

**PUSHING VA FORWARD: REVIEW
OF VA'S ADAPTIVE PROGRAMS
FOR DISABLED VETERANS**

HEARING
BEFORE THE
SUBCOMMITTEE ON ECONOMIC
OPPORTUNITY
OF THE
COMMITTEE ON VETERANS' AFFAIRS
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**SUBCOMMITTEE ON ECONOMIC OPPORTUNITY,
COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
*Washington, DC.***

The subcommittee met, pursuant to notice, at 10:29 a.m., in room 360, Cannon House Office Building, Hon. Derrick Van Orden (chairman of the subcommittee) presiding.

Present: Representatives Van Orden, Ciscomani, Barrett, Pappas, McGarvey, and Ramirez.

OPENING STATEMENT OF DERRICK VAN ORDEN, CHAIRMAN

Mr. VAN ORDEN. Good morning. In a strange twist of events and something that does not normally happen in the House of Representatives, we are going to start early. Shocking. We have our people here, so this subcommittee will come to order.

I want to thank our witnesses for being here today to examine the U.S. Department of Veterans Affairs (VA) Specially Adaptive Housing, Adaptive Automobile, and Adaptive Sports programs to ensure these programs are effectively serving veterans across the country. I look forward to continuing the nonpartisan spirit of the subcommittee with Ranking Member Pappas, Chris and I were just talking here about some stuff, to ensure the VA's adaptive programs are modernized and work for the needs of today's veterans.

The purpose of today's hearing is to examine how VA provides the special adaptive housing program, adaptive automobiles, and adaptive sports programs to our veterans. The Special Adaptive Housing Program, or SAH, plays an important role in providing customizable adaptions for severely service-connected disabled veterans to adapt their homes to make them more accessible, to lead their lives comfortably. The small but vital program provides these true heroes with the ability not only to stay and live in their home of their choice, but to continue to live more independently.

Additionally, VA's Adaptive Automobile Program provides disabled veterans with vehicle modifications. Through this program, veterans can safely operate their vehicle independently, hopefully getting back to the workforce and live fulfilling lives.

VA's Adaptive Sports Program serves thousands of veterans across the country and plays an important role in disabled veterans regaining their independence, bettering their quality of life and im-

proving their overall mental health and wellness. This program also provides opportunities for disabled veterans to participate in events such as wheelchair games, golf clinics, and many other sporting events that promote a healthy lifestyle.

This Congress, my subcommittee has championed key legislation regarding VA's adaptive programs. H.R. 522, the Deliver for Veterans Act, championed by my friend from the great territory of Guam, Representative Moylan, would cover the shipping cost of delivery—excuse me, of the delivery of an adaptive automobile. This legislation passed the House in April. Additionally, Representative Barrett is leading a bill, H.R. 1364, the Automotive Support Services to Improve Safe Transportation (ASSIST) Act, which would provide more flexibility for veterans to access the specific adaptive automobile equipment they might need. Finally, Representative King-Hinds will have a bill on our next legislative hearing to enhance the SAH program. She is from the Northern Mariana Islands. Absolutely beautiful part of the world.

When President Trump and Secretary Collins stated that this is time to end the Biden era and make the VA put veterans first, these are the programs we are talking about to improve veterans lives. Instead of focusing on political theater, which we are just not going to do here, and sound bites, we, me and Chris, are going to lead the subcommittee to make sure that we accomplish the mission, and the mission is the veterans. It is not us and it is not the VA. It is the veterans. I know that Secretary Collins shares my sentiments and I am very proud that he is there.

I look forward to hearing more about the VA's adaptive program and how the Trump administration plans to keep these programs moving forward.

I now yield to my friend and ranking member, Mr. Pappas for his opening remarks.

OPENING STATEMENT OF CHRIS PAPPAS, RANKING MEMBER

Mr. PAPPAS. Thanks very much, Chairman Van Orden.

The Department of Veterans Affairs offers programs for disabled veterans to improve their lives through housing, transportation, and whole health sports. These are earned benefits and programs designed to improve veterans' overall health and independence. That is why I am so pleased that the chairman scheduled this hearing today.

One success story I would like to highlight is New Hampshire's Northeast Passage Vet Rec Program (NEP), which is a nationally recognized nonprofit that has served more than 300 pre-and post-9-11 veterans and service members with disabilities. Through its affiliation with the University of New Hampshire and partnership with VA and local Veterans Service Organizations (VSO), it offers veterans and servicemembers in my State adaptive sports and recreation opportunities including cycling, fishing, climbing, skiing, and countless other activities. I have seen the equipment; it is endless.

Granite Staters who participated in the NEP have reported improved fitness, decreased depression, help with pain management, and improved adjustment to disability, all of which supports their path to recovery. Just as important, the sense of community and

fostering of long-term friendships have substantially improved their quality of life. NEP's success is just one example of the critical role that VA's Adaptive Sports Programs play in helping the physical and mental well being of our veterans and servicemembers.

In addition to adaptive sports, VA offers a spectrum of adaptive services encompassing housing grants, vehicle modifications, and assistive technologies. However, further improvements are necessary to reduce significant barriers that impede many veterans' access to these critical resources, underscoring the urgent need for legislative solutions to streamline eligibility, increase funding, and optimize delivery.

To this end, this committee took bipartisan action in 2022 with the passage of the Veterans Auto and Education Improvement Act, which was signed into law. The this legislation offered disabled veterans the ability to purchase a second adaptive vehicle. During a full committee markup earlier this month, I was proud to support the ASSIST Act to build on this legislation, which passed the House earlier this week.

The next step is passing Representative Sorenson's Autonomy for All Disabled Veterans Act to provide veterans additional funding for housing modifications. That legislation is supported by Paralyzed Veterans of America (PVA), who I know we will hear from later to testify on the bill.

Funding limitations like these constrain the effectiveness of VA's adaptive programs. For instance, the Specially Adapted Housing, SAH, and Automobile Assistance Programs are subject to caps that often fail to align with prevailing real world costs. Consequently, veterans with severe disabilities may incur substantial out-of-pocket expenses to facilitate necessary home or vehicle modifications.

I want to thank Homes For Our Troops, which is an organization in New Hampshire, and their fundraising efforts, which help bridge the gap between what an SAH grant covers and the actual cost of constructing a brand new adaptive home. However, Congress must increase these caps and implement annual adjustments to reflect inflation and ensure that veterans can take full advantage of these important programs.

As I mentioned earlier, adaptive sports are also an important part for the whole health and well-being of disabled veterans. Sports foster physical fitness and mental well-being by reducing stress and isolation. They rebuild confidence and reintegrate veterans in their communities. Adaptive sports must continue to be part of rehabilitation and lifelong care plans for veterans.

To improve accessibility to these programs, Congress should increase funding for adaptive sports programs and grants that directly support veteran participation. Streamlining the process for veterans to access adaptive equipment and specialized training is also crucial. Congress should support collaborations between VA, community-based sports organizations, and veterans service organizations to expand program reach and awareness and ensuring that all interested veterans and have the opportunity to participate.

Last, VA needs to simplify the process for accessing these benefits. Veterans frequently encounter convoluted paperwork, inconsistent communication from VA offices, and ambiguous eligibility

criteria. Congressional action could mandate a unified and transparent system, enabling veterans to apply for multiple adaptive sports via a single integrated portal supported by case managers with specialized expertise in disability-related needs.

Insufficient outreach from VA also represents another critical area for improvement. Many eligible veterans remain unaware of available benefits, particularly in rural and underserved communities. Congress should prioritize investments in proactive outreach strategies, fostering collaborations with VSOs, community centers, and healthcare providers to ensure that targeted dissemination of information gets to the veterans who are eligible.

As I said, disabled veterans have earned these benefits through their service. I hope our work here today will identify improvements that we can all agree on to allow these veterans and servicemembers that we represent to take full advantage of programs that will help them.

Thank you very much, Mr. Chairman. I yield back.

Mr. VAN ORDEN. Thank you, Ranking Member Pappas. I will now introduce the witness panel.

Our first witness is Dr. Rachel McArdle, deputy executive director, Rehabilitation and Prosthetic Services, Veterans Health Administration (VHA) at the Department of Veterans Affairs. Dr. McArdle is accompanied by Dr. Joel Scholten, executive director of Physical Medicine Rehabilitation Services, Veterans Health Administration at the Department of Veterans Affairs; and Mr. Jason Latona. Out of the three of you, you have the most easily pronounced name, sir, and you are a Marine, assistant director, Loan Guarantee Service, Veterans Benefits Administration (VBA) at the Department of Veterans Affairs.

I will ask the witnesses to stand and please raise their right hand.

[Witnesses sworn.]

Mr. VAN ORDEN. All right. The record will reflect that the witnesses answered in the affirmative. Please be seated.

Dr. McArdle, you are now recognized for 5 minutes to deliver your testimony on behalf of the Department of Veterans Affairs.

STATEMENT OF RACHEL MCARDLE

Dr. MCARDLE. Chairman Van Orden, Ranking Member Pappas, and other members of the subcommittee, thank you for the opportunity to discuss how VA fulfills the Nation's promise to care for veterans through the administration of adaptive programs. VA provides specialty adapted housing assistance, home improvement and structural alteration assistance, automobile adaptive equipment, and the Adaptive Sports Grants Program to maximize veteran independence.

Joining me today, Dr. Joel Scholten, executive director of the Physical Medicine and Rehab Service, and Mr. Jason Latona, assistant director, Loan Guarantee Service, Veterans Benefits Administration.

The Specialty Adapted Housing Grant Program offers various grants for eligible veterans and servicemembers, helping them acquire adapted housing necessary to service-connected disabilities. VA also assists if an adaptive home is destroyed or significantly

damaged by a natural disaster. The program is individualized with VA agents guiding veterans through the process to contract with builders of their choice. The program staff use their expertise in home adaptations to ensure projects comply with applicable statutes and meet the individual veterans needs. The program has approved over 2,000 grants annually for 6 of the last 7 fiscal years and anticipates similar or higher levels in the future.

VA is modernizing the Specially Adapted Housing Special Home Adaptation System to enhance customer service. This multiyear project uses automation to streamline benefits delivery and improve oversight with enhanced monitoring from application to completion. The first phase of this modernized system is expected to begin in July 2025. Individualized attention to each Adaptive House grantee ensures oversight.

In Fiscal Year 2020, VA centralized financial management for the Specially Adaptive Housing Grant Program disbursements, eliminating third party escrow agents. This change strengthened internal controls, improved project management, accelerated home adaptations' timelines, and removed a \$500 escrow fee for veterans. The VA Home Improvement and Structural Alterations benefit provides financial assistance for home modifications to eligible veterans and servicemembers undergoing medical discharge due to permanent disability under certain circumstances. Home improvement or structural alteration projects are prescribed by VA clinicians based on clinical needs and are necessary for the provision of home health treatment and maximizing home accessibility.

VA's Automobile Adaptive Equipment Program reimburses or pays for adaptive equipment for eligible veterans and Active-Duty members with certain disabilities. The equipment is prescribed by VA fluent physicians or certified driver rehabilitation specialists. VA is authorized to prescribe and reimburse or pay for operational and nonoperational equipment. VA works directly with—VA does not modify, install, repair, or replace such equipment. VA works directly with dealers, modifiers, and alterers to ensure all prescribed necessary adaptive equipment enable the veteran to safely drive or ride as a passenger in their personal vehicles. Examples of automobile adaptive equipment include low-effort steering, electronic controls, hand controls, wheelchair tie-downs, vehicle lifts, and voice command systems.

VA manages an Adaptive Sports and Equine-Assisted Therapy Grants Program to promote the lifelong physical and mental health of veterans with disabilities through regular participation in physical activity. Through this program, grants are awarded to non-governmental entities experienced in managing large-scale adaptive sports programs. These grants offer opportunities for veterans and Active-Duty servicemembers to engage in adaptive sports, utilizing skills taught by VA clinicians and apply them in their daily life in their local communities. During the last 9 years, VA has awarded over 119 million in grants through the Adaptive Sports Grants Program. In Fiscal Year 2024, 91 grants, totaling 15.9 million were awarded, benefiting over 15,000 veterans and servicemembers.

In conclusion, VA remains dedicated to providing efficient, effective, and meaningful adaptive programs for veterans. Thank you

for your support and for the opportunity to speak today. We welcome your questions.

[THE PREPARED STATEMENT OF RACHEL MCARDLE APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Doctor. Your testimony will be entered, written testimony—excuse me, statement will be entered into the hearing record.

We are going to proceed to questioning. Everyone knows the deal here. We are doing 5 minutes.

I now recognize Ranking Member Pappas for 5 minutes to question the witnesses.

Mr. PAPPAS. Thank you very much, Mr. Chairman. I thank you for the testimony. This is really an important subject here for veterans that I represent in New Hampshire and this is all about improving quality of life, giving them the best health outcomes, but also allowing them to live with the independence that they deserve.

I want to get to you first, Mr. Latona. I want to ask about the Specially Adaptive Housing Grant Program. I am wondering if you can tell me more how veterans find out about this particular program.

Mr. LATONA. Yes, sir, and thank you for your question. We have several mechanisms by which we communicate the program. We have outreach efforts that cover from our internal systems. Veterans, once they are determined to be eligible through VA's compensation service, they are contacted immediately by a representative from the Specially Adapted Housing Program. They are also put it on an automated letter schedule where they will get annual letters notifying them of their eligibility or remaining entitlement.

We also work closely with other VA programs, like my colleagues sitting here at the table, to make sure they have fact sheets and information about our grant programs in case they have veterans who they feel would benefit from any of those programs.

Then last, we work with external partners, nonprofits, veteran service organizations. We meet with them regularly, as regularly as possible, to make sure they are aware of the programs, too, so they can help steer veterans toward not just the Specially Adapted Housing Grant Program, but any of the other programs that also provide the same types of features from VA.

Mr. PAPPAS. Well, I appreciate how you are getting the word out. We have heard from some veterans that the process can take as long as 18 months because of staff turnover, losing paperwork, and some of the veterans who suffer from Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig's disease do not have the kind of time to get through the approval process and get the work done on their home. How is eligibility determined and how long does that process take?

Mr. LATONA. The eligibility process happens from VA's compensation service, and I would say on average it is probably 3 to 6 months, depending on the complexity of the case. Every veteran is unique, their service-connected disabilities are unique. Once they are determined to be entitled and they receive their eligibility, that is when Specially Adapted Housing is contacted and that is the point at which we reach out to them.

To your point as well, we also understand it can be kind of complex having to navigate a recent disability as well as the paperwork required. For veterans who have certain disabilities like ALS, we have an expedited process where we will focus on fewer serious adaptations rather than the entire project scope to try to speed along the grant approval process.

Mr. PAPPAS. Dr. McArdle, if I could turn to you. How do veterans find out about Adaptive Sports Programs?

Dr. MCARDLE. We have focused on outreach throughout the last several years. There are several reasons—several ways that they can find out about our Adaptive Sports Programs. At our national rehab events, we hold a variety of outreach opportunities such as health and wellness expos, informational tables that check in for the events, educational sessions, and we encourage veterans to attend to learn about not just what the adaptive sports portfolio offers, but also what other benefits and healthcare services they are entitled to.

They can—we also use outreach through social media, VA news blogs. We have an adaptive sports website that is open to the public that we constantly update. We do emails to clinicians so that clinicians are aware of all of our offerings because the clinicians are our Ambassadors out in the field across the enterprise, who are letting their veterans know we do not just target recreation therapists or adaptive sports clinicians in these emails. We target all of our rehab teams so that all rehab providers are aware of what we have to offer.

Mr. PAPPAS. Oftentimes, veterans themselves can be the best validators and evangelists for these Adaptive Sports Programs to let their peers and community know about the benefits of them.

I am wondering if you can talk about staffing and whether you feel there is enough staffing to support all of the programs and special events that VA offers.

Dr. MCARDLE. Currently, the VA is committed to ensuring we have enough staffing to have no impact on veteran care.

Mr. PAPPAS. Have we seen any positions specifically related to Adaptive Sports Programs be impacted by any of the hiring freeze or any of the resignation offers to VA employees?

Dr. MCARDLE. Not to my knowledge. I would have to take that back for the record for specifics.

Mr. PAPPAS. Okay. If there is any more information there, we would love to hear about that. How many grants were awarded and what was the total amount in Fiscal Year 2024?

Dr. MCARDLE. Just one moment. There were 91 grants awarded in 2024. The total amount was 15.9 million.

Mr. PAPPAS. Okay. Are you getting annual reports back from all the grantees?

Dr. MCARDLE. Yes, sir.

Mr. PAPPAS. Okay. One recommendation that came out of a 2021 Inspector General (IG) report was on adequate staffing, and we want to ensure that experienced staff are still providing the oversight.

I see my time is up here, so maybe we can have a second round, but thanks very much. Okay.

Mr. VAN ORDEN. Too many buttons back here. The gentleman's time has expired. Chris, if you want to do a second round, absolutely. We are here to make sure we get all the answers we want.

The chair now recognizes my friend, Mrs. Ramirez from the great State of Illinois, for 5 minutes. Oh, excuse me, I stand corrected. I now recognize Representative Barrett from the even greater State of Michigan for 5 minutes.

Mr. BARRETT. Not your great friend. Thank you, Mr. Chairman. Appreciate it. Thank you to our panelists for being here today. Appreciate the work that you put into this. I did have a few questions for you.

Dr. McArdle, we have heard from, I have personally heard, too, from some of the automotive adaptive equipment providers that the VA has been delayed in rendering payment for already approved adaptive equipment for veterans that are seeking to, you know, certainly have that provided. I have heard it can even take more than 6 months to pay a provider back. Again, these are things that have already been approved through the VA, but the actual final payment to the vendors is taking a substantial amount of time that can really impact their ability to, you know, run their businesses effectively. Can you give me an update as to why that is taking place and what we are doing to correct that?

Dr. MCARDLE. The Automobile Adaptive Equipment Program is a joint program that collaboratively VBA and VHA work together. I am going to defer to my colleague, Mr. Latona, to start off.

Mr. BARRETT. Sure.

Mr. LATONA. Yes. Thank you for your question, sir.

As Dr. McArdle stated, the process begins with the veteran being rated. That is a VBA process, after which it turns over to VHA, who determines which type of equipment they specifically need and they are going to prescribe. Then it comes back to VBA for payment. As far as the payment goes, the payment process is not a national process currently within VBA, so local offices handle them themselves. We are aware of that there is a number of people, of vendors who have claimed the late payments. We have not gotten that data, but we are looking forward to looking at it and being able to address it at that point, once we have cases that we can dig into.

Mr. BARRETT. Sure. I have, you know, I have heard that VA is like, well, we have not seen that, and maybe it is anecdotal here and there, but I have had providers show me a list of pretty substantial delayed payments that is not a one-and two-off situation. I think I heard that there were a multitude of instances where this was happening and it was taking more than 6 months on average to process payments, sometimes far longer than that, over 200 or 250 days even. That is very hard for those vendors to continue to offer that service. The concern that I have is that they are going to no longer contract with the VA for that. That will lead to a scarcity of available vendors, and veterans will have to go farther and search harder to find one that will accept their VA benefits. It is something that I think we need to fix. Is there a single point person that would be responsible for correcting this?

Mr. LATONA. There is currently an IPT, integrated product team, that is put together to actually investigate this exact problem.

Mr. BARRETT. Okay.

Mr. LATONA. There is leadership from VHA and from VBA getting together to discuss it and come up with resolutions. We would love to follow up with the court.

Mr. BARRETT. Yes. Who is in charge of that team, that team that you described?

Mr. LATONA. I am not sure who the specific point person is, but several leaders across both. We can provide you that information as well.

Mr. BARRETT. Okay. What I do not want is for this to just be like, you know, six people are in charge of it, and no one is really in charge of it. Then it kind of—everybody, you know, does not have ownership. If there is a specific person that is responsible for this, I feel like that would help work through some of the challenges that exist. If there is a way to, you know, identify whom that person or whatever role that is, to really figure out a way to work through this, that would be something that I think would be useful. I think it is fair.

You know, we provide this for veterans as we should. It is an expectation that we have. Then on the other end of that, there is a vendor that builds that equipment, that needs to have that payment to make their own payroll and pay their own, you know, overhead as well. We are going to lose that, that vendor relationship with the VA and, ultimately, veterans are going to suffer if it goes too far that way.

Mr. LATONA. Right, sir. I agree. Yes, these are trusted partners of ours. They are not—we do not want to take advantage of them. We need to pay them for the service that they are providing fairly.

Mr. BARRETT. Right.

Mr. LATONA. That is the intention of the IPT, and we will definitely be able to provide you specific names.

Mr. BARRETT. Okay. Yes, I appreciate that. If we can meet with that team, I would like to just hear about their progress and what they are doing and really stay on top of this. Thank you.

Thank you, Mr. Chairman.

Mr. VAN ORDEN. The gentleman yields back.

Now I recognize my dear friend, Mrs. Ramirez from the great State of Illinois.

Ms. RAMIREZ. The greatest, thank you. Thank you, Chairman.

Mr. VAN ORDEN. That is not true.

Ms. RAMIREZ. I want to thank the witnesses for being here with us today.

