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HEARING TO CONSIDER PENDING LEGISLATION

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE

ONE HUNDRED NINETEENTH CONGRESS

FIRST SESSION

MARCH 11, 2025

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HEARING TO CONSIDER PENDING LEGISLATION

TUESDAY, MARCH 11, 2025

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 10:32 a.m., in Room SR–418, Russell Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Cassidy, Tuberville, Banks, Sheehy, Blumenthal, Sanders, Hirono, Hassan, King, and Gallego.

OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN, U.S. SENATOR FROM KANSAS

Chairman MORAN. Good morning, everyone. Thank you for your presence and welcome.

We meet this morning to consider 15 pieces of legislation sponsored by Senators from both sides of the aisle. I am grateful to the sponsors of the bills on today's agenda for their work and our witnesses for being here to offer their perspectives on these proposals.

Before turning to our agenda items I want to address the recent changes being considered at the VA in regard to workforce. I think the VA needs reform. The status quo is something this Committee spends its time trying to improve on. We had hearings with veteran organizations two weeks ago, last week, in regard to how do we make things work better. If the status quo were working, we would not have spent those two weeks hearing from VSOs and ways the VA needs to improve.

This is not a political statement. I am just kind of outlining where I think we are.

However, changes that affect VA policy and personnel must be thoughtful, transparent, carried out in close coordination with this Committee, with our colleagues and with stakeholders, including veterans and the VSOs who represent them here in Washington, DC.

I am working on legislation that would require the VA's workforce planning to follow that model, because Congress must play a significant role in strategically shaping VA workforce decisions, to achieve the right outcomes for veterans and their families. I have personally conveyed this message to Secretary Collins. The Secretary has committed to me that he will testify before this Committee about his plans and how he intends to eliminate waste and inefficiency and refocus resources to improve delivery of health care

and benefits to veterans, and I look forward to being able to schedule that hearing.

That includes making certain that the VA remains well staffed by a quality workforce and that efforts to right-size that workforce are done in a responsible manner, and treat the men and women who entered public service to care for veterans, many of whom themselves are veterans, with respect and gratitude.

Turning to today's agenda, these bills include legislation that I have introduced, the Veterans' ACCESS Act, the Restore VA Accountability Act, Love Lives On Act, and External Provider Scheduling Act. Together, these bills will build on bipartisan successes Congress has achieved in prior years to expand access to care and benefits for veterans and survivors, remove barriers to lifesaving mental health care, and root out poor performers to strengthen the VA's workforce. I look forward to hearing testimony on these and other bills on today's agenda.

With that I yield to Senator Blumenthal, and I decided it sounded better to call him the Vice Chairman instead of Ranking Member. So I yield to the Vice Chairman of the Committee for his opening remarks.

OPENING STATEMENT OF HON. RICHARD BLUMENTHAL, RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT

Senator BLUMENTHAL. Whatever my title, Mr. Chairman, I thank you, and thank you for having this hearing. Thank you to our witnesses today. Most of you are seasoned, experienced, and dedicated civil servants, and I respect you greatly for your service.

But I want to be very blunt: you are not the ones we should be hearing from today. Seated at that dais should be Secretary Collins, and I have expressed this view to my colleague and friend, Chairman Moran, and I am glad to hear that he is in informal talks with Secretary Collins. But he should be where you are right now, so we can ask him about the chaos and confusion, the apparent malevolent, cruel, and callous actions that have been taken against the VA workforce, firing 2,400 VA employees already with dire impacts on veterans, 80,000 additional VA employees that the Secretary plans to cut—he has affirmed it in recent interviews, but not to this Committee; he can talk to the press but not us—and how this effort will effectively roll back the PACT Act that we worked so hard on a bipartisan basis to pass. The PACT Act is a linchpin of modern-day protection of veterans, and even as we speak, veterans are asking questions about whether the benefits and care of the PACT Act will be available to them because of these drastic, draconian cuts.

And, of course, the cancellation of hundreds of VA contracts, many of them central to patient safety. Ending the research grants that, in the past, have proved breakthrough advancements in care for veterans and for our general population, in cardiac care, in prosthetics, in all kinds of areas where the VA has been at the cutting edge of research through these grants.

To respond to these kinds of really egregious actions, I will be introducing later this week the Putting Veterans First Act, and I invite my Republican colleagues as well as Democratic Senators to join in this action to protect veterans, protect veterans.

Number one, rescind all firings, all of them, of veterans that have occurred so far, in any agency or branch of the Federal Government. Put them all back to work.

Number two, all of the employees of the Veterans Administration, whether or not they are veterans, rescind their firing. Put them back to work.

Number three, establish a standard for any kind of termination that occurs in the future, that is based on performance, not on political rhetoric or bumper slogan Musk declarations, or his algorithms, or AI formulas.

Number four, make sure that veterans who have been offered this fork in the road, that they can terminate their decision to end their employment right up to the day that they would leave the government, because there is the vast potential for unfairness. And as to any veterans who may be terminated, at any point, give them an appeal process, an effective means of appealing any action as to them.

Today's hearing would be welcome. There are some good pieces of legislation on the table. You will be commenting on them. I have read your testimony. But business as usual will not get it at this moment in our history. The VA is in crisis. It is literally a five-alarm fire for the VA. This legislation may be well-intentioned and may have good effects, but it constitutes rearranging the chairs on the deck of the *Titanic*, literally. That analogy is often overused, but in this instance it applies perfectly. We are talking about rearranging chairs on the deck of a sinking ship, and it is not an iceberg that has been hit. It is a torpedo from Secretary Collins, Donald Trump, and Elon Musk that has hit the VA and is sinking it, purposely, relentlessly, dangerously for our veterans. And the effects are already apparent. I am going to ask, Mr. Chairman, that an article that appeared in *The New York Times* over the weekend be entered into the record.

Chairman MORAN. Without objection.

[The article referred to appears on pages 161–169 of the Appendix.]

Senator BLUMENTHAL. This article is factual and hard-hitting. It is an account of the chaos and confusion at the VA, confirming our urgent cries to stop the bleeding. That is a quote from the VFW Commander in Chief—"Stop the Bleeding." And I commend the VSOs for their leadership and their objections to what is happening at the VA, and I am going to ask, Mr. Chairman, that excerpts from their past testimony be entered into the record.

Chairman MORAN. Without objection.

[The information referred to appears on pages 170–171 of the Appendix.]

Senator BLUMENTHAL. Veterans have been short-changed and systematically betrayed by these cruel cuts in staff and critical resources, resulting from the Trump-Musk-Collins anti-vet policies. It is intentional malevolence or benign neglect. Either way, we need to stop it, and that should be the purpose of our hearing today. It is the purpose of the legislation that I will introduce to stop the

bleeding and sound the alarm and make sure that we preserve veterans' benefits and care, as they should be.

I hope my colleagues will join me in using this hearing as an opportunity to sound the alarm. We cannot pretend that the bills before us meet the moment. The fact that this Administration is actively undermining and rolling back a number of our recent bipartisan accomplishments, canceling or proposing to cancel contracts critical to implementation of the Dole Act or the Deborah Sampson Act, or simply firing thousands of employees critical to the basic functioning of the Department, from schedulers who connect veterans to care in the community, to claims staff who process PACT Act claims, we cannot ignore the ongoing ship sinking right before us.

And I will press for Secretary Collins to come before us and answer these questions so that veterans can hear from him, directly, and so that Members of our Committee are given the respect that we deserve. To the VSOs on the second panel, thank you for being here. I hope your testimony today not only takes into consideration the merits of this legislation but also the developments that are so deeply concerning.

And I thank you, Mr. Chairman, for this opportunity to speak in advance of the testimony.

Chairman MORAN. I will now introduce the first panel. Testifying today from the Department of Veterans Affairs is Mark Engelbaum, the Assistant Secretary of the Office of Human Resources and Administration/Operations, Security, and Preparedness—there was a longer line than I realized in your title.

He is accompanied by Al Montoya, the Deputy Chief Operating Officer of the Veterans Health Administration; Melissa Cohen, the Acting Deputy Under Secretary for Policy and Oversight at the Veterans Benefits Administration; Kenesha Britton, the Assistant Deputy Under Secretary for Field Operations at the Veterans Benefits Administration; and Kevin Friel, the Executive Director of the Pension and Fiduciary Service at the Veterans Benefits Administration.

Thank you all for being here this morning, and Mr. Engelbaum, you are now recognized for 5 minutes.

PANEL I

STATEMENT OF MARK R. ENGELBAUM, ASSISTANT SECRETARY, OFFICE OF HUMAN RESOURCES AND ADMINISTRATION/OPERATIONS, SECURITY, AND PREPAREDNESS, U.S. DEPARTMENT OF VETERANS AFFAIRS ACCOMPANIED BY AL MONTOYA, DEPUTY CHIEF OPERATING OFFICER, VETERANS HEALTH ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; MELISSA COHEN, ACTING DEPUTY UNDER SECRETARY FOR POLICY AND OVERSIGHT, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; KENESHA BRITTON, ASSISTANT DEPUTY UNDER SECRETARY FOR FIELD OPERATIONS, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS; AND KEVIN FRIEL, EXECUTIVE DIRECTOR, PENSION AND FIDUCIARY SERVICE, VETERANS BENEFITS ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. ENGELBAUM. Good morning, Chairman Moran, Vice Chairman Blumenthal, and other Members of the Committee. Thank you for inviting us here today to present our views on bills affecting VA's programs and veterans' benefits. As just mentioned, joining me today is Mr. Al Montoya, the Deputy Chief Operating Officer of Veterans Health Administration; Ms. Melissa Cohen, Acting Deputy Under Secretary for Policy and Oversight, Veterans Benefits Administration; Ms. Kenesha Britton, Assistant Deputy Under Secretary for Field Operations, Veterans Benefits Administration; and Mr. Kevin Friel, Executive Director, Pension and Fiduciary Service, Veterans Benefits Administration.

In general, VA offers support and is appreciative of much of the proposed legislation before us today and looks forward to working with the Committee to further refine and strengthen it.

First, VA supports the Restore Accountability Act of 2025, subject to amendments and the availability of appropriations. The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 provided the VA with additional authorities to take disciplinary action against senior executives and to take adverse actions against certain VA employees.

Chairman MORAN. Mr. Engelbaum, would you pull the mic closer to your face?

Mr. ENGELBAUM. Sorry. That explains why it was so close to me to begin with, so my apologies.

Chairman MORAN. It is a compliment. We want to hear what you have to say.

Mr. ENGELBAUM. And I appreciate that, sir. Thank you.

The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 provided VA with additional authorities to take disciplinary action against senior executives and to take adverse actions against certain VA employees. Unfortunately, the VA has faced significant legal challenges implementing the act, and we welcome the opportunity to address concerns with the Restore Accountability Act in order to mitigate litigation risk and ensure that the implementation issues of the 2000 Act do not resurface.

VA strongly supports the Veterans' Assuring Critical Care Expansions to Support Servicemembers Act of 2025, or the ACCESS Act, as it is known. This is a critical piece of legislation designed to enhance access to essential health care services for our veterans, and it aligns directly with the Department's priorities. The bill would enhance VA's ability to provide timely and effective care and provide high quality VA care both in the community and in VA's direct care system.

VA also appreciates the Committee's interest and focus on helping improve VA's scheduling systems. Most importantly, this bill puts veterans first.

VA supports the draft External Provider Scheduling Program bill but has concerns with Improving Veteran Access to Care Act, and would appreciate the opportunity to work with the Committee to ensure that enacted legislation does not inadvertently impede the Department's ability to continue ongoing efforts to enhance our scheduling capabilities.

VA also supports, with amendments and subject to the availability of appropriations, the Aviator Cancers Examination Study Act, also known as the ACES Act, the Representing VA with Accuracy Act, the Veterans Mental Health and Addiction Therapy Quality of Care Act, and the VetPAC Act of 2025, and Caring for Survivors Act of 2025.

The VA looks forward to working with the Committee to amend these bills to ensure we are providing the best possible care and benefits to veterans, their families, caregivers, and survivors.

The VA also supports the Second Amendment Protection Act, subject to the availability of appropriations, but recommends including language that would clearly exempt an individual deemed incompetent for purposes of the VA fiduciary program from being "adjudicated as a mental defective," as defined by the Department of Justice. Without this clarification, veterans or survivors determined to need a fiduciary for VA purposes may face criminal liability when transferring, receiving, or possessing a firearm or ammunition.

The VA also supports Ensuring VetSuccess on Campus, subject to the availability of appropriations, but it seeks amendment. VA would like to work with the Committee to update the bill to allow benefits counseling on campus to be provided by a VA employee, such as a public contact or outreach specialist rather than a vocational rehabilitation counselor.

VA generally supports the Servicemembers and Veterans Empowerment and Support Act, or the SAVES Act of 2025, subject to the availability of appropriations. The SAVES Act is aligned in many ways with VA's substantial progress toward addressing military sexual trauma, providing support through advocacy, and developing targeted policies, procedures, and training initiatives. Nevertheless, as written, the proposed bill language is more limiting than the VA's current regulation, which applies the use of alternative evidence to personal assault. Additionally, there are several sections of the bill that are duplicative of VA's existing efforts in the MST space.

We appreciate the Committee's leadership and would welcome the opportunity to collaborate on the bill.

Lastly, VA is still reviewing potential impacts from the Love Lives On Act, Veteran Fraud Reimbursement Act, and the Veterans Claims Act of 2025, and is unable to provide views at this time.

On behalf of the VA and the veterans we serve, thank you for your support, and thank you again for the opportunity to discuss legislation that will improve our service to our veterans, servicemembers, and their families. My colleagues and I would be pleased to answer any questions you or the other Members of the Committee may have on these vital legislative initiatives.

Mr. Chairman, this concludes my statement.

[The prepared statement of Mr. Engelbaum appears on pages 51–102 of the Appendix.]

Chairman MORAN. Mr. Engelbaum, thank you for your statement, your testimony. Thanks for your presence.

I want to talk a minute about your Love Lives On Act. I do not know whether you want to direct the answer to the person to answer it. I will ask this of you, Mr. Engelbaum, and you can decide who should answer.

Current law prohibits surviving spouses to maintain certain benefits from VA and DoD if they remarry before the age of 55. However, in addressing this inequity, it has come to our attention that if a surviving spouse remarries before 55, it is on them, the spouse, to inform the VA so they can stop disbursing disability and indemnity compensation benefits to the survivor, and often it takes the VA months or years to actually stop the payments, resulting in a debt on the survivor that has to be paid back.

Can you explain why this takes so long for the VA to fix this in your system, and why it is the survivor's fault that the VA is providing them with overpayments? And what outreach is the VA doing to inform survivors of current restrictions in the law if a survivor does choose to remarry before 55?

[Pause.]

It was not who I thought you would choose.

Mr. FRIEL. Yes, sir. Thank you for the question, Senator. As stated, we do not have views yet on the act itself, but as far as the current and existing process, when we receive the notification from a spouse we create a claim that needs to be worked. And so it——

Chairman MORAN. Could you also pull the mic closer?

Mr. FRIEL. Sorry. We create a claim that then needs to be worked, and it goes into our existing inventory. We are working on process improvement, so like a potential for automation of some of these claims as well as the ability to expedite some and make sure they move faster.

But as of this point, it goes into the existing backlog and it gets worked in conjunction with all the other workload that comes in that we have responsibility for.

Chairman MORAN. Let me ask a follow up, a related question, at least. Several provisions of the original Love Lives On Act—and I know you are not prepared to testify about that act—but several provisions have already been signed into law in the last Congress with the passage of the Elizabeth Dole Act. What outreach has the VA done to inform survivors of the education benefits they are eli-

gible for if they do remarry, and which office within the VA is responsible for conducting this outreach to survivors, in general, so that they are aware of their benefits and eligibility requirements?

In other words, we made some changes in the law. Is anybody actively making certain that survivors, who remarry, know that they are now eligible for education benefits?

Mr. FRIEL. Sir, I am not from the education. I do not know what they did as far as outreach. As far as within the DIC space, when they are awarded their benefit we provide them notification that if they remarry that they need to provide us information. We also provide them what other potential benefits they may be entitled to.

Additionally, every eight years we will provide for a survivor who is under age 55, we will provide them a notification, whether or not to provide information, whether or not they remarried. And then if they have, we will take the action. If they have not, and they reply that they have not, we are good for the next eight years.

Chairman MORAN. Let me ask the question this way. Would it be true or untrue that after the passage of the Elizabeth Dole Act that survivors are receiving any additional information from the VA than they did before?

