dependency and Indemnity Compensation (DIC) rates for the surviving family members of deceased servicemembers and disabled veterans. H.R. 4077 would allow the VA to recover from Medicare Advantage and Medicare prescription drug plans part of the cost of care or services furnished to veterans enrolled in Medicare.

PVA National Treasurer Tom Wheaton represented the organization at the witness table and most of his oral and written testimonies focused on the benefits bill. Even with additional financial support, many of our most severely disabled veterans are still struggling. Mr. Wheaton told the committee that catastrophically disabled veterans often spend more on daily home-based care and other disability-related needs than they receive in SMC, which creates a tremendous financial strain on them. He cited several reasons why the increase was needed, including the need to hire help for basic home ownership costs and increased travel costs.

Mr. Wheaton reminded the committee that SMC is intended to assist veterans with the higher costs of living that disabled veterans experience, but its baseline rates haven't been raised in so long that it isn't helping as many veterans as Congress intended. PVA supports language in H.R. 6047 that would increase the rates of SMC R1, R2, and T by \$10,000 annually.

Finally, Mr. Wheaton talked about his family and his desire to ensure their financial security in the future. Veterans on fixed incomes face tremendous difficulty trying to save even a small nest egg for their survivors, who often sacrificed their own lives to care for the veteran. H.R. 6047 would increase DIC's base amount by one percent every year for five years.

Testifying in addition to Mr. Wheaton were Sharri Briley, surviving spouse of CW3 Donovan "Bull" Briley, and Edgar Edmundson, father of Sgt (Ret.) Eric Edmundson, whom the bill was named after. There was intense discussion during the Q&A session about how to pay for the bill. As a result of concerns raised about the originally proposed way to pay for the benefit increases, the committee leadership is currently working on alternative solutions. The committee will likely come together again to mark up the bill in the new year, but an exact date has not been set yet. A video of the hearing with accompanying documents can be found [here](#).

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VA ANNOUNCES MAJOR VHA REORGANIZATION

On December 15, VA Secretary Doug Collins announced a significant reorganization to the structure of the Veterans Health Administration (VHA). According to a VA press release announcing the reorganization, VHA Central Office will have responsibility for setting policy goals and conducting financial management, oversight and compliance. Operations Centers and Veterans Integrated Service Networks will take policy direction from VHA's Central Office to develop operational, quality, and performance standards that will guide VA's more than 1,300 medical facilities. The release states that staffing and operations at VA medical centers and clinics will not be changing as part of this reorganization.

Following the announcement, PVA CEO Carl Blake released a statement noting PVA's concern for administrative bloat that has hindered health care decision-making and made it difficult for VHA to hire the staff needed to deliver health care services more effectively. He offered our support for steps that will eliminate, or at least significantly reduce, unnecessary barriers. We are hopeful that the reorganization will result in increased accountability and resolve ongoing clinical staffing challenges.

PVA TESTIFIES IN SVAC LEGISLATION HEARING

On December 10, PVA testified at a Senate Veterans' Affairs Committee (SVAC) hearing to examine 24 veterans-related pieces of legislation. Over half of the bills addressed VA health care or disability claims matters, while the remainder addressed burial, education, or VA policy issues. In his oral statement, PVA National Legislative Director Morgan Brown focused on three bills that would have the greatest impact on our members.

First, Mr. Brown spoke in favor of S. 1657, the Review Every Veteran's Claim Act, which seeks to limit the VA's authority to deny a veteran's claim solely based on the veteran's failure to appear for a medical examination associated with the claim. Thousands of veterans' claims for service connection, claims for increase, and for other benefits like Total Disability Individual Unemployability and Aid and Attendance have been denied solely

because of missing an examination. He informed the committee that there are many legitimate reasons why our members may not be able to attend a scheduled exam. We are also aware of numerous instances where VA contractors erroneously record the veteran as a "no show." We believe that passage of this legislation will ensure that a missed exam isn't the only basis for denying a veteran's claim. Mr. Brown also told the committee that VA should carefully consider whether an examination is even needed, since many veterans with spinal cord injuries and disorders (SCI/D) already receive most of their care through the department's SCI/D system of care.

Next, he talked about S. 1992, the Veterans Appeals Efficiency Act, which would establish additional reporting and tracking requirements for the Veterans Benefits Administration and the Board of Veterans' Appeals, such as information on Higher Level Reviews, Supplemental Claims, and Notices of Disagreement. It also requires the tracking of claims pending in the National Work Queue, not assigned to an adjudicator; cases that are remanded by the Board; Veteran Appeals Improvement and Modernization Act cases pending a hearing; and when a decisionmaker did not comply with the Board's decision.

We recognize the value of and support efforts to track meaningful data to improve the effectiveness and accuracy of the claims process. However, the data sought by this legislation will be meaningless unless VA addresses the problems that hinder their ability to obtain proper medical opinions, since this continues to result in remandable errors.