Last week, I had a chance to ask Secretary Collins about his commitment to serving all our veterans, not just the ones the administration may recognize worthy. I also asked him how he intended to continue providing services to veterans after the dismantling of offices, like the Office of Equity Assurance and programs that serve diverse veterans. My questions went mostly unanswered. In fact, on the record, he stated that the VA workers, many of whom are veterans, who followed his directives, were maliciously compliant.

Blaming workforce, cutting services, and drastically limiting programs veterans can access is, to me, a page out of the Musk-Trump administration. I think it is really important to say on record, all

veterans still face barriers to accessing housing, healthcare, and basic support. It is why this committee hearing is so important.

The providers and their services are not just under strain. They are being actively undermined by their leader and then blamed on systemic shortcomings. Unfortunately, one of the programs at risk due to the VA's leadership and decision-making is the Specially Adapted Housing Program, and as you just mentioned, SAH. Veterans who need accessible homes, those with serious injuries and life-changing disabilities should not be facing delays or administrative confusion.

Mr. Latona, my question is for you. Do you currently have enough staff in place to process SAH grants and carry out timely inspections? Yes or no?

Mr. LATONA. I would answer that question by saying the Department is following all court orders regarding staffing and reporting on staffing, ma'am.

Ms. RAMIREZ. You would say you do have enough staff right now to process the grants?

Mr. LATONA. I would say that the—our mission is critical and we will never have enough staff, in my opinion. We always need more staff to perform this critical mission.

Ms. RAMIREZ. Mr. Latona, is the staff training for that staff consistent across the board? Is it pretty much the same uniformity and training?

Mr. LATONA. We have national training for all agents. It is a very complex job. Our specially adapted housing agents need to be counselors and they need to be well versed in construction and all different kinds of elements. We spend a lot of time with veterans in their homes. We have to have sensitivity training as well. We do have national training. The most effective training we get is our on-the-job training with more senior level employees.

Ms. RAMIREZ. Got it. Just follow up on that, understanding the comprehensive approach and spectrum and the training, can you tell me who in the VA is responsible for delivering the training itself?

Mr. LATONA. Yes, the individual operations assistant directors across the country deliver the training locally. Then we have a deputy director in Loan Guarantee Service who is in charge of operations, who is overall in charge.

Ms. RAMIREZ. The deputy director is overall responsible for the training—

Mr. LATONA. For Specially Adapted Housing agents.

Ms. RAMIREZ [continuing]. and then, obviously, the staff. Okay. We all agree that balanced budgets are important. Mr. Latona, I want to talk a little bit more about this. How does the VA calculate the amount of each SAH grant?

Let me follow with the second question because I know I am limited on time. When determining grant amounts does the VA account for inflation?

Mr. LATONA. Yes. We have several mechanisms that we use. We have the cost of construction index that were authorized each year based upon the industry performance of construction, we are able to raise the grant amounts to kind of keep pace with the cost of construction across the industry. We also implemented the Ryan

Kules Act recently which increased grant amounts and also provided a bunch of other very essential benefits for these veterans.

We do track that and we are doing our best to keep up with it. Right now, our SAH grants, the maximum grants cover about 20, 25 percent of the average cost to housing.

Ms. RAMIREZ. Got it. What about other rising costs, like labor shortages or tariffs? Has the VA elevated concerns about how broader Federal policy, like arbitrary tariffs or rolling back labor regulations or immigration crackdowns, can affect some of the construction costs for adaptive housing?

Mr. LATONA. Well, from our role, the increased costs of labor and materials has a significant impact on the ability of the veteran to stretch their grant funds, which is really what we are trying to do.

Ms. RAMIREZ. Got it.

Mr. LATONA. Once we identify what the veteran needs, we want to pay for all those, if possible. We also have the ability to stack different benefits. The Veteran Readiness and Employment (VR&E) Housing Adaptation Grant and the SAH Grant can be used together if needed to help stretch those dollars.

Ms. RAMIREZ. I just got 30 seconds, so let me just transition really quickly. I want to talk to you a little bit about vehicle adaptation benefits, and this could be for Dr. McArdle or Dr. Scholten, whoever is best positioned. How many adaptive vehicle applications does the VA receiver receive annually, and how long, on average, does it take to determine eligibility?

Dr. SCHOLTEN. I believe that question should be directed to Mr. Latona.

Mr. LATONA. Right.

Ms. RAMIREZ. Mr. Latona.

Mr. LATONA. Thank you. I think it falls within the scope of the Veterans Benefits Administration, who determines eligibility.

Ms. RAMIREZ. How many applications annually?

Mr. LATONA. I have to take that back and find out exactly how many numbers, but I do know that we delivered over 1,040 adaptive equipment grants last year, and 620—

Mr. VAN ORDEN. The gentlelady's time has expired.

Ms. RAMIREZ. Chairman, if I can just have it for the record, if I can get that information.

Mr. VAN ORDEN. Oh, 100 percent. We are going to do a second round, too.

Ms. RAMIREZ. Perfect. Thank you.

Mr. VAN ORDEN. You are welcome. The gentlelady yields back.

The chair now recognizes a very good friend from the great State of Arizona, Mr. Juan Ciscomani.

Mr. CISCOMANI. Thank you, sir. Thank you, Mr. Chairman. Thank you to our witnesses for coming today. Primary purpose of the VA is to ensure veterans are not only receiving benefits on healthcare when they need it, but to ensure their quality of everyday life can also be improved. Thank you for the work that you do there.

Now, a question here, Dr. McArdle. Did I get that right? Okay, close enough. Please correct me on that one. I want to get it right. In your testimony, you mentioned the special Adaptive Housing Grant Program has approved more than 2,000 grants, grant

awards annually in 6 of the last 7 fiscal years. What do you attribute to the higher usage of this program, and do you think this will continue?

Dr. MCARDLE. I am going to turn it over to my colleague, Mr. Latona.

Mr. CISCOMANI. Okay. Sir?

Mr. LATONA. Thank you for the question, sir. Yes, definitely it is true. Yes. In Fiscal Year 2024, we approved over 2,300 grants, over \$150 million, 96 percent of those were our larger grant, called the Specially Adapted Housing Grant, \$121,000.

As far as the volume goes, one of the reasons, I think, is outreach. We have word of mouth is very popular among our veterans. Once they find out you can get a grant, I would say they will share that information. I would also say these partnerships that we have with our other VBA programs, like my colleagues here at the table and the folks who are going to be on this next panel, our nonprofit partners, VSO partners, they spend a lot of time performing outreach and helping to carry the water for us to our veterans.

Mr. CISCOMANI. Excellent. Thank you for that. Now, do the programs you oversee interact with or serve veterans experiencing homelessness?

Mr. LATONA. Not directly. Veterans for our program will usually either own a home or be residing with a family member.

Mr. CISCOMANI. Okay. Do you think there are some opportunities for partnership with other VA services, agencies, or even the private sector on this?

Mr. LATONA. Definitely. We partner with many programs within VA, many folks who are here today to make sure that we are providing comprehensive benefit. We understand that these are lifelines to a lot of veterans. A veteran who is coming to Specially Adapted Housing for a housing adaptation may not know about the automobile grant or may not know about another grant. We try to make sure we spread the word of all those, and we are Ambassadors for all the programs in VA when we meet with them.

Mr. CISCOMANI. Do you have any example you can give me on how that is working in terms of the partnerships with local agencies or even the private sector?

Mr. LATONA. Absolutely.

Mr. CISCOMANI. Maybe, you know, a good model that is working somewhere that we could replicate somewhere else.

Mr. LATONA. Absolutely. We will pull an example out of someone who is on the second panel. The Homes For Our Troops nonprofit organization provides homes for veterans who have been injured following 2001. In order for those veterans to be able to get that benefit from Homes For Our Troops, they need to be eligible for specially adapted housing. This requires us to work together. We review house plans to make sure that their home plans meet the requirements so we can expedite grant delivery.

Mr. CISCOMANI. Where is this happening?

Mr. LATONA. All across the country.

Mr. CISCOMANI. All across the country. Any Arizona good examples you could point me to so that I can——

Mr. LATONA. We have many grants in Arizona. I do not have any in front of me right now, but I can definitely provide examples.

Mr. CISCOMANI. Yes, I would love to get that just to know what is in our community, and my district specifically, in Congressional District 6 (CD6), and we can—love to go and pay more attention to that and go see it. Can you, with the time I have left here, can you explain what the VA is doing to eliminate fraud, waste, and abuse, and specifically in the SAH program, to ensure that severely disabled veterans are getting what they need and bad actors are not taking advantage of the program?

Mr. LATONA. Definitely, and thank you for that question. That is a very important area, too.

One of the big steps we took recently was to remove third party escrows. What happens when a veteran receives their grant, a third party escrow company or the VA would hold onto the money and disperse the funds as the project was completed to make sure that we were not paying for work that was not completed. Rather than having third parties do this, which sometimes led to some funds being dispersed too quickly before work was done, and then we would have to try to recoup those funds, what we are doing now is VA holds those funds. We require a letter of satisfaction from the veteran and we perform a compliance inspection before any funds are dispersed.

Mr. CISCOMANI. That is interesting. Who were these third parties doing this before?

Mr. LATONA. Third parties, it was the veteran's choice.

Mr. CISCOMANI. Veteran's choice, Okay.

Mr. LATONA. Veteran was able to choose whatever attorney or bank they wanted to use and they would usually be charged a fee. This change also reduced that—eliminated that fee.

Mr. CISCOMANI. Less money flowed down to the final purpose with all the different steps on that. With a little time I have left here, 15 seconds, with the bringing this back in house, did that add a additional staff member within the VA network or how did that impact—

Mr. LATONA. No, we performed with the existing staff.

Mr. CISCOMANI. Okay. All right. Thank you, Mr. Chairman. I yield back.

Mr. VAN ORDEN. The gentleman's time has expired.

The chair now recognizes my friend, Mr. McGarvey, from the great State of Kentucky.

Mr. McGARVEY. Thank you, Mr. Chairman. I want to thank you and I want to thank everyone who is here today for taking the time to dig into this really important issue. This is something that enables our veterans to live full lives, complete lives, happier, healthier lives. It gives them that sense of purpose that they so desperately oftentimes need, as we talk about in this committee.

Dr. McArdle, I want to start with you a little bit. The VA is special. VA is special because its mission is to serve veterans. It is to make veterans lives better. It is not for profit. It is for our veterans. As a result of that, we get amazing results coming out of your office. The artificial limbs you all are making, the wheelchairs that are built for speed and for maneuverability, the tactile devices for visually impaired athletes, these are so important. They are not just meeting our veterans and our veteran athletes where they are. They are making their lives better. These devices provide purpose,

they provide activity, they provide community and belonging. Our veterans should not lose that just because they lose part of what they had before they entered the service.

Adaptive sports are so incredibly important. We got to see it firsthand in Louisville this year. In February, Louisville hosted the annual Wheelchair Rugby Invitational. There were 20 teams all over competing in a round robin style tournament to get the prestigious Code of Honor Cup. This was more than a display of athleticism. This was determination, this was joy, this was happiness, this was belonging. It is something that our veterans need. Need. Not just something they want, it is something they need.

I want to talk about this. What kind of technological innovations is your office investigating or investing in right now for the next generation of adaptive equipment to keep going forward, to keep our veterans having the sense of purpose and belonging? Are you able to partner with any outside researchers or manufacturers in that work?

Dr. MCARDLE. Thank you for your question. It is a very exciting area for us as well and we feel just as passionately about it as you do. I am going to defer the question to my colleague, Dr. Scholten.

Dr. SCHOLTEN. Yes, thank you for your question and also your enthusiasm. We as a rehab provider, I feel that adaptive sports and any efforts we can provide to help veterans reintegrate into their community is essential in not only their rehab plan, but their wellness plan. The Adaptive Sports Program partners very closely with our clinicians throughout our system of care. Relying on those clinicians to stay advanced or up to date with any technological advancements in prosthetic development, training opportunities through physical therapy and physiatry, and additionally pain management techniques that allow veterans to function at a higher level.

We have a very robust research portfolio within VA that looks at a variety of musculoskeletal issues as well as traumatic brain injury and amputation-related research that help to continually push forward advancements to enhance veterans recovery.

Mr. McGARVEY. I think, you know, innovation is key all over the VA. We have to continue to innovate to find the best treatment and care for our veterans and we have the opportunity and the ability to do so.

Are you all partnering with any outside groups really to kind of to help with this effort as well?

Dr. SCHOLTEN. We are partnering with a number of academic institutions through our research grant portfolio to connect with the brightest minds across the country to further investigate technological advancements. In addition, we partner with our VSO partners to include greater participation and awareness of these events. Then we stay—try to stay aware and open for innovative ideas from our vendor—the vendor community throughout the country to better understand any new advances that might be coming down the pipeline.

Mr. McGARVEY. We want to keep working to make that innovation possible. Switching gears, let us talk about the Volunteer Transportation Network for just a second. A 2024 U.S. Government Accountability Office (GAO) report shows a 50 percent decline in

rides provided to medical appointments for veterans, partly in part because the number of volunteers is decreasing. What is VA doing right now to replenish its volunteer base and increase the use of this program, getting our veterans where they need to go?

Dr. MCARDLE. I am going to have to take that one back for the record and get you some more information on that.

Mr. MCGARVEY. Perfect. Got it.

With that, I am out of time. Mr. Chairman, I yield back.

Mr. VAN ORDEN. The gentleman yields back.

I now recognize myself for 5 minutes.

Okay. I just have some real serious, like, basic rubber meeting road questions here. This subcommittee is also responsible for the Transition Assistance Program (TAP). It is just baffling to me that any veteran, especially someone that is being medically discharged, is unaware of these programs. I mean, that is a galactic failure. We are going to fix that.

These programs will be introduced into the TAP program. For someone not to have thought of this earlier is shameful. I do not want anybody leaving the service and, ma'am, you said that people are being medically discharged and they still do not know about these things. Sure, it is great, peer to peer, veteran talking to veteran, saying, you know, these programs are available, but no.

Dr. Scholten, how long have you been at the VA?

Dr. SCHOLTEN. I have been working for the VA for 27 years.

Mr. VAN ORDEN. Dr. McArdle.

Dr. MCARDLE. I started as a trainee 30 years ago.

Mr. VAN ORDEN. Mr. Latona.

Mr. LATONA. Seven years, sir.

Mr. VAN ORDEN. Seven. We got roughly 60 years' worth of experience at the VA and no one thought about talking about this in the TAP program? Okay. We will do better.

Mr. Barrett brought up some very salient points about payment. We had one dental clinician in the Network for Community Care. I went there. It was an hour drive. It took the VA so long to pay him that they dropped out.

Mr. Latona, we are not going to look into this anymore. We are not going to have meetings, we are not going to coordinate. We are not doing any of that. I am going to—I request unanimous consent to enter this into the record. Hearing no objection, so ordered.

All right. I am going to give you these things, and you are going to take them back to the office and you are going to look into them, and you are going to pay these people. I am, and I am sure, Chris, as we have not talked about it before, we, can I speak for him, possibly, we are willing to accept some risk, because if you cannot figure out how to pay somebody, they are going to leave, and that what Mr. Barrett said will come to fruition.

Then my Marine brother back there, who was grievously injured in combat outside of Balad, right? That is right, 2005, will not be able to get his house fixed or his vehicles fixed because of administrative inertia.

I am going to give this to you. I am also going to send a note to the Secretary. With 60 years' of experience, you can figure this out. It is literally signing a check. Mr. Latona, that is not a question. I am just telling you what is going to happen.

Mr. LATONA. Yes, sir. Thank you.

Mr. VAN ORDEN. You said, Mr. Latona, that there is an expediting process for people with ALS and some other things. What is that process?

Mr. LATONA. Yes, sir. Thanks for the question. With most projects, we walk through a entire scope of a project. Veterans will usually have a little more time. They will want to take time to find a builder that they want to work with. We enable them to do that, and then we help facilitate that conversation to identify which adaptations they might need.

Mr. VAN ORDEN. Okay, Mr. Latona, stop it. Okay. There should be no expediting process. Every process should be expedited. Just because a veteran is not going to die within 2 weeks does not mean you should not be running down the road at 1,000 miles an hour to get that fixed. It is within your power, like it is something you can do and you need to do it.

The average time is what from the time someone is discharged to their home is a place where they can live. What is the average time?

Mr. LATONA. Sir, I am not aware of that time, but I know from application to delivery could be somewhere between 6 to 12 months for specially adapted housing projects.

Mr. VAN ORDEN. Right. TAP is supposed to be done 6 months prior and then iterative. Why did not that application process start while they are still in the military? Can you answer that question?

Mr. LATONA. Well, we do work closely, actually, with the services and Wounded Warrior programs when we are identified.

Mr. VAN ORDEN. That is a civilian organization, sir. You are the—

Mr. LATONA. No, no, the, I am sorry, the—within the service. Each service has their own Wounded Warrior Program—

Mr. VAN ORDEN. Yes.

Mr. LATONA [continuing]. within them. That is who we work with.

Mr. VAN ORDEN. Not the Wounded Warrior Project. Okay.

We are going to do a second round, and I will adhere to my own rule. My time is about to expire, and the chair will now recognize Ranking Member Pappas for 5 minutes.

Mr. PAPPAS. Thanks. Dr. McArdle, if I could go back to you. We were in the middle of a discussion when I ran out of time before. I just wanted to—I was highlighting this 2021 GAO report, which talked about adequate staffing levels, and they specifically cited needing more staff with grant management experience. I am wondering if you could speak to where we are today. What we have been hearing is that, based on this report, we were understaffed in 2021 and that we are less staffed today. Can you speak to that level of staffing specifically to people with grant management experience?

Dr. MCARDLE. We have made a lot of progress on a lot of the recommendations that were recommended in that 2021 Office of Inspector General (OIG) report. Is that what we are referring to?

Mr. PAPPAS. Yep.

Dr. MCARDLE. Thank you. In terms of getting all of the recommendations closed, that report has been closed. We have—we do

have a limited number of staff within the grants program, but the Department is committed to ensuring that there is no interruption in services provided to the grantees or to veterans who would be utilizing those grant programs.

Mr. PAPPAS. Can you define better “making progress”? I know you spoke about—

Dr. MCARDLE. Sure.

Mr. PAPPAS [continuing]. the recommendations in the report, but specifically as it pertains to staffing, where are we today versus when that report was issued?

Dr. MCARDLE. I would have to take that for the record.

Mr. PAPPAS. Okay. Can you give us the assurance, though, that VA currently has adequate staffing with respect to being able to properly monitor these grant programs?

Dr. MCARDLE. Yes, sir.

Mr. PAPPAS. Just going back to what you had told me before, I asked you specifically whether positions in adaptive sports have been impacted by the administration’s hiring freeze or the offer for people to resign. You said you did not believe that any were impacted. Just talking more with staff in the intervening time, we have heard from groups that have told us that there are positions—that are people that have left their positions that support adaptive sports. I am wondering if you can provide any additional clarity now on that or if you can come back to us in short order with specific information about where we stand with staffing related to adaptive sports.

Dr. MCARDLE. I would be happy to take it for the record, to get back to you. I do just want to clarify that adaptive sports clinicians are in various occupations: recreational therapists, physical therapists, occupational therapists. It would be a—we will be happy to come back.

Mr. PAPPAS. Yes, but you must have an accounting of who is—which clinicians are connected to Adaptive Sports Programs. Correct?

Dr. MCARDLE. They are across the enterprise and they are front-line field-based providers who are our coaches for our veterans out in the field and across the enterprise. That is who we rely on to assist us even with our national rehab events.

Mr. PAPPAS. Would not you agree that is a pretty important element of delivering these programs to veterans?

Dr. MCARDLE. Absolutely. Dr. Scholten.

Dr. SCHOLTEN. I would just like to add that, so our Adaptive Sports Programs are across the enterprise, as Dr. McARDLE mentioned. The critical piece about that is our rehabilitation staff stationed across every medical center are aware of these programs and pursuing not only their working with veterans to maximize their rehabilitation potential, but also working with community partners to provide adaptive sporting activities that are available in the community. This is an essential part of that reintegration piece that we—that you mentioned earlier from transitioning from the skilled rehabilitation part of their care after an injury toward reintegrating back into the community.

We really leverage not just a specific subset of our rehabilitation professionals across the country, but every rehab individual and, in

most cases, every rehab staff member contributes or participates part of their time into adaptive sporting events, whether it is through support of the actual event, recommending to veterans to participate in that, or to build onto their rehab and wellness plan.

Mr. PAPPAS. Okay, I appreciate that. Just to sum up, I am looking for some more clarity with respect to positions that have been impacted by the hiring freeze within the adaptive sports or under the adaptive sports umbrella, anyone connected to that, including clinicians. I am also looking for more information in the wake of the IG report on staffing with grant management experience, making sure that we have enough and just kind of trying to assess what level we are at today. If you can follow up with us, we look forward to that information.

I yield back.

Mr. VAN ORDEN. The gentleman yields back.

The chair now recognizes Representative Barrett from the great State of Michigan for 5 minutes.

Mr. BARRETT. Thank you, Mr. Chairman. Appreciate the first round of questioning.