Mr. FRIEL. Within my department, sir, I——

Chairman MORAN. How about within your department.

Mr. FRIEL. Within my department, what we have in the Elizabeth Dole Act is more around the burial space, so we are not providing any additional information to survivors.

Chairman MORAN. Mr. Engelbaum, anybody else on your panel for that question? Ms. Britton?

Ms. BRITTON. Yes, sir. Within the field of operations we do have a comprehensive outreach program that does include a survivors element. With those survivors' outreach events we do have benefit tables where they talk about education benefits as well as survivor benefits, and that does include those changes.

Chairman MORAN. Thank you very much. Mr. Engelbaum, I appreciate the VA's support of the ACCESS Act and the Department's suggestions for technical and clarifying changes that could make the bill stronger, better. Can you give me your commitment that the VA will provide technical assistance to my office following today's hearing?

Mr. ENGELBAUM. Senator, absolutely. We truly appreciate the offer to do that, and we will take you up on that.

Chairman MORAN. Thank you very much. Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman. Mr. Engelbaum, can I count on you to support the protecting—Putting Veterans First Act?

Mr. ENGELBAUM. Senator, I will be happy, once we see the legislation, to do a thorough review along with the Agency. And first and foremost, as the Secretary has stated, veterans always remain at the forefront of everything we do at the VA. It is why we exist, it is why we are here, and we will look forward to looking at that legislation,

Senator BLUMENTHAL. Okay, can you give me your reactions by the end of the week if I get you a draft?

Mr. ENGELBAUM. I will definitely look at the draft, sir. I can't guarantee by the end of the week. We will definitely comment on that, sir, and return to you——

Senator BLUMENTHAL. You are aware that the Secretary has said that the VA is not making decisions to illegally fire—and I emphasize "illegally fire"—thousands of staff and implement an ongoing hiring freeze without proper analyses. Do you have those written analyses? Can you provide them to us? We have asked for them. We have received no response.

Mr. ENGELBAUM. Senator, absolutely. In fact, I will offer today, we are in the process of doing a very thorough analysis, and Mr. Chairman, Vice Chairman, I will be happy to come, to personally come, and brief the Committee on our planning process.

Senator BLUMENTHAL. Well, we want the documents. We have asked for the documents. You must have documents, right?

Mr. ENGLEBAUM. Yes. Senator, what is happening right now is that a lot of stuff and information has come out in the news with respect to a one-off, off of a news article, so for example, the VA's cutting 70,000——

Senator BLUMENTHAL. Well, I apologize for interrupting you, but my time is limited.

Mr. ENGELBAUM. Yes sir.

Senator BLUMENTHAL. I am asking for the analysis, the documents, the metrics, the methodology. There is no apparent methodology or metrics. It is by the seat of your pants, and it is illegal. I want to make clear, by the way, I am in favor of improving the VA. Every organization can be improved. Making it better, to quote the Chairman, "has to be a common objective." But not with a chainsaw. Not with a meat ax, with a scalpel. And I see no indication that there are written documents—because we have asked for them—or analyses or metrics or methodology. Can you confirm that you have them?

Mr. ENGELBAUM. Senator, very clearly, yes. What is happening, to be clear, the 70,000 or 80,000 figure you see is a planning factor. We have just commenced our actual analyses. We have an ongoing analysis that is going to take place over the next three to four months that is going to do a down to the microlevel examination of our entire structure, mission, management, across the board. That analysis is ongoing, and I reiterate, sir, I will be very happy to come and brief you in detail on what the VA is doing to make sure we refocus our priorities on taking care of our veterans and righting that ship, that you rightly said before, I would say is adrift.

Senator BLUMENTHAL. So, you fired 2,400 people without doing that analysis?

Mr. ENGELBAUM. Sir, what happened is—and I cannot go into specific details because there is litigation—what happened is we released approximately 2,400 folks out of 40,000 probationary employees——

Senator BLUMENTHAL. And you implemented a hiring freeze without any analysis?

Mr. ENGELBAUM. In order to actually shape and prepare for what we need to do as an organization, we are preparing the way so that we can rightly reorganize and reform the Department as it needs

to be done. We still continue to hire 300,000 critical positions that we have identified. They are on the books. We continue to do our mission and focus on taking veterans—taking care of our veterans every day.

Senator BLUMENTHAL. None of what you have said just now is a plan. None of it is an analysis, a methodology, a metric. And that is what we are asking you to do.

Let me ask you, how many employees have been removed or resigned from the Office of General Counsel?

Mr. ENGELBAUM. Senator, I will have to take that for the record. I do not have that number.

VA Response: As of April 8, 2025, records indicate that since January 20, 2025, zero (0) employees have been removed and 12 have resigned from the Office of General Council.

Senator BLUMENTHAL. You do not have that. How about from the Equal Employment Opportunity staff?

Mr. ENGELBAUM. Senator, I do not have any specific breakdown by office of specific employees. What we do have——

Senator BLUMENTHAL. How many employees have been removed from work on human resources?

Mr. ENGELBAUM. I do not have a specific breakdown by independent organizations, Senator.

Senator BLUMENTHAL. You have 600 to 800 exempted positions currently backlogged on OPM's list, correct?

Mr. ENGELBAUM. I believe that is around 700 or so, sir, that is my understanding. I am not sure about that.

Senator BLUMENTHAL. And yet you are firing 2,400, and you have a plan—that is the word of the Secretary—to fire at least 80,000.

Mr. ENGELBAUM. Senator, as I mentioned before, we are in the middle of a planning process. We are going to follow the science. We are going to reform this agency to make sure that it is focused on taking care of our veterans. You yourself mentioned we take a look at it. We have 470,000 employees in the Department of Veterans Affairs. We have increased over 80,000 in the last four years. We have increased our budget by 85 percent. The PACT Act is really important, sir, we understand that, but——

Senator BLUMENTHAL. Well, you are going to decimate the PACT Act if you do not have the position filled for the people who process the claims. You are going to have inexcusable delays. You are engaged in indiscriminately decimating that workforce. I do not know why you needed the Restore Act if you are just willy-nilly firing people without a plan. Your approach seems to be fire them now, plan later.

Mr. ENGELBAUM. Sir, despite the fact that we have increased by 80,000 and our budget has increased by 85,000, our inventory backlog has increased by over, from around 275,000 to over 935,000. Our claims processing time has increased; our accuracy has decreased. So, we have hired about 48,000 employees for the PACT Act. Sitting here today, I cannot tell you exactly—and in some areas we do know where they went—we do not know where all these employees are. We need to restore, you are right, account-

ability. We need to make sure that the employees that we hire are doing the valuable mission that they have been hired to do, and part of that is putting them in those very areas that you mentioned.

Senator BLUMENTHAL. You have failed to provide this Committee the documents or analysis that we requested. You failed to do that analysis before you started firing people and freezing hiring and ending contracts, canceling them illegally. And I find that response unacceptable.

Mr. ENGELBAUM. Thank you, sir.

Chairman MORAN. Senator Tuberville.

HON. TOMMY TUBERVILLE,
U.S. SENATOR FROM ALABAMA

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for being here today. Largest health care system in the world. My God, what a job you all have got, right?

You know, when I first got here, the first thing we did in this Committee, we rehired 4,000 people the Trump administration had fired because of costs. What did we do? We hired them back and gave them back pay.

You know, this is about the veterans. I mean, this is not about the dang workers. Now, we cherish our workers. Same thing here. My job is to help people, and the same thing as yours.

I am a proud co-sponsor of Chairman Moran's Restore VA Accountability Act. I mean, we have got to have good people. And I know it is hard to hire people. It is really hard. I have dealt with it all my life. But we have to take care of our veterans.

We could pass a trillion-dollar bill today—a trillion dollars—and give to the VA. It would be gone in a matter of time, and it would not help anything. It is not about money. It is about the right efforts of doing the right thing for our veterans. I have got 500,000 veterans in my State of Alabama, and it is growing. And we have got good VAs. We have got some that are not so good.

But thanks for trying to do this, but again, we have got to get good people in there, and I can understand what we are trying to do.

The VA's inspector general recently highlighted several failures within the fiduciary programs such as millions of dollars of benefits being disbursed without oversight. Unfortunately, bad actors have found their way to take advantage of veterans, and we have to combat fraud. I do not understand why, with all this AI now, that we do not have companies that can come in and stop a lot of this fraud. Mr. Engelbaum, do you agree with that?

Mr. ENGELBAUM. Yes, Senator. I think one of the things that we are doing in our review is looking at what technology and what systems that we can actually put in place and actually reinvest to improve services to our veterans, to improve accountability. We are hampered by some of the systems that we have. In the limited time I have been with the VA, I have been talking to our employees and our folks about what they actually need to do the mission effectively. That is a big focus of what we need to do.

We are not trying to recreate the past. We are trying to prepare for the future. And part of that is refocusing our efforts, as you just

rightly said, on our veterans, getting the systems that we need, and getting our focus right on that mission.

Senator TUBERVILLE. Well, I would hope that we would look into a lot of these companies. I have had people come to me and say, "Coach, we have a program right now that could save the VA $20 to $30 billion a month, but nobody will talk to us." We need to open up our eyes to this and talk to people that can help organize what the VA is doing and quit doing what we did 50 years ago. I mean, this is the 21st century. My God, we have got to open our eyes.

So I would hope that we would be more competent on looking at the things of the future. And again, anything that we can do to help our veterans.

Are there ways that we can improve incompetency in determining the process of all this fraud that is coming in, that you have seen so far? And I know you have not been there long.

Mr. ENGELBAUM. Yes, sir, I can also, but very quickly from my perspective, absolutely. You know, it is about focus. It is about getting our organization focused on the mission, streamlining it, and making sure that we are laser-focused on what we need to do, on what systems we need to do, on the veterans.

Look, I love the VA. I love our employees. I came out of retirement because I am passionate about serving our veterans and improving their veterans care. But we need to do better, and we can. When we talk about employees, this is a failure of us, as leaders, to make sure that we organize properly, we are focused, and then we drive the mission to accomplish what we set out to do.

Kevin, did you have some comments on that?

Mr. FRIEL. Yes, sir, as it relates to the incompetency decision. Part of what that IG report identified 311 individuals who did not have the right coverage or the right oversight. That was because we did just that. We migrated from an old legacy system to VBMS, where we have more insight, we have better control of the data. And in that migration some of the records were lost because of bad data in the old system.

We did review all 311 cases. We found no circumstances where anybody had been taken advantage of their funds had been misused or where there was any indication of fraud.

Senator TUBERVILLE. Thank you. Mr. Engelbaum, if I send you the names of these companies that are calling me consistently, would you follow up on that, and in terms of fraud, trying to get us in the 21st century of this AI, that we should be using every day, especially in the VA?

Mr. ENGELBAUM. Absolutely, sir. I would be happy to do that. Thank you.

Senator TUBERVILLE. Thank you.

Chairman MORAN. Senator Hirono.

HON. MAZIE K. HIRONO, U.S. SENATOR FROM HAWAII

Senator HIRONO. Thank you, Mr. Chairman, for this hearing. Of the number of bills that are on the agenda, three of them are mine, and I am glad to say that the VA is in support of two of them, with a request for more time for the third one. These are the Rep VA Act, the VetPAC Act, which VA supports, and the Veterans Fraud

Reimbursement Act, which the VA says it needs more time to review, even though the VA did testify in support of this act in a House subcommittee.

The thing is, Mr. Chairman, that we can have all of these bills, but if the VA does not have the manpower, does not have the personnel to implement the various bills that we pass, what are we doing here? So I share the Vice Chair's concerns about what is going on with the VA.

Now, we know that Federal employees are being fired across the board, in every department, not just in VA. Thousands of Federal employees are being fired, 2,400 being fired from the VA.

Mr. Engelbaum, were these initial firings based on any kind of an analysis of competence? Any performance analysis that led to the firing of 2,400 people from the VA?

Mr. ENGELBAUM. Senator, I cannot talk to specifics on the actual analysis. One, as I mentioned earlier on, it is subject to litigation right now. And the second——

Senator HIRONO. Excuse me. You know, everybody knows that these firings were across the board, and of course it is going to lead to litigation. Do not use litigation as an excuse for coming to tell us that you cannot talk about it. These were across-the-board firings of people on probationary status. It impacted not just the VA—and, by the way, another 80,000-plus will be getting fired. Yes, those will lead to more litigation.

President Trump issued something like 26 Executive orders on day one of his Administration. I would say that there are probably lawsuits filed as to every single one of these, as expected, because many of these EOs were totally illegal. But we have an Administration that does not give a rip about the rule of law. So do not come here and tell us that you cannot talk about what the basis of these firings were. I think the fact of the matter is that they were across the board.

I do not know how the VA is supposed to do its job when, on the one hand, it is firing, by the time you are through, the Administration is through, some 80, 90, 85,000 people from the VA, and at the same time you are trying to hire some 300,000. So on the one hand you are letting go all these people, not based on any performance analysis, and on the other you are trying to hire 300,000 or so people. I mean, who would want to work for any of agencies with all this chaos going on?

So, Mr. Chairman, much as I support the legislation that we have, I really wonder what is this exercise that we are undergoing here, where many of these bills, including the three that I introduced, all in a bipartisan way, and as I mentioned earlier, this is one of the few committees where we are able to get things done in a bipartisan way. So I would be very supportive, except that we have an Administration that does not seem to have its controls, its hands on the levers of control, because we have an Administration that is continuing to sow chaos, and litigation abounds. There are about 70 lawsuits that are ongoing and numerous judges are saying to the Administration, "You can't do that," and we have to have hearings on whether or not this Administration intends to even follow court orders.

So, Mr. Chairman.

Chairman MORAN. Senator Cassidy.

HON. BILL CASSIDY,
U.S. SENATOR FROM LOUISIANA

Senator CASSIDY. Thank you all. First, on a lighter note, they give us a little biography of each of you, and Ms. Britton, I see that you write poetry. I do not know if I have ever had that in somebody's kind of brief bio, that they write poetry. So anyway, my mother is from South Carolina, and she wrote poetry, so I feel a little connection there. Thank you.

You folks commented on our VetPAC Act. I will just say, as a member of the Senate, it has been very difficult sometimes to have an independent analysis of what is being done in the Veterans Administration. And Senator Hirono and I entered this as an imitation, if you will, of what MedPAC and MACPAC do, giving Congress a lot of insights into how Medicare and Medicaid work. So it is patterned after those.

In your testimony, you say that the commission could impede the VA's ability to respond quickly to address veterans' needs if it is requesting information or conducting investigations while the VA is attempting to respond to a new problem. Can you give me an example of how—could you give me this information that would impact clinical care of a patient, of a veteran?

Mr. MONTOYA. Yes, sir. Thanks so much for that question. And I think a great example of this would be our quadrennial review process that is going on right now, which really takes a look at all of our medical centers across the country and determines where——

Senator CASSIDY. Does the quadrennial review interrupt patient care?

Mr. MONTOYA. It does not. It actually goes in conjunction with it, sir.

Senator CASSIDY. So the quadrennial review, of course, is every four years, but let me ask, it does not—what I just heard—it does not interrupt your capacity to address the veteran's health care need. So why would an ongoing review, looking at specific issues, such as MedPAC and MACPAC do, disrupt patient care? I do not follow your criticism, since you just gave me quadrennial review, which is more comprehensive and it does not interrupt.

Mr. MONTOYA. Yes. So I think the bottom line is that we do support this, Senator, and I think——

Senator CASSIDY. Oh good, because I was under the impression that you thought that it might not.

Mr. MONTOYA. Yes, we actually do support this bill. And so one of the things that we do have concerns on is that there is just a number of other initiatives that are overlapping with it, so we just wanted to make sure that that does not interfere at all.

Senator CASSIDY. And in our vision, at least, we would be including issues not included in the quadrennial review, for example, the training of health care providers, which is not in the quadrennial review.

So I am glad you like it. Once you get the answer you want, you shut up. I yield.

[Laughter.]

Chairman MORAN [Inaudible.]

HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE

Senator HASSAN. Thank you, Mr. Chair, and thanks to you and Senator Blumenthal for holding this hearing. A welcome to all of our witnesses. Mr. Engelbaum, thank you for testifying today. I have to give a shout-out to Al Montoya, who led the Manchester VA Center with distinction a few years back, and it is good to see you again, and I thank you for your work.