He also noted that the Veterans Appeals Efficiency Act would give the Board the authority to aggregate certain claims. While PVA does not oppose allowing the Board to aggregate appeals involving common questions of law or fact, we believe that before that can be done a feasibility study should be conducted, and the findings reviewed. Then, legislation based on those findings could be brought forth.

Finally, Mr. Brown noted that in times of fiscal constraint, joint use agreements between the Department of Defense (DOD) and the VA should be

highly prized for their ability to increase access to care for servicemembers and veterans while reducing overall federal spending. Such agreements allow for the sharing of medical personnel, facilities, and resources which can lead to faster access to high quality care and improved medical outcomes. They also reduce bureaucracy and improve the efficiency of the system. DOD and VA have had the authority to execute these types of agreements for decades but have never used them to their full potential. Mr. Brown provided PVA's support for a draft bill, the SERVE Act, which reinforces the authority and will improve access to healthcare by improving collaboration between the two departments.

During the Q&A session, he was asked to speak about S. 668, the SAFE STEPS for Veterans Act, which PVA supports. Given the tremendous cost to the government of care related to falls, as well as the individual, and because half of the estimated 16.5 million living veterans are over 65, he told the committee it makes sense to reorient existing VA fall prevention programs towards a more proactive posture. A complete list of the bills examined, the video, and relevant documents for the hearing can be found [here](#).

DOT AMENDS AMERICAN AIRLINES' FINE FOR MISHANDLED WHEELCHAIRS AND SCOOTERS & TREATMENT OF PASSENGERS WITH DISABILITIES

In October 2024, the U.S. Department of Transportation (DOT) [issued](#) a landmark \$50 million penalty against American Airlines for serious violations of the Air Carrier Access Act, including the mishandling of passengers' wheelchairs and scooters, providing unsafe aisle chair assistance, and the undignified treatment of mobility device users. Of the \$50 million penalty, American Airlines was to pay a direct \$25 million fine and invest \$25 million in new equipment and tagging systems. The fine was to be paid in three equal installments.

However, in December 2025, after American Airlines had paid only one of the three installments, DOT [amended](#) the order. Instead of paying the remainder of the fine, American Airlines is now required only to invest the remaining money to improve wheelchair handling. Specifically, by December 2026, with \$300,000,

American Airlines must purchase 23 or more wheelchair movers; with \$5.2 million, buy 119 lifts at Miami, Philadelphia, and O'Hare; and with \$10.6 million, purchase and implement an assistive device tracking system. PVA Chief Executive Officer Carl Blake released a [statement](#) following the announcement emphasizing that airlines must proactively invest in the safety of passengers with disabilities before incidents occur.

HOUSE PANEL REEXAMINES THE STATE OF VA'S NEW EHR

On December 15, the House Veterans' Affairs Subcommittee on Technology Modernization held an oversight hearing to evaluate the current readiness of the department's new electronic health record (EHR) system. The new EHR is scheduled for launch at 13 more VA facilities in 2026, and lawmakers are seeking reassurance that previously identified problems have been resolved before they do that.

VA's principal witness, Dr. Neil Evans, who is the acting program director overseeing the project, told the subcommittee that VA has made significant strides in stabilizing its new EHR system, with improved performance metrics demonstrating system reliability. He said as of November 19, 2025, Oracle Health-owned systems maintained an incident-free time of 95.93 percent, exceeding the Service Level Agreement requirement of 95 percent consistently for 21 consecutive months. Also, 10 of the 12 months in fiscal year (FY) 2025 were free of any system-wide outages. At the conclusion of FY 2025, the system had experienced more than 200 consecutive days without any outages. He also cited growing satisfaction amongst the system's users and said the new system is on track to be used at all 170 VA hospitals by the end of 2031.

His opinion differed from the [findings](#) published by the Government Accountability Office (GAO) earlier that day revealing that VA had yet to fully implement 16 of the 18 recommendations GAO previously made to fix problems with the EHR system. Carol Harris, a director in the IT division at the GAO, expressed concern that the department doesn't plan to conduct a comprehensive, independent assessment to determine if the system is suitable before launching it next year. Without such an

assessment, she said, "The department increases the risk of deploying the system prematurely, thereby posing unnecessary risk to patient health and safety." A recording of the hearing and the witness statements are available [here](#).

HOUSE PANEL EXAMINES CHAMPVA PROGRAM

On December 10, the House Veterans' Affairs Subcommittee on Health held an oversight hearing to examine ways Congress could strengthen the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) for survivors and dependents. CHAMPVA is a comprehensive health care program for the spouse or widow(er) and children of an eligible veteran. The VA shares the cost of certain health care services and supplies provided through this program with eligible beneficiaries. It may also provide benefits to the Primary Family Caregiver through the Program of Comprehensive Assistance for Family Caregivers.