Wanted to also ask, so, Dr. McArdle and for the panel, too, if there is someone more appropriate to answer this, I know that we have seen a significant rise in construction costs across the economy. I spoke to realtors in my district and they were saying, you know, you cannot buy an affordable home any longer and takes too much to build new and all the regulations, everything else, you know, tools, equipment, materials have skyrocketed, labor costs have gone up. Have our costs through the VA and the adaptive programs for living accommodations and everything else, have they kept pace with that ramp-up in cost of construction for a home? Or are veterans having to make decisions, you know, based upon cost overruns and things of that sort of.

Mr. LATONA. I can take that question, sir. Thank you very much. Cost of materials and labor have both been kind of rampant since the pandemic, and it does, as I stated before, impact the ability to stretch those grant funds. What we tried to do, utilizing the cost of construction index, which allows us to keep pace with the cost of construction, I think last year we were able to raise the amount by 4.6 percent. Year before that it was, I think, it was over 6 percent. We are maintaining about a 25 percent comparison between the overall average cost of housing. However, veterans, unless they are just adapting an existing home, they will almost always have to come out of pocket for other costs just because of the cost.

However, we do have other partner programs I mentioned before. Home Improvement and Structural Alterations grant that is managed by VHA and we also have the Veteran Readiness and Employment Independent Living Track has a grant called the Home Adaptation Grant. We are actually able to leverage all those collectively to help reduce the amount of money that a veteran has to use out of their own pocket to make sure they get the necessary adaptations. Then, of course, we lean on nonprofit partners as well.

Mr. BARRETT. Sure. Thank you. Typically, if a veteran needs substantial account accommodations, they are not retrofitting the home that they may already live in. Is that generally true? They are usually having to build new?

Mr. LATONA. Majority of times actually they are adapting a home. We have several different plan types. What we call the plan 3 is remodeling a home that a veteran already owns. That is by far the one we use the most. About 85 to 90 percent of our projects really are that.

Mr. BARRETT. Okay. If a person, a veteran is, you know, substantially mobility limited and like I understand a wheelchair ramp for your front steps or something of that sort is a smaller modification, but other things for someone who may have much more severe mobility restrictions, that probably tips the scales toward a new build at that point?

Mr. LATONA. It really depends. I mean, we—a new bathroom will run 40-to \$50,000 usually for a fully accessible bathroom. Those we can usually do, with a proper designer, we can do within the existing home. Veterans usually choose to buy a new home if they do not own one already or if they own an older home, which maybe cannot be modified. At that point, we tell them the property is not really suitable for the type of adaptations you need, and then they would try to find another home.

Mr. BARRETT. Okay. All right. I feel like construction costs have gone up by far more than the 4 or 6 percent that you are describing. Has that been accounted for? Is there an automatic adjustment? You mentioned the construction inflation index.

Mr. LATONA. Right.

Mr. BARRETT. Just, you know, anecdotally, you cannot go to Home Depot or Lowe's and find the same building materials for only 4 percent more than they were, you know, pre-pandemic, for example.

Mr. LATONA. True. We use an industry cost of construction index. With the authority to increase this, we had a designated index we would use. The one we use is currently the Turner cost, which actually reflects increased cost across the industry. That is the one we have been using.

Mr. BARRETT. Okay. All right. Is that accurate, would you say? Or is there work that needs to be done to make that more, I guess, more accurate for today's conditions?

Mr. LATONA. I think it covers most of the locations, but there are a lot of locations around the country where it is more difficult to get equipment and materials that we need to think about. Pacific Islands is one. Rural properties on Reservations land, Tribal trust lands, things like that is a lot harder. That is usually where we come up against projects that exceed the grant cost.

Mr. BARRETT. Okay. I would say even, you know, where I live, we are not stranded out somewhere. I mean, there are home improvement stores, you know, in the drivable area, but the costs of materials have just gone up so much. Then the building labor costs and then the timeline in which to find a contractor, it all really adds to the cost of the program. Thank you, appreciate it.

Thank you, Mr. Chair.

Mr. VAN ORDEN. The gentleman yields back.

The chair now recognizes Mrs. Ramirez for 5 minutes.

Ms. RAMIREZ. Thank you, Chairman.

Just wanted to follow up with you, Mr. Latona, on the questions around the adaptive vehicle applications. I think you said to me

that you will go back and try to get me information on how many applications you get annually. Is that right? Then I think the only second part to that I had was how long on average does it take to determine eligibility once they have submitted the application?

Mr. LATONA. Thank you for your question, ma'am. Eligibility for any compensation whatsoever is performed, that determination is performed by the VA's Compensation Service. I think they have an average time. I do not have that data with me, but I can provide It.

Ms. RAMIREZ. Yes, that would be helpful because I am trying to find out specifically, as it pertains to vehicle applications, what the average amount of time is.

I want to pivot to another question here. We have heard repeated concerns from veterans and dealerships about delayed payments. I think it is another question for you, Mr. Latona. What is causing some of the backlog? Is there enough staff to process these applications?

Mr. LATONA. The payments are done outside of the Specially Adaptive Housing Program that I am—where I am here for my subject matter expertise for that program specifically. However, we can get you an answer on the staffing. I do not know if that impacts it currently, but I do know there are many variables when it comes to paying any vendors; communication between vendors, depending on size, depending on the way they invoice. There are a lot of differences in the different timelines specifically. I do know that once an invoice gets to VBA for payment, we have a time of 15 days to actually deliver those payments. The transaction usually takes 1 to 2 days. This is one of the areas that we are looking at within the IPT to find out where the bottlenecks are.

Ms. RAMIREZ. I really appreciate that because I have heard repeatedly concerns with constituents about the delayed payments and what that means for them.

One last question around that, and then I will get to my last question. Have there been any staff fired responsible for this work between the vendors and the processing since January 20th?

Mr. LATONA. I am not aware. Again, that program is outside of my area of expertise.

Ms. RAMIREZ. Okay. Can we get on the record, Chairman, that there is a number of questions that I do not have information on. I would like to be able to follow up and get it.

Mr. VAN ORDEN. Absolutely.

Ms. RAMIREZ. Thank you, Chairman. The last one I have here is, how does the VA currently calculate the cost of an adaptive vehicle? Yes, answer that, and then I guess there is a second part to that.

Mr. LATONA. I am going to actually refer that to Dr. Scholten.

Ms. RAMIREZ. Great. Someone else answering. Thank you, Dr. Scholten. Thank you, Mr. Latona.

Dr. SCHOLTEN. My pleasure. Thanks for the question. That depends on the specific adaptation that is required, which is going to be uniquely customized for that individual veteran and their abilities. The veterans are evaluated by driver rehab specialists to develop a specific prescription for what modifications need to be placed provided for their vehicle. Then those line items on the in-

voice are processed through our prosthetic partners and then selected to a vendor. Once those modifications have been made, then Prosthetics looks at the line item on the prescription to ensure that each piece is appropriately provided on the vehicle or adapted to the vehicle before we can—before we sign off on completeness.

Ms. RAMIREZ. Got it.

Dr. SCHOLTEN. The payment schedule for each of those items is posted on our website. A payment schedule is updated every fiscal year. That is based on the Consumer Price Index.

Ms. RAMIREZ. That is based on the Consumer Price Index as well?

Dr. SCHOLTEN. Yes.

Ms. RAMIREZ. Okay, got it. That was actually my follow-up question.

Those are all the questions I have now, Chairman.

Mr. VAN ORDEN. The gentlelady yields back, and I recognize myself for 5 minutes.

Okay. You just said that when the VA gets a bill, you have 15 days to pay it, is that right?

Mr. LATONA. That is true, sir. Yes.

Mr. VAN ORDEN. Okay. Well, on this list that you will have, we got Kansas City, Missouri, 501 days; El Paso, 246; Dallas, Texas, 362, these are all days; Dallas, 823 days; Phoenix, 256 days; 530 days for another thing in Phoenix; Waco, 96. I was an enlisted guy. You know, math is not my forte, but I am just going to say that I think all of those are greater than the number 15.

Mr. LATONA. I agree, sir.

Mr. VAN ORDEN. Okay. Unacceptable, sir. Can you walk me through the billing process? What happens?

Mr. LATONA. I can walk you through most of it. Some of it might be on the VHA side, but where I will pick it up from is once the VHA has identified the specific adaptations that were required, they will coordinate with the vendor to make sure the vendor understands what is needed and what the cost of those are. Once that entire package is complete, it goes to the vendor and then it makes its way to VA to pay it.

Mr. VAN ORDEN. Okay. What does that mean, sir, “makes its way”?

Mr. LATONA. It is emailed. It is emailed from the local office. The office that is actually performing the analysis, determining what adaptations are required, emails it directly to the Support Services Division, which is an office within VA that handles the payments. It is a few minutes.

Mr. VAN ORDEN. How does a check get cut?

Mr. LATONA. The check gets cut. At that point it goes over to our Support Services Division who pays all vendors for all services.

Mr. VAN ORDEN. How many people are there?

Mr. LATONA. I am not aware, sir. These are not where the better—these are not where the bottlenecks are. Obviously bottlenecks are somewhere up or down the stream somewhere, not in those little transactions. That is—

Mr. VAN ORDEN. Sir, I guarantee you, I guarantee you, if we had open kimono with your stuff that I could figure this problem out

in an afternoon, like line and block chart, disabled veteran, vendor payment. That is all we are talking about. This is bananas.

I am going to say this again. The Veterans Affairs—or I am going to say it, the Veterans Affairs Administration is not a jobs program. It is not. Neither is the military. If we have nine bosses, Bob, you know, that is a problem. We have to look at the structure of the VA through the lens of getting that Marine what he needs, not you or you or you.

Are individual projects capped, like a home? Is there a financial cap?

Mr. LATONA. Each grant program has its own maximum grant amount available. For specially adapted housing, it is \$121,000 this year.

Mr. VAN ORDEN. Per home?

Mr. LATONA. Yes.

Mr. VAN ORDEN. What about for a vehicle?

Mr. LATONA. I would defer to Dr. Scholten on that.

Dr. SCHOLTEN. There is no cap on the vehicle modifications. It is based specifically on the required adaptations in the prescription from the driver rehab specialist.

Mr. VAN ORDEN. Okay. Riffing off Mr. Barrett's comments about inflation and whatnot, when was that cap of \$120,000 per unit established?

Mr. LATONA. October 1st. Each year we have the ability to raise it based upon the Cost of Construction Index.

Mr. VAN ORDEN. What was it last October?

Mr. LATONA. A hundred and 17 thousand.

Mr. VAN ORDEN. You raised it 3,000 bucks.

Mr. LATONA. It is based upon an index, an industry index, right.

Mr. VAN ORDEN. Even though housing costs and construction costs have increased by like 30 to 40 percent in the last few years. Okay. We need to really look at that. Like, who said you are going to use the Consumer Price Index? Is that us or you?

Dr. SCHOLTEN. For the vehicle modifications, that is in our regulations.

Mr. VAN ORDEN. You did that. What about for the homes?

Mr. LATONA. For the homes, the statute directs we use a Cost of Construction Index.

Mr. VAN ORDEN. Right.

Mr. LATONA. We selected the one that we are currently using because it was the most competitive.

Mr. VAN ORDEN. It is not tied to inflation.

Mr. LATONA. Right. It is tied to the cost of materials and labor across the country.

Mr. VAN ORDEN. Okay.

Mr. LATONA. By a third party.

Mr. VAN ORDEN. Check. I want to see that on paper. I want to see that on paper, either yours or ours or whatever. Let us fix this.

Okay. Well, my time has expired. I would like to yield to Ranking Member Pappas if he has any closing statements, sir.

Mr. PAPPAS. No, I am good. Thank you.

Mr. VAN ORDEN. Yes, I mean, for this panel, obviously.

Okay. Well, here is what I am going to tell you. We got to do better. These things are—and listen, I am looking in the mirror, too.

I should have figured out this TAP thing, you know, 2 years ago. That is a U.S. Department of Defense (DOD) issue. That is clear. Somebody who has been working or a group of people for collectively 60 years should have been like, hey, Congresspeople, you know, we cannot get the word out. That is on me, too. I am not just—I am pointing two fingers, you know, one at you and one at me.

I want you just to—I want you to hyper focus on these issues because all of these problems are fixable. If we are not—the status quo is not acceptable. Our wounded veterans are trapped in a chair for the rest of their lives. You know what I mean? They cannot speak, they cannot see, they cannot walk. They are grotesquely disfigured, you know, by burns and they cannot move well, and they are having mental health issues. All of this is about them. I really want you guys to do some soul searching and figure out how to do this better, establish metrics. I mean, do you guys any—do you have any quantifiable metric at all for anything you are doing? You do?

Mr. LATONA. Yes, sir, we do.

Mr. VAN ORDEN. Okay. I would like to see them.

All right. With that, thank you very much for your time. I appreciate it. You are excused. We are going to empanel our second group here.

This committee will stand adjourned for 10 minutes.

[Recess.]

Mr. VAN ORDEN. The committee will come to order.

On our second panel, we will be hearing from our witnesses. The first witness is Mr. Tom Landwermeyer, president and chief executive officer at Homes For Our Troops. Our next witness is Mr. Mike Owens, Adaptive Support Sports director, Wounded Warrior Project. Our third witness is Mr. Craig Schrimsher, president of North American Manufacturing, BraunAbility. Our final witness is Ms. Julie Howell, my very good friend, associate legislative director for Government Relations, Paralyzed Veterans of America. I am going to ask you to stand and raise your right or left hand, sir.

[Witnesses sworn.]

Mr. VAN ORDEN. Let the record reflect that the witnesses answered in the affirmative. Please be seated.

Mr. Landwermeyer, you are now recognized for 5 minutes to deliver your testimony.

STATEMENT OF TOM LANDWERMAYER

Mr. LANDWERMAYER. Thank you, Chairman Van Orden, Ranking Member Pappas, and distinguished members of the Veterans' Affairs Subcommittee on Economic Opportunity. My sincere thanks for granting Homes For Our Troops, or HFOT as we are known, the opportunity to testify before the subcommittee to review the VA Specially Adapted Housing, Adaptive Automobile and Adaptive Sports Programs to help assess how effectively these programs serve veterans across the country.

To date, Homes For Our Troops has built and donated 409 specially adapted custom homes in 45 states to the most severely injured post 9-11 veterans. We currently have 78 ongoing projects with over 100 veterans in the application process. We use the SAH

grant eligibility requirements as a screening criterion for our program and are quite familiar with the SAH program, but are less familiar with the Adaptive Automobile and Sports Programs.

Over the past 20 years, HFOT has developed a close working relationship with the VA SAH office to better assist our veterans, enjoying a mutually positive and productive working relationship. We communicate often with the SAH office as we support our veterans and consistently find their personnel to be helpful and responsive. When the COVID pandemic restricted VA travel, they were open to accepting HFOT staff photos of the adaptations in our homes that the SAH office required for their approval process, expediting the SAH process for these deserving men and women. When Congress was considering the Ryan Kules and Paul Benne Specially Adapted Housing Improvement Act, we provided feedback from our veterans to our VA SAH contacts.

Last month, our staff surveyed the veterans in our program about their familiarity and experience with the VA Specially Adapted Housing, Adaptive Automobile, and Adaptive Sports Programs. Testimony today is based on the survey results. While our veterans have a basic understanding of the SAH grant and eligibility requirements, roughly half of the veterans who responded say they have minimal knowledge regarding subsequent uses of the grant and specifically how often they can use it and how it actually increases annually.

Half find the application easy to complete, but 20 percent find it difficult. Many veterans experience inconsistent procedures and approval standards between agents even in the same region. Working nationwide, we have found variances in procedures and interpretations across regions and agents and have provided that feedback to the SAH office.

About 50 percent of the veterans report being familiar with the Adaptive Automobile Grant Program. Nearly 60 percent of our veterans polled struggled with the grant application process, finding it complex and difficult to understand. There is also much confusion concerning if and when a veteran can apply for a second grant and how this relates to the VA program that provides reimbursement for adaptations to an automobile.

Nearly 80 percent of our veterans have little to no knowledge of the VA Adaptive Sports and Recreation Program or its offerings. Of those who actually compete at the national or Olympic level, 90 percent stated they were unfamiliar with the Olympic Team and Team USA monthly grant stipend. Veterans also noted the need for clear eligibility rules and vendor approval processes, as well as more flexibility for choosing adaptive gear based on their injuries.

The VA offers many outstanding programs for injured veterans. A focus on consistency across the regions and among agents, more streamlined and understandable application procedures, and creating better awareness about these great programs will enhance the VA support to veterans nationwide. We are very grateful for our longtime partnership with the VA and appreciate all that they and you do for our veterans.

Mr. Chairman and members of the committee, thank you for the opportunity to speak to you today and I look forward to your questions.

[THE PREPARED STATEMENT OF TOM LANDWERMAYER APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. The gentleman yields. The chair now recognizes Ms. Howell. Oh, I am sorry. The chair now recognizes Mr. Owens for 5 minutes to deliver your testimony, sir.

STATEMENT OF MIKE OWENS

Mr. OWENS. Thank you. Chairman Van Orden, Ranking Member Pappas, and members of subcommittee, again my name is Mike Owens and I am the director of Adaptive Sports at Wounded Warrior Project and a Marine Corps veteran.

In 2005, October, while my second deployment to Iraq, I was manning the 50-cal on top of a 7-ton when it rolled over. I obviously lost my right arm above the elbow and I also shattered both of my legs. As an amputee who is dependent on prosthetics and adaptive equipment for sport and recreation, I bring almost 20 years of personal and professional experience on the issue.

Wounded Warrior Project was founded to serve and empower our Nation's heroes and we offer direct programs and services, including adaptive sports opportunities, to over 231,000 registered warriors across the country. Interactions with warriors through our programs inform our advocacy before Congress here today.

An amazing example of this is our Soldier Ride program. Soldier Ride is a multiday riding event where warriors never ride alone. They move forward together as a unit just as they did during their military service. We believe anyone can ride and we offer the use of hand cycles, recumbent trikes, road bikes, and hybrid bicycles. Soldier Ride empowers warriors to find solace, healing, and strength through movement. After participating in a Soldier Ride event, more than 90 percent of warriors report being more confident in themselves and better connected to other veterans.

While a more complete list of our recommendations is provided in our written testimony, I would like to focus in on a few key areas where we believe that Congress and the VA can take action to expand access, promote participation, and better serve our veterans.

First, we believe that Congress should increase the funding provided to the Adaptive Sports Grant Program. This grant program is vital to nonprofit organizations who provide adaptive support opportunities to serve veterans in their communities. More specifically, we feel that the amount appropriated for the program should be increased to offset the recent changes in mandatory spending related to equine-assisted therapy. The \$16.5 million amount has not been increased since Fiscal Year 2016, and new requirements that approximately 30 percent of that funding be dedicated to equine-assisted therapy will reduce grant funds available for organizations that provide all other adaptive sports programming.

We also feel that the administrative cost allowance associated with these grants should be on par with other Federal grants in order to allow grantees to accommodate more veterans and provide more comprehensive adaptive sports programming. This change would prevent nonprofit organizations from being forced to use limited donor dollars to cover these costs.

Second, Wounded Water Project believes strongly that the VA should be able to connect veterans with Adaptive Sports Programs

regardless of where they live or the nature of their disability and be capable of accommodating all veterans who wish to attend national VA Adaptive Sports events. In order to meet this challenge, we recommend that VA ensure recreational therapists capable of accommodating veterans with all types of mobility challenges be accessible to all veterans and that VA formalize the currently ad hoc position of Adaptive Sports coordinator in order to ensure all veterans, regardless of where they live, can be connected to Adaptive Sports Programs as well as the six VA national events.

Finally, we encourage Congress and VA to ensure that veterans who want to participate in adaptive sports have access to both the opportunities and the equipment needed to achieve their goals. Regardless of whether a warrior qualifies as a member of Team USA's Paralympic team or if they wish simply to be able to play basketball with their family in the driveway, VA should have the authority and ability to provide them the equipment that they need. Those warrior athletes who do seek higher levels of competition should be provided with both specialized equipment and the funding support to ensure they can reach their goals.

Additionally, we fully support legislative efforts to allow participation in the DOD Warrior Games more than the 1 year after separation, a change that will not only benefit the Warrior Games, but will also provide warriors with a new chance to compete.

In closing, adaptive sports and physical activity help veterans transition from surviving to thriving. Participation makes them physically stronger, more mentally resilient, and more connected to their peers and communities. Research has repeatedly shown consistent physical activity decreases stress, anxiety, depression, chronic pain, reduces reliance on prescription medication. Furthermore, positive improvements are seen in mobility, sleep quality, and psychological well-being.

Adaptive Sports and Recreation for our Nation's wounded warriors, it is not simply a nice addition. They are a critical element to enhance both the length and quality of their lives. Wounded Warrior Project stands ready to assist on these issues and any others that may arise.

Thank you and I look forward to your questions.

[THE PREPARED STATEMENT OF MIKE OWENS APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. The gentleman yields. The written testimony of Mr. Landwermeyer and Mr. Owens will be entered into the record.

Mr. Schrimsher, you are now recognized for 5 minutes.

STATEMENT OF CRAIG SCHRIMSHER

Mr. SCHRIMSHER. Thank you, Chairman Van Orden and Ranking Member Pappas, members of the committee, and my fellow panelists and the Veterans Administration for their commitment to work on these important issues. My name is Craig Schrimsher and I lead North American Manufacturing for BraunAbility, a global leader in wheelchair-accessible vehicles and mobility solutions. I oversee domestic production to ensure high quality, safe, and accessible products for our customers who are Americans with physical disabilities and their caregivers.