Look, this hearing is about legislation, and I want to talk about some of the pending bills before us. But I, too, want to talk about some of the Trump administration's recent actions and how they have impacted the Manchester VA and I think the system in general. Because look, as you were discussing fraud, I could not help but say, but gee, the Trump administration fired the inspector general, who is the guy in charge of rooting out fraud, right, as they fired inspectors general across government. There are 2,400 arbitrary firings just because people were probationary employees at the VA, not because there was any analysis of the kind of work they did or why they were hired to do what they did.

I talked to a doc from the Manchester VA yesterday morning, and you know what she had to do in the middle of a really chaotic week, in the Veterans Administration? She is a busy doctor. She had to send to Elon Musk a list of the things that she did that week. Talk about bureaucracy.

So there are a lot of reasons we are concerned. I want to drill down on those with you, Mr. Engelbaum, and then I hope to get to a question about one piece of legislation.

As you know, the PACT Act became law in 2022, and it greatly expanded eligibility for care and benefits for veterans who were exposed to toxins. Since it became law, more than 200,000 veterans have enrolled for VA care under the PACT Act, and more than 2.3 million PACT Act-related benefit claims have been submitted.

To serve these veterans, the VA hired more than 60,000 new employees to meet the increased demand for VA care and benefits. Since President Trump has taken office, though, the VA has fired 2,400 employees and now is planning to fire 80,000 more. Not only does this contradict the clear intent of Congress, it really does a disservice to our veterans. When you fire VA employees, veterans suffer. If you fire front desk staff, veterans cannot schedule appointments. If you fire maintenance and support employees, hospitals and equipment do not get cleaned. If you fire Benefits Administration employees, claims get delayed.

So Mr. Engelbaum, can you guarantee that if the VA fires thousands more employees, it will not take longer for veterans to get appointments and receive care?

Mr. ENGELBAUM. Senator, thank you. That is absolutely our objective.

Senator HASSAN. So can you guarantee it? Are you confident now that firing people with an arbitrary number out there, you are not going to impact their care?

Mr. ENGELBAUM. Yes. Thank you, Senator Hassan. We do not have an arbitrary number, as I was trying to explain. There was

a planning factor out there. We have a detailed, about a four-month process that we are undergoing in reviewing our complete structure, our organization, in order to do just what you are saying, to make sure that all our resources are focused on the veteran and their care.

Senator HASSAN. So I am going to hold you to this. You are now guaranteeing that after you fire tens of thousands of employees, it will not take longer for veterans to get appointments and receive care.

Now let's go to, can you guarantee that if the VA fires thousands more employees, hospitals and equipment, all those things, the hospitals and equipment will remain clean and safe? Yes or no.

Mr. ENGELBAUM. Senator, what I am guaranteeing is a detailed, methodical look and review, a much-needed review of our structure to ensure that our manpower and resources are focused on our veterans and their care.

Senator HASSAN. So you are not going to guarantee that. Can you guarantee that if the VA fires thousands more employees, benefits claims will not be delayed?

Mr. ENGELBAUM. Ma'am, I guarantee we are going to do a detailed, thoughtful review, and focus our efforts on improving our service to our veterans.

Senator HASSAN. But that is not a guarantee, because you do not know what is going to happen, but you are already naming the number of employees you are going to reduce.

We are going to watch what you are doing, and I will echo Senator Blumenthal's request for the written plan, the metrics you are using, and the reasons you think that this kind of mass firing is going to result in improved efficiency.

As you may know, New Hampshire does not have a full-service VA hospital. In 2023, then candidate Trump visited New Hampshire and promised a brand-new, state-of-the-art VA hospital for the Granite State, saying that we would no longer be without a full-service facility. Now it seems to me that if you are building a new full-service hospital, you are going to have to hire people to help provide new services.

So is the VA going to hire contractors and employees to build and work in the new facility President Trump promised Granite Staters, or is the plan to cut resources and hope that we do not notice?

Mr. ENGELBAUM. The plan, Senator, is to ensure that we focus all of our resources, as much as we can, on the direct care of our veterans. We have grown exponentially over the past decade or more. We have increased our budget immensely. But our——

Senator HASSAN. Right, because we are helping a lot more veterans, and we have to stretch to reach that goal, and there is work to be done. I am right with all my colleagues. This has been a bipartisan effort. We want the best care possible and the best services possible for our veterans. And we have work to do. We need to invest in new systems, which by the way, it has not always been easy to get bipartisan support throughout the Federal Government for doing that.

But being arbitrary, and as the head of VFW said last week, using a meat cleaver instead of a scalpel is not the way to do this.

So I am going to hold the President to his promise for a new, full-service VA center in New Hampshire, I am going to insist that it be properly staffed, and I am looking forward to seeing written documentation and an analysis that indicates that things will be better off after you take staffing back to 2019 levels, in spite of the new people we are helping with PACT Act. I will be looking for that analysis, because right now it is not adding up.

Thank you, Mr. Chair.

Chairman MORAN. Senator King.

HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE

Senator KING. I was struck when Senator Cassidy mentioned poetry. So I asked ChatGPT to write us a poem about the firings at the VA. Here is the poem, which I will provide for the record:

"In a land where the eagle proudly soared,
where freedom's song was oft restored;
a shadow crept across the plains,
as whispers spoke of recent pains.

The halls, once filled with earnest care,
now echoed with a vacant air;
for hands that healed and hearts that served,
found futures tossed, their paths unnerved.

The veterans, with stories deep,
their guardians gone, their solace steep;
they wondered if the promises made,
were fading like the evening shade.

Oh, what of honor, what of trust,
when noble missions turn to dust;
yet in the hearts where courage burns,
the spirit of the warrior yearns.

For though the times are harsh and cold,
the tales of valor ever bold;
remind us, both young and old,
that some truths are worth more than gold.

So raise a glass to those who have stood,
in every field, through fire and blood;
and may we find in days ahead,
the wisdom to restore what has fled."

Pretty amazing, and I think it captures what is going on here.

By the way, firing 80,000 people will reduce the VA budget by 1.2 percent. I think we ought to keep that in mind, because people think, well, we are cutting the budget, we are saving a lot of money, 1.2 percent. This is performance. This is not policy. And it is 80,000 people. The memo of March 4th says, "Our initial objective is to return to our 2019 end strength." That is 83,000 people.

So I just do not know how anybody with a straight face say that you are going to cut that many people and still provide the same level of services. It just does not compute.

The second piece that I want to inquire about, and I will ask you this question, is what about these contracts? I saw the little video of the Secretary the other day, proudly saying we have eliminated 600 contracts and we are going to save all this money. I want to know what the contracts are, and we have been asking that for a week, and we are getting no answers.

What are those 585 contracts for, because I fear that they are for mental health counselors, or radiology technicians, or maintenance? I mean, those contracts are for something. And it is an insult to this Committee and to the United States Senate that we have no transparency whatsoever on what these contracts are. So that is a pretty simple ask. Will you take that question back, Mr. Engelbaum?

Mr. ENGELBAUM. Senator, it would be my pleasure. Unfortunately, I do not have a lot of information on the specific contracts. That is handled under a different mechanism. But I will take that for record and take that back.

Senator KING. Well, somebody knows. And I do not expect you to know, but somebody knows what those contracts are because they made a decision to cut them, and I think that information should be shared with this Committee.

VA Response: Because this same question is pending as part of a QFR response and a separate letter response, we will provide the response to this due-out once it has been cleared to share through the (formal) QFR and letter channels.

It is hard for me to understand what is going on here except a motivation to show that we are cutting the workforce for relatively small returns in terms of the overall budget of the agency. I think you [briefly turns to face Senator Hassan] used the term "meat cleaver." The operative term is "chainsaw." That is what that grinning guy is using is a chainsaw, instead of a thoughtful process.

So I would like to see, as I think has already been requested, what the plan is for these 83,000 people. How are you going to approach that? Who is going to do it? What is the criteria? Because it is hard for me to believe. I understand, and you said we have grown, for sure. But seven new bills have been passed with regard to veterans' benefits since 2019, the biggest being the PACT Act, which require a lot of people to administer. So I just want to know how you are going to resolve those kinds of issues.

I apologize, Mr. Chairman, for not speaking to these bills, but these people had the good luck to be here today. Thank you for your testimony, and we look forward to working with you on these bills. This is a very bipartisan Committee. The PACT Act passed by bipartisan majorities in both houses. So we want to work on those things. But we need some facts, and I, for one, believe that the Agency ought to be providing that information.

Mr. ENGELBAUM. Thank you, Senator. And as I stated previously, it would be my pleasure to come and brief you and this entire Committee on our plan and the thoughtful review that we are undergoing right now, to get at what the ultimate number will be, and what we should look like in the future for success, to better serve our veterans.

Senator KING. Thank you. Mr. Chairman, I will submit my poem for the record.

Chairman MORAN. Senator Banks.

HON. JIM BANKS,
U.S. SENATOR FROM INDIANA

Senator BANKS. Thank you, Mr. Chairman. Mr. Engelbaum, is the VA too bureaucratic?

Mr. ENGELBAUM. I think the Federal Government as a whole is the definition of bureaucracy.

Senator BANKS. There are obviously places where we can create efficiencies and deliver services to veterans better?

Mr. ENGELBAUM. There absolutely are. There absolutely are, in any large organization, but especially—look, I came to the VA because I am dedicated to the mission of our veteran. But I know, and after speaking with a lot of folks, many of them—employees, veterans—there is a lot of bureaucracy there. We can do better. We will do better. We need to flatline our management. We need to flatline organizations. We need to streamline mission. We need systems that can do what we need them to do. There is so much work that we have to do. And as we have proven, more and more people, more and more money is not the answer. It is not saying that we will not put the money into people where we need them, but it is not the answer.

Senator BANKS. Yes, I agree. How would the Restore VA Accountability Act improve the VA workforce by giving supervisors more authority?

Mr. ENGELBAUM. There is nothing more disheartening to our workers themselves than having substandard employees around them. There is nothing, as everybody knows, that brings down an organization more by having employees that do not do what they need to do, and you are unable to either remove them, take disciplinary action, or it becomes so painful that they continue to exist.

What happens is we rely more and more heavily on our top performers, on our middle performers. And don't get me wrong—we have so many dedicated employees in the VA, so many people that have dedicated their lives to veterans, non-veterans, spouses, you name it. The vast majority are good, hard-working folks that want to do well. But we have those that do not. And there is nothing that destroys an organization more. And those employees, working next to them, know who they are.

Senator BANKS. So is it a morale issue?

Mr. ENGELBAUM. It is a morale issue. It is a performance issue. It is a workload issue. And we want to make sure that we have due process. That is really, really important. But we cannot stymie leadership and management. And I always remind people, managers are part of that. They are employees too. We need to hold managers accountable. It is not an "us versus them" question. It is a matter of us, as a team, and everybody, at every level, has to be held accountable.

Senator BANKS. Mr. Montoya, Senator Moran has legislation on the agenda to improve community care providers' scheduling. And Senator Hassan has legislation to improve internal VHA scheduling. Can you talk about how those two work together and what

improvements would veterans trying to get appointments see if both of those bills were enacted?

Mr. MONTOYA. Yes. Thanks so much for the question, Senator. I think, you know, I reflect on my time as a medical center director at three different stations, as well as my most recent experience in the field. And where I see external provider scheduling working is that it reduces the amount of time that it takes for a veteran to get an appointment scheduled in the community.

So, for example, without external provider scheduling, it takes roughly 30 minutes for a veteran to get scheduled in the community, whereas with EPS it is actually about 7 minutes for that to happen. So it allows our scheduling staff, our team, to be more efficient as they are looking at the scheduling grids, for other physicians in the community. So it really helps out, and the two work together in collaboration, to make sure that we are providing that care.

Senator BANKS. Great. I hope we can get both of them done.

Mr. Friel, what problems are you having disciplining veteran benefits claim agents today without any new legal authority?

Mr. FRIEL. Yes, Senator. Thank you for that question. One of the concerns we have is that, you know, we have all heard the claim sharks and all of that. Right now, the only authority we have is from the Office of General Counsel to send a cease-and-desist order. We have no other ramifications outside of that. You know, they just change their business model and come back as someone new. So the ability to be able to actually prosecute people and take action against people who are basically defrauding our veterans and misusing——

Senator BANKS [continuing]. Authority, other than a cease-and-desist letter?

Mr. FRIEL. Cease and desist. Yes, sir.

Senator BANKS. Okay. What are the most common rules that claim agents or attorneys break?

Mr. FRIEL. One of the major rules is that for an initial claim, there should not be any fees charged. And we have these agencies that go in and they promise veterans that we will help you get a good rating, and then they charge on the back end. You know, they take a part of the retroactive payment, they take part of what their change is over the course of a period of time, and they take money from our veterans, who are entitled to that because of their level of disability.

Senator BANKS. It seems really gross, and I hope we can do something to crack down on it. Thank you very much. I yield back.

Chairman MORAN. Senator Gallego.

HON. RUBEN GALLEGO,
U.S. SENATOR FROM ARIZONA

Senator GALLEGO. Well, in the spirit of Senator King I was actually trying to write a haiku, but I could not get to the last line. I will have to submit it for the record once I get there.

But in the other area where Senator King was talking about, one of the programs that has been identified, something that is very personal to me, is the National Center for PTSD, which is the world's leading research and educational center on post-traumatic

stress disorder. For us that have PTSD this is extremely important because we know that it is an evolving field of research that could also help not just us but also end up saving us money in the long run if we find better treatments for PTSD that are more effective, quicker, and also, in some regards, cheaper.

But that is one of the contracts that was just terminated recently. And this is really to Mr. Montoya. The VA said that the terminations would not negatively affect veteran care, benefits, or services, and that they were identified through a deliberate, multilevel review.

I am really concerned that these terminations will negatively impact veterans' care, specifically something like this. So can you explain what safeguards you have in place to make sure this will not happen, and how you will restore contracts that were incorrectly terminated? Because in my opinion, if it was identified through deliberative, multilevel review, I have no idea how someone could look at the National Center for PTSD, which other countries actually talk and try to get research from to help their veterans, how that came under the purview of being cut?

Mr. MONTOYA. Yes, thank you so much for that question. I think this is one that is near and dear to my heart, as I was up in Vermont, and they do have the National Center for PTSD. And I think there is a very deliberative process in looking at the contract review to make sure that there is not any ill will that occurs to our veterans.

There is also a process for us to reverse those, as has been done in many, many cases. So I would be happy to look at that particular contract that you are asking about and see what it entails.

Senator GALLEGO. And then another contract that was listed for cancellation was the VA's PACT Act Enterprise Management Office, which supports the VA's ability to carry out the benefits and health care delivery promised under the bipartisan PACT Act, again, something very personal to me. I lived next to a burn pit for almost a month. The men that I served with, some of them have died, unfortunately, from toxic exposure, some of them from very rare cancers, at young ages. So I am very concerned that some of these reductions, while we are trying to finally help these men and women, are actually going to be impacted and actually we are going to be sliding backward.

Since the bill was signed, nearly 60,000 veterans in Arizona have filed claims.

Can you, Mr. Engelbaum, can you please explain how the cancellation of this contract will not impact those beneficiaries who qualify for the PACT Act benefits and health care? And there are still more men and women that actually are jumping onto this, because we want them to actually get their services and disability ratings because of the PACT Act.

Mr. ENGELBAUM. Yes, Senator. Unfortunately, I cannot address that specific contract. I am happy to take that back. You know, as I just stated, one of the things was, it is not that we would stop doing something. So I do not know, for example, the analysis, do we have a contractor doing something for us that we could do internally? There are different things that went into, I think, some of the deliberations. But notwithstanding, as mentioned, we are com-

mitted to taking care of our veterans. If we did not get it right, we will definitely take a relook at it, and we will tap the focus on our veteran.

VA Response: Two contracts providing administrative support to the PACT Act Enterprise Program Management Office (EPMO) were terminated. This will not impact PACT Act benefits for Veterans, their families, caregivers, and survivors.

The PACT Act EPMO was a 3-year term organization aimed at integrating systems, resources, and policies within the VA to implement the PACT Act. As we approach its conclusion in August 2025, essential requirements have been integrated, with other aspects still being operationalized. The EPMO will phase out in August, and designated business owners will fully assume responsibility for their respective efforts.

Senator GALLEGO. My concern, again, is that we are treating, I think, the VA much like we treat other parts of the government, where there needs to be certain sensitivities. Right now I am hearing reports of men and women having to do their treatments and their PTSD therapy in cubicles, open-air cubicles, where essentially some of the therapists are told to get white noise and put ambient music in the background, while, obviously, next door someone could be listening to these veterans going through their therapy sessions.