PVA did not testify at the hearing but was invited to submit a statement for the record. In our testimony, we noted that accessing health care through CHAMPVA can be challenging for several reasons. Until recently, just getting an initial application for CHAMPVA health coverage approved took months. In late November, VA announced it eliminated a backlog of more than 70,000 CHAMPVA applications. They are processing new applications in a handful of days, and the department says they can process more than the 4,000 new applications per week that it currently receives. The department substantially reduced the number of pending appeals as well, from roughly 20,000 earlier this year to about 1,000 today.

VA planned to implement a more automated application processing system this month, which will increase the efficiency of processing CHAMPVA applications. It will also ensure that most medical services and pharmacy claims are electronically processed within days of receipt for more timely payment. The lack of timely reimbursement has plagued the program, and we urged VA to work with these providers to resolve these problems as quickly as possible.

We also reminded Congress that finding providers that accept CHAMPVA has always been a vexing issue for several reasons. The paperwork burden for the program is high, insurance denials can be troublesome, there is no network to manage rates or fee schedules, and reimbursement rates are extremely low, making those provided by other federal and private plans far more attractive. We encouraged them to work with VA to address each of these problem areas.

Finally, our government should not deem veterans' dependents and survivors less worthy than civilians for support. We urged Congress to pass H.R. 1404, the CHAMPVA Children's Care Protection Act, which would raise CHAMPVA's eligibility age to 26. This would make its eligibility age consistent with all other federal and private plans. You can watch a recording of the hearing and read relevant documents, including PVA's statement [here](#).

EO SUBCOMMITTEE HOLDS HEARING ON STRENGTHENING THE WORKFORCE FOR VETERANS

On December 2, the House Veterans' Affairs Subcommittee on Economic Opportunity held a hearing focused on improving the workforce for veterans and how to improve education and employment benefits to veterans allowing them to find meaningful employment.

The first panel of witnesses were not the traditional industry representatives that employ and educate veteran employees. Represented were the John Deere Company, the Universal Technical Institute Inc., the American Trucking Association, the Helmets to Hardhats Teamsters Trade Advisory, and ORC Industries.

Subcommittee members expressed concerns about limited participation in apprenticeships through the Post-9/11 GI Bill and asked the opinions of the witnesses. Many on the first panel shared that they offered direct services and outreach to bring veterans into their companies and workforce through participation in base transition programs. Most also maintained relationships with Department of Defense liaisons that assist transitioning servicemembers.

The VA testified during the second panel discussing the Veteran Readiness and Employment program and other education benefits that offer non-traditional employment pipelines like apprenticeships.

You can watch the hearing [here](#).

GAO RELEASES REPORT ON VA LEASING CHALLENGES

In November, the Government Accountability Office (GAO) released a report titled, "[VA Leasing: VA Should Systematically Identify and Address Challenges in Its Efforts to Lease Space from Academic Affiliates](#)." Within the report, GAO discusses challenges and suggestions to improve the VA's systems related to leasing facilities, which has become a way to expand VA's footprint for care delivery.

The VA was granted expanded leasing authority in 2022, and many believe leasing to be the future of VA considering the costs associated with building new medical facilities. Historically, VA has faced challenges in managing its capital assets, aging infrastructure, and a serious backlog in maintenance projects.

The GAO report identified three main benefits of leasing that included increased collaboration to enhance research, improved veterans access to care and more modern facilities, and for sole-source leases, sometimes quicker access to space. GAO also offered a few challenges to sole-source leasing that included issues with VA's communication about the status of leases and difficulties determining how to apply VA's standard processes when addressing a unique project.

GAO recommended that the VA develop and implement a "lessons-learned" process to capture information about its use of sole-source leasing, especially with academic affiliates, rather than waiting until a set number of leases have been signed.

HOUSE OVERSIGHT HEARING ON CHAPTER 35 EDUCATION BENEFITS

On December 16, the House Veterans' Affairs Subcommittee on Economic Opportunity held an oversight hearing focused on VA's failure to issue Chapter 35 benefits to more than 70,000 beneficiaries.

The hearing titled, "Detrimental Delays: Reviewing Payment Failures in VA's Education Programs," included witnesses from the Veterans Benefits Administration (VBA) and Accenture Federal Services, the contractor that oversees the Digital GI Bill (DGIB) modernization efforts. There was also a second panel where the only veteran organization to testify was the Tragedy Assistance Program for Survivors (TAPS).