At BraunAbility, we take veterans' mobility issues personally as they represent approximately 17 percent of our customers. We believe veterans have sacrificed greatly and they have earned these benefits. I am here to talk about three key issues. First being changes to the accessible vehicle trade in policy, which for decades allowed disabled veterans to trade in their vehicle every 2 years. Suddenly and without notice, the VA recently changed the policy to once every 4 years without any announcement. This has the risk of forcing veterans to pay significant out-of-pocket costs for mobility.

Second issue, which we have talked about in detail today, are delayed VA payments to mobility dealers. According to the National Mobility Dealers Association, in a study of 89 dealerships, we found \$11 million in past due payments with the average delay being 186 days. Really encouraging to hear about the commitment to work that through IPT in 15 days. Sounds great to us.

Third issue is around an outdated VA price schedule, so we appreciate the transparency. The VA for the first time published a price schedule listing the amounts that they will reimburse for conversions, equipment, and repair, which is great. However, it was based on 2021 data and was not published until 2024. We missed approximately 3 years of very real inflation in the automotive market, which we would anticipate just based on average new car prices moved somewhere from 17 to 19 percent in that period. We urge the VA to accelerate updates to this. This is a significant impact to our larger dealer network.

I would say an even larger problem that we would like to highlight beyond policy changes and payment delays is really a clear lack of empathy and indifference to our veteran customers and dealers and their experience in working with the VA. Bureaucratic hurdles are expected, but the dismissive attitude toward those who have sacrificed so much is simply unacceptable. Veterans and their families should not have to fight for fair treatment and transparency from the institution meant to serve them.

I want to share a story of a gentleman I connected with recently. His name's John Masson. He is a Hoosier. He is from Lake Station, Indiana, enlisted in the U.S. Army in 1989. Following a family tradition of service, he served 1st Armored Division, 82d Airborne Division, Indiana Army National Guard, earning the Ranger tab, Green Beret, and Special Forces tab. John was deployed multiple times, including for Operations Iraqi Freedom, Operations Enduring Freedom, and in 2010, severely injured by an Improvised Explosive Device (IED) in Kandahar Province.

He lost both of his legs, his dominant left hand, and thankfully survived, thanks to the immediate intervention from fellow soldiers. He underwent, like many, extensive rehabilitation at Walter Reed Army Medical Center. Retired in 2012. Now advocates for accessibility with organizations like the Gary Sinise Foundation.

This story we hear about frequently throughout our network. When I spoke with John, he was not aware of the changes to the trade in policy. It came as a complete surprise to him. I will provide a quote from John, his reaction when finding out, "There's nothing like making a combat veteran feel their limbs and sacrifices were given in vain like stripping away their hard-earned

benefits and making life more complicated and expensive. I thought leaving the VA in tears was behind me."

This lack of communication and transparency is a failure in how we support those who have sacrificed so much. Moving forward, we are encouraged to see reasonable reform, like House Bill 1364. We are here to find solutions. We believe veterans deserve more than bureaucracy and policy shifts. They deserve respect, empathy, and support. We are open to constructive discussions to find solutions that benefit our veterans.

I look forward to answering any questions and working with the VA on meaningful change. I have submitted more detailed testimony. Thank you.

[THE PREPARED STATEMENT OF CRAIG SCHRIMSHER APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Mr. Schrimsher. The written testimony or statement of Mr. Schrimsher will be entered into the record.

Ms. Howell, you are now recognized for 5 minutes to deliver your testimony.

STATEMENT OF JULIE HOWELL

Ms. HOWELL. Chairman Van Orden, Ranking Member Pappas, and members of the subcommittee, Paralyzed Veterans of America is grateful for the opportunity to testify today about the critical role that VA's adaptive programs play in the lives of PVA members.

For almost 80 years, PVA has been a voice for veterans who have experienced catastrophic injury or illness. We regularly engage with many of the VA programs being discussed today. These programs help deliver veterans with catastrophic disability—excuse me. These programs help veterans with catastrophic disabilities modify their homes, receive adapted vehicles, and find camaraderie through adaptive sports, which supports them on their journey to find a renewed sense of purpose and hope.

Jason, a Marine Corps veteran and PVA member, recently affirmed the role adaptive fitness plays when he said, being able to push barriers, that helps people know that there is more to life. Adaptive fitness can help save a life. It gives you a great sense of purpose.

Now, I would like to discuss some of the specific VA programs that help PVA members and other disabled veterans regain their independence. First, VA's home modification programs are crucial for veterans with catastrophic disabilities. They provide essential support to help them adapt their homes to better accommodate their needs. While we appreciate the significant improvements Congress has made in recent years to the Specially Adapted Housing Grant, we are concerned with recent changes to the program's administration and that it will make it more difficult to navigate as VA is less able to provide veterans with direct support throughout the modification process.

Another essential program is VA's Home Improvements and Structural Alterations, or HISA grant. Unfortunately, HISA rates have not increased since 2010 despite the cost of construction increasing around 50 percent in the same timeframe. H.R. 2245, the Autonomy for Disabled Veterans Act, and H.R. 3309, the Autonomy

for All Disabled Veterans Act, both seek to increase the amount available to veterans through the HISA grant, while also tying the grant to an inflationary index. PVA strongly supports improving this benefit so that it more closely aligns with the needs of eligible veterans.

Second, the Automobile Adaptive Equipment, or AAE, Program exists to increase access to safe and reliable transportation for service-connected, catastrophically disabled veterans. Recent regulatory and policy changes made by VA have created barriers for some PVA members. As an example, current law states that adaptive equipment includes but is not limited to power steering, power brakes, air conditioning, and other features. However, in 2024, VA issued a final rule which basically ignores the statutory requirements enlist these items at a reimbursement rate of \$0. The Department has effectively made it impossible for veterans to be reimbursed for these necessary features, creating significant roadblocks and increasing the financial burden faced by disabled veterans.

VA lacks the authority to implement a final rule that is counter to the statutory requirement for the delivery of this benefit, and veterans often appeal these decisions, which are consistently reversed by the Board of Veteran Appeals. It is a waste of taxpayer dollars to deny veterans their earned benefits, which then requires them to file an appeal.

Finally, many of our members find camaraderie and community thanks to adaptive sports. For example, the VA's Adaptive Sport Grant helps allow PVA to host more than 60 free year-round Adaptive Sport and Recreation events across the country, which provide an opportunity for PVA members to explore adaptive sports and find new path passions. For many veterans, their introduction to adaptive sports is a direct result of VA—excuse me, of VA rehabilitation programs facilitated by recreational therapists. VA rec therapists provide direct care to veterans and help them bridge the gap between clinical rehabilitation and community reintegration, which le which leads to decreased suicidal ideation and improved clinical outcomes. VA must prioritize and protect recreational therapists as they have done with other direct care provide providers.

Funding for adaptive sports as well as ensuring access to recreational therapists are essential in upholding the promise made to our Nation's veterans that we will care for them after their service and their sacrifice. More than 50 years ago, a PVA president testified before the Senate Veteran Affairs Committee on the importance of adaptive sports and rec therapists. He said, for the average person this is of no consequence, but to a man who has recently suffered an injury is to make him question the value of life, the result can be more crippling than their paralysis.

It is a proven fact that the greatest number of failures in rehabilitating a person occur in the evening hours and on weekends when they are away from work. It seems senseless to throw away the efforts, money and most important, that individual's life because of the failure to teach that person how to cope with their leisure time. This statement remains as true today as it was then. Catastrophically disabled veterans deserve no less.

Thank you for allowing PVA to testify at today's hearing and I welcome any questions you may have.

[THE PREPARED STATEMENT OF JULIE HOWELL APPEARS IN THE APPENDIX]

Mr. VAN ORDEN. Thank you, Ms. Howell. Ms. Howell's written statement will be entered into the record.

We are going to proceed to questioning now. I recognize Ranking Member Pappas for 5 minutes.

Mr. PAPPAS. Thanks very much. I appreciate all of your testimony and the way that you and your organizations stand up for veterans each and every day. I am really grateful for the work that you do and I think you gave us a good roadmap of how we can help make sure that our veterans and their service are honored and that we are improving the kind of coordination that sometimes sees a breakdown over at VA in terms of communication, transparency and some of the other ideas that you all put on the table.

Ms. Howell, if I can start with you. I appreciate you highlighting sports at the end of your testimony. I have got an organization in my State, Northeast Passage, that does a great job offering veterans and servicemembers access to sports and recreation. You talked a little bit about barriers. I am wondering if you can highlight those as they pertain to sports. What are some ways that we can encourage and identify this as an opportunity for more veterans to pursue?

Ms. HOWELL. Thank you for that question, sir. I think as has been highlighted by several people today, a big barrier is understanding and even knowing about a program. Most of PVA's events are in partnership with chapters, so they are within or near hubs where we have a high member population. Many of our members were introduced to adaptive sports through their rec therapist, which is a direct provider in their delivery of care team through a spinal cord injury center.

I think as many efforts are made from the top down, there is going to be breakdowns in that communication flow. I think VA can do better to engage with all of the grant recipients for the sport grant program. I think earlier today it was mentioned that there is 15,000 organizations that are dedicated to this type of work. It is just going to require greater community, greater engagement, reaching across maybe more local lines and just creating that network so that that awareness and that information can be shared.

Mr. PAPPAS. Maybe I can open that up to the panel. Whether it is sports or other adaptive programs through VA, I am wondering if you could give me some observations in terms of how VA is doing with outreach and communication, giving veterans the information and knowledge that they need about the opportunities that are available to them. Mr. Owens.

Mr. OWENS. Yes, sir. Thank you for the question. First of all, I will add down in San Antonio area, you know, we are definitely blessed. The VA has done an amazing job. As they say, if you have been to one VA, you have been to one VA. We have great benefits there in Military City, USA, for example, access to local parks. We have over 100 miles of concrete path that is being built just for people to have access and be—have recreation outside.

There, the benefits that we see are not always the case, especially for those individuals that End of Active Service (EAS) and get out of the service and go back home to the middle of nowhere. Maybe they are 3, 4 hours away from the closest VA and that means they have almost no resources available in their local area. We have seen that many times.

Additionally, in the program that I mentioned within Soldier Ride, we have seen on multiple occasions almost every event, at least one veteran that attends that would benefit from the adaptive equipment and it could definitely be used to improve their mobility, their pain, reduce pain, all of that, but they do not meet the eligibility requirements to receive that equipment through the VA.

Mr. PAPPAS. Thank you. Anyone else? Mr. Schrimsher.

Mr. SCHRIMSHER. Thank you. I would just highlight that we have a decades-long precedent for a trade-in policy that is written pretty plainly in policy that changed suddenly. You know, when I think of communication, and we are hearing this frequently, we have Vietnam veterans that have been in the trade cycle every 2 years for decades, finding out from their dealerships that they no longer qualify. I want to underline, there are a lot of great people in the VA that mean well and are doing great things. Right? This is an example of some recent changes that are really, really impacting and surprising veterans, and we just do not think that should be the case.

Mr. PAPPAS. Thank you. Mr. Landwermeyer.

Mr. LANDWERMAYER. Thank you, sir. Sir, about 70 percent of the veterans that come to us annually already have their SAH grant eligibility figured out. They have already applied, been approved. About 30 percent have either been denied or do not know how to do it, and we will help them. Again, quite a few already know about it when they come to us.

Mr. PAPPAS. Thank you. Ms. Howell, maybe in the time I have left, you mentioned need to protect recreational therapists. Could you expound on that a little bit?

Ms. HOWELL. Yes, sir. Thank you. As far as we are aware, recreational therapists are not on the exempt list for retaining VA staff. We believe that as a direct care provider and as a critical component of a care team for a catastrophically disabled veteran that they should be added to that exempt list.

Mr. PAPPAS. Thank you. I yield back.

Mr. VAN ORDEN. The gentleman yields back.

The chair now recognizes Mr. Barrett for 5 minutes.

Mr. BARRETT. Thank you, Mr. Chairman. Appreciate it and appreciate each of you and the work that you are doing to move forward with our veterans in a really meaningful way. Thank you all for being here.

Ms. Howell, special appreciation for you. I know you were very helpful in the ASSIST Act, and we were able to get that through the House earlier this week. Genuinely appreciate your work in crafting that bill and adding improvements to it along the way. Thank you for that.

Mr. Schrimsher, had a question for you. I know you have brought the issue before the committee about payment and prompt payment from the VA and what that has looked like and how that has

affected local dealers and others that are, you know, rendering these vehicles for veterans and how that can affect them. I looked at the list that you provided of past due payments, and, you know, many of—frankly, all of them are concerning and some of them are deeply concerning with the amount of time, more than a year in some instances, more than 2 years in other instances.

Can you help me understand what is the industry standards? Outside of the VA, I am sure your company provides vehicles for others in a lack of mobility condition as well, what is the current, you know, kind of industry standard for payment?

Mr. SCHRIMSHER. Thank you, Congressman Barrett, for the question. The industry standard for payment, typically in private pay is upon delivery.

Mr. BARRETT. Okay.

Mr. SCHRIMSHER. That is through banking, you know, finance typically, or, you know, a check in some cases. Yes.

Mr. BARRETT. Mm-hmm. Let us say a person's insurance, whether that is medical or automobile insurance, you know, they were catastrophically injured in an automotive accident maybe, and their insurance covered that as a benefit. How long would that typically take if the person purchasing was not the ultimate payer?

Mr. SCHRIMSHER. I do not have a data point on that handy. I could follow up on that, would be glad to. I know that that does vary significantly across geographies.

Mr. BARRETT. Okay. Then payments for adaptive vehicles are, I guess, done at the local VA level, not a—there is not like a centralized clearinghouse for this. It appears that some process quicker. I do not know if they are on the list because they have had more adaptive vehicles approved and that is why they are on the list or if just some local VAs are quicker than others. What is kind of your experience with that?

Mr. SCHRIMSHER. We would like to understand that as well. You know, what we know is that there is consistent variability within our dealer network. It is typically known which VAs are habitual offenders on late payment.

Mr. BARRETT. Yes.

Mr. SCHRIMSHER. Right? Yes, lack of consistency across the network is a major concern.

Mr. BARRETT. What percent of your business, if you are willing to share with us, is VA-related, would you say?

Mr. SCHRIMSHER. BraunAbility, approximately 17 percent. However, I would say within our dealer network it can range from 20 to 40 percent, you know, depending on the geography. So significant.

Mr. BARRETT. So substantial. Then do you believe it would be better or more useful if we did have a centralized, you know, processing for rendering payment for these vehicles?

Mr. SCHRIMSHER. I know that we cut cars in half and put them back together in 3 days. You know, anything that would drive an improvement from this 189-day average would be welcomed. Consistency across the network would be appreciated.

Mr. BARRETT. Sure, yes. If you can make the car in a few days, we should not take, you know, 100 times that amount to get the payment through to you. Okay, I do appreciate that. As I know you

can tell from the committee testimony today, this is something we want to really genuinely work on, so.

Mr. SCHRIMSHER. Thank you

Mr. BARRETT. Again, appreciate each of you for being here and the work that you are doing.

With that, Mr. Chairman, I yield back.

Mr. VAN ORDEN. The gentleman yields back. I recognize myself for 5 minutes.

I tell you what, I have been getting progressively angrier as these hearings are going on because this is just completely unacceptable. There is no other way to describe this. It is unacceptable. You are never getting your arm back, Marine. For a bureaucrat to, you know, blow that off is not okay.

My veterans are not beggars and they will not be treated as such. Hey, Dutch, that is—Schrimsher, that is my personal cell phone number. You give it to that Green Beret, tell him to call me. If he ever has another issue with the VA, I swear to God, I will go down there and strangle somebody.

Mr. SCHRIMSHER. Thank you.

Mr. VAN ORDEN. You are welcome.

Good. On that note, Mr. Owens, when is this next Soldiers Ride, and where is it?

Mr. OWENS. Actually, we have them all over the Nation. The next one would—I think they just had DC and the next one that they will be having is Chicago.

Mr. VAN ORDEN. Okay. Well, I know the vice chairman of the congressional Motorcycle Caucus. His name is Van Orden. I do not know why I have not got an invite yet, buddy, but that better happen. Is that clear?

Mr. OWENS. Yes, sir.

Mr. VAN ORDEN. Okay. I got a bike here. I do not have a car in DC, man. I will go real heavy with you cats. That is really important.

You have been involved in the VA system for quite a while, since 2005. Got blown up outside of Balad, you know, rolled over and stuff. Have you seen an increase—I would like to have some positive things here. Have you seen an increase in the VA's delivery of services, availability of services?

Mr. OWENS. Yes, 100 percent. They have done an amazing job over the years to improve the care, access to care, and the opportunities or options available. I will say, I am in Military City, USA. There is a lot of resources in that area, so—

Mr. VAN ORDEN. Right.

Mr. OWENS [continuing]. It is definitely not the same across the board.

Mr. VAN ORDEN. Okay. Ms. Howell, you said recent changes to policy or recent policy changes, 2024, in reference to the ability to deliver care through the VA, is that correct?

Ms. HOWELL. Sir, the policy change that I mentioned was an internal policy decision made by VA when it comes to what the reimbursement rate is when it comes to certain features of a vehicle.

Mr. VAN ORDEN. Okay. The Board of Veterans Appeals, where do they reside?

Ms. HOWELL. Down the street.

Mr. VAN ORDEN. What is that?

Ms. HOWELL. Down the street.

Mr. VAN ORDEN. Okay. I would like to maybe pay him a visit and see what their rate of refusing claims is.

Ms. HOWELL. Sir, if I may.

Mr. VAN ORDEN. Yes.

Ms. HOWELL. No. The VA denies the reimbursement rate, at which point the veteran files the appeal to the Board. The Board overturns that denial.

Mr. VAN ORDEN. They are a force for good or a force for bad?

Ms. HOWELL. When it comes to the reimbursement schedule rating, they are a force for good.

Mr. VAN ORDEN. Well, then I would like to go see him and bring them a cup of coffee then. That would be wonderful, too. Good news story. Thank you for that.

Mr. Landwermeyer, you said that you provide feedback to the SAH office. How responsive have they been to you?

Mr. LANDWERMAYER. Thank you, sir. Actually, pretty responsive, sir. As I mentioned, COVID, they were not able to travel. The agents were not able to travel, go out and inspect our homes.

Mr. VAN ORDEN. Yes.

Mr. LANDWERMAYER. We offered to take photos and ship those back in, and they took those. Then we also were able to call them up at any time. We have, usually probably twice a year, Zoom calls with the leadership of the SAH branch. We can give them the pluses and minuses, good, bad, and ugly that we have been running up against as we go through the process. Some regions do really well, others are not quite as fast. Then sometimes within regions, you have fast ones and slow ones. We do provide them all that feedback.

Mr. VAN ORDEN. Okay. That is another good news story.

Mr. Schrimsher, so for a domestic powered side-entry in-floor vehicles, \$39,498, it should be \$46,212. Structurally modified pickup truck, \$38,601. It should be \$45,163. Wheelchair back-lift, 6,819 bucks, would be \$7,980.

Hey, so check it out. What you guys witnessed without knowing it was bipartisanship taking place because me and Chris just hatched a plan to fix this. We are going to write some legislation to catch you guys up. That will be—we will introduce it together. It will be a bipartisan effort because this, again, is wholly unacceptable.

Last thing, my time has expired, so I am going to recognize the ranking member for any closing statements he may have.

Mr. PAPPAS. Well, thank you, Mr. Chairman, for holding this session. I want to thank our panel for their contributions to this conversation. Clearly, we have got a lot of work to do on the legislative front to make sure that we are improving eligibility, that we are increasing funding, that we are ultimately optimizing the delivery of programs that serve our veteran communities. Really grateful for the feedback that you have presented us with today. I think we have got some good, clear action items that are going to come out of this hearing.

I yield back.

Mr. VAN ORDEN. The gentleman yields back.

I just want to say a couple things before we are out of here. Look, I get letters from the VA all the time. I am 100 percent service-connected disabled vet. You can sign up for emails, they call you. Right? Why in the hell do our disabled veterans not know about these programs? We know where they all are, sir and ma'am. Sitting in the third row back there, we know where they are. We know their names, we know their addresses. We know their email addresses. We know their phone numbers. For a single disabled veteran to not know that these programs exist or that you can get reimbursed, you can do trade-in, and stuff like that is just stupid.

It is 2025. We know where all of these people are. We literally can assign a geographic point to their house. I am making the strongest recommendation possible to fix this problem. Fix it. Email them, write them, and call them. You know what their disability rating is. You know where they live.

No more we are going to talk about this. We are excited about that. We are having a planning session on this. We are going to write their moms and—call them. Stop it. I guarantee you the Secretary is either unaware of this or he does not understand how large this problem is. We operate on scale. The scale for a veteran not knowing about this is one, it is not two, it is not five, it is one. If one of my veterans who got blown up overseas or, God forbid, something else happened to him does not know about this, it is your fault. It is. Fix it.

I want to thank you all for coming. I do, all of you. I want to thank you, Mr. Owens, for your continued sacrifice to our country. I want to thank—are you married?