As someone who has done PTSD therapy, you have to expose yourself. You have to really let yourself go in order for you to start real therapy. It is not going to be a really good environment when these men and women feel like they are not going to have a safe and secure environment to actually talk about what happened to them, what they are feeling, or anything else like that, if they are being forced to speak in this open-air cubicle. And this is part of the problem when you force people back to the office but there is not enough space for these men.

Do you understand, or have you heard of this problem, because I am actually hearing about this across the country now.

Mr. ENGELBAUM. Senator, if there are any specific issues, I am happy to look at them, as far as our veterans' care. As far as back to the office, we do have a detailed plan in place. We are making sure, so for example, that there are extensions right now, pretty much a question if people do not have the space to put people back. What we do know is that our clinical providers have been showing up day in and day out, for years. But mostly the support staff, the administration, they have not been. There are some jobs that lend themselves to actually being remote and we can better support, but the vast majority, we work better together. We work better together. We collaborate. We are part of a team. You develop esprit, just like in the Army or wherever you were at. You are part of something. You are part of a mission.

So we firmly believe that we are more effective, more efficient, and better, for the most part, when we work together and we call people back in. Like I said, our providers are there on the front lines every day. We owe it to them to be there to support them, as well.

Senator GALLEGO. Without a doubt. I just worry about the situation where you are putting some of these men and women in a compromised situation, because we are trying to overall create a

policy that might have some merit to it, but then is creating this system where, again, it is not conducive to PTSD therapy.

Mr. ENGELBAUM. We will definitely take that into consideration, Senator. Thank you.

Senator GALLEGO. I yield back, Chairman.

Chairman MORAN. Senator Sanders.

HON. BERNARD SANDERS,
U.S. SENATOR FROM VERMONT

Senator SANDERS. Thank you, Mr. Chairman, and thank you all for being here today. Mr. Chairman, my understanding is that in the fourth quarter of 2024, there were over 30,000 vacancies at the VA, including 3,400 schedulers, 1,200 custodians, 1,800 social workers, 2,400 doctors, 6,300 registered nurses. I heard Mr. Engelbaum say, appropriately enough, that he wanted to do a detailed and thoughtful review of the whole process.

Do you think arbitrarily laying off 2,500 workers and planning to lay off another 83,000 is a detailed and thoughtful review?

Mr. ENGELBAUM. Senator, thank you. As mentioned, the initial thing that hit the news about the planning factor is to lead and to force people to make hard decisions and recommendations. We are in the process. I will come and brief the Committee, sir, at your disposal, on how we are doing that over the next three to four months, and what we are going to review to make sure that we tailor the mission and the people.

Senator SANDERS. But if we already have—and I should tell you, and I think Mr. Montoya knows it. He is familiar with our part of the world.

Mr. ENGELBAUM. Yes, sir.

Senator SANDERS. In White River Junction, we have a very well-functioning VA. I go around the state a lot. I talk to veterans, and they are very proud of what is going on there. I do not think any veteran in this country thinks that it makes sense, at a time when we already have a significant shortage of workers, to arbitrarily lay off 2,500 and threaten to lay off another 83,000.

Now, Mr. Chairman, as I think you are aware—Mr. Chairman? Mr. Chairman? The VFW, Veterans of Foreign Wars, just stated the other day, and I quote part of what their statement was, "We now call upon VA to reconsider its planned reduction of 83,000 employees and thoroughly review any proposed cuts prior to rolling out further announcement like this," end quote.

Mr. Chairman, I am going to introduce a resolution supporting the VFW. I would hope that you can support that. All that they are saying, which makes common sense to me, if you want to make the VA more efficient, let's do it. You are right. Is there bureaucracy? Yep. Let's deal with that. But do it an intelligent plan, with the cooperation of the veterans organizations who are on the ground, who better can come to tell you that you have people who are not working well. All right? But to arbitrarily say, hey, we are going to lay off 83,000 people, that makes sense to nobody.

On a more provincial point of view—so, Mr. Chairman, I am going to work, and I would hope that we could have bipartisan support here. We are simply saying, to quote Mr. Engelbaum, "let's go

forward in a detailed and thoughtful process." Work with us. All right.

Do you believe that health care is a right for every veteran in this country?

Mr. ENGELBAUM. Absolutely. I appreciate that.

Senator SANDERS. Okay. That is fine. I agree with you. Do you think we should do a better job in reaching out? One of the problems I have been working on for years, with some success, is letting veterans know about the benefits to which they are legally entitled. I am not sure we do as good a job on that as we should. Do you think we should do a better job in that area?

Mr. ENGELBAUM. I will turn it over. I know it is very, very important to do so. I know we have made strides. I am not sure there is anybody here that can really—do you want to address that? But I always think we could always do better, Senator.

Senator SANDERS. I recall—Excuse me. I do not have a lot of time. I apologize. But doing a town meeting in Bennington, Vermont, about the prescription drug benefits the veterans are entitled to. A lot of veterans did not even know that.

But my point is, if you believe that every veteran—and I am hearing you say that—is entitled to the health care that we have provided them, if you are going to do aggressive outreach—am I hearing you say that? Okay.—you are going to need more staff, not less, to take care of our veterans.

All right. On a provincial note, we are on the list, whatever that may mean, in Vermont to get two new state-of-the-art CBOCs. One is in Chittenden County, and I do not know if anybody is familiar with that. Ms. Cohen, are you familiar with that? No, okay. Mr. Montoya, are you familiar with that?

Mr. MONTOYA. Very much so, sir.

Senator SANDERS. Okay. Could you help me out here? We have two on the list, one in Chittenden County, one probably in the Keene area, in New Hampshire, which Vermonters in the southern part of the state can utilize. Can you give me a status report on that, sir?

Mr. MONTOYA. Yes, so I know, sir, I do not have it but I will get it for the record for you and talk with your staff members, as well. But I think this is one that is very important to our veterans in Vermont and New Hampshire, to make sure that they get the care.

Last I had on that is that they were going through the acquisition process, but I want to be very detailed in my response to you.

Senator SANDERS. All right. Will you get back to me on that?

Mr. MONTOYA. Absolutely.

Senator SANDERS. I will give you a ring.

Mr. MONTOYA. A hundred percent.

VA Response: The two Community Based Outpatient Clinics—one in Chittenden County (Burlington, Vermont) and one in Keene, New Hampshire—are in solicitation. However, we do not have a timeline for completion.

Senator SANDERS. All right. Look, the bottom line is this is not complicated. I do not think there is anybody who does not think there is too much bureaucracy at the VA. I assume everybody

wants to make it more efficient. I assume everybody wants it do its best for veterans. I assume we all want veterans to be able to take advantage of the programs that Congress has passed to help them. You do not do it by arbitrarily laying off tens of thousands. You do it by working with the veterans organizations, by working with this Committee.

Mr. Engelbaum, is there anything I have said that you disagree with?

Mr. ENGELBAUM. No, Senator. I am looking forward to working with the Committee, and I met some of the Representatives behind me right before the meeting and invited them for some conversations, and I look forward to discussions and working together to better support our veterans.

Senator SANDERS. Thank you.

Chairman MORAN. Senator Blumenthal has another follow up, or a request, in which I will recognize him, and then I am going to have my follow up, and then we will change panels. And we are going to recess at that point in time in which we change, so that both Senator Blumenthal and I can hear the witnesses in the second panel. But we have an 11:45 vote, so we will run over to vote, come back, and we will restart. Senator Blumenthal.

Senator BLUMENTHAL. Thank you. For the record, Mr. Engelbaum, I just want to expand on the number that was given to you by Senator Sanders. As of the end of fiscal year 2024, there were 36,000 vacancies in veterans' health care, there were 2,751 in the VBA. And by the way, those health care positions, they were 1,800 social workers, 693 psychologists, 2,092 doctors, 6,300 registered nurses, 3,400 health care schedulers, and 1,200 custodians. Every single one of those positions, vital to veterans health care.

So I would suggest, respectfully, that rather than focusing on how to fire VA health care workers, which is what the RESTORE Act seems to do and what Elon Musk and Donald Trump are doing through Secretary Collins, that you would be better off trying to figure out how to recruit to fill those positions. What you are doing right now is going to discourage and deter anybody who wants to be in the health care professional field from joining the VA. Why would they, when your focus is on firing them?

Let me also give you an opportunity to correct the record. I think you contended that VBA claims processing times have gone up since the PACT Act. That is untrue. The average number of days to complete a pre-PACT Act claim were 166. The average number of days to complete a claim in January 2025, after passage of the PACT Act, is 148.

So actually, when you say we can do better, we will do better, you were doing better. You were doing better. And now you are going to do worse.

So again, to adopt the analogy that I had before, you are sinking the ship basically, and we are talking here about rearranging the chairs on the deck of that sinking ship. Call it the *Titanic* or whatever you wish. But we do need bipartisan cooperation to stop the bleeding, as the VFW commander in chief told us.

Finally, I just want to say, I was remiss in not specifically mentioning before, but we have worked with the professionals who are before us here. I know that you intend to do good things with the

VA. I have worked with Al Montoya, for example, in Connecticut. And we want to empower you. I know it is difficult within the VA. But there are thousands and thousands of dedicated VA workers right now. They deserve to be elevated, not trashed or denigrated, as Elon Musk and Donald Trump are doing. Our veterans are not suckers. They are our heroes.

I thank you, Mr. Chairman.

Chairman MORAN. Thank you, Senator Blumenthal.

Just a couple of thoughts and a question from me. First, Senator Blumenthal, while I do not think he was diminishing the value of the RESTORE Act overly, but I want to respond.

The Restore VA Accountability Act is about providing the best care and quality opportunities for veterans. I think it has a side benefit. It is great to work, it is better to work in a place in which you do not allow people who misbehave, commit fraud, negligent to the patient, to continue to work there, or to just move them to another position as the VA has done. And I am committed to trying to make sure that the Restore Act is something we accomplish. It was overwhelmingly supported in a bipartisan way in the past. It ran into legal and regulatory kind of challenges. And we need to work to make sure we get the law right.

But eliminating people, at any agency, that misbehave is a good thing for the customers they serve and a good thing for the people they work with.

A couple of my colleagues mentioned the inspector general. Both Republican and Democrat colleagues mentioned the use of the inspector general. I would add, for a second time, my public voice to the importance of restoring an inspector general to the Department of Veterans Affairs. And as we try to figure out how to right-size the VA, the inspector general has been our ally in finding ways to do things better or things that happen at the VA that make no sense, are inefficient, and inspector general is hugely important to the efforts that you indicate you are trying to accomplish. So I just highlight again the value of an inspector general.

And we also, we, the majority, but we, as the Chairman of the Committee, have requested information from the Department of Veterans Affairs. Some of it has been answered and other components of our inquiries, some of the things you heard from particularly the minority, the Democratic side of our Committee, we are asking for that kind of information too, and I highlight that for you to return to the VA to encourage the answering of Members of Congress' questions. And that only reiterates my view that this Committee will and should have significant opportunities to participate in the decision-making process about workforce at the VA.

And finally, Mr. Engelbaum, you have tried several times to finish a sentence that I think is important, at least you think it is important because you tried to say it a number of times, and it has to do with the 83,000, or the 80,000. I think you have tried to explain that is not necessarily the goal. And that was certainly reported in press, and maybe was in a memo at the VA, so I am not discounting it. Somebody may have come up with this number.

But what is your goal in regard to—I am going to ask you this question. Is it conceivable you would have the analysis done at the VA and determine that in certain areas you need more employees,

not less? And is the goal to figure out how to get rid of 80,000, or is it a different goal?

Mr. ENGELBAUM. It is the former, Senator. Obviously, we want to be efficient, and we want to be lean. As I was trying to get across, you have to start with something when you start with the planning process. When we are talking about the return, we are talking about a 15 percent is what we are looking at when you are talking about over 470,000. And I will be very clear, and I think the Secretary would be very clear on this. We are going to do our review, we are going to let the process fall out, and ultimately he will make a decision what the final number would be, based upon that analysis that we are conducting.

As you rightly said, we may, and we probably should, plus up in other areas. We will take down other areas. We will also look at what we are going to stop doing, as far as specific mission, and as I mentioned, flatlining bureaucracies. Numerous things that we want to take a look at. But if you do not start with a goal, or start with some sort of planning factor, aggressive planning factor to force people to think, and think outside the box, and come up with options, then you are going to go nowhere.

And so that is what really that is. That goal, that planning factor enables us to start our in-depth analysis, bottom-up review that we are conducting with the entirety of the VA chain of command, in order to arrive at a recommendation for the Secretary later on this year.

Chairman MORAN. I wanted to give you the opportunity to finish your sentence or your thoughts, your paragraph. I, too, have indicated my concern with a number. The goal ought not be a number. The goal ought to be to determine what the mission of the Department of Veterans Affairs is, and how many people in the workforce it takes to accomplish that mission in an effective and efficient way. And that, I think, Members of this Committee are seemingly willing to help the VA accomplish. The 80,000 number has really created the uncertainty, the difficulty, the criticism that comes from those statements.

So we look forward to answers to our questions, and we look forward to working to figuring out how to right-size the Department of Veterans Affairs, but not in an arbitrary way. And I thank you, and if you report that to your superiors—and that is a poor word in today's world—if you would report that to your colleagues, and particularly see about getting us answers to our previous questions.

Mr. ENGELBAUM. Absolutely, Senator.

Chairman MORAN. Thank you very much. We are going to recess so that Senator Blumenthal and I can walk across the street and vote. And the second panel, you are welcome to stay in your seats or take maybe the thing so we are ready when we come back, that you will be ready to take your chairs where these witnesses are now seated.

Thank you for your testimony, and thank you for your presence.

[Recess.]

Chairman MORAN. Hello. Thank you for your patience. The Committee will come back to order.

I want to ask unanimous consent to add to today's hearing record letters of support for the Veterans 2nd Amendment Protection Act from the Veterans of Foreign Wars of the United States, the National Disability Rights Network, Vietnam Veterans of America, Black Veterans Empowerment Council, Gun Owners of America, Military Order of the Purple Heart, National Shooting Sports Federation, Firearms Regulatory Accountability Council, AMAC Action—Association of Mature American Citizens, and the Turning Point Action.

Hearing no objection, specifying the appropriate time to ask that request, it is so ordered.

[The letters of support appear on pages 175–190 of the Appendix.]

Chairman MORAN. I now welcome our second panel, witnesses at the table. Testifying is Cole Lyle, Director of Veterans' Affairs and Rehabilitation Division for the American Legion; Ashlynne Haycock-Lohmann, the Director of Government and Legislative Affairs for the Tragedy Assistance Program for Survivors, TAP; and Patrick Murray, the Director of National Legislative Service for the Veterans of Foreign Wars of the United States. People we are all familiar with. Thank you for your continued education of our Committee.

And let me yield now to Mr. Lyle.

PANEL II

STATEMENT OF COLE LYLE, DIRECTOR, VETERANS' AFFAIRS AND REHABILITATION DIVISION, THE AMERICAN LEGION

Mr. LYLE. Thank you, Chairman Moran, distinguished Members of the Committee. On behalf of National Commander Jim LaCoursiere, Jr., and more than 1.6 million dues-paying members of the American Legion, we thank you for the opportunity to offer our testimony for the record on pending legislation.

In good faith, we cannot consider these proposals today without recognizing the implementation elephant in the room, considering costs and staff demands of these bills with recent policy and personnel actions. It is vital to acknowledge this hearing comes at a time of uncertainty and widespread change.

I want to be clear, the American Legion has never shied away from the responsibility of being a voice for veterans, and we will not start now. To veterans listening, the Legion exists for you. The VA exists for you. And we will continue to advocate for an effective VA on your behalf.

On March 6, 2025, Commander LaCoursiere released a statement expressing this sentiment and invited veterans to share how these changes are impacting their lives. As of today, we have received over 4,200 comments, and we look forward to sharing the results with the Committee and will certainly flag any mission-critical impacts we identify.

The American Legion supports many of the bills being discussed today, having been drafted because of veteran experience across the country. They are the results of collaboration between the VSOs, Committee staff, and the VA. We all have different jobs, but the same goal: to improve the lives of servicemembers, veterans, and their families.