The VA said the issue stemmed from an IT failure as it migrated beneficiaries from their legacy Benefits Delivery Network (BDN) to the DGIB in August of this year. VA identified several factors for the failure in processing the benefits that included manual reconciliation between the two platforms, compressed testing timelines, a lack of enterprise governance, and an increase in claims volume. The issue was then exacerbated by the government shutdown. VA says appropriate steps have been taken to address the mistake and a plan is in place to prevent it from happening in the future.

Accenture, the contractor overseeing the DGIB phased roll out, stressed that what happened with the Chapter 35 payments was not a technical glitch. Accenture informed the subcommittee that a requirement carried over from 2024 obligated a manual one-time validation, or reconciliation, of BDN data for all claims migrated over to the DGIB platform, which takes longer than VA projected.

TAPS shared the experiences of their community and the significant hardship faced by the dependents and survivors that reached out for assistance. The testimony shared by TAPS highlighted missed tuition deadlines, families forced to borrow to cover costs, and schools that were left without any information or guidance due to VA's education workforce being furloughed.

The hearing closed with members saying this wasn't the end of the conversation and that additional hearings would be held about preventing something like this from happening again. If you or your family experienced delays of Chapter 35 payments that have yet to be resolved, you can email Julie Howell, Associate Legislative Director, at JulieH@PVA.org. You can watch the hearing [here](#).

SENATE COMMITTEE EXAMINES AGING IN PLACE DURING THE HOLIDAYS

On December 3, the Senate Special Committee on Aging held a hearing to examine how community networks, faith-based organizations, families and the Older Americans Act (OAA) support older Americans that prefer to age in their homes, especially during the holidays. Witnesses from the Offerdahl's Hand-Off Foundation, National Alliance for Caregiving, Hirsh Health Law & Policy Program at George Washington University, and disability advocacy community discussed how home and community-based services (HCBS) are more cost-effective and strengthen familial and community bonds across the country for older Americans and people with disabilities.

"Combatting the feeling of isolation and loneliness for our aging community has endless benefits – from better mental and physical health to stronger, multigenerational relationships with families and communities," said Committee Chairman Rick Scott. "That's why supporting the successful programs made possible by the OAA and showing how faith-based groups, nonprofits, and service organizations strengthen families is so important to the work of this committee"

Each witness discussed reauthorizing and increasing funding for the OAA and funding to support older Americans and people with disabilities in the present and future, the importance of supporting family caregivers, and putting HCBS at the same level of footing as institutional care.

Topics touched on during the hearing included ways to improve affordable accessible housing, increasing asset limits for benefits eligibility, and eliminating barriers

that prevent those who want to from aging in their homes. A recording of the hearing and witness statements can be found [here](#).

NEWS OF NOTE

Chairman Bost, House Republicans Introduce Bills to Reauthorize VA Programs

House Committee on Veterans' Affairs Chairman Mike Bost (R-IL) recently signaled his priorities for the coming year with the introduction of several bills as part of the Chairman's broader strategy to reauthorize specific VA programs. The first series of bills looks to reauthorize and improve VA health care delivery, VA's national drug formulary, leasing and construction, health care research, and the contracting and procurement process. The second series of bills would establish accountability in VA's Veterans Integrated Service Network structure, Senior Executive Service pay structure, VA's federal advisory committees, and VA political appointments. The third series focused on veterans' education and employment programs. These bills aim to address ongoing issues that the Chairman believes have directly hindered VA health care and benefits delivery due to a lack of solid structure and accountability. To read more about the first series of bills, click [here](#). To read about the second series of bills, click [here](#). To read about the third series of bills, click [here](#).

Nominees For Key Veteran-Related Posts Confirmed

Prior to departing for the holidays, the Senate confirmed Maj. Gen. John Bartrum as the VA's new Under Secretary for Health and Jeremiah Workman to be the Assistant Secretary of Labor for Veterans' Employment and Training. The pair were nominated for their respective positions earlier this year and will assume their posts once they are officially sworn in.

PVA Participates in Negotiated Rulemaking at the Department of Education

The "One Big Beautiful Bill" included several education provisions, one being the creation of a Workforce Pell (WFP) program. The WFP will allow for education

programs geared towards filling in-demand jobs across the labor market that have 150-599 hours of coursework to be eligible to receive Pell Grants from the Department of Education for the first time.

PVA recently participated as an alternate negotiator for the upcoming Workforce Pell Grant program. The Department of Education engages in Negotiated Rulemaking per the Higher Education Act to draft regulatory language when laws are passed. Several different constituency groups are included to help draft language to guide the agency.

ODEP Leader Confirmed

The Department of Labor's Office of Disability Employment Policy (ODEP) has a new Assistant Secretary of Labor for Disability Employment Policy, Julie Hocker. Assistant Secretary Hocker has several years of experience working in the Department of Health and Human Services, most recently as the U.S. Commissioner on Disabilities. You can read her blog [here](#).

COMMITTEE ACTIVITIES

Veterans' Committee Activities

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