Mr. OWENS. Yes, sir.

Mr. VAN ORDEN. How is she doing?

Mr. OWENS. Oh, she is doing great.

Mr. VAN ORDEN. All right.

Mr. OWENS. Been with me through everything.

Mr. VAN ORDEN. All right, that is cool. That is wonderful to hear. Well, we are going to keep working together. You just figured out. I mean, we literally just hatched a plan to help fix this. That is what we are going to do. We will continue to consult with the Veterans Affairs Administration. I am glad we got some really good, good news stories out of the VA because I love the VA. I mean, I love the VA. It is very simple.

With that, I would like to ask unanimous consent that all members only have 5 days, legislative days, to revise and extend the remarks and include any extraneous materials. Without objection, so ordered.

This hearing is adjourned.

[Whereupon, at 12:23 p.m., the subcommittee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Rachel McArdle

Chairman Van Orden, Ranking Member Pappas, and other members of the Subcommittee, thank you for the opportunity to appear before you today to discuss how VA fulfills the Nation's promise to care for Veterans through the administration of adaptive programs. To maximize Veteran independence when performing daily tasks or participating in therapeutic activities, VA provides Specially Adapted Housing (SAH) assistance, Home Improvements and Structural Alterations (HISA) benefits, Automobile Adaptive Equipment (AAE), and the Adaptive Sports Grant Program (ASGP). Joining me today is Dr. Joel Scholten, Executive Director, Physical Medicine and Rehabilitation Service, and Jason Latona, Assistant Director, Loan Guaranty Service, Veterans Benefits Administration.

SAH Grant Program

The SAH grant program administers several types of grants for eligible Veterans and Service members under 38 U.S.C. Ch. 21. The program assists eligible individuals in acquiring adapted housing made necessary by their service-connected disability. VA also provides SAH assistance if an adapted home has been destroyed or significantly damaged by a natural disaster.

VA's approach to the SAH grant program is individualized. Congress set the maximum aggregate amount of assistance for each grant type and directed VA to adjust these amounts annually in accordance with increases in the residential home cost-of-construction index. An assigned VA SAH agent guides the eligible individual and their family through the home adaptation process to meet the individual's unique needs. The individual ultimately contracts with the builders of their choice, and SAH grant program staff use their expertise in home adaptations to ensure the project is completed and is consistent with applicable statutes and the individual's adaptive housing needs.

The SAH grant program has approved more than 2,000 grant awards annually for 6 of the last 7 fiscal years (FY). VA anticipates similar or higher usage levels in the future. As of the end of March, 1,643 SAH grants have been approved \$ 85 million in Fiscal Year 2025.

Improving Benefits Delivery through Modernization

To continue delivering world-class customer service to Veterans and Service members, VA has initiated a multi-year project to modernize the SAH case management system. The modernized system will use automation to streamline the delivery of benefits to eligible individuals. The upgraded tool will also improve VA oversight by allowing for enhanced monitoring of the grant process from initial application to compliance inspection upon completion of work. The implementation of the modernized SAHSA system will be conducted in phases; the first phase is expected to begin in July 2025.

Eliminating Fraud, Waste, and Abuse

The individualized attention given to each SAH grantee ensures there is a high degree of oversight on each award. In Fiscal Year 2020, VA implemented a new financial process to manage SAH grant program disbursements using centralized VA financial staff, rather than third-party escrow agents. This change strengthened VA's internal controls and improved overall project management capabilities for SAH grant program staff. These oversight measures resulted in improved home adaptation delivery and payment timelines, reducing overall project timelines by days or weeks, and eased Veteran financial burdens by eliminating a third-party escrow fee of approximately \$500 per project.

Home Improvements and Structural Alterations

The VA HISA benefit, under 38 U.S.C. § 1717, provides financial assistance to disabled Veterans eligible for medical services under 38 U.S.C. § 1710(a) who re-

quire modifications to their primary residence. Service members undergoing medical discharge from the Armed Forces for a permanent disability that was incurred or aggravated in the line of duty in the active military, naval, air, or space service are also eligible for the HISA benefit. HISA projects are prescribed by a VHA clinician and medically justified based on the Veteran or Service member's clinical needs that support the type of home improvement or structural alterations being prescribed. These medically necessary improvements or structural alterations allow for continued home health treatment of the Veteran or Service member's disability and maximize the Veteran's or Service member's access to the home and independence while performing daily tasks within their homes. HISA benefits and lifetime payments are approved and processed in accordance with 38 C.F.R. §§ 17.3100 through 17.3130.

Automobile Adaptive Equipment Benefit

The VA AAE program, under the authority of 38 U.S.C. §§ 3901–3903 and 38 C.F.R. §§ 17.155–17.159, reimburses or pays for adaptive equipment for eligible Veterans and active-duty members of the Armed Forces who have certain disabilities. AAE is prescribed by a VHA physician or Certified Drivers Rehabilitation Specialist. VA is authorized to prescribe and reimburse or pay for operational and non-operational equipment, but VA does not modify, install, repair, or replace the AAE. VA works directly with AAE dealers, modifiers, and alterers to ensure all prescribed, necessary adaptive equipment enable the Veteran to safely drive or ride as a passenger in their personal vehicles. Examples of AAE include low-effort or sensitized steering; electronic accelerator and brakes; mechanical hand controls for accelerator and brakes; wheelchair tie downs; vehicle lifts; tilt steering wheels; voice command systems; raised roofs and doors; and tinted windows for burn injury disabilities. In Fiscal Year 2025 through March 31, 2025, VA has provided AAE to 1,181 Veterans. The total value of that benefit is \$31,928,405, and the average award is \$27,035.

ASGP

VA also manages the ASGP, which provides Veterans and members of the Armed Forces with disabilities access to sports and equine therapy to encourage a healthy and active lifestyle. As provided by 38 C.F.R. Part 77, VA awards grants to non-Federal Government entities with significant experience in managing a large-scale adaptive sport program. In Fiscal Year 2024, VA's ASGP awarded 91 individual grants, totaling \$15.9 million in awarded funds. Organizations funded through VA's ASGP currently provide resources for more than 15,000 Veterans and members of the Armed Forces.

Conclusion

In conclusion, VA will continue to provide the Nation's Veterans with efficient, effective, and meaningful programs centered on meeting their adaptive needs. Thank you for your continued support of our programs and for this opportunity to speak today. This concludes my testimony, and we welcome any questions that you or other Members of the Subcommittee may have.

Prepared Statement of Tom Landwermeyer

Chairman Van Orden, Ranking Member Pappas, and distinguished members of the Veterans' Affairs Subcommittee on Economic Opportunity, my sincere thanks for granting Homes For Our Troops, or HFOT, the opportunity to testify before the subcommittee to review the VA's Specially Adapted Housing, Adaptive Automobile, and Adaptive Sports Programs, to help assess how effectively these programs serve Veterans across the country.

To date, Homes For Our Troops has built and donated 409 specially adapted custom homes in 45 states to the most severely injured post-9/11 Veterans. We currently have 78 ongoing projects, with over 100 Veterans in the application process. We use the SAH grant eligibility requirements as a screening criterion for our program, and are quite familiar with the VA's SAH grant program, but are less familiar with the adaptive automobile and sports programs.

Over the past 20 years, HFOT has developed a close working relationship with the VA SAH office to better assist our Veterans, enjoying a mutually positive and productive working relationship. We communicate often with the SAH office as we support our Veterans and consistently find their personnel to be helpful and responsive. When the COVID pandemic restricted VA travel, they were open to accepting

HFOT staff photos of the adaptations in our homes that the SAH office required for their approval process, expediting the SAH process for these deserving men and women. When Congress was considering the Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act, we provided feedback from our Veterans to our VA SAH points of contact.

Last month, our staff surveyed the veterans in our program about their familiarity and experience with the VA's Specially Adapted Housing, Adaptive Automobile, and Adaptive Sports Programs. Our testimony today is based on these survey results.

While our Veterans have a basic understanding of the SAH grant and eligibility requirements, roughly half of the Veterans who responded say they have minimal knowledge regarding subsequent uses, and specifically how often they can use it and how it increases annually. Half find the application easy to complete, with 20 percent finding it difficult. Many Veterans experienced inconsistent procedures and approval standards between agents, even in the same Region. Working nationwide, HFOT has found variances in procedures and interpretations across regions and agents, and has provided that feedback to the SAH office.

About 50 percent of the Veterans report being familiar with the Adaptive Automobile grant program. Nearly 60 percent of Veterans polled struggled with the vehicle-grant application process, finding it complex and difficult to understand. There is also much confusion concerning if and when a Veteran can apply for a second grant, and how this relates to the VA program that provides reimbursement for adaptations to an automobile.

Nearly 80 percent of our veterans have little to no knowledge of the VA Adaptive Sports and Recreation program or its offerings. Of those who actually compete at the national or Olympic level, 90 percent stated they were unfamiliar with the Olympic Team and Team USA monthly grant stipend. Veterans also noted the need for clearer eligibility rules and vendor approval processes, as well as more flexibility for choosing adaptive gear based on their injuries.

The VA offers many outstanding programs for injured veterans. A focus on consistency across the regions and among agents, more streamlined and understandable application procedures, and creating better awareness about these great programs will enhance the VA's support to veterans nationwide.

We are grateful for our long-time partnership with the VA, and appreciate all that they and you do for our veterans. Mr. Chairman and members of the committee, thank you for the opportunity to speak to you today, and I look forward to your questions.

Prepared Statement of Mike Owens

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WOUNDED WARRIOR PROJECT

Statement of
 Mike Owens
 Director, Adaptive Sports

On

“Pushing Forward: Review of VA’s Adaptive Programs for Disabled Veterans”

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
 COMMITTEE ON VETERANS’ AFFAIRS
 U.S. HOUSE OF REPRESENTATIVES

May 21, 2025

Chairman Van Orden, Ranking Member Pappas, and Members of the Subcommittee – thank you for inviting Wounded Warrior Project to share its perspective on the Department of Veterans Affairs (VA) adaptive sports programs and how effectively these programs are serving veterans. My name is Mike Owens, and I am the Director of Adaptive Sports at Wounded Warrior Project and a United States Marine Corps veteran. In October of 2005, while on my second deployment to Iraq, I was manning the heavy gun on a 7-ton when the driver lost control as the result of an IED blast, it rolled over, and I lost my right arm above the elbow and shattered both of my legs. As an amputee who is heavily dependent on prosthetics and adaptive equipment for recreation, I bring almost 20 years of personal and professional experience on this issue.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation’s wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing life-changing programs and services to more than 231,000 registered post-9/11 warriors and 57,000 of their family support members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. We offer more than a dozen direct service programs focused on connection, independence, and wellness in every spectrum of a warrior’s life. These programs span mental, physical, and financial domains to create a 360-degree model of care and support. This holistic approach empowers warriors to create a life worth living and helps them build resilience, coping skills, and peer connection. These interactions with warriors through our programs inform our advocacy before Congress and help guide our recommendations.

According to our 2022 Annual Warrior Survey, about one in 70 WWP warriors indicated amputation as a service-related injury (1.4%), and 3.5% indicated they have a prosthesis. Among those with a prosthesis, 23.1% are amputees, like myself, as a result of post-9/11 military

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

woundedwarriorproject.org



service.¹ Our organization provides several impactful programs and services for these warriors, including our Physical Health & Wellness and Mental Health programs. At WWP, we understand the connection between physical and mental health and its significant impact on quality of life. But the positive impact of adaptive sports programs is not limited to amputees. Our warrior population includes those who have been diagnosed with traumatic brain injury (TBI) (36.5%), spinal cord injuries (16.4%), and blindness or vision impairment (5.2%), all of which are veteran populations for whom adaptive sports and recreation can make a significant positive impact, and our programs are capable of serving the unique needs of all of these warriors.

Wounded Warrior Project adaptive sports programs empower warriors to unleash their highest potential by participating in modified athletic opportunities designed for their individual abilities.² Through single-day and multi-day clinics, warriors learn to use adaptive sports equipment and develop athletic skills. Additionally, warriors are introduced to seasoned adaptive sports athletes and connected with local resources. This lays the groundwork for them to continue improving their physical fitness while connecting with other veterans and their community through sport. Our Physical Health & Wellness team have seen improvements in psychological wellbeing, mobility, sleep, and social connections among our warriors along with decreases in the use of prescription drugs and symptoms of depression from participation in adaptive sports and recreation.

An amazing example of this is our Soldier Ride program. Soldier Ride is a unique, multi-day riding event that helps warriors build their confidence and strength through shared physical activities and bonds of service in a supportive environment. The program incorporates skill-building practices that accommodate all ability levels. Warriors never ride alone; they move forward together, as a unit, just as they did during their military service. With roots in road cycling, Soldier Ride has expanded to incorporate a variety of ride options to serve warriors. These include traditional and adaptive road biking, mountain biking, skiing, snowboarding, virtual events, training challenges, as well as skills development camps. We can accommodate all injuries and believe anyone can cycle, and we offer the use of various hand cycles, recumbent trikes, road bikes, and hybrid bicycles. Soldier Ride empowers warriors to find solace, healing, and strength through movement. The experience opens doors to new opportunities and knowledge and helps to unleash their untapped potential. After participating in a Soldier Ride event, 92 percent of our warriors reported feeling more confident in themselves and 99 percent agreed that Soldier Ride helped them connect to other veterans.

In addition to promoting mental and physical health, adaptive sports programs and events also support financial wellness. By restoring confidence and proving what is still possible, many veterans are empowered to pursue new careers, re-enter the workforce, or engage in meaningful volunteer work. Feeling capable and included again on the field, in the workplace, and in their communities, helps veterans regain a sense of identity and wholeness. This comprehensive sense

¹ WWP 2022 Annual Warrior Survey, <https://www.woundedwarriorproject.org/media/y1whpx4h/wwp-2022-annual-warrior-survey-full-report.pdf>

² Wounded Warrior Project, *Adaptive Sports Program Overview*, <https://www.woundedwarriorproject.org/programs/adaptive-sports>

of well-being helps reduce dependence on crisis services and instead encourages long-term goal setting, productivity, and stability.

Most importantly, this holistic health approach connecting physical activity, mental well-being, peer support, and purpose also plays a critical role in suicide prevention and further underscores the value of building a comprehensive, lifelong care network for all veterans, not just those with visible wounds.

We also recognize and appreciate the work VA has done to promote and enable veterans to participate in adaptive sports programs. VA demonstrates its commitment to improving the health and well-being of our nation's disabled veterans by providing high-quality care and support to this population every day. There are certain areas of improvement that can further strengthen VA's work as it relates to adaptive sports and increase the positive impact it can have on the lives of our warriors. To that end, we recommend that Congress and VA take several key actions to expand access, promote participation, and better enable those providing adaptive sports programs to serve veterans.

- 1. Improve Funding for the VA Adaptive Sports Grant Program:** This grant funding is crucial to enabling community organizations who provide adaptive sports opportunities to serve veterans everywhere.
 - a. Offset Updated Equine Therapy Spending Requirements:** Ensure that the recent increase in mandatory grant money for equine therapy does not detract from all other adaptive sports opportunities funded by this grant.
 - b. Increase Administrative Cost Allowance:** Increase the percentage of grant money that can be applied to administrative expenses by grantees when providing adaptive sports programming.
- 2. Improve VA Staffing and Funding for Adaptive Sports:** Ensure VA can connect veterans with adaptive sports programs regardless of where they live or the nature of their disability, including accommodating all veterans who wish to attend national VA adaptive sports events.
 - a. Expand Access to Recreational Therapists:** Ensure veterans have access to recreational therapists regardless of the nature of their disability and that those therapists can connect veterans to adaptive programs that meet their needs.
 - b. Formalize Adaptive Sports Coordinator Position:** Establish formalized outpatient Adaptive Sports Coordinator positions, system-wide, capable of serving veterans with all ranges of disabilities and connecting them to adaptive sports at national VA events and recreational opportunities in their local communities. These coordinators are needed to prescribe and fit specialized adaptive sports equipment.
 - c. Create VA Military Outdoor Recreation Liaison Position:** Establish the senior-level position defined in section 222 of the *EXPLORE Act* (P.L. 118-234). This leader will

administer programming and provide oversight into the utilization of and access to public lands by veterans for mental and physical fitness. Veterans should have access to new and unique opportunities for engagement in adaptive adventure sports and outdoor recreational activities.

3. ***Improve Access Standards for Adaptive Sports Programs and Equipment:*** Ensure that all veterans have appropriate access to both programs and equipment that allow them to participate in adaptive programs regardless of skill level or specific disability.
 - a. ***Improve Access to Adaptive Equipment for Recreation and Competition:*** Ensure VA has experts available capable of prescribing and procuring the adaptive equipment veterans need to remain physically active and participate at their chosen level, whether that be recreating with their family or competing at the highest level.
 - b. ***Support Eligibility Expansion for Warrior Games:*** Support legislation allowing qualified veterans to participate in Warrior Games more than one year after separation.
 - c. ***Sustain Funding Levels of the Athlete Stipend Program:*** Ensure funding levels for the VA Athlete Stipend Program are sustained and adjusted to meet the needs of elite veteran athletes.

Improve Funding for the VA Adaptive Sports Grant Program

The VA Adaptive Sports Grant (ASG) Program provides grant funding to organizations who offer both veterans and Service members with disabilities adaptive sports opportunities so that they can participate within their communities. In Fiscal Year (FY) 2024, the ASG Program provided grant funds to 91 organizations servicing activities in all 50 states, the District of Columbia, Guam, and Puerto Rico.³ While WWP is not a grant recipient of the ASG program, we work closely with many of our community partners who are. Offering dozens of different adaptive sports opportunities, these organizations provided essential access and programming to veterans where they live, making engagement and participation much easier for the veteran. While the six national adaptive sports events that VA offers each year are fantastic opportunities for veterans to engage in adaptive sports, if they want to participate year-round, they must have access to adaptive sports programs close to home. The current authorized appropriations for the ASG Program have remained at \$16.5 million since FY21. Wounded Warrior Project recognizes that consistent participation in physical activity has tremendous positive impact on brain and mental health and we strongly encourage increasing this amount to enable more organizations, especially those serving rural and underserved communities, to receive grant funding to ensure veterans have access to programs that provide these opportunities.

³ Department of Veterans Affairs Office of National Veterans Sports Programs and Special Events, “2024 Adaptive Sports Grant Recipients List” available at: <https://department.va.gov/veteran-sports/wp-content/uploads/sites/3/2024/10/FY2024-Grant-Recipient-List-Website-Update.pdf>

Offset Updated Equine Therapy Spending Requirements

Currently the ASG Program dedicates \$1.5 million, or 9 percent, of its \$16.5 million annual grant funding to equine therapy programs through ASG Program Equine Therapy Grants, and in FY24 VA awarded grants to 16 different organizations dedicated solely to equine-assisted activities and therapy. In the most recent ASG Program Equine Therapy Grant opportunity FY25 forecast released by VA⁴, the estimated total program funding has been raised to \$5 million, increasing the amount earmarked for equine-assisted therapy programs to over 30 percent of the total grant funding budget. While Wounded Warrior Project strongly supports the use of equine-assisted therapy and those organizations who provide this service, we are concerned that this increase to over 30 percent of total funding being applied only to these programs will limit grant opportunities for other community-based organizations that provide additional types of adaptive sports programming. This \$3.5 million dedicated increase could potentially result in multiple non-equestrian organizations that are currently receiving grant funding being unable to renew their grants due to lack of available funds. Moreover, while equine therapy can be delivered both in a group or individualized setting, many equestrian-assisted therapy programs operate at a 1:1 ratio or in small group settings, greatly increasing the cost per veteran served. In contrast, team-based adaptive sports programs allow greater numbers of participants and operate at a far lower cost per veteran served. Organizations that offer adaptive archery, golf, or cycling programs oftentimes have far lower equipment-related expenses and more easily allow veterans to participate closer to home.

We strongly encourage an increase in appropriations for the ASG Program to offset the increase in mandatory equine-assisted therapy spending and to ensure that other valuable adaptive sports organizations can continue to receive grants and provide services to Veterans and Service members with disabilities moving forward.

Increase Administrative Cost Allowance

When the ASG Program was originally established in FY14, grantees were authorized to apply 10 percent of grant dollars to administrative and personnel expenses related to providing adaptive sports programming, which was in line with the standard *de minimis* rate for modified total direct costs for federal grants. In FY16, the statute lowered this amount to 5 percent for the ASG Program, where it has remained since.⁵ As a result of this sustained reduction, nonprofit grantees oftentimes must use donor dollars to cover additional administrative costs, such as reimbursement of mileage driven by an adaptive golf instructor to provide instruction at a clinic. Wounded Warrior Project recommends aligning the administrative expense cap to the standard *de minimis* rate of 15 percent to allow these organizations to provide more comprehensive and impactful programming, and to offset the general increase in costs for goods and services these organizations have had to endure while continuing to provide adaptive sports services. This would also be in line with other federal grants which had the *de minimis* rate increased to 15 percent in October of 2024.