All of these bills are worthy of continued discussion, but the big challenge will be forecasting how their implementation will, if passed, be successful. The recent policy and personnel actions make it more important than ever for veterans service organizations to be a part of the legislative and regulatory process, and we look forward to this Committee's inclusion of Legionnaires' voices. The American Legion has spoken with Secretary Collins, senior VA personnel, and Legionnaires on the ground about the need for more transparency in the methodology of these changes and plans to mitigate potential impacts.

We believe the voice of our membership can provide crucial feedback to ensure no veteran goes without the care they need, when they need it, to provide veterans the care they have earned, keep veterans off the streets, and most importantly, keep them from spiraling into a critical mass of despair that drives them to make an irreversible decision.

This is the American Legion's number one priority for a reason. The values and habits the military instills do not disappear when we transition out. Eight percent of companies in the S&P 500 are led by CEOs who served; 9.1 percent of U.S. small businesses are veteran-owned, generating $1 trillion in annual receipts and employing 5 million Americans; 25 percent, roughly, of Federal employees are veterans, with more than half a million employed by agencies around the world. Further, according to the Department of Labor, veterans make up 10 percent of emergency medical technicians, 19 percent of firefighters, and 25 percent of police officers.

Veterans have shown a willingness to donate their time and money to aid disaster relief, mentorship, and other community-based programs. In short, whether in public service, the private sector, or volunteerism, veterans continue to display unwavering dedication to their families, communities, states, and indeed the country, long after they leave the service.

Cultivated during service, a veteran's unique set of skills continues to pay tangible dividends to the American people. But perhaps more importantly, servicemembers experience shared adversity in pursuit of common goals from the moment they arrive at boot camp to the day they get out, learning to work together regardless of race, religion, or socioeconomic background. They are bound together by an esprit de corps that sheds preconceived notions and biases, forcing them to work as a team.

Without the ability to look beyond our differences and work together, the U.S. military would crumble. Government leaders from both sides of the aisle would do well to emulate this mentality, honoring the service of our Nation's veterans to ensure they continue thriving. America will undoubtedly be better for it.

Chairman Moran, Ranking Member Blumenthal, for the sake of time, more detailed and thorough responses can be found within our written testimony, and I look forward to your questions.

[The prepared statement of Mr. Lyle appears on pages 103–121 of the Appendix.]

Chairman MORAN. Mr. Lyle, thank you very much. Ms. Haycock-Lohmann, you are recognized. Thank you.

STATEMENT OF ASHLYNNE HAYCOCK–LOHMANN, DIRECTOR, GOVERNMENT AND LEGISLATIVE AFFAIRS, TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS

Ms. HAYCOCK-LOHMANN. Thank you. Chairman Moran, Ranking Member Blumenthal, and distinguished Committee members, the Tragedy Assistance Program for Survivors is grateful for the opportunity to testify today on behalf of the more than 120,000 surviving families TAPS is honored to serve.

TAPS strongly supports the Love Lives On Act, and we thank Chairman Moran, Senator Warnock, and our 22 original co-sponsors for reintroducing one of our top legislative priorities. Under current law, surviving spouses must wait until the age of 55 to remarry or they lose most of their benefits.

The average of the surviving spouse in this era is between 25 and 35 years old, forcing them to wait decades to remarry and retain their benefits. Just over 500,000 surviving spouses receive benefits through the VA, but barely 35,000 of them are under the age of 55. That is less than 7 percent. Of those 35,000 surviving spouses, only 5 percent of them have chosen to legally remarry.

But this is more than just a numbers issue. The Love Lives On Act is equally about keeping our promise to our veterans. When a servicemember takes the oath of office, they are making the ultimate commitment, signing a blank check that is payable with their very life. In return, our government makes an unbreakable promise that if something happens to them due to that service, their spouse and children will be taken care of. Period. There was never a caveat that the commitment would end because their spouse chose to find happiness again. Honor and sacrifice do not come with an expiration date, and neither should our Nation's support. This is deeply personal to every single widow and widower who has accepted a folded flag.

This impacts survivors like Marcie, from Kansas, who is waiting to remarry but was expelled from her church for living with her fiancé, forcing her to choose between financial stability and rebuilding her life.

This impacts survivors like Kaanan, from Louisiana, who did remarry because she wanted her five children to know that she chose love over money, but is now viewed as her children's fiduciary, not their parent, in the eyes of the law.

This impacts survivors like Rebecca, from North Carolina, who never had the chance to start a family with her late husband but chose to remarry because the sanctity of marriage and having her son in wedlock mattered to her.

This impacts survivors like Linda, from Texas, who remarried after 55, and is allowed to keep her benefits.

These are surviving spouses who have lived through the unimaginable loss of their soulmate, and are choosing a chance at happiness. They are more than just data points. All they are ask-

ing for is the right to choose how they move forward and pick up the broken pieces of their lives.

TAPS strongly supports the Caring for Survivors Act, and thanks Ranking Member Blumenthal and Senator Boozman for reintroducing this important bill. Raising DIC to 55 percent of the compensation rate paid to 100 percent disabled veterans will increase DIC by an average of $454 per month and provide long-overdue parity with other Federal survivor benefits.

More than half a million survivors receive DIC from the VA. The current monthly base rate is $1,653, but has only been increased by COLA since 1993. As surviving spouse of Kansas, Katie Hubbard, states, "Increasing DIC would allow me to afford groceries and childcare, medical expenses, and home and car maintenance while just trying to survive."

It is time we fixed this inequity. Our nation's surviving families should not be receiving less than their civilian counterparts.

TAPS strongly supports the Veterans Claims Act, and thanks Senator Boozman for his leadership on this critical issue. Since the passage of the PACT Act, TAPS has seen an influx of predatory claims consultants targeting survivors. With over 30,000 additional survivors now eligible for benefits, increased regulatory oversight is crucial to ensuring that these survivors receive adequate representation throughout the VA claims process.

TAPS is not an accredited veterans service organization because current regulations require VSOs to serve any veteran or survivor who requests their assistance. Instead, TAPS' mission is dedicated to supporting all those who lost a loved one due to military service, and we would be honored to become accredited and make the process easier for them. But to be clear, TAPS has never, and will never, charge for our services.

As the leading voice for the families of those who died as a result of illness connected to toxic exposure, TAPS led efforts to pass the bipartisan PACT Act, but we know that work is far from done. TAPS strongly supports the Aviation Cancers Examination Study Act and thanks Senators Cotton and Kelly for reintroducing this critical legislation to address the prevalence and mortality of cancer among the military aviation community.

Finally, TAPS would like to express our support for the Veterans Assuring Critical Care Expansion to Support Servicemembers Act, and the VA Accountability and Whistleblower Protection Act. We thank you, Chairman Moran, for your leadership on both of these important issues.

TAPS appreciates the opportunity to testify today, and I look forward to your questions.

[The prepared statement of Ms. Haycock-Lohmann appears on pages 122–145 of the Appendix.]

Chairman MORAN. Thank you very much. Mr. Murray.

STATEMENT OF PATRICK MURRAY, DIRECTOR, NATIONAL LEGISLATIVE SERVICE, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. MURRAY. Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, on behalf of the men and women

of the VFW and its Auxiliary, I would like to thank you for the opportunity to speak on these subjects.

On accountability, the VFW fully agrees the Secretary of Veterans Affairs should have the ability to remove bad employees from their roles. However, we do not want to see its authority used to arbitrarily remove competent and capable employees simply as a cost-cutting measure. Reduction-in-force efforts should not be bluntly used to satisfy an arbitrary budget goal. VA should always be fully staffed with competent and capable employees to serve the men and women who have earned their health care and benefits.

VA has recently dismissed more than 2,400 employees. Nowhere in these messages did these actions explain what warranted them. Members on this Committee regularly say VA needs to weed out the bad actors, but the dismissal of these employees was not done because it was warranted, instead, it was done because it was easy. Before this Committee advances this bill, we believe there should be proper oversight to ensure the men and women who serve our veterans, caregivers, and survivors are not being arbitrarily removed from their crucial roles.

The VFW supports the ACCESS Act, which would provide overall enhancements to the VA Community Care Program. Since the passage of the MISSION Act, VA has not implemented this program consistently across this entire network. Veterans deserve consistency in their care, and this is a good step toward providing that. While this proposal does not address VA direct care, we would be remiss not to remind this Committee that some of the reasons community care appointments and costs are increasing is because VA cannot provide some of these vital services. Care in the community is VA care, but providing resources for care only in the community and not also for VA direct care can lead to a less capable VA, which could be detrimental.

VA direct care and community care can complement each other to provide a full suite of services for veterans. Often, CCN is used to relieve the burden of care, but providing additional resources to only one side of that will exacerbate these problems. We urge this Committee to fund community care improvements but also continue to improve the direct care, so this "pressure relief valve" is not overused.

The VFW supports the draft bill, VA Claims Act of 2025, as written. We appreciate the Committee's efforts to provide a compromise that provides necessary protections and allows for the expansion of accreditation to certain individuals who seek to provide claims assistance per a reasonable fee. This bill provides necessary guardrails for claims preparation and preserves veterans' choice when seeking a reasonable, free market alternative to the current process.

The VFW has expressed our red lines regarding any comprehensive bill put forth seeking our support. Veterans should not have to pay future benefits. Active-duty servicemembers should not have to pay for claims assistance prior to transition. And no one who prepares a claim should have any financial affiliation with medical examiners who could possibly affect the outcome of that claim. We believe these are commonsense concerns that we insist be in any

bill that is advanced, and we are grateful the Committee has listened to our feedback and produced that exact bill.

To the VFW, this has never been about money. Accredited agents and attorneys can make a healthy living operating within the ethical confines of the established non-predatory fee structure.

When payment comes from retroactive benefits, it is hard to consider predatory since the veteran is guaranteed to be able to settle that debt. Putting veterans in debt for accessing their earned benefits is wrong, and we are grateful this Committee agrees with that.

We would also recommend that this Committee consider a reasonable fee cap added to this structure. We do not have a specific amount to suggest. However, we would ask the Committee to consider the factors contained within 38 CFR when making that determination.

Chairman Moran and Ranking Member Blumenthal, this concludes my testimony. I am prepared to answer any questions you or the Members of the Committee may have.

[The prepared statement of Mr. Murray appears on pages 146–157 of the Appendix.]

Chairman MORAN. Thank you very much [audio interruption] in testifying before our Committee and following our work.

I have been working on key provisions of the ACCESS Act over two Congresses now, and I am particularly burdened by the VA's classification of mental health residential rehabilitation programs for veterans who require a higher level of mental health and addiction care. It is my view the VA should rely on the Commission for Accreditation and Rehabilitation Facilities and Joint Commission Accredited Programs in the community to deliver this critical care closer to veterans' homes and close to their support systems.

Could any or all of you describe for the Committee how this negatively is impacting veterans your organizations work with, and by this I mean the VA's positions or actions in regard to residential care for those services. Mr. Murray?

Mr. MURRAY. Mr. Chairman, my wife went through this program. About a couple of years ago she was trying to get into one of these facilities that she found on her own, that provided the exact care that she was looking for. Three different times she was referred. Three different times those referrals were rescinded. They tried to send her to VA facilities that did not offer the services they wanted. They were all-male facilities, or they were for substance abuse, but that is not what she was looking for, or they were for eating disorders, but that is not what she was looking for. She found the one, but it was outside of Optum's third-party administrator network, so it got denied again.

RRTPs, are, we believe, something that can actually save lives. When veterans reach out and ask for that help, they cannot get turned away because they might not come back again. That is why these improvements are very important.

Chairman MORAN. Thank you for your answer to your question and your personal experience relayed to us. Again, I have been broadly interested in community care for a long time, but this particular issue strikes me as one in which it is life and death. And we have heard and seen, in testimony after testimony, and stories

related to me by veterans and their families, how important it is for that residential treatment facility, and yet the VA is unwilling to provide that.

Either of you want to say anything more about that, or have we got it covered?

Mr. LYLE. Thank you, Mr. Chairman. I would just echo Pat's comments and yours, that this is a crucial piece of the ACCESS Act that will save lives.

Chairman MORAN. Thank you. Ashlynne?

Ms. HAYCOCK-LOHMANN. I would also add that these are life-saving measures, that TAPS sees a very large number of survivors who come to us that lost their loved one to suicide. My mother is an Air Force veteran who died by suicide when I was in college. But we were under the TRICARE system, and when she wanted mental health treatment, she was able to get inpatient fairly easily, even if it was outside of the official providers through DoD. Of course, it did not, unfortunately, save her life, but she was able to get that access that she needed, when she asked for it. And we know that it is a very different system for our veterans, and ensuring that they have access to that means that more families are not coming to us, and we do not ever want to have another family need to come to TAPS.

Chairman MORAN. Thank you, all three of you.

Mr. Lyle, thanks to you for the American Legion's support of the Veterans ACCESS Act. I appreciate your acknowledgement that failure to codify the existing community care standards, as a minimum access standard, leaves them vulnerable to changes that make it more difficult for veterans to understand their rights under the MISSION Act. And clearly in recent times it has been difficult, in too many instances, for veterans to be told that their capability of finding or pursuing care in the community. Under the MISSION Act, you indicate there is potential for adding inconsistency and the VA staff working on the program.

So I just wanted you to elaborate a minute about how codifying the access standards benefit veterans and make it easier for VA staff to understand and deliver that care in the community.

Mr. LYLE. Thank you, Mr. Chairman. You know, we have seen evidence since the MISSION Act passed, because it was regulatory and not codified in statute, that at the VISN and the local VAMC level, you are right, there is a wide variety of education efforts at those levels to inform veterans of their options, and even if they are informed, oftentimes veterans can get denied the referral or shortened on the authorization approved time for community care. And it is vital to codify these access standards so that the veterans' decision with their provider is the number one priority, and the veteran remains the center of what VA does.

Chairman MORAN. Thank you. And Mr. Murray, I will not leave you out. The VFW seems especially strong in its support for the ACCESS Act. Again, I am pleased by that.

You have a story, though, in your written testimony about a VFW member who gave up on seeking residential care from the VA because the program this veteran needed was not in a VA network. If you want to provide our office with more information, we would be glad to be an advocate for that veteran.

Mr. MURRAY. That was my wife.

Chairman MORAN. Oh, it is your wife. So it is the same story that you just described.

Mr. MURRAY. The same story. She was provided a referral to a facility that was, I think the first one was in Utah, in the VA network but under TriWest. We live in Maryland. It was denied. She worked with someone else at DC VA to get a referral to a facility I believe in either Arizona or New Mexico. Same story. Nowhere could we find anywhere where, in law, it said that.

We ended up trying to navigate the system and found somewhere in Pennsylvania, but that was after, as I mentioned, being referred to eating disorder clinics or substance abuse, or things like that, and that is not what she was looking for.

Chairman MORAN. And part of the reason this residential programming is so important is for the location to be approximate to where the veteran, his or her family, his or her support system lives, and none of those places seem to close to Maryland, to me.

Mr. MURRAY. No, they were not. But what we learned about going through this is some of these facilities are secluded by design. You know, you do not want one right across the street here, next to Union Station. That is not the best environment for some of that healing.

Chairman MORAN. There is a medical and a care reason that it is that way.

Mr. MURRAY. Yes. That is why when we talked about different access standards for the RRTPs, they should probably be thought about a little bit differently than the standard mental health, because they are designed to be away from population centers for the healing purposes. You know, the same drive time and wait time standards may not be apples to apples with that same type of mental health care.

Chairman MORAN. I do not want my staff to hear this, but thank you for educating me in something I did not know. I am sure they told me and it did not register.

Finally, in this regard, the VFW recommends that the ACCESS Act be amended to prohibit barriers to accessing community programs, and I quote, "available and commonly tailored to veterans," end quote. What are you telling us?

Mr. MURRAY. Mostly it is falling back to that story. We have heard from veterans who have tried to access, not just my wife but others, who have tried to access care, and are denied for seemingly arbitrary reasons. The standards are the standards. That is why we support codifying them. They have been the standard for half a dozen years. We want to make this as easily accessible to veterans as possible so there is transparency and they know. We believe that community care is a great supplement to VA care, when used consistently and appropriately.

Chairman MORAN. Got it. Excuse me for asking the same question of the same facts three times. Senator Blumenthal.

Senator BLUMENTHAL. Mr. Murray and all the members of the panel, thank you for your service. Mr. Murray, in particular, I understand that you are making a transition, and we will miss you here if, in fact, you will be going on to another chapter. But you

have contributed immensely, and we thank you for your service on the VFW.

Just to follow up the question that you were just asked. Are you, or any of the others, in favor of substituting community care for VA health care, in other words, privatizing the VA?