⁴ Department of Veterans Affairs, “Grants for Adaptive Sports Programs for Disabled Veterans and Disabled Members of the Armed Forces (Equine Assisted Therapy),” Grants.gov, August 16, 2024, available at: <https://www.grants.gov/search-results-detail/356106>

⁵ 38 U.S.C. §521A

Improve VA Staffing and Funding for Adaptive Sports

Each year the VA Office of National Veterans Sports Programs and Special Events (NVSP&SE) coordinates six national events – in partnership with veteran service organizations – dedicated to providing veterans with opportunities for healing through adaptive sports and therapeutic art programs:

- **National Disabled Veterans Winter Sports Clinic**
 - a. Veterans Participants: Over 400
 - b. Activities: Alpine and Nordic skiing, and other winter sports.
- **National Veterans Creative Arts Festival**
 - a. Veteran Participants: Over 5000 contribute, over 150 attend in person
 - b. Activities: Visual art, creative writing, dance, drama, and music.
- **National Veterans Golden Age Games**
 - a. Veteran Participants: Over 1000
 - b. Activities: Track, swimming, golf, horseshoes, and other sports adapted for older adults.
- **National Veterans Summer Sports Clinic – WWP Presenting Sponsor**
 - a. Veterans Participants: 150 newly injured veterans
 - b. Activities: Surfing, sailing, kayaking, adaptive cycling, and CrossFit.
- **National Veterans Wheelchair Games**
 - a. Veterans Participants: Over 500
 - b. Activities: More than 20 competitive wheelchair sports.
- **National Disabled Veterans Golf Clinic**
 - a. Veterans Participants: Over 300
 - b. Activities: Adaptive golf and introduction to other adaptive sports.

WWP is the presenting sponsor of The National Veterans Summer Sports Clinic (NVSSC), and we are honored to work with VA each year to support veterans on their journey to fitness and rehabilitation through sports. Outcomes collected by scientific research have proven that participation in the NVSSC significantly improves social functioning, and decreases risk of depression, anxiety, and PTSD. A 2023 study of NVSSC participants on the effectiveness of the Summer Sports Clinic for veterans with PTSD concluded that “veterans with and without PTSD benefited from participation in the NVSSC.”⁶ The additional national programs provide amazing opportunities for veterans to come together and compete in the spirit of camaraderie and shared recovery alongside their brothers and sisters in arms. However, VA has reported that demand for these events now exceeds pre-COVID 19 levels, and events such as the National Veterans Golden Age Games reach maximum capacity within days of registration being opened. This,

⁶ Walter KH, Otis NP, Hose MK, Ober KM and Glassman LH (2023) The effectiveness of the National Veterans Summer Sports Clinic for veterans with probable posttraumatic stress disorder. *Front. Psychol.* 14:1207633. Doi: 10.3389/fpsyg.2023.1207633.
<https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2023.1207633/full>

combined with the fact that VA has only \$1.25 million to invest per event, in stark contrast to the approximately \$5 million that the Department of Defense (DoD) invests annually in the Warrior Games alone, shows that the current funding dedicated to these national events is not presently meeting the demand. VA estimates that they could accommodate a 30% increase in participation should these events be better funded.

Further, at the conclusion of these events, veterans often return to their communities and are unable to locate similar adaptive sports opportunities that they can participate in closer to home. Wounded Warrior Project believes these veterans should be provided with local opportunities that meet their needs and have access to a specialist who is part of, or can advise, both the veteran and their treatment team on adaptive sports and recreation opportunities in their community. This is critical to sustain the momentum achieved at the national VA events. We also strongly believe that adaptive sports programs cannot be episodic in nature. We must continue to offer local and accessible options to these veterans to prevent a potential return to isolation or depression, ensuring we do not risk losing the spark of motivation created by their participation in national VA programs.

Expand Access to Recreational Therapists

VA recreational therapists are important members of many veteran's care teams, especially those veterans with amputations, vision impairment, or spinal cord injuries. These recreational therapists work to ensure that the veteran stays both physically and mentally engaged and provide the veteran with a better quality of life through their work, oftentimes incorporating exercise and adaptive sports as part of their treatment plan. Current VA staffing practices at SCI/D hub locations include two recreational therapists, and one recreational therapist is on staff at VA blind rehabilitation centers. However, VA does not require that a recreational therapist who specializes in amputee care be on staff, and oftentimes the recreational therapists who specialize in SCI/D or blind veteran care are unable to accommodate the needs of a veteran amputee. Furthermore, we would encourage VA to designate the 0638 Recreation/Creative Arts Therapy Series position as exempted from any potential reduction in force or hiring freeze.

Formalize Adaptive Sports Coordinator Position

Because adaptive sports are only a small part of what a VA recreational therapist provides, we recommend the formal creation of an outpatient position at VA uniquely dedicated to helping veterans with all types of disabilities find and participate in both adaptive sports programs as well as outdoor recreational opportunities to promote both physical and mental health. These Adaptive Sports Coordinators would be tasked with providing options both nationally and locally for veterans of all skill and experience levels. They should also be capable of helping any veteran regardless of their disability and providing substantive input should a veteran request specialized adaptive equipment to participate. Currently VA has seven regional amputation centers and 18 polytrauma amputation network sites. Each of these sites has dedicated and capable staff able to provide expert care to veterans every day, but of these 25 care locations, only two, San Antonio and Chicago, have dedicated Adaptive Sports Coordinators. Additionally, physical and recreational therapists in the Boston, New York City, and Miami VA

systems, where passionate front-line providers serve as ad-hoc Adaptive Sports Coordinators in the recreational therapy, prosthetics, and spinal cord injury departments, respectively, work with local partners to find opportunities for veterans to participate in adaptive sports competitions and clinics in a controlled and supportive environment. Wounded Warrior Project sees value in this type of forward thinking and proactive action and the holistic healing that is offered to the veteran when utilizing VA care, and we feel this could prove valuable throughout the entire VA system. Specialized staff doing this work as a primary duty as opposed to collateral duties will exponentially expand the number of veterans served as demonstrated in San Antonio and Chicago.

Furthermore, a full-time clinical coordinator for adaptive sports can provide both effective outreach and direct clinical care. With these experts on staff, veterans will receive clinical evaluations and expert fitting for equipment needed to participate in sports with amputations, spinal cord injury or other physical disabilities like TBI. Clinical coordinators for adaptive sports at major medical centers, like the Regional Amputation Centers in VA, could support veterans throughout their region including those veterans living in rural areas. They can also engage veterans in VA's national adaptive sports events. Finally, clinical coordinators in adaptive sports can host clinics in their communities to introduce and engage more veterans with adaptive sports regionally and service veterans with mental health challenges in addition to those with physical disabilities. This is innovative healthcare, outside the hospital walls, and in the communities where veterans live.

Create VA Military Outdoor Recreation Liaison Position

Ensuring all veterans, regardless of where they live, have equitable access to adaptive sports opportunities will require adequate oversight by VA leadership. For this reason, we recommend the creation of VA, Department of the Interior, and Department of Agriculture Military Outdoor Recreation Liaison positions be established as required by the *EXPLORE Act* (P.L. 118-234, section 222). These positions will be critical in the implementation of the forthcoming recommendations included in the report submitted by the Task Force on Outdoor Recreation for Veterans, an interagency body established by the *Veterans COMPACT Act of 2020* (P.L. 116-214, section 203) with the goal of providing outdoor recreation opportunities and access to public lands for veterans mental and physical fitness.

We believe the duties that this position would be responsible for are far too important to become collateral duty obligations for another VA, Parks Service, or Forrest Service administrative position and will play a critical role in opening up public land to more veterans. The oversight provided by these positions will ensure that public lands include more ADA-accessible trails, allowing all veterans to participate in outdoor sports and recreation. The positive impact on a veteran's physical and mental health when they can participate in outdoor recreation is invaluable to their overall quality of life.

Improve Access Standards for Adaptive Sports Programs and Equipment

While many veterans find recovery and healing through training and competition, most do not wish to compete at an elite level, but rather to participate in adaptive sports and outdoor

recreation activities simply for the opportunity to be active and surrounded by fellow warriors. Current VA practices often restrict access to the adaptive equipment the veteran needs to fully participate, forcing them to turn to non-profit organizations, or even pay out of pocket to obtain equipment. Wounded Warrior Project believes that VA should make this approval process more efficient and take into consideration the unique needs of each veteran, with a shared goal of working on how to provide exactly what the veteran needs to participate in all levels of adaptive sports and recreation activities.

For those veterans who do wish to compete at a higher level, we also recognize the positive impact of the DoD Warrior Games on those who are lucky enough to participate. Competing alongside other veterans at this level provides an amazing sense of camaraderie, but current rules only allow participation for up to one year after separation, denying that opportunity to many qualifying veterans who could benefit from the experience. Additionally, those veterans who wish to compete at the highest levels must continue to have access to the monthly training allowance that allows them to train.

Improve Access to Adaptive Equipment for Recreation and Competition

For veterans with limb loss or mobility impairments, access to adaptive sports equipment is more than a recreational benefit, it is a vital tool for recovery, connection, and long-term quality of life. Participation in physical activities like cycling, rowing, or wheelchair basketball helps veterans rebuild strength, regain independence, and reconnect with a sense of purpose. WWP has seen this firsthand through our adaptive sports programs, where veterans experience meaningful gains in physical capability, mental wellness, and self-confidence.

Unfortunately, many veterans face unnecessary barriers when trying to access this kind of equipment through VA. Under current law, VA may only provide adaptive recreational equipment if it is deemed medically necessary and tied to a formal rehabilitation program.⁷ This policy often excludes veterans who have completed structured care but still rely on adaptive sports to maintain their physical and mental health. It also creates repetitive and burdensome requirements for those who need replacement equipment, even when they've already completed training in the past.

Wounded Warrior Project supports efforts to correct this by updating VA's definition of "medical services" to include adaptive prosthetic devices and terminal equipment for sports and recreation. This change would acknowledge that recovery is not one-size-fits-all and that healing continues long after discharge from formal care. Adaptive recreation is a proven, cost-effective, and empowering part of a veteran's recovery toolkit. Veterans deserve the freedom and flexibility to pursue wellness on their own terms, and VA policy should reflect that. Additionally, having more clinical experts in the VA system, such as the proposed adaptive sports clinical coordinators, will increase access for veterans to be served by clinicians with expertise in this innovative and effective type of care. WWP strongly supports this step toward building a more responsive, veteran-centered system of care that prioritizes independence, activity, and lifelong well-being.

⁷ 38 U.S.C. §1701(6)(F)(i); 38 C.F.R. §17.3230(a)

Support Eligibility Expansion for Warrior Games

Wounded Warrior Project strongly supports broader national and international efforts to celebrate resilience and promote recovery through adaptive sports. One of the most transformative events in this space is the DoD Warrior Games which has played a vital role in helping Service members and veterans rediscover their purpose, build community, and redefine their identities following injury or illness.

The Warrior Games were established in 2010 by DoD in partnership with the United States Olympic & Paralympic Committee. The first ever event held in Colorado Springs brought together approximately 200 athletes from all branches of the U.S. military. These games were created to leverage the power of sport in the recovery and rehabilitation of wounded, ill, and injured Service members and veterans. Since then, they have grown into a major annual event, drawing hundreds of participants from all across the U.S. military. Events range from archery and cycling to wheelchair basketball and swimming. For many veterans, training for and participating in the Warrior Games is a turning point, an experience that reignites confidence, motivation, and physical well-being. DoD currently dedicates approximately \$5 million annually to support the Warrior Games, underscoring the value placed on these events as part of the military's broader recovery and reintegration efforts.

We have seen firsthand how adaptive sports can restore identity, reduce isolation, and provide a pathway to wellness. That is why we enthusiastically support both DoD and warrior-athletes who participate in the Warrior Games at all levels. These experiences help veterans transition from surviving to thriving. Participation makes them physically stronger, mentally more resilient, and more connected to their peers and communities.

Wounded Warrior Project also supports legislative efforts to expand access to Warrior Games, specifically H.R. 3219, the *Gaining Meaningful Experiences from Service (GAMES) Act*, introduced by Representative Brian Mast (R-FL). This legislation would broaden eligibility by amending 10 U.S.C. §2564a to allow veterans to participate in the Warrior Games more than one year after separation. This bill reflects a growing recognition that competitive and community-based adaptive sports play a vital role in the long-term health and reintegration of our nation's wounded warriors.

Sustain Funding Levels of the Athlete Stipend Program

For a handful of veteran athletes, the opportunity to pursue a higher level of competition and represent the United States in international competitions is a real possibility. During the 2024 Paralympic Games in Paris, 16 military veterans competed for Team USA's Paralympic Team as part of 225 athletes competing for the nation.⁸ Additionally, according to the U.S. Olympic & Paralympic Committee, over the course of the Paralympic games, U.S. veterans have earned 122 gold medals. To that end, VA, in partnership with the U.S. Olympic & Paralympic Committee, established the VA Athlete Stipend Program within VA's NVSP&SE, as authorized by the *Veterans' Benefits Improvement Act of 2008* (P.L. 110-389, section 703). This stipend

⁸ "Team USA Military Paralympians," United States Olympic & Paralympic Committee, 2025, <https://www.usopc.org/team-usa-military-paralympians>

provides a monthly training allowance for veterans with disabilities who are training in Paralympic sports or veterans with disabilities who are selected for or competing with the national Olympic Team. In order to participate, a veteran must be nationally or internationally classified by their respective Paralympic sport federation or selected by a national Olympic Team and meet the legal definition of a Veteran as authorized in 38 U.S.C. §101.

This stipend helps veterans pursue their goals by offsetting the high financial cost associated with training for and competing at the elite level. The monthly allowance rate for an athlete approved for monetary assistance is the same as the 38 U.S.C. Chapter 31 Vocational Readiness & Employment (VR&E) rate, which in FY24 started at \$768.42 and increases depending on the number of dependents. As established in 38 U.S.C. §322(d), annual allowance payments are limited subject to the availability of appropriations for this purpose and priority shall be given to veterans with service-connected disabilities.

WWP appreciates Congress increasing the appropriated level of the stipend program to \$2.5 million from \$2 million last year and encourages Congress to ensure funding levels do not decrease. As the cost of travel, training, and specialized equipment make competing more costly for veteran athletes, we also encourage Congress to adjust funding levels proportionality to the increase cost of competing and representing Team USA across the globe.

CONCLUSION

Consistent physical activity is critical to both the length of life as well as the quality of life for our nation's veterans. Research has repeatedly shown decreases in stress, anxiety, depression, chronic pain, and reduced reliance on prescription medication because of regular physical activity. Furthermore, positive improvements are seen in mobility, sleep quality, and psychological wellbeing. Opportunities to engage in adaptive sports for our nation's wounded warriors are not simply a nice addition, they are a critical element to enhance their quality of life.

Wounded Warrior Project thanks the House Committees on Veterans' Affairs Subcommittee on Economic Opportunity, its distinguished members, and all who have contributed to this discussion on VA's Special Adaptive Housing, Adaptive Automobile, and Adaptive Sports Program and how effectively these programs serve all veterans across our country. WWP stands by as your partner in meeting the needs of all who served – and all those who support them. We are thankful for the invitation to provide this testimony and stand ready to assist on these issues and any others that may arise.

Prepared Statement of Craig Schrimsher

Introduction

On behalf of BraunAbility, I would like to thank Chair Van Orden, Ranking Member Pappas, and all the members of the House of Representatives Veterans' Affairs Subcommittee on Economic Opportunity for the opportunity to testify today. My name is Craig Schrimsher, and I lead North American Manufacturing at BraunAbility, the global leader in wheelchair-accessible vehicles and mobility solutions, overseeing domestic production to ensure top-tier product quality, safety, and accessibility for our customers, Americans with physical disabilities and those who care for them.

Supporting VA's Mission to Serve Veterans

BraunAbility seeks to support the United States Department of Veterans Affairs' ("VA") mission to care for those who have served in our Nation's military and for their families, caregivers, and survivors. BraunAbility and our network of mobility dealers bring independence and mobility freedom to people with physical disabilities and their caregivers. The Adaptive Automobile Equipment ("AAE") program, which BraunAbility actively supports, provides disabled veterans and their caregivers with the adaptive equipment necessary for a veteran to access and operate a vehicle, or to have someone operate the vehicle for them.

Larry Dodson, a Vietnam War veteran, sustained a spinal cord injury in 1974 that drastically changed his life. When he finally purchased his first accessible van, he said, "Getting that freedom of transportation was invaluable." It restored a sense of independence and dignity during a period in his life marked by despair and hopelessness. He went on to own six more BraunAbility vans. He later dedicated his career to the Paralyzed Veterans of America ("PVA"), advocating for fellow veterans, helping them reclaim their mobility, and ensuring they receive the care and benefits they deserve. Of his career with the PVA he said, "As long as I can, I will help."

A core part of BraunAbility's mission is to help VA do the same for our Nation's veterans. In Mr. Dodson's case and others, our products and services keep veterans connected to their families, their careers, and their communities. However, recent policy changes and ongoing challenges within VA threaten disabled veterans' independence and sense of purpose by imposing undue financial and personal hardship. This document outlines the challenges presented by certain VA policies and calls for necessary reforms, including the restoration of fair trade-in policies, timely reimbursements, and updated adaptive equipment pricing. By surfacing these issues, BraunAbility seeks to protect veterans' mobility rights and advocate for sustainable solutions that uphold their dignity and autonomy. Before discussing the AAE program in greater depth, I would like to provide some background on BraunAbility.

Ralph Braun: A Legacy of Innovation and Independence

BraunAbility was built on a commitment to reliable, accessible transportation for people with mobility challenges. That mission started with our founder, Ralph Braun, who was diagnosed with muscular dystrophy as a child. Determined to navigate a world not built for him, with his father's help, he created the first battery-powered wheelchair—an innovation that launched a lifetime of mobility solutions. Eventually, he made a massive breakthrough, designing and producing the first wheelchair-accessible vehicle, which changed the future for people with physical disabilities. Ralph's vision led to the creation of The Braun Corporation. Veterans have been an essential part of BraunAbility's story since the beginning. Among Ralph's first customers were Vietnam War veterans facing an uncertain road ahead and significant mobility challenges resulting from their service. Understanding their struggles firsthand, Ralph focused on solutions that restored their independence, revolutionizing the adaptive vehicle industry and establishing BraunAbility as a global leader in accessibility.

BraunAbility continues Ralph Braun's mission of expanding mobility access. For over 50 years, his legacy has fueled the development of wheelchair-accessible vans, SUVs, lifts, and adaptive seating, transforming the lives of more than a million customers. Today, BraunAbility supports over 2,000 American jobs, with its products available in more than 50 countries across six continents. Veterans remain central to BraunAbility's mission, making up approximately 17 percent of its customers. In 2024 alone, thousands of veterans regained mobility by using BraunAbility's accessible vehicles. These veterans deserve policies that respect their service and ensure they have access to the mobility products they need to preserve their independence.

Addressing Adaptive Equipment Policy

'Two in Four' Adaptive Equipment Trade-In Policy

The Automobile Adaptive Equipment policy, encoded at section 3902(b) of Title 38, United States Code (U.S.C.), requires VA to provide eligible veterans with “the adaptive equipment deemed necessary to insure [sic] that the eligible person will be able to operate [an] automobile or other conveyance.” VA implements this policy at 38 CFR sections 17.155–17.159. The term ‘adaptive equipment’ can cover a wide range of medically necessary vehicle modifications, including lowered vehicle floors, mobility device lifts, ramps, and kneeling systems, among other modifications. Adaptive equipment modifications can increase the cost of a vehicle by thousands or tens of thousands of dollars. Without VA covering this cost, it would be impossible for many veterans to afford this life-altering equipment.

Under the AAE program, VA reimburses the eligible veteran or registered provider for a sizable portion of the veteran’s first vehicle and any adaptive equipment required for the veteran to operate the vehicle. VA also reimburses the eligible veteran or registered provider for adaptive equipment for not more than “two automobiles or other conveyances at any one time or during any 4-year period.”

Until recently, VA interpreted this ‘two in four’ language to mean that an eligible veteran could trade in their older vehicle and be reimbursed for new adaptive equipment every 2 years. Commonly, VA would reimburse a veteran for a new base vehicle and adaptive equipment, the veteran would use the vehicle for 2 years, the veteran would trade the vehicle in to cover the cost of a new base vehicle, and VA would reimburse the veteran for new adaptive equipment for that vehicle. After two more years, the veteran would trade in the vehicle again and the cycle would repeat.

This system meant VA reimbursed veterans for new adaptive equipment on two automobiles every 4 years, as regulation and statute suggest is appropriate. The system created a virtuous cycle. Because (besides the first vehicle) VA only covers the cost of new adaptive equipment, not the cost of the base vehicle, veterans are on the hook for the cost of new vehicles. However, a veteran could trade in their used vehicle after 2 years and the trade-in value would offset the cost of a new base vehicle while VA would pay for the cost of adaptive equipment. This system protected veterans’ mobility independence by providing access to adapted vehicles for low or no cost.

Recently, VA changed its interpretation of this policy, resulting in significant hardship for veterans. To our knowledge, this change in interpretation occurred without any public comment process or public notice in the Federal Register. Under the new interpretation, the veteran cannot trade in the adapted vehicle until after 4 years, rather than after 2 years like before. Because adapted vehicles depreciate significantly more quickly than standard vehicles, this policy change means that vehicle trade-ins no longer cover the cost of a new vehicle. As a result, to access the VA benefit of new adaptive equipment, disabled veterans must spend thousands of dollars out of pocket every 4 years to cover the cost of the base vehicle. Moreover, because the warranty on these vehicles is 36 months and adaptive equipment is subject to significant wear and tear, veterans often have to pay out of pocket to repair their own vehicles. This is a problem that, by statute, VA is supposed to resolve.

- **Uncertainty in VA Process Blocks Mobility Access**—*For veterans seeking a modified vehicle, securing one isn’t just about finding the right fit—it’s about waiting for VA’s approval, a process riddled with delays and uncertainty. Without that approval, out-of-pocket costs remain unknown, leaving veterans stuck in financial limbo. Planning becomes nearly impossible. Should they move forward with purchasing a vehicle? Can they afford both the conversion and the car itself? With no clear answers until the VA’s decision arrives, everything grinds to a halt. Veterans are forced to navigate layers of bureaucracy before they can even begin the process of regaining mobility. The recent change in trade-in policy has only exacerbated this issue, and the inefficiencies don’t stop there. VA’s sluggish approach to approving quotes creates additional obstacles: veterans must wait to see not just what will be approved, but how much they’ll be expected to cover themselves. Meanwhile, they can’t secure financing or even hold a vehicle because approved amounts remain in limbo. Instead of streamlining the process to support those who need mobility solutions, the VA’s current system forces veterans into an endless waiting game—one that delays independence and leaves them stranded in uncertainty.*

Nothing in statute or regulation suggests that there should be a requirement to own a vehicle for 4 years before trade-in, yet VA made this change that directly harms disabled veterans. The decrease in trade-ins also results in fewer used adapted vehicles on the market for other non-veteran disabled Americans who cannot afford the cost of a new vehicle. VA’s policy is putting true mobility and accessibility

out of reach for tens of thousands of Americans, particularly veterans who were wounded in service of their country.

VA's altered interpretation of the adaptive equipment allowance is in direct contradiction with the doctrine of Gardner deference, also known as veterans canon. Gardner deference, rooted in the 1994 Supreme Court case *Brown v. Gardner*, holds that in cases of interpretive doubt of a statute or regulation, benefits should be resolved in favor of the veteran. Applied to adaptive equipment trade-in policy, even if there is interpretive doubt in the phrase from 38 USC 3903, "An eligible person shall not be entitled to adaptive equipment under this chapter for more than two automobiles or other conveyances at any one time... during any 4-year period," that doubt should be resolved in favor of the veteran.

VA's new requirement to have owned a vehicle for 4 years before being eligible for a trade-in appears nowhere in statute or regulation. VA is interpreting this policy in a way that directly harms disabled veterans. VA should reinstate its prior policy of allowing trade-ins and providing new adaptive equipment after 2 years, as intended in statute.

Prompt Payment

As discussed above, the adaptive equipment allowance policy provides veterans with the vehicles and adaptive equipment they need to secure mobility independence. In most instances, veterans receive adapted vehicles from government-registered dealers. Dealers are then reimbursed by VA upon submission of VA Form 10-1394, an itemized estimate before work, and an itemized invoice upon completion of work. However, according to the National Mobility Equipment Dealers Association (NMEDA), there are almost \$11 million in payments to dealers that are more than 90 days overdue. Many accounts are over 6 months overdue with some exceeding a year overdue. This is a longstanding, persistent problem with no obvious cause—some VA locations make regular on-time payments while others have dozens of overdue invoices worth hundreds of thousands of dollars.

These overdue payments cause disabled veterans and mobility dealers significant hardship. At any given dealer, roughly 20 to 40 percent of their business is with VA. For these dealers, especially small dealers, these delays make it difficult to manage operations, invest in new technology, or plan for the future. For veterans directly reimbursed by VA, these delays mean that they can be out of pocket tens of thousands of dollars for months.

The Prompt Payment Act states at (31 USC § 3903(a)(1)) that the required payment date is "30 days after a proper invoice for the amount due is received if a specific payment date is not established by contract." The Prompt Payment Act also states at (31 USC § 3903(7)(B)) that "any invoice determined not to be such a proper invoice suitable for payment shall be returned as soon as practicable, but not later than 7 days, after receipt, specifying the reasons that the invoice is not a proper invoice." Taken together, these provisions mean that VA is required to pay dealers within 30 days of receiving a completed invoice and, in the case of an unsuitable invoice, inform dealers of the unsuitable invoice and how to correct it within 7 days of receipt.

BraunAbility's trade association, NMEDA, is currently tracking just under \$11 million in payments to dealers that are averaging 187 days overdue. It should be noted that this data is submitted from 89 of the 302 NMEDA member locations and is counted once the payments are 60 days past due. Submission of the data to NMEDA by its members is voluntary so the actual past due total is most likely much higher. This total includes not just wheelchair accessible vehicles but adaptive equipment and repairs as well. Moreover, to our knowledge, dealers rarely, if ever, receive notice from VA within 7 days that an invoice is unsuitable. Recently, VA reported that it had only two invoices over 90 days overdue. We believe that there is a systemic lack of communication within VA that results in the agency processing dealers' reimbursement invoices with considerable delay. We ask VA to honor its commitment to disabled veterans and prioritize prompt reimbursements to veterans and dealers for adaptive automotive equipment.

Adaptive Equipment Schedule

Under VA's recent *Adaptive Equipment Allowance* rule (RIN: 2900-AP39), finalized July 17, 2024, VA established the Adaptive Equipment Schedule for Automobiles and Other Conveyances ("Schedule"). The Schedule is intended to calculate "the amount of the monetary allowance for adaptive equipment based on industry standards and our experience administering this program." In its rulemaking, VA committed to increasing the reimbursement amounts in the Schedule based on the Consumer Price Index (CPI) expenditure category for "motor vehicle parts and equipment".

In concept, the Schedule should standardize payment and provide a fair valuation for adaptive equipment for the future. However, the Schedule—published in July 2024—relies on data from 2021, meaning that it significantly undervalues the cost of adaptive equipment. Adaptive equipment dealers are currently being reimbursed for significantly less than fair market value.

On average, the CPI for “motor vehicle parts and equipment” suggests that the prices in the Schedule need to be increased by 17 percent to reflect the true cost of adaptive equipment in 2025. We request that VA rely on CPI data to increase the prices reflected in the Schedule for every year since 2021, the year data was collected. This will ensure that veterans and dealers are properly reimbursed for the real cost of adaptive equipment.

- **Essential Mobility Upgrades Denied by VA**—*Some critical mobility modifications never make it into VA's Schedule, meaning they simply can't be included for financial assistance—regardless of necessity. Essential equipment, like reduced effort steering and braking, often falls into this gap, forcing veterans to cover unexpected costs out-of-pocket. In one case, VA reviewed a conversion quote and arbitrarily cut more than half of the proposed expenses. With the remaining costs too high to absorb, the mobility dealer couldn't bridge the gap, leaving the veteran without crucial modifications. As a result, mobility and independence were put on hold—another example of how vague policies place veterans in an impossible position between what's required and what's approved. One veteran, relying on a 17-year-old vehicle, required a new rack and pinion system, but VA refused to cover backup braking or steering because they weren't listed on the initial evaluation form. With costs totaling \$21,000, VA only approved \$6,000, expecting the dealer and veteran to absorb the remaining \$15,000—an unsustainable request. VA is frequently unwilling to accommodate necessary modifications, leaving veterans and providers to shoulder unexpected expenses with little regard for their financial realities.*

We are deeply concerned with VA's negligence in delivering prompt payment and failure to properly account for inflation in the adaptive equipment Schedule. Moreover, we disapprove of VA overturning its longstanding policy that veterans may trade in their adapted vehicles after 2 years and receive new adaptive equipment, a change made without any public comment process or official notice. We call on VA to honor its commitment to our Nation's wounded heroes: deliver prompt payment to adaptive equipment dealers, update the adaptive equipment Schedule to ensure proper pricing, and reverse the harmful change to adaptive equipment allowance interpretation.

Call to Action: Protect Veterans' Mobility Access

Addressing Key Policy Challenges

Mobility equipment manufacturers like BraunAbility play a vital role in ensuring veterans and individuals with disabilities maintain their independence. Similarly, mobility equipment dealers provide the link between manufacturers and disabled veterans. However, current VA policies threaten the ability of these businesses to operate and serve veterans. Without action, veterans risk losing access to essential mobility solutions.

To strengthen accessibility for veterans, we respectfully request the VA take the following steps:

- Restore the previous vehicle trade-in policy, allowing disabled veterans to exchange vehicles every 2 years, as originally intended in statute. This will ensure access to updated adaptive equipment without undue financial hardship.
- Ensure timely reimbursements for adaptive equipment dealers by addressing overdue payments and implementing a system for prompt future payments.
- Update pricing schedules for adaptive equipment using current Consumer Price Index (CPI) data to reflect 2025 costs. Existing rates, based on outdated 2021 data, no longer cover actual expenses.

Partnering to Protect Veterans' Mobility Independence

These actions are necessary to ensure businesses can continue providing essential mobility solutions to disabled veterans. BraunAbility encourages VA to work with industry partners to address these challenges and implement reforms that protect veterans' access to independence and mobility.

ADDENDUM / CASE EXAMPLES

New Conversion, Old Classification—A veteran diagnosed with ALS made the decision to—purchase a pre-owned accessible van, which was considered a new conversion on a used vehicle. Given the progressive nature of ALS, a pre-owned van was a more practical and economical option. However, VA classified the entire vehicle as used, even though the conversion and modifications were brand new, making them ineligible for necessary financial support. As a result, the only options were selling the veteran a new van or nothing at all—creating an unnecessary financial hurdle for a veteran in need.

VA Error Leaves Veteran with \$70K Bill—A 78-year-old Vietnam veteran received a signed 4502 form from the VA, approving mobility modifications. The dealer followed every required step—submitting quotes, securing authorization, ordering parts, and delivering the vehicle. Yet after final paperwork was submitted, the VA suddenly reversed its stance, claiming the veteran was ineligible, despite its own signed approval. This error led to a denial of payment, leaving the veteran burdened with a \$70,340.02 bill. To make matters worse, VA instructed the dealer to repossess the vehicle, placing the veteran in an impossible financial position. Even after admitting the mistake, the regional office still refuses to correct it, insisting on re-possession. This situation exposes serious flaws in VA's approval process, forcing veterans and providers to either second-guess every decision or risk devastating financial consequences—all because someone checked the wrong box.

New Upgrades, Old Rules—A modified van should provide freedom and mobility, but bureaucratic regulations often create unexpected barriers. In this case, a veteran purchased a 2022 van for conversion, expecting essential modifications to be covered. However, because VA classified the vehicle as 3 years old—despite the conversion and customizations being brand new—they only agreed to cover 40 percent of the quoted cost. With a remaining balance of \$60,000, neither the veteran nor the dealer could absorb the expense. Previously, the veteran had worked through VA to receive a fully covered vehicle. Now, needing electronic mobility control (“EMC”) equipment to drive, he followed the same process, believing he was taking the right steps. But VA policy dictates that when additional equipment is required, the van may be categorized as “used,” disqualifying the owner from new vehicle assistance under the 4-year rule. Even though the modifications are brand new, the depreciation rate applied to used conversions often makes the final cost unaffordable. The result? A frustrating situation where rigid policy trumps practical necessity, leaving veterans and dealers to bear the burden with little flexibility or willingness to reconsider the individual needs of those affected.

Red Tape Stalls Veterans' Driving Evaluations—Navigating the VA system for a driving evaluation has become an increasingly time-consuming and frustrating process. Today's process requires an annual driver evaluation—but appointment times continue to stretch months into the future due to a shortage of evaluators. Once the evaluation is completed, a new obstacle arises: the evaluator's report often doesn't align with VA's Schedule, triggering a cascade of administrative hurdles. Veterans and dealers find themselves stuck in a cycle of revision requests, back-and-forth calls with evaluators, appeals to the Prosthetics department, and waiting for the Regional Office to reject the evaluation—just to start the process over. What once took just 24 hours for approval can now drag on for weeks, leaving veterans without the mobility solutions they need. Further complicating matters, some VA offices prohibit dealers from speaking directly to evaluators, instead requiring them to go through the Prosthetics department, adding yet another layer of delay. This bureaucratic tangle not only postpones essential mobility modifications but also forces veterans into an exhausting loop where paperwork precision is prioritized over their actual needs. The result? Untold delays that keep veterans waiting for the independence they deserve.

Solutions, Not Indifference: A Path for Partnership to Help Veterans—Navigating VA's vehicle policies is difficult enough, but the real issue is the lack of compassion veterans feel when problems arise. Instead of working toward solutions, VA's default response is often repossession—forcing the financial burden onto the veteran rather than addressing mistakes collaboratively. If a veteran cannot afford a necessary expense, the reaction is often dismissive: “It's not the VA's problem.” Rather than seeking alternative options or helping, the solution is simply to deny the sale, leaving veterans stranded without mobility or support. When policy takes precedence over people, and problem-solving is replaced with indifference, veterans are left without the help they need. For many, the VA no longer feels like an ally, but an obstacle. As one veteran put it: “I used to feel like the VA took care of their veterans, and now they simply don't care.” And when the VA won't step up,

mobility dealers are left scrambling to fill the gap, absorbing costs that should never have fallen on their shoulders in the first place. Instead, we call on VA to partner with BraunAbility, other manufacturers, and adaptive equipment dealers to help veterans in need. BraunAbility believes strongly in VA's mission to care for former servicemembers, and we believe that with the right reforms, we can ensure that every disabled veteran secures mobility freedom.

Prepared Statement of Julie Howell

Chairman Van Orden, Ranking Member Pappas, and members of the subcommittee, Paralyzed Veterans of America (PVA) appreciates the opportunity to testify on VA's adaptive programs, which are critical for disabled veterans, especially PVA members – veterans who have acquired a spinal cord injury or disorder (SCI/D). For almost 80 years, PVA has been a voice for thousands of veterans who experienced catastrophic injury or illness, ensuring that the Department of Veteran Affairs (VA) was prepared to care for our Nation's most vulnerable veterans. The VA offers health care and benefits for millions of veterans but rarely discussed are ancillary programs like the ones being examined today.

PVA's programs and departments allow our organization to collaborate in unique ways with many of the VA programs being discussed in this hearing. For example, we have a team of architects on staff who review all VA SCI/D construction projects, ensuring new facilities are fully accessible to SCI/D and other disabled veterans. We also work on VA's design guides for SCI/D health care facilities. In addition to working with VA on ensuring that building projects are barrier free for disabled veterans, our architects also work with individual disabled veterans on accessible home design.

Our Veterans Benefits Department is staffed with national service officers (NSO) around the country who are experts at complex claims work and are well versed in the intricacies of applying for programs like the Specially Adapted Housing (SAH) grant, the Automobile Allowance, the Automobile Adaptive Equipment (AAE) program, and other ancillary benefits our members rely on.

PVA's Sports and Recreation Department offers over 60 free, year-round adaptive sporting and recreational opportunities in partnership with the VA and our 33 chapters across the country. These include adaptive cycling, trapshooting, bocce ball, bass fishing, wheelchair basketball, wheelchair rugby, and many other events that promote a healthy and active lifestyle, all while fostering community and independence. Each year, PVA partners with the VA to host the National Veterans Wheelchair Games (NVWG), the largest gathering of veteran wheelchair athletes in the country. The opportunities made available to PVA members because of adaptive sports are endless. Not only does our sports programing offer camaraderie, but it also improves the physical and mental health of thousands of veterans across the country.

VA's Housing Adaptation Programs

For catastrophically ill and injured veterans, housing adaptations are critical to living a safe and independent life. Although important, an adapted home is more than just a wheelchair ramp through the front door. Without housing adaptations, veterans with SCI/D may be forced to live in homes that don't meet their needs and greatly inhibit their ability to travel within them or use the kitchen or bathroom with any level of independence.

VA's SAH grant program provides crucial funding to allow veterans with specific catastrophic disabilities to adapt their homes to allow them to live independently with their families in their communities. The SAH grant can be used to purchase, build, or remodel an existing house to an adapted home for veterans who have experienced blindness, who have experienced loss of use in their hands or a lower extremity, or who have severe burns or respiratory injuries. For Fiscal Year 2024, an eligible veteran can qualify for up to \$117,014 through the SAH grant. Qualified veterans can return to their SAH allowance up to six times or until the amount available has been exhausted.¹

When a veteran acquires a catastrophic injury or illness, they are often experiencing a sense of tremendous loss and are navigating complex feelings like grief and depression. These veterans generally feel like they've lost their independence, yet

¹ VA's Handbook for Design: A Guide for Specially Adapted Housing (SAH) and Special Housing Adaptation (SAH) Projects, September 2021.

trained SAH agents are experts at having these sensitive conversations. Historically, an SAH agent would meet with the veteran and their family, in their home to assess their needs and determine which adaptations would best serve the veteran. These face-to-face meetings are critical in ensuring that VA funds are properly applied to medically necessary adaptations and that the work needed is completed by a reputable contractor.

PVA has heard from many of our members and NSOs across the country that there are new barriers in receiving support from SAH agents. Due to recent staffing reforms, SAH agents are now expected to cover a larger catchment area, they are prohibited from travel on toll roads which increases the time it takes to travel to a veteran's home and are expected to conduct many inspections virtually. It is highly unlikely that an SAH agent is going to be able to perform a virtual home inspection with the same level of detail and understanding as an in-person inspection. This leaves a lot of room for errors and mistakes, and therefore begs the question, "Who will be responsible for subpar construction or inappropriate materials, when remote inspections are the only option?" SAH agents have learned the most effective way to deliver this benefit is with in-person home inspections that not only safeguard taxpayer dollars from misuse but provide an expert on the ground to help veterans and their families receive appropriate modifications for their homes.

Recently, PVA's National Treasurer received an email from his SAH agent informing him of his early retirement. He wanted to make sure that all the veterans he worked with knew he was leaving, and that another agent would be in touch soon, but couldn't provide a timeline for his replacement. Our members are experiencing this across the country, and we fear that without robust staffing of the SAH program, as well as administrative support to process all the necessary documents, service-connected catastrophically disabled veterans will not be able to receive the dedicated attention they need for their individual situations. In general, SAH agents are dedicated to delivering these benefits in a timely manner, but the high quality of service the program is known for may diminish if they experience continued staffing decreases.

Another critical adaptive housing program is the Home Improvements and Structural Alterations (HISA) grant. Designed to be nimbler than the SAH grant, HISA is often used to make modifications to a home such as adding a wheelchair ramp or improving bathroom accessibility. Unfortunately, this program is no longer meeting the needs of veterans because the grant amounts have not increased since 2010 despite construction and material costs rising more than 50 percent over the past 15 years. H.R. 2245, the Autonomy for Disabled Veterans Act, and H.R. 3309, the Autonomy for All Disabled Veterans Act, would raise the HISA amount to better meet the needs of veterans and tie the grant to an inflation index, enabling the grant to automatically keep up with future needs.

While PVA members and other disabled veterans rely on these home modification grants for their independence, the need for increased efficiency around the program is critical. One of our NSOs shared that a veteran can submit their VA Form 26-4555, Application in Acquiring Specially Adapted Housing or Special Home Adaptation Grant, directly to the VA, but it can take months before that veteran receives a response. Modernizing the application process for this critical benefit would improve the experience for veterans, while minimizing the administrative burden for VA staff. Veterans who are eligible for the SAH grant and are experiencing barriers and limitations in their homes must be able to access these resources in a timely manner for their health and well-being.

Vehicle Modifications and the Auto Grant

Access to safe and reliable transportation is essential to the mobility, health, and independence of catastrophically disabled veterans. Improving transportation access is a top priority for PVA and we were proud to advocate for the Veterans AUTO and Education Improvement Act (P.L. 117-333). This life changing legislation authorized the VA to issue a second auto grant to an eligible veteran starting initially with veterans who received their grant more than 30 years ago.

To receive a VA auto grant, a veteran must receive a rating decision issued by the Veterans Benefits Administration (VBA) which establishes eligibility for the Auto Grant and Adaptive Equipment. A veteran must then complete VA Form 21-4502 (application for the Auto Grant) and submit it to VBA. Once VBA processes the 4502 and certifies it, they send it back to the veteran with an Award Letter letting the veteran know their grant has been approved, and with instructions to bring the form to the dealer where they intend to purchase a vehicle. The dealer and veteran work with the Prosthetics Department at their local VA medical center on authorized adaptive equipment, and once the vehicle is ready for delivery and a vet-

eran accepts delivery, they sign the 4502 indicating they received the vehicle, and the dealer sends the 4502 to the local VA regional office for payment.

This process may seem reasonable for able-bodied individuals, but it is time-consuming and cumbersome for veterans with catastrophic disabilities. There is ample room for the VA to make improvements to this process and increase efficiency. For example, the VA should dedicate additional resources focused on modernization of this application process by evolving to a digital application which can be accessed remotely, allowing for e-signatures to reduce the burden placed on veterans.

We have heard several stories from PVA members and NSOs of veterans needing to wait months for approval or for VBA to issue grant payments at which point the dealership has already sold the vehicle the veteran planned to purchase. VA bureaucracy should never impede the delivery of benefits for eligible veterans, particularly for something as critical as transportation. This process becomes more complicated when a dealership has no experience in dealing with the VA or this program.