Mr. LYLE. Thank you, Ranking Member Blumenthal. I think community care is VA care. VA pays for it. VA is supposed to coordinate it. It is a vital tool that the VA can use to ensure we do not have another wait-list scandal like we did in 2014 in Phoenix. There are certainly improvements to be made, I think particularly in scheduling. We hear from veterans they like the care that they receive at VA. Oftentimes it is a one-stop shop for them. They like the care they receive in the community. Oftentimes they are frustrated by the referral and scheduling process. So I think that is another reason the American Legion has supported the ACCESS Act, because it seeks—and a couple of these bills—because it seeks to improve that particular capability of the care coordination.

Senator BLUMENTHAL. They are frustrated by delays in community care, just as they are in VA health care, and they should be given quicker care in both. Correct?

Mr. LYLE. You know, across the country there is a common saying we have all heard, I am sure, that you have been to one VA, you have been to one VA. There are experiences that vary. Some VAs have really good community care referral processes. Others do not. Some have the ability to absorb the demand in their catchment area. Others do not, and see a higher level of referrals into the community.

But you are absolutely correct. There are improvements to be made in both areas, and a lot of veterans are happy with both areas.

Senator BLUMENTHAL. And they should be complementary.

Mr. LYLE. Absolutely.

Senator BLUMENTHAL. Privatizing VA health care.

Mr. LYLE. It should serve as a relief——

Senator BLUMENTHAL. Heads nodding, so I am going to take that as a yes.

Let me ask you. Have any of you or your organizations met with Secretary Collins about the plan to fire 80,000 or more VA workers?

Mr. LYLE. We have met with Secretary Collins. That was prior to the memo being released. But since that time we have been in contact with the Secretary's office.

Senator BLUMENTHAL. You have been in contact?

Mr. LYLE. Yes, sir.

Senator BLUMENTHAL. And what have you told him?

Mr. LYLE. We just requested that during this review process, before May—I understand that they are supposed to do their full internal review before May, publish a report in June that recommends the reduction-in-force by the end of the fiscal year—we absolutely wanted to have the Legionnaires' voices heard in that process, to ensure that there were no cuts in mission-critical capabilities for health care or benefits at the VA. So we expressed our desire to provide that feedback, and we are happy to work with this Committee on that issue.

Mr. MURRAY. Senator Blumenthal, we saw some of the impacts for the 2,400 that were dismissed in the past few weeks. We are concerned that 80-some thousand will also have impacts on care and benefits. We expressed that to the Secretary. He assured us that it will not, but we are skeptical, because of what we saw already.

We know that there are ways to improve this via technology, other ways to make improvements at VA. But there needs to be a plan in place first. As we heard in the first panel, they are going to develop a plan, but they already started letting people go. A plan should not be the fourth step in the process. It should probably be the first. That is what we want to see. We want to see transparency in this. We want to make sure that no decisions are being made that have unintended consequences. That is what we want to make sure of.

Senator BLUMENTHAL. Ms. Haycock-Lohmann?

Ms. HAYCOCK-LOHMANN. We have not met with the Secretary yet.

Senator BLUMENTHAL. You know, your Commander in Chief, Al Lipphardt, was probably the most powerful critic, I have heard, in his testimony, and your organization in its statements. Stop the bleeding. Use a scalpel to extract the shrapnel, as was done for Mr. Lipphardt when he was wounded in combat. Do not cut off the arm. That is what we are seeing here, a chainsaw cutting off the arm. I am asking both of your organizations, no matter how you talk to Secretary Collins, to be as vocal and vociferous as you possibly can be, because it is your voices and faces that will make the difference, not ours. We can be as vehement as can be, but at the end of the day it is our veterans who have to save VA health care, VA benefits, the PACT Act. And I am just telling it straight to you.

Mr. LYLE. Sir, if I may follow up real quick. In our opening remarks I wanted to highlight that our National Commander released a statement. That included a survey to allow Legionnaires and veterans, their families, to provide feedback on any impacts that may have occurred to them or their immediate family as a result of recent policy personnel actions. As of this morning, I think we received 4,200, approximately, responses, with a response rate of 60 percent said no impact, and the other 40 percent at least had minimal impact. And we are still in the process of sifting through that data. Some of it is hard to frankly tell if it is a result of normal VA issues versus this specific issue, but we are happy to follow up with you and provide that feedback.

Senator BLUMENTHAL. I would appreciate your following up. I have not submitted my questionnaire yet, as a member of the Legion, but I will make a point of doing so. And let me just point out, these cuts are literally occurring in real time. It will be days, maybe weeks, before you see an impact. That *New York Times* story is capturing the initial impacts. Again, to analogize it to the combat wound suffered by Mr. Lipphardt, this is the point in the wound where it has just been inflicted and you have yet to see the shock, the bleeding, and the effects in real life, but they are occurring in real time.

So your questionnaire may fail to adequately capture the impact, not to mention the 80,000 who have not been fired yet. And so far

as I can determine from you, and from the prior testimony, there is no plan. And Mr. Murray is absolutely right. It should be plan first, fire later, not fire first and aim later, plan later.

Let me ask each of you. I have described very briefly in outline form the legislation that I am introducing, Putting Veterans First. I do not know whether you were here when I outlined it, but I am going to ask for your reaction, essentially requiring that all veterans who have been fired from their Federal employment be restored to their positions, all veterans, regardless of the agency, and all VA employees, whether or not they are veterans, a standard for termination in the future that involves analysis of performance, not just taking the probationary workers and firing them. A standard and a process for appeal, mental health services, respect for spouses and survivors, and restore them, as well, to employment. I think that will be important to your organizations. Maybe you can give me some initial reactions.

Mr. MURRAY. Senator, we would be happy to take a look at that when you produce a draft for that, and we will follow up with your staff. But hopefully that will let us know who they actually let go and what they all did, so we can start talking about who needs to come back. That is part of the unknowns right now, who the employees were, what their roles were, and what they are looking at. That would be very helpful.

Ms. HAYCOCK-LOHMANN. I echo what Pat said. We really do want to take a look at it, but also figuring out if that gives us access to who was let go and what the impacts were, what agencies. That is the critical piece that we feel like we have been missing in this entire process. We hear numbers, but we are not seeing the exact data of what departments, what decisions, what agencies, what contracts were terminated, the things that we really need to see all of the information before making a decision on.

Senator BLUMENTHAL. And I should make clear that the legislation will include military spouses and survivors.

Ms. HAYCOCK-LOHMANN. Fantastic. Thank you.

Mr. LYLE. Thank you, sir. First of all, I love the name, Putting Veterans First, but similar, we would have to review the legislation. We are a resolution-based organization, to ensure that we are aligned on that piece of legislation.

Senator BLUMENTHAL. Well, I hope for your support, and equally, I hope for your constructive suggestions, if you think there are ways to improve it. We are trying to be as comprehensive as possible. There are a lot of different ideas floating around, a lot of different legislation with good-sounding names. We want this to be not just good sounding but effective.

And with that, Mr. Chairman, I would just like to ask, if there is no objection, that a series of letters from some of our labor organizations, partners like the Fraternal Order of Police, be submitted to the record.

Chairman MORAN. Without objection.

[The letters referred to appear on pages 172–174 of the Appendix.]

Chairman MORAN. Senator Blumenthal, anything else?

Senator BLUMENTHAL. That is it.

Chairman MORAN. I am going to ask one more question, and this time Ms. Haycock-Lohmann, a couple of questions. Thanks for the work you do. You are a surviving child yourself, and your work is important. I thank you for your help that you provided to me and Senator Warnock in getting pieces of the Love Lives On Act across the finish line last Congress.

Since its original introduction last Congress, can you talk about how many surviving spouses have come forward to speak about why this bill is needed, especially those that have previously been scared to speak out, or getting remarried for fear of being penalized.

Ms. HAYCOCK-LOHMANN. Yes. So passage of the Dole Act really was absolutely changing the way that survivors felt comfortable speaking about moving forward after their loss. One of the provisions in there, Section 303, basically stated that a surviving spouse was a spouse who had not remarried or held oneself out to be married, which was a very arbitrary clause that led to people turning them in for living with another person or sharing a joint bank account, or having a child out of wedlock. Anyone could have just turned them in for whatever reason, and unfortunately, VA's response to that is to essentially turn off their benefits and then open an investigation, where they sent people into your home and your community. They interview your employer, your children's teachers, your neighbors, and tell them you are being investigated for Federal fraud.

So they have so much fear about someone turning them in for no reason, despite the fact that they were living with a new significant other.

The passage of Section 303 in the Dole Act means that nobody is going to be living through these weird witch hunts ever again, and that they can at least be open about the relationship they are in, while we wait to pass the rest of the Love Lives On Act, and the provisions that, you know, we know so many more surviving spouses will chose remarriage once we pass more of the financial pieces.

But we were also hearing heavily from the surviving spouses who have remarried that are trying to use the education benefits now, that they are excited to get their military ID cards back in October, when that goes into effect.

So already such a huge impact on the community, and they are very excited to continue to work. And I am sure many of the congressional offices whose staff are in here have been on the receiving end of many emails about the importance of this, because we are hearing from thousands of survivors who are very active, very engaged, and are really excited to see the rest of this move, but grateful for all of the things we have already accomplished.

Chairman MORAN. Would you point out, remind me, remind the Committee, why there has been pushback and concern that we have heard from some that if a survivor remarries they no longer, quote, "need" to receive certain benefits from the VA and DoD, since their so-called contract with the government has been fulfilled. Who says those kinds of things, and what is the consequence?

Ms. HAYCOCK-LOHMANN. The pushback has primarily been from the Armed Services Committee. They seem to not agree necessarily with the amazing work you guys have done over here. That has just been. I am not quite sure why they feel that way, but the part that they are missing is that surviving spouses are military spouses first. You know, we talk so much, extensively, about military spouse under- and unemployment. It is one of the biggest problems in the military community. It impacts recruitment and retention. And surviving spouses were military spouses first.

So they are making that transition. They have now lost their spouse. Many of them have young children that they have to raise. They do not have an established career. And then all of a sudden they are starting over at 40, 45 years old, after raising their children, in an entry-level career. They view that military retirement as the family's retirement. Most military spouses will never invest in their own retirement, and that goes the same for surviving spouses. Survivor benefit plan, in particular, over at DoD is a purchased annuity, in most cases. So this is something the family bought into but we are breaking our promise by saying yes, you bought this program, but we are not going to let you keep that benefit.

Chairman MORAN. You heard me question the Department of Veterans Affairs officials about the slowness and then the debt collection. Anything you want me to know why that should matter, why that is a valid question?

Ms. HAYCOCK-LOHMANN. The biggest problem that we see there is that a surviving spouse, when they remarry and turn in that paperwork, believes that if they have turned the paperwork in, they have done their due diligence. We know that survivors tend to be uneducated on their own benefits, especially if they have children in the home and there are portions that are the spouse's portion, the children's portion. It is all comingled. And so they believe if they turn in their paperwork that the VA will stop their portion of the benefits, and whatever continues to be sent to them is their children's portion.

They do not ask the right questions because they trust that the VA has done the right thing in that regard. And then, all of a sudden, they get these debt letters, stating, "We never processed your paperwork," or "It took us two years to process your paperwork," or "You never notified us," and that they are wanting that money back. But what it comes down to, they trust that the VA, if they turn their paperwork in to the VA, they have done the right thing, and then they get these huge debt checks, because they do go back into the queue. There is not a button somebody pushes, okay, they remarried—click. It goes back into being processed, and it can take months and years. We have seen cases take three to four years, where the survivors have had to fight to get them to turn it off. And oftentimes they do not have the money to immediately repay those benefits.

Chairman MORAN. Senator Blumenthal, for your final question.

Senator BLUMENTHAL. Yes, I do not have a question. I just have a thanks, again, to each of you. I neglected, Mr. Lyle, to mention my thanks for your work on military working dogs, service dogs,

which has been exemplary and very important to the Committee and to me, personally. We still have work to do.

And Ms. Haycock-Lohmann, you have been at this advocacy for quite a number of years after losing your parents, who I know are still very much in your memory. But the issue of veteran suicide still needs to be addressed, and I know you are continuing that advocacy.

And again, to Mr. Murray, my thanks to you for your longstanding service.

I want to thank the VA, members of the previous panel, who have stayed. Mr. Engelbaum, thank you for remaining. I want the record to reflect that he and Mr. Montoya and others have stayed to listen to you, and I hope that they will listen to our veterans. And again, I hope our veterans will be vocal in their advocacy. Thank you.

Chairman MORAN. Senator Blumenthal, thank you. There are no other questions, so I want to once again, as Senator Blumenthal did, thank our witnesses, in this case our second panel of witnesses, the three of you, and for our audience and their presence here, as well. It is always nice to see the VA witnesses stay to hear the next panel that follows them.

And I, too, want to express my gratitude and thank you to Patrick Murray for his significant contribution to the VFW, and more broadly to veterans across the country. I hold veterans—I do not know what the level you can have, but the highest regard for people who served our country. And maybe there is just a slight increase in that respect for veterans who serve other veterans. And there is absolutely no question that you, in your career, and the things that you have been doing for the VFW have been hugely valuable to me and my team, but more importantly, hugely valued to your comrades in arms. And just great gratitude and best wishes as the next step occurs.

Senator BLUMENTHAL. Semper Fi.

Chairman MORAN. Senator Blumenthal never—yes, that is a good idea.

[Applause.]

Chairman MORAN. I had this contest with the Senator from Montana, Senator Tester, about who always got the last word in, and Senator Blumenthal, unfortunately, has picked up this habit. It is me.

[Laughter.]

Senator BLUMENTHAL. You have just gotten the last word.

[Laughter.]

Chairman MORAN. Well, not if you keep saying that.

So again, while we move to lighter things, I do not want that to take away from the seriousness of the compliment and the seriousness of the best wishes and the gratitude that was expressed by everybody in this room. You represent a very important and valuable ally for veterans and for this Committee, and thank you for your service.

The Committee—well, let me say a few other things.

Chairman MORAN. I look forward to working with my colleagues in the VSO community and the VA as we try to move these bills forward. Senators who would like to submit questions for the record to today's witnesses, or make an additional statement, have a week to do so. And our witnesses, please we would ask you to respond to those questions from my colleagues in a very timely manner.

This is the first legislative hearing we have had in the new Administration, but we have had lots of challenges over a long period of time in getting quick responses to our colleagues and to our requests from our staff. So another thing you can take to the VA, we would appreciate timely action on the part of the Department.

With that, this hearing is adjourned.

[Whereupon, at 1:04 p.m., the hearing was adjourned.]

A P P E N D I X

Hearing Agenda

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

Legislative Hearing

Tuesday, March 11, 2025
10:30 a.m.
Russell Senate Office Building, Room 418

1. S. 124, the Restore VA Accountability Act (Moran)
2. S. 201, Aviator Cancers Examination Study (ACES) Act (Kelly)
3. S. 275, the Veterans' ACCESS Act (Moran)
4. S. 410, the Love Lives On Act (Moran)
5. S. 478, the Veterans 2nd Amendment Protection Act of 2025 (Kennedy)
6. S. 607, the Improving Veteran Access to Care Act (Hassan)
7. S. 610, the Ensuring VetSuccess On Campus (Blumenthal)
8. S. 611, the Caring for Survivors Act (Blumenthal)
9. S. 654, to establish an external provider scheduling program (Moran)
10. S. 702, the Veterans Mental Health and Addiction Therapy Quality of Care Act (Cornyn)
11. S. 787, the VetPAC Act of 2025 (Cassidy)
12. S. 831, the Representing VA with Accuracy Act (Sullivan)
13. S.892, the Veterans Fraud Reimbursement Act (Hirono)
14. Draft legislation, the Veterans' Claims Act of 2025 (Boozman)
15. Draft legislation, the Servicemembers and Veterans Empowerment and Support Act (Blumenthal)

Prepared Statements

STATEMENT OF
MR. MARK R. ENGELBAUM
ASSISTANT SECRETARY
OFFICE OF HUMAN RESOURCES AND ADMINISTRATION / OPERATIONS, SECURITY, AND PREPAREDNESS
DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE SENATE COMMITTEE ON VETERANS' AFFAIRS

MARCH 11, 2025

Good afternoon, Chairman Moran, Ranking Member Blumenthal, and other Members of the Committee. Thank you for inviting us here today to present our views on bills affecting VA's programs and Veterans' benefits. Joining me today is Mr. Al Montoya, Deputy Chief Operating Officer, Veterans Health Administration; Ms. Melissa Cohen, Acting Deputy Under Secretary for Policy & Oversight, Veterans Benefits Administration; and Mr. Kevin Friel, Executive Director, Pension & Fiduciary Service, Veterans Benefits Administration.