The Veterans AUTO and Education Improvement Act not only authorized an additional auto grant for eligible veterans, but it also amended the definition of “medical services” to include certain vehicle modifications (e.g., van lifts) offered through VA’s medical benefits package. Specifically, it amended the definition of “medical services” under 38 U.S.C. § 1701(6) to include the provision of medically necessary van lifts, raised doors, raised roofs, air conditioning, and wheelchair tiedowns for passenger use. The change was intended to codify VA’s existing practice of furnishing certain items, like van lifts and wheelchair tiedowns, to catastrophically disabled veterans. However, where the Veterans Health Administration (VHA) has used these items as examples, the statute defines them as the only types of modifications that are permissible. Remember, this is for adaptive equipment through the VA’s medical benefits package and is different from the Automobile Adaptive Equipment (AAE) program for eligible service-connected veterans.

Like the VA, we agree that a technical amendment to 38 U.S.C. § 1701(6) is needed to give the department greater flexibility in making the necessary modifications to veterans’ vehicles to ensure they can safely enter or exit the vehicle and transport needed equipment, including power wheelchairs. The statutory language inadvertently limits the scope of an existing benefit. As a result, PVA strongly supports H.R. 1364, the Automotive Support Services to Improve Safe Transportation Act of 2025, which addresses this oversight to ensure that seriously disabled veterans are getting the equipment and modifications needed to travel safely. We urge swift passage of this legislation.

Reforms are also needed to the AAE program. The necessary adaptations approved by VA through the AAE program are in some cases adaptations that the veteran pays for directly and is then reimbursed by VBA. Some medically necessary features of a vehicle can be things like air conditioning, automatic transmissions, power brakes, and power windows. When vehicle manufacturers stopped itemizing these features there was no way to determine what kind of reimbursement should be issued to the veteran, other than VHA Directive 2011-046 which VA Prosthetics and Sensory Aid Services (PSAS) now states has been rescinded. The cost for these types of features is now included in the base price of the vehicle. Since the items aren’t itemized, veterans’ ability to prove the cost to them has effectively disappeared. The applicable statute, 38 U.S.C. § 3901(2), provides in part that the term “adaptive equipment” includes, but is not limited to, power steering, power brakes, power window lifts, power seats,” and (A) air-conditioning equipment when such equipment is necessary to the health and safety of the veteran and to the safety of others.”²

In July 2024, VA issued a final rule titled, “Adaptive Equipment Allowance.” This new rule effectively ignores the statutory requirement to reimburse veterans for these items. VA’s new form 10-1394, Application for Adaptive Equipment, does not list items like power windows, brakes, and other statutorily listed items. Also, the new AAE reimbursement schedule lists these items with a reimbursement rate of \$0. So, although the new regulation says VA will pay for this equipment, VA is making it impossible for veterans to be reimbursed by implementing significant roadblocks to this statutory benefit. Even prior to changing the rule, VA would deny veterans reimbursement and force them to appeal denials. The Board of Veterans’ Appeals has reversed these denials. It is inefficient and a waste of taxpayer dollars to deny veterans’ statutorily earned benefits and require them to file appeals to receive them.

In addition, VA’s PSAS now maintains that a veteran cannot trade-in a vehicle VA paid to adapt until that vehicle has been on a veteran’s record for 4 years. PVA

²38 U.S. Code § 3901—Definitions U.S. Code US Law LII / Legal Information Institute.

maintains that this interpretation is not based on law. PSAS has cited 38 CFR 17.158(a) to support their new “policy,” but VA did not change the regulation prior to changing its policy. This interpretation is quite burdensome for catastrophically disabled veterans and has resulted in requests for equitable relief for veterans who were in the process of receiving a new vehicle when VA’s interpretation changed. We believe that VA must end this new policy.

Finally, we understand that many of the businesses that adapt vehicles for use by disabled veterans are waiting on past due invoices pending with VA. We are concerned that these businesses may be unable to continue to provide services to veterans using VA benefits because of the financial burden placed on them as they wait for payment. This would cause great harm to catastrophically disabled veterans. Our goal is to make sure veterans have access to critical vehicle adaptations when needed.

Adaptive Sports Grant Program and Recreation Opportunities

As previously mentioned, our signature adaptive sports event is the NVWG. This event, which PVA hosts in partnership with the VA, brings hundreds of veterans together each year fostering team building, camaraderie, and independence. For many novice wheelchair athletes, the NVWG is the first time they’ve flown, or stayed in a hotel, or been to such a large event since their injury or diagnosis. A separate program, the VA’s Adaptive Sports Grant Program, is a well-established and meticulously administered program for organizations like PVA to offer opportunities to improve independence, well-being, and quality of life through adaptive sports.

Adaptive sports are much more than just recreation; they are a critical component of healing, rehabilitation, and community reintegration. They provide supportive opportunities for veterans to regain their confidence and independence while discovering a community that understands the complications and challenges faced by wheelchair users. Eliminating grants or reducing necessary VA staff, specifically recreational therapists, would reduce the number of opportunities for veterans and exacerbate barriers to participation and rehabilitation.

It is difficult to describe how impactful adaptive sports can be on an individual veteran’s life. PVA members who participate in adaptive sport programs improve their cardiovascular health, increase their strength, stability, and endurance, all of which lead to a longer and healthier life. The benefits of accessible adaptive sports go beyond just improved physical health; they can also have a profound impact on veteran mental health. James, an Air Force veteran, told PVA, “I love adaptive sports; they saved my life. [They] got me off drugs and alcohol and my suicidal ideations stopped. When I first came in 2018, I was depressed and suicidal and didn’t really want to be here. Another veteran I met schooled me, talked to me about the competition and the games, and what it’s like to have like-minded people being here. I went home with three gold medals and a bronze that year.” Similarly, Jason, a Marine Corps veteran, spoke of the power of adaptive sports by saying, “Living in the darkness, living with depression, keeping yourself in dark places, you eat yourself away. But being able to push barriers, that helps people know there is more to life. Adaptive fitness can help save a life; it gives you a great sense of purpose.”

The VA’s Adaptive Sports Grant, and adaptive sports more broadly, help change the lives of disabled veterans for the better. It’s important to note that VA staff are the facilitators of these transformational programs. Occupational therapists, physical therapists, and recreational therapists work in coordination with each other and other providers to offer evidence-based treatment and rehabilitation, improve wellness and lifestyle, and ultimately improve a veteran’s quality of life. Recreational therapists are professionals who assist veterans in finding a reason to re-engage with the world around them post injury or diagnosis in a holistic way. They offer individualized care that impacts a veteran’s social, cognitive, and physical health and help to bridge the gap between their clinical rehabilitation and community reintegration.

The profound impact of recreation and recreational therapists has long been debated, as demonstrated in the testimony of PVA Past President, Donald H. Broderick, before the Senate Veterans’ Affairs Committee in 1975. In his testimony, Past President Broderick testified that:

“Patients are left to their own devices resulting in rampant deviant behavior. Instead of scheduled recreational and cultural activities in the evening hours and on weekends, the patient is forced to seek diversionary interests for himself. For the average person this is of no consequence, but to a man who has recently suffered such an injury as to make him question the value of life, the results can be more crippling than his paralysis. Rather than

have young men turn to drugs and alcohol, suffer unnecessary emotional strain, and devoid themselves of motivation and expectations needed to recover from the catastrophic disabilities of paraplegia, blindness, or multiple amputation, we can assist them. Through stimulating severely disabled patients to use their leisure time constructively, as much can be done to guarantee their rehabilitation as by providing educational or vocational training. It is a proven fact that the greatest number of failures in rehabilitating a person, occur in the evening hours and on weekends when they are away from work. It seems senseless to throw away the efforts, money, and most important, individuals' lives, because of the failure to teach that person how to cope with his leisure time. Money and specific programs must be directed in this area, or we shall lose many valuable men to a life of failure, and ultimately, confinement in VA hospitals. You must prod the VA to take action and begin an active and effective program of recreation."

Congress and the VA heeded these suggestions and over the years have developed robust adaptive sports and recreation programs that promote physical and mental health, which offer opportunities for collaboration and increased engagement between the VA and veteran organizations and ultimately has had a lasting impact on the lives of thousands of individual veterans. Several PVA members who discovered adaptive sports at the VA, and who participated in the NVWG, have gone on to be Paralympians representing Team USA this past year in Paris. Marco, a Marine Corps Veteran, was a second time Paralympian, Mason competed on the USA Wheelchair Rugby team where they took the Silver Metal, and Jason competed in para-archery where he took home the Gold for Team USA.

We urge Congress to reauthorize the VA's Adaptive Sports Grant program which is set to expire at the end of the year. When it comes to Federal funding having a direct impact on veterans, there are very few other opportunities, if any, that have such a positive impact on the quality of someone's life. The resources spent on these amazing programs and opportunities have a profound impact on veterans, their families, their caregivers, and their communities.

In closing, adaptive programs and benefits are essential in the life and well-being of PVA members. Before any of these were available to disabled veterans, it was common practice for veterans to languish in long-term care facilities or other institutional settings rather than living independent lives that allowed them to thrive. Now, disabled veterans can live meaningful lives within their communities. They can drive themselves to work, their VA appointments, or other activities in their local communities. Every one of them is a living example how support from the VA can transform the lives of catastrophically disabled veterans in a meaningful and lasting way.

Thank you for the opportunity to share our views on adaptive programs offered by the VA. We look forward to working with the subcommittee and the VA to ensure the longevity of the programs discussed at the hearing today.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding Federal grants and contracts.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$479,000.

Fiscal Year 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events—Grant to support rehabilitation sports activities—\$ 437,745.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

STATEMENTS FOR THE RECORD

Prepared Statement of Homes For Our Troops

The following is provided as a Statement For The Record from Homes For Our Troops (HFOT) regarding our testimony of 21 May 2025 to the Economic Opportunity Sub-Committee of the House Veteran Affairs Committee.

1) During Panel #1 (VA witnesses), Representative Ciscomani asked for specific examples of SAH Grant uses in AZ. HFOT uses SAH Grant eligibility as a qualifying criterion to receive a new specially adapted custom home. HFOT has built and donated 6 homes in Arizona:

- Casa Grande for Marine Gunnery Sergeant Nick Beberniss (Dec 2023)
- Queen Creek for Marine Corporal Yev Shenker (Sep 2022)
- Prescott Valley for Army Sergeant Brian Roberts (Jun 2015)
- Mesa for Marine Sergeant Robert Bruce (Nov 2014)
- Cottonwood for Marine Sergeant Jordan Maynard (Feb 2014)
- Peoria for Army First Sergeant Mike Leonard (Nov 2013)

We also have one project underway in **Florence** for Army Sergeant Nicholas Rempp. We have procured the land, and the project is currently in the engineering phase. We don't expect to break ground until mid-2026, with completion projected for summer of 2027.

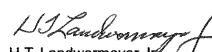
2) Also, during Panel #1, Representative Barrett commented on the increased construction costs the past few years and asked whether the value of the SAH Grant had kept pace with rising costs of materials and labor or were injured Veterans having to commit to more out of pocket costs.

HFOT designs more than 40 major special adaptations into our homes to restore freedom and independence to our injured Veterans. We provide them with a completely safe and fully adapted home where they can recover, rehab and rebuild their lives.

From 2020-2024, the total cost of our homes (land, materials and labor) increased by approx. 40%. The cost for the 40+ major adaptations in each home today is \$260K. The SAH Grant in 2025 is \$121,812 and covers less than half the cost of the adaptations. If an injured Veteran built a new home containing all our adaptations, they would have to provide the difference of approx. \$140K.

However, the overwhelming majority of this injured Veteran population can't afford to build a new home. They will use the SAH grant to adapt their current home as much as possible. If they wanted to fully adapt their home to include all of the special adaptations in an HFOT home, to provide full access and complete safety, it would cost approx. \$360K.

For the entire \$121K SAH grant today, we estimate a Veteran could afford to adapt an entrance to the home, along with one fully adapted bathroom, an adapted kitchen and one adapted bedroom, all on the ground floor.


H.T. Landwermeyer Jr.
Brigadier General, USA (Ret)
Pres/CEO
Homes For Our Troops

Prepared Statement of National Mobility Equipment Dealers Association

The National Mobility Equipment Dealers Association (NMEDA), a non-profit trade association representing over 300 members across the mobility industry, strongly supports the testimony submitted by BraunAbility to Chair Van Orden, Ranking Member Pappas, and all members of the House Veterans' Affairs Subcommittee on Economic Opportunity.

For more than 35 years, NMEDA has championed safe, reliable, and customized transportation solutions for individuals with disabilities—including our Nation's disabled veterans. Our membership includes mobility equipment manufacturers, dealers, driver rehabilitation specialists, and other professionals committed to enhancing the independence and quality of life of those we serve.

NMEDA supports BraunAbility's testimony because it highlights three key priorities that are critical to the success and sustainability of the VA's adaptive automotive program:

1. **Updating the Adaptive Equipment Schedule:** An accurate, modernized equipment schedule is essential to ensuring veterans receive the appropriate mobility solutions they need—reflecting current technologies, safety standards, and real-world costs.
2. **Prompt Payment:** Timely reimbursement to providers is crucial to maintaining uninterrupted access to adaptive equipment and services for veterans. Delays jeopardize both the viability of providers and the continuity of care for those who rely on these solutions for daily independence.
3. **Two-in-Four's Adaptive Equipment Trade-In Policy:** The VA's sudden change in the interpretations of the two-in-four regulations significantly burdens our veterans.

As a long-standing advocate for veterans' mobility needs, NMEDA urges the Subcommittee to take these recommendations seriously. Ensuring veterans have access to updated equipment and prompt provider payments directly supports their freedom, dignity, and mobility.

Prepared Statement of Disabled American Veterans

Chairman Van Orden, Ranking Member Pappas and Members of the Subcommittee:

DAV (Disabled American Veterans) appreciates the opportunity to provide testimony for this oversight hearing titled, "Pushing VA Forward: Review of VA's Adaptive Programs for Disabled Veterans".

DAV is a congressionally chartered non-profit veterans service organization composed of nearly one million wartime service-disabled veterans. Our single purpose is to empower veterans to lead high-quality lives with respect and dignity.

VA adaptive programs play a crucial role in enhancing the quality of life for service-disabled veterans. These programs provide financial assistance for essential modifications and specialized equipment, enabling veterans to live more independently and safely by enhancing their mobility, accessibility, and overall well-being. These programs foster veterans' independence while enhancing their mental, emotional, and physical health, allowing them to engage more fully in daily activities and social interactions. Adaptive sports initiatives complement these efforts by promoting physical activity, building confidence, and helping veterans lead meaningful and fulfilling lives.

In partnership with the VA, DAV is proud to co-host two events each year focused on adaptive sports initiatives for service-disabled veterans. One of these events is the Winter Sports Clinic in Snowmass, Colorado, which brings together nearly 400 veterans from across the country with spinal cord injuries, amputations, traumatic brain injuries, and near blindness. These veterans are introduced to adaptive skiing, sled hockey, scuba diving, rock wall climbing, educational sessions, and other activities. Various types of adaptive equipment are used based on the severity of each veteran's injury, and hundreds of ski instructors volunteer their time to support the event. The success of this clinic is heavily reliant on the dedication of these volunteers. We could not conduct these events without the invaluable support of the VA and corporate sponsors. Their contributions are essential to making this life-changing event possible for our Nation's service-disabled veterans.

DAV and VA also co-host the National Disabled Veterans Golf Clinic, which introduces veterans to the therapeutic benefits of golf and other activities, including

kayaking, bicycling, bowling and shooting. Each year, this event brings together over 200 veterans from across the United States to Riverside, Iowa. These veterans, who have serious disabilities such as spinal cord injuries, traumatic amputations, and significant visual impairments, receive intensive instruction from over 75 PGA (Professional Golfer's Association) professionals. This event is life-changing for both veterans and their caregivers, as they learn together how to engage in these activities upon returning home.

VA Health Systems Research, *Management Briefs eBrief-no154*, and *Therapeutic Recreation Journal* reviewed the benefits and barriers to participation in adaptive sports programs for disabled veterans. The reviews found that adaptive sports significantly improve veterans' independence, well-being, and quality of life. The results indicate veterans make significant improvements in their psychological health, and reductions in mood disturbances such as depression and anger. These studies highlight the need to expand existing adaptive sports equipment programs and create new initiatives.

In addition to the positive impact of adaptive sports programs, it is important to recognize the comprehensive support provided by the VA's adaptive equipment programs. The VA administers a range of adaptive programs, each with distinct requirements, designed to address the diverse needs of different veteran populations. These programs encompass both residential modifications and automotive adaptations, ensuring comprehensive support for veterans across various aspects of daily living.

The Home Improvements and Structural Alterations (HISA) grant program is an initiative that provides veterans with financial assistance to make necessary modifications to their homes. These modifications, such as installing ramps, widening doorways, and adding accessible bathrooms, significantly enhance the safety and accessibility of veterans' living environments. By addressing physical barriers within the home, this program empowers veterans to live more independently and comfortably, reducing the risk of injuries and improving their overall quality of life and well-being.

The Specially Adapted Housing (SAH) grant program is another essential initiative that supports veterans with severe disabilities by providing housing adaptations to create barrier-free environments for veterans with severe disabilities. These adaptations include constructing wheelchair-accessible homes, installing specialized fixtures, and structural changes to accommodate mobility devices. This program's emphasis on creating tailored living environments for veterans with significant physical challenges ensures they can live safely and independently. By offering substantial financial support for these specialized adaptations, the program helps veterans achieve a higher level of comfort and functionality in their daily lives.

The Special Home Adaptation (SHA) grant program helps veterans with certain service-connected disabilities to modify or purchase a home. It provides allowances for adaptations to accommodate specific disabilities with the goal of enabling service-disabled veterans to live independently in a home that meets their specific needs. While both the SAH and SHA initiatives target improved living conditions for veterans, their respective services and financial support vary.

The Automotive Adaptive Equipment program focuses on providing veterans with the modifications to their vehicles, enabling them to drive safely and comfortably. These upgrades include hand controls, wheelchair lifts, and other assistive devices addressing the needs of disabled veterans to ensure that they can maintain their independence and engage in community activities without limitations.

Although the benefits these adaptive programs bring to veterans are invaluable, our members have identified several concerns, particularly the complexity of the eligibility requirements. Each program has similar yet distinct eligibility criteria, which can make it difficult for veterans to distinguish between them or they may not be aware of their eligibility for more than one program. This lack of clarity can hinder veterans from accessing the full range of benefits available to them. In some cases, eligibility requires approval from both the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA), further complicating the process and potentially delaying access to necessary modifications and equipment. In addition, when VA does not verify eligibility properly, it can create an overpayment of benefits.

A significant issue for housing grants is the conflict between building code enforcement and the specific needs of veterans. For instance, if a veteran requires a larger opening to a room to accommodate a wheelchair or other mobility device, an electrical outlet may need to be removed. Should the building code mandate a certain number of outlets in the room, this modification could render the room non-compliant, resulting in serious delays and substantial hardship for the veteran. Similarly, modifications such as lowering countertops for accessibility may not align

with existing building codes, causing further delays and complications. These conflicts highlight the urgent need for better coordination between VA and local contractors to ensure that necessary modifications are implemented as required and in a timely manner.

There are also instances where communication lapses have led to significant delays in project completion. For the SAH and SHA programs, the failure of VA to maintain regular communication with veterans and builders has led to delays and disputes. Similarly, veterans have reported challenges with understanding the eligibility criteria and navigating the application process for Home Improvements and Structural Alterations grants, often stemming from inadequate communication and support from VA representatives. These examples underscore the need for improved communication and support from the VA to ensure veterans can effectively access the benefits from these programs. The VA should implement a centralized case management system, assign dedicated liaison officers, enhance digital communication tools, improve staff training, coordinate with local authorities, and expand outreach efforts to ensure veterans receive timely and effective support in accessing adaptive equipment and housing programs.

Improving IT systems for eligibility reviews could also speed up the process and reduce unnecessary overpayments. It is essential for VA staff to be well-versed in the specifics of each program to reduce errors. The VA should collaborate more closely with state and local officials to request exceptions to building codes, without compromising safety, when applying any of the housing modification programs. Training for VA personnel should emphasize the timeliness of communication throughout the process. Ensuring that veterans understand what is needed from them will help mitigate delays and confusion, ultimately improving the efficiency and effectiveness of these vital programs.

Finally, funding shortages present significant challenges for VA adaptive equipment programs. Allocated funds often fall short of meeting the growing demand and rising costs associated with these adaptations. For instance, the maximum grant amounts have remained unchanged for years, despite inflation and increasing construction costs.

By addressing both physical and psychological needs, adaptive equipment and sports programs empower service-disabled veterans to live more independently, engage in their communities, and enjoy a higher quality of life. To sustain these efforts, Congress must collaborate with the VA to secure increased funding, raise grant maximums, improve communication, upgrade IT systems, and enhance VA staff training—ensuring these programs continue to meet the evolving needs of veterans with disabilities and provide the resources and opportunities they deserve.

Mr. Chairman, this concludes my testimony. I would be pleased to answer questions you or members of the Subcommittee may have.