S. 124 Restore VA Accountability Act of 2025

The Department of Veterans Affairs (VA) **supports this bill, subject to amendments and the availability of appropriations.**

More specifically, VA supports additional statutory provisions to improve accountability, and VA supports this bill with modifications to address legal concerns, mitigate litigation risk, and ensure disciplinary actions taken are not overturned. VA has legal concerns regarding some of the language in the draft bill. As I will specifically address in my testimony today, VA is concerned that this bill will not resolve the extensive litigation and constitutional challenges that plagued the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017's disciplinary authorities and, therefore, will further uncertainty and a continued pattern of overturned disciplinary actions. VA's concerns are informed by the experience of implementing those authorities since 2017.

Section 2 of this bill would give VA another authority with its own set of procedures to remove, demote, or suspend supervisors and management officials for performance or misconduct. This section would require VA to treat all supervisors, regardless of grade and salary level, the same as members of the senior executive service when carrying out disciplinary and performance-based adverse actions. Under this authority, supervisors would not be entitled to review by the Merit Systems Protection Board (MSPB), and the statute sets limits on the information that agency officials may consider when selecting the penalty.

Having multiple authorities for taking disciplinary action against employees, each with its own unique procedures and requirements for addressing performance and conduct deficiencies, has led to confusion regarding their administration and application

and adds additional risk to taking legally defensible actions. Additionally, we would welcome continued engagement regarding Section 2 to address needed technical revisions for the leave language under the proposed 38 U.S.C. § 712.

Section 3 of the bill would amend 38 U.S.C. § 713 to establish that the VA official's burden of proof when taking an action under this authority would be substantial evidence. This section also sets forth exclusive factors to be considered when determining the appropriate penalty. The amendments also limit the scope of judicial review of VA's chosen penalty such that a court cannot review the penalty except when a constitutional issue is presented. They also establish that the amendments would apply retroactively to the date of enactment of the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017.

VA identified significant legal concerns with portions of these legislative amendments that carry significant legal risk. Those specific concerns are as follows:

- Substantial evidence as the statutory standard of proof, even with express statutory language, will be legally challenged and result in litigation. The Federal Circuit's discussion of the inappropriateness of that substantial evidence as a standard of proof for administrative decisions is legally problematic, as the Federal Circuit noted that there is no precedent for such a standard, citing Supreme Court jurisprudence. *See Rodriguez v. Dep't of Veterans Affairs*, 8 F.4th 1290 (Fed. Cir. 2021).
- The limitations on the factors that VA officials can consider when determining a penalty may lead to legal challenges as to whether all relevant factors can be considered under the statute when making penalty determinations. *See, e.g., Sayers v. Dep't of Veterans Affairs*, 954 F.3d 1370 (Fed. Cir. 2020); *Brenner v. Dep't of Veterans Affairs*, 990 F.3d 1313 (Fed. Cir. 2021); *Connor v. Dep't of Veterans Affairs*, 8 F.4th 1319 (Fed. Cir. 2021).
- The limitations on judicial review of the penalty (other than constitutional challenges) poses a lesser litigation risk, but VA does not believe the limitation is necessary, as judicial review standards have not previously been an impediment to VA actions and such challenges are likely to be constitutional.
- The retroactivity clause is likely to face legal challenges both as to its scope or applicability. When such clauses impact substantive rights, which the Federal Circuit has already opined that section 714 does, they must further a legitimate legislative purpose and by rational means (and cannot be harsh/oppressive or arbitrary/irrational) to meet due process requirements. *See Sayers*, 954 F.3d at 1380-1381(application of substantial evidence and preventing penalty mitigation impact substantive rights).

Section 4(a) of the bill would amend 38 U.S.C. § 714 to address the limitations imposed by the U.S. Court of Appeals for the Federal Circuit, MSPB, and the Federal Labor Relations Authority, which have significantly reduced the differences between section 714 and pre-existing title 5 disciplinary authorities. The amendments clarify that hybrid title 38 employees are covered by this authority, establish that the VA official's burden of proof when taking an action under this authority is substantial evidence, and

set forth exclusive factors to be considered when determining the appropriate penalty. The amendments establish that VA is not required to place a covered employee on a performance improvement plan prior to carrying out a performance-based action under section 714. The amendments also limit the scope of judicial review of VA's chosen penalty to only constitutional challenges; state that the authorities, as amended, would apply retroactively to the date of initial enactment of the Act; and clarify that the procedures of the entire section, rather than subsection (c), supersede any collective bargaining agreement if it is inconsistent with the authority.

VA has the same legal concerns with section 4 as identified in section 3, relating to (1) the substantial evidence standard of proof; (2) limiting factors for VA officials to consider when determining the penalty; (3) precluding judicial review of the penalty except for constitutional challenges; and (4) retroactive application of the authorities, as amended. VA has other legal concerns as well, including the effectiveness of the proposed language superseding collective bargaining agreements.

In summary, VA appreciates the support of its efforts to hold employees accountable and looks forward to working together to address the legal concerns presented to ensure disciplinary actions taken under the authority are not overturned. The legal concerns are impacted by *Loper Bright Enterprises v. Raimondo*, 144 S. Ct. 2244 (June 28, 2024), which established that courts will not defer to an agency's interpretation of ambiguous statutory language and will instead determine the best legal interpretation. Considering that decision, VA seeks as much clarity as possible in this bill, which will likely be interpreted in multiple judicial venues across the country given the judicial review provisions. It would be difficult for VA to continue to implement these authorities if Federal courts issued varying interpretations. VA seeks to avoid the legal risk, uncertainty, and litigation it experienced when implementing section 714 in 2017. The enactment of 38 U.S.C. § 712 as well as the proposed amendments to 38 U.S.C. §§ 713 and 714 will likely face the same gamut of legal challenges. VA's desired amendments would be aimed at limiting that litigation risk and ensuring clarity for implementation. VA would welcome the opportunity to engage in technical assistance to address these issues. VA will continue to take disciplinary action under applicable existing authorities, providing certainty and minimizing legal risk to VA, while working with Congress to address the legal risks identified in the bill.

Cost estimates are not available at this time.

S. 201 ACES Act

Section 2(a) of the bill would require VA to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (NASEM) under which NASEM would conduct a study on the prevalence and mortality of cancers among covered individuals. Section 2(b) would require this study to identify exposures associated with military occupations of covered individuals (including relating to chemicals, compounds, agents, and other phenomena), review the literature to determine associations between such exposures and the incidence or prevalence of

overall cancer morbidity, overall cancer mortality, and increased incidence or prevalence of certain cancers. The study would also have to determine, to the extent possible, the prevalence of and mortality from these cancers among covered individuals by using available data sources (which could include health care and other administrative databases of VA, the Department of Defense (DoD), and the individual Services), the national death index, and the study conducted under section 750 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283). Section 2(c) would require NASEM, at the conclusion of the study, to submit to VA and Congress a report containing the results of the study required by subsection (b). Section 2(d) would define the term "covered individual" to mean an individual who served on active duty in the Army, Navy, Air Force, or Marine Corps as an aircrew member of a fixed-wing aircraft, including as a pilot, navigator, weapons system operator, aircraft system operator, or any other crew member who regularly flew in a fixed-wing aircraft.

VA supports this bill, subject to amendments and the availability of appropriations. While VA supports the intent of this bill, VA is concerned it could duplicate existing efforts that are already underway. We believe there may be ways to amend the bill, though, to enhance these current efforts, and we welcome the opportunity to discuss these with the Committee.

Pursuant to section 750 of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283), the Department of Defense (DoD), in conjunction with the Directors of the National Institutes of Health and the National Cancer Institute, must conduct a study on cancer among covered individuals (a term generally consistent with the definition above) in two phases. The DoD Military Aviator Cancer Study (MACS) is designed to satisfy these requirements. The existing study has several phases that are currently being executed by DoD and others. This ongoing work is examining cancer incidence, mortality and specific exposures that may be associated with cancer outcomes; the work is scheduled to continue through fiscal year 2029. DoD has worked with VA to secure VA health care data in support of the MACS study.

In addition, sections 2(b)(2) and 2(b)(3) of the bill would direct NASEM to focus on a prescribed list of eleven cancers. Although VA may expand this list, in consultation with NASEM, the bill may produce a report with inherent biases and limitations because the scope is unnecessarily limited to a specific set of eleven cancers, rather than studying all cancers. Other studies, such as MACS, are examining incidences of all cancers and will likely yield more meaningful results.

If this bill moves forward, we recommend it be amended to require VA to *seek to enter* into an agreement with NASEM, or another appropriate independent organization; this would be consistent with other, similar requirements and would provide VA flexibility in case it was unable to reach an agreement with NASEM.

Finally, we note that sections 502 and 505 of the Honoring our PACT Act of 2022 (Public Law 117-168) already require VA to (1) analyze VA clinical data to try to determine the association, if any, between medical conditions of Veterans and toxic exposure, and (2) conduct a study on the incidence of cancer in Veterans to determine trends in the rates of the incidence of cancer in Veterans. In this context, it is not clear that the additional study that would be required by the ACES Act would yield new information.

VA has other technical comments on this legislation that it would be happy to share with the Committee.

S. 275 Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025

This bill contains three titles; title I contains six sections, title II contains three sections, and title III contains three sections.

VA strongly supports the intent of this bill and many provisions throughout; VA would like to work with Congress to ensure offsets are proposed or additional funding is appropriated for this effort. This bill is an important step in reaffirming VA's commitment to providing timely access to care and prioritizing Veterans. We do recommend a number of technical and clarifying amendments to ensure successful implementation.

Title I

Section 101: Section 101 would amend 38 U.S.C. § 1703B regarding VA's access standards to expand (by including mental health residential rehabilitation treatment program (MH RRTP) services) and codify (in law, rather than only in regulation) VA's existing access standards established in regulation at 38 C.F.R. § 17.4040. Specifically, it would create a new section 1703B(a) that would provide that covered Veterans would be eligible to elect to receive non-VA hospital care, medical services, or extended care services, excluding nursing home care, under section 1703(d)(1)(D) (the eligibility criterion for the Veterans Community Care Program (VCCP) based on VA's designated access standards) in certain situation. In general, enrolled Veterans would be eligible to elect to receive community care if VA determined, it could not schedule with respect to primary care, mental health care, or extended care services (excluding nursing home care) within certain parameters. VA could have to be able to not schedule an in-person appointment for the covered Veteran with a VA health care provider who could provide the needed service at a facility that is located within 30 minutes average driving time from the Veteran's residence (unless a longer average driving time has been agreed to by the Veteran in consultation with a health care provider of the Veteran) and within 20 days of the date of the request for such an appointment. These standards would apply unless a Veteran agreed to a longer average driving time or a later date, in consultation with a health care

provider of the Veteran (unless a later date has been agreed to by the Veteran in consultation with a health care provider of the Veteran).

With respect to specialty care, covered Veterans could elect to receive community care if VA could not schedule an in-person appointment with a VA health care provider at a facility that is located within 60-minutes average driving time from the Veteran's residence (with a similar exception for Veteran consent to a longer average driving time) and within 28 days of the date of request for such appointment unless a later date has been agreed to by the Veteran in consultation with a health care provider. The availability of telehealth appointments from VA would not be taken into consideration when determining VA's ability to furnish such care or services in a manner that complies with the access standards. VA could prescribe regulations that establish a shorter average drive time or period than those otherwise described above. Covered Veterans could consent to longer average drive time or later date, but if they did, VA would have to document such consent in the Veteran's electronic health record and provide the Veteran a copy of that documentation in writing or electronically. If a Veteran had an appointment cancelled by VA for a reason other than the request of the Veteran, VA would have to calculate the wait time from the date of the request for the original, canceled appointment.

Proposed section 1703B(b) would require VA to ensure that these access standards apply to all care and services within the VA medical benefits package to which a covered Veteran is eligible under section 1703 (except nursing home care) and to all covered Veterans, regardless of whether they are new or established patients.

Proposed section 1703B(c) would require not later than 3 years after the date of enactment of the Act and not less frequently than once every 3 years thereafter, VA to review the eligibility access standards established under the revised section 1703B(a) in consultation with such Federal entities VA determines appropriate, other entities that are not part of the Federal Government, and entities and individuals in the private sector (including Veterans who receive VA care, Veterans Service Organizations, and health care providers participating in the VCCP). It would also require VA to submit to Congress a report on its findings with respect to the review and such recommendations as VA may have with respect to eligibility access standards. Section 101 would also strike section 1703B(g), which allows VA to establish through regulation designated access standards for purposes of VCCP eligibility and would make other conforming amendments.

VA supports section 101, subject to amendments and the availability of appropriations. VA notes that section 101 would require VA to engage in consultation with various stakeholders; this could invoke the Federal Advisory Committee Act (FACA) and require VA to form multiple new Federal Advisory committees. VA recommends amending the bill's language to clarify that

consultation activities are exempt from FACA. In the alternative, the consultation requirements could be removed, which would also address this concern.

Finally, we note that while the language is close to VA's current regulatory language, we believe this could be written more clearly but to have the same effect. Proposed section 1703B(a) would be phrased as a negative - a covered Veteran is eligible if VA cannot schedule an appointment that meets certain wait-time and average driving time elements. This is consistent with how VA's current regulations read. We believe this would be clearer if the bill established standards that VA must meet as a positive obligation, while still allowing Veterans to choose to receive community care if VA cannot meet those standards. This reaches the same outcome, but it does so more clearly. Similar changes could be made to section 104, which refers to Veterans not having "met such standards," as opposed to VA not meeting such standards. The standards established under this section also create some ambiguity in terms of their applicability given further language in section 202 regarding access to covered treatment programs. We would appreciate the opportunity to discuss this with the Committee to determine how to amend the language to best reflect Congress' intent.

VA is working on a cost estimate for section 101.

Section 102: Section 102 of the bill would amend 38 U.S.C. § 1703(a) by adding a new paragraph (5) that would require VA to notify a covered Veteran in writing of the eligibility of the Veteran for care or services under this section as soon as possible, but not later than 2 business days, after the date on which VA is aware that the Veteran is seeking care or services and is eligible for such care or services under section 1703. VA would have to provide such Veterans periodic reminders, as it determines appropriate, of their ongoing eligibility under section 1703(d). VA could provide covered Veterans notice electronically.

VA supports section 102, subject to amendments and the availability of appropriations. VA agrees that Veterans should receive timely notice of their eligibility. However, meeting a 2-day standard will not be possible in all cases and trying to meet the 2-day standard would likely require VA to focus resources on meeting this standard instead of focusing on improving the timely scheduling of appointments for care. Also, while the bill would allow VA to provide electronic notice, there are some situations where even that would not be possible, such as emergency care.

We are concerned the requirement to provide this notice could result in confusion for Veterans in several ways:

- First, Veterans may not want to receive multiple notifications (for each appointment for each episode of care), but the bill would require VA to provide these. We recommend the bill allow Veterans to choose what notices they receive.

- Second, Veterans often choose VA for care or treatment that is provided over a period of time, such as cancer treatment or physical therapy. Once they have chosen VA care, continuing to remind them of community care eligibility could be misinterpreted and unwanted.

- Third, many Veterans schedule multiple, different types of appointments on the same day. If VA had to provide notice of eligibility for community care for all of these appointments, or nearly all of these appointments, this could increase the chance that Veterans might make mistakes with their scheduling, which could delay their care.

We would welcome the opportunity to discuss these concerns with the Committee to make technical amendments to this section.

VA does not have a cost estimate for section 102.

Section 103: Section 103 of the bill would amend 38 U.S.C. § 1703(d)(2) by adding new subparagraphs (F), (G), and (H). These amendments would require VA to ensure that criteria developed to determine whether it would be in the best medical interest of a covered Veteran to receive care in the community include the preference of the Veteran regarding where, when, and how to seek care and services, continuity of care, and whether the covered Veteran requests or requires the assistance of a caregiver or attendant when seeking care or services.

VA supports section 103. VA agrees that providers should consider a range of issues that are important to Veterans when determining whether community care is in their best medical interest. VA welcomes the opportunity to meet with the Committee to better understand the concerns this section is intended to solve and how we can incorporate and consider these factors along with existing factors that Veterans and their providers have experience in using, such as how soon or how close to home care can be provided. We want to ensure that amendments in this section do not cause confusion or result in worse clinical outcomes, and we seek ways to implement these factors in a way that would put Veterans first.

Section 103 is likely to result in additional cost for VA; these costs could be both discretionary and mandatory. However, VA does not have a way to accurately model or forecast the preference of a covered Veteran for where, when, and how to seek hospital care, medical services, or extended care.

Section 104: Section 104 of the bill would amend 38 U.S.C. § 1703 by adding a new subsection (o) that would require VA, if a request for care or services under the VCCP is denied, to notify the Veteran in writing as soon as possible, but not later than 2 business days, after the denial is made of the reason for the denial and how to appeal such denial using the Veterans Health Administration's (VHA) clinical appeals process. If a denial was made because VA determined the access standards under section 1703B(a) were not met, the

notice would have to include an explanation of the determination. Notice could be provided electronically.

VA supports section 104, subject to amendments. VA recognizes the concern underlying this section, and we are working to ensure we inform Veterans quickly when VA has made a decision that they are not eligible for community care. We have technical concerns with some of the language in this section that could create confusion for Veterans. We would be happy to provide technical assistance to the Committee.

VA is working on a cost estimate for this section.

Section 105: Section 105 of the bill would amend 38 U.S.C. § 1703 further by adding a new subsection (p) that would require VA to ensure that Veterans were informed that they could elect to seek care or services via telehealth, either through a VA medical facility or through the VCCP, if telehealth is available to the Veteran, is appropriate for the type of care or service the Veteran seeks, and is acceptable to the Veteran.

VA supports section 105, subject to amendments. While VA supports this section, it is unclear whether this section is intended to establish that a Veteran's preference to not receive care via telehealth would also be binding on how they receive care through the VCCP. If that is the case, that could result in network adequacy issues, as VA currently allows Veterans who decline VA administered telehealth to receive telehealth from a community provider. VA welcomes the opportunity to discuss recommended amendments to clarify this section.

VA does not anticipate additional costs for implementation of this section because it only requires additional information to be presented within discussions that are already occurring.

Section 106: Section 106 of the bill would amend 38 U.S.C. § 1703D to extend (from 180 days to 1 year) the period of time for health care entities and providers can submit claims to VA for payment for furnishing hospital care, medical services, or extended care services under chapter 17.

VA supports section 106, subject to amendments. VA generally supports a longer timely filing period, and VA would welcome the opportunity to discuss other potential amendments to section 1703D to clarify the scope of the applicability of this requirement. As written, section 1703D applies to all claims for payment under chapter 17; there are some variations in terms of timely filing for different programs under this authority, though. VA has also encountered situations where it has needed additional flexibility for these standards. VA's proposed amendments could provide VA enhanced authority to combat waste, fraud, and abuse. Consistency across these programs would also reduce

administrative burdens on VA, while also creating parity with other Federal programs (such as Medicare and TRICARE).

VA notes that its contracts for community care generally include a 180-day timely filing requirement. If the time period is extended, VA would need to renegotiate this part of its contracts.

VA is working on a cost estimate for section 106.

Title II

Section 201: Section 201 would define various terms for purposes of title II of this bill. It would define the term "covered treatment program" to mean a mental health residential rehabilitation treatment program (MH RRTP) of VA or a VA program for residential care for mental health and substance abuse disorders. The term would also include programs designated as domiciliary RRTPs, but it would not include Compensated Work Therapy Transition Residence programs. The term "covered veteran" would have the same meaning given in 38 U.S.C. § 1703(b) for purposes of the VCCP. The term "social support systems" would mean, with respect to a covered Veteran, a family member of the covered Veteran (including a parent, spouse, child, step-family member, or extended family member) or an individual who lives with the Veteran but is not a member of the Veteran's family; it would not include a facility-organized peer support program. Finally, the term "treatment track" would mean a specialized treatment program that is provided to a subset of covered Veterans in a covered treatment program who receive the same or similar intensive treatment and rehabilitative services.

VA has no objection to section 201 by itself, subject to amendments. This section would only define terms used in later sections. VA notes that the definition of "treatment track" is too broad and not aligned to the formal structure of MH RRTP services within VA, which includes bed sections formally defined for Domiciliary Substance Use Disorder, Domiciliary Care for Homeless Veterans, General Domiciliary, and Domiciliary Posttraumatic Stress Disorder. We would welcome the opportunity to discuss this concern with the Committee to make technical amendments to the bill.

VA does not anticipate additional costs for section 201.

Section 202: Section 202(a) would require VA, not later than 1 year after the date of the enactment of this Act, to establish a standardized screening process to determine, based on clinical need, whether a covered Veteran satisfies criteria for priority or routine admission to a covered treatment program.

Section 202(b)(1) would provide that, under the standardized screening process, a covered Veteran would be eligible for priority admission to a covered

treatment program if the covered Veteran meets criteria including certain identified symptoms or risk factors. In deciding under paragraph (1) that a covered Veteran meets criteria established by VA for priority admission to a covered treatment program, VA would have to consider any referral of a health care provider of a covered Veteran.

Section 202(c) would require VA, under the standardized screening process, to ensure a covered Veteran is screened not later than 48 hours after the date on which the covered Veteran (or a relevant health care provider) makes a request for the covered Veteran to be admitted to a covered treatment program. VA would also have to ensure a covered Veteran, if determined eligible for priority admission to a covered treatment program, is admitted to such program not later than 48 hours after the determination. VA would also have to ensure a covered Veteran is screened at an appropriate time for potential mild, moderate, or severe traumatic brain injury.

Section 202(d) would require VA, in making placement decisions in a covered treatment program for Veterans who meet criteria for priority admission, to consider the input of the covered Veteran with respect to the program specialty, subtype, and treatment track offered to the covered Veteran and the geographic placement of the covered Veteran. VA would also have to maximize the proximity of the covered Veteran to social support systems.

Section 202(e) states that if VA determined a covered Veteran was eligible for priority admission to a covered treatment program pursuant to the standardized screening process and VA was unable to admit the Veteran to a covered treatment program at a VA facility in a manner that complies with the requirements in subsections (c) and (d), VA must offer the Veteran the option to receive care at a non-VA facility that: (A) can admit the Veteran within the period required by subsection (c), (B) is a party to a contract or agreement with VA (or enters into a contract or agreement with VA) under which VA furnishes a program that is equivalent to a covered treatment program to a Veteran through such non-VA facility, (C) is licensed by a state; and (D) is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission. If VA determined a covered Veteran was eligible for routine admission to a covered treatment program, and VA was unable to admit the Veteran to a covered treatment program at a VA facility in a manner that complies with the access standards for mental health care established under 38 U.S.C. § 1703B, as amended, VA would have to offer the Veteran the option to receive care at a non-VA facility that meets conditions (B)-(D), above.

VA supports section 202, subject to appropriations. VA agrees with the intended outcomes of this section, and VA has already established policies that would satisfy several of the requirements of this section. We express some concern, relevant to both sections 202 and 203, about codifying current clinical practice into law, as this would likely limit VA's ability to incorporate new

advancements that may be inconsistent with the letter, if not the spirit, of this language. We would appreciate the opportunity to speak with the Committee and provide technical assistance to ensure that VA's central focus - ensuring Veterans receive high-quality residential treatment - remains. For example, VA currently recognizes community facilities accredited by either CARF or the Joint Commission for programs in the community but requires both for VA direct care programs. CARF standards are typically more specific for residential treatment, and if section 202(e)(1)(D) were enacted, this could bar VA from requiring community facilities to meet the more specific CARF standards expected from VA MH RRTPs. As VA improves its network of providers, both in number and quality, it may be able to raise the bar even higher in terms of quality providers by instituting more stringent requirements that would not harm network adequacy; however, the bill's language would prohibit such efforts.

Residential treatment is specialized, intensive treatment that is typically not available in every community. Consequently, Veterans' access to this treatment in the community can be limited. In FY 2024, Veterans who receive such care from programs in the community typically traveled on average 255 minutes to access residential treatment services (compared with 150 minutes average driving time for VA facilities). For highly specialized services, Veterans can travel even further.

VA has several technical concerns with some of the language, and we would be happy to work with the Committee to address them. First, this section refers to Veterans requesting MH RRTP care. MH RRTP is a form of domiciliary care, and domiciliary care includes additional requirements that must be met to receive such care (see, for example, 38 U.S.C. § 1710(b); 38 C.F.R. § 17.47). While Veterans can unofficially self-refer for MH RRTP, verification of their eligibility occurs during the screening process. If this language is not modified, VA would interpret this phrase considering these requirements. Further, VA is concerned with language codifying criteria for priority admission, which is a clinical decision. As written, the criteria include non-responsiveness to outpatient treatment, which is a general consideration for any residential admission. The presence of any one symptom listed by itself may not indicate the need for priority admission. Further, subsection (d), which requires VA to "consider" a range of factors in making placement decisions, is vague and would likely be very difficult to implement consistently or in a standardized fashion.

As noted above, it is difficult to read sections 101 and 202 together, and we would welcome the opportunity to discuss with the Committee how to most clearly state Congress' intent in this area.

VA recommends that if these requirements will continue to govern MH RRTP care (as appears to be the case) that this be codified in title 38, U.S.C., to allow for easier reference and amendment in the future.

VA does not currently have a cost estimate for section 202, but it is continuing to assemble the relevant data.

Section 203: Section 203 would impose a number of requirements related to VA's MH RRTPs. Subsection (a) would require VA to develop metrics to track (and require VA to track) performance by VA medical facilities and Veterans Integrated Service Networks (VISN) in meeting requirements for screening Veterans for covered treatment programs (under section 202) and timely admitting Veterans to such programs under such screening. The metrics would have to track the performance of medical facilities and VISNs with respect to routine and priority admissions to covered treatment programs.

Subsection (b) would require VA to develop a process for systematically assessing the quality of care delivered by VA and non-VA providers treating covered Veterans under this section in several ways.

Subsection (c) would require VA, when a covered Veteran needs residential care under a covered treatment program, to provide the Veteran with a list of locations at which the Veteran can receive residential care that meets (A) the standards for screening under section 202 of this Act and (B) the care needs of the Veteran, including applicable treatment tracks. VA would have to provide transportation, or pay for or reimburse the costs of transportation, for any covered Veteran who is admitted into a covered treatment program and needs transportation assistance from the Veteran's residence, a VA facility, or an authorized non-VA facility that does not provide the care to another facility that provides residential care covered under a covered treatment program; VA would also have to provide transportation, or pay for or reimburse the costs of transportation, back to the residence of the Veteran after the conclusion of a covered treatment program, if applicable.

Subsection (d) would require VA to develop a national policy and associated procedures under which covered Veterans, their representatives, or a provider who requests they be admitted to a covered treatment program (including both VA and non-VA providers) may file a clinical appeal if the covered Veteran is denied admission into a covered treatment program or accepted into a covered treatment program but not offered bed placement in a timely manner. The national policy and procedures would have to include timeliness standards for VA to review and make a decision on such an appeal; VA would have to respond to any appeal not later than 72 hours after receipt. VA would have to develop public guidance on how covered Veterans, their representatives, or their providers can file a clinical appeal if the Veteran is denied admission or the first date on which they could be admitted does not comply with the standards established under 38 U.S.C. § 1703B; the public guidance could include other factors as VA may specify. Paragraph (4) would provide that nothing in this subsection could be construed to grant a covered Veteran the right to appeal a decision to the Board of Veterans' Appeals.

Subsection (e) would require VA, to the extent practicable, to create a method for tracking availability and wait times under a covered treatment program across all VA medical facilities, VISNs, and non-VA providers throughout the U.S. VA would have to, to the extent practicable, make this information available in real time to VA mental health treatment coordinators, the leadership of each VA medical center and VISN, and the Office of the Under Secretary for Health.

Subsection (f) would require VA to update and implement training for VA staff directly involved in a covered treatment program regarding referrals, screening, admission, placement decisions, and appeals for such program, including all changes to processes and guidance under the program required by section 202 of this Act. This training would have to include procedures for the care of covered Veterans awaiting admission into a covered treatment program and communication with such Veterans and their providers. VA would have to ensure staff that are required to complete this training do so not later than 60 days after beginning employment in a position that includes work directly involving a covered treatment program and annually thereafter.
VA would have to track the completion of this training. VA would have to review and revise oversight standards for VISN and VHA leadership to ensure that VA facilities and staff are adhering to the policy on access to care of each covered treatment program.

Subsection (g) would require VA to ensure each covered Veteran who is screened for admission to a covered treatment program is offered, and provided (if agreed upon), care options during the period between screening and admission to such program to ensure the covered Veteran does not experience any lapse in care. For covered Veterans being treated for substance use disorder, VA would have to ensure there is a care plan in place during the period between any detoxification services or inpatient care received by the covered Veteran and admission to a covered treatment program; this care plan would have to be communicated to the covered Veteran, the primary care provider of the Veteran, and the facility where the Veteran is or will be residing under the program. VA, in consultation with covered Veterans and their treating providers, would have to ensure the completion of a care plan before Veterans are discharged from the program. The care plan would have to include details on the course of treatment for the Veteran following completion of treatment under the covered treatment program, including any necessary follow-up care. The care plan would have to be shared with covered Veterans, their primary care providers, and any other providers with which the Veterans consent to sharing the plan. Upon discharge of a covered Veteran from a covered treatment program at a non-VA facility, the facility would have to share with VA all care records maintained by the facility with respect to the Veteran and work in consultation with VA on the care plan.

Subsection (h) would require VA, not later than 2 years after enactment, to submit to Congress a report on modifications made to the guidance, operation, and oversight of covered treatment programs to fulfill the requirements of this section. Not later than 1 year after submitting this report, and not less frequently than annually thereafter during the period in which a covered treatment program is carried out, VA would have to submit to Congress a report on the operation of such programs. This annual report would have specific data elements that would have to be included, but VA would have to provide such data pursuant to applicable Federal law and in a manner that is wholly consistent with applicable Federal privacy and confidentiality laws.

Subsection (i) would require VA to update its guidance on the operation of covered treatment programs to reflect the requirements in subsections (b)-(h).

Subsection (j) would require VA to carry out each requirement under this section within 1 year of enactment, unless otherwise specified.

Subsection (k) would require the Comptroller General, by not later than 2 years after enactment, to review access to care under a covered treatment program for covered Veterans in need of residential mental health care and substance use disorder care.

VA supports section 203 subject to amendments and the availability of appropriations. VA agrees with many of the intended outcomes of this section and has already established such requirements through policy. We again caution that codifying current policy may limit VA's ability to innovate and adapt to the needs of Veterans in the future.

Regarding subsection (b), VA has developed ways to assess the quality of VA care, and we are working to apply these same standards for quality to non-VA providers to include the ability to evaluate the clinical outcomes of Veterans receiving residential treatment from both Department and non-department programs. VA can generally evaluate non-VA care as a whole or at a regional level, but we may not be able to evaluate the quality of specific providers in each of the areas listed (for example, provision of evidence-based treatments, clinical outcomes, completion of training in military competence for all providers in a residential program), which this language would seem to require.

Concerning subsection (c), VA acknowledges that residential rehabilitation treatment often involves extensive travel; current data indicate that Veterans receiving community residential treatment care are traveling 255 minutes on average to access such care, so providing transportation support can be critical to ensuring Veterans are able to access care. However, we do have technical concerns with this provision and would welcome the opportunity to work with the Committee to address them. For example, it is not clear that this language would allow VA to transport a Veteran, after the conclusion of a

covered treatment program, to a location other than the Veteran's original residence. Some Veterans may choose to change their residence during their treatment, but this language may bar VA from transporting them, which we do not support.

VA also recommends clarifying subsection (d)(4), which only establishes a rule of construction for Veterans' appeals, although paragraph (1) would require VA to establish policy and procedures for appeals from Veterans, their representatives, and their providers. This could be interpreted to allow for appeals to the Board by representatives and providers, although it is not clear that is the intent.

VA also cites concerns with the reporting requirements in this section. First, there is no current mechanism to determine participation in a treatment track, as defined by section 201, as data are captured at the official program level only. Second, the requirement to include recommendations under this report could be duplicative of or conflict with the recommendations VA provided under section 503 of the STRONG Veterans Act (Division V of P.L. 117-328).

VA welcomes the opportunity to discuss this section with the Committee.

VA is working to assemble the necessary data, but VA does not have a cost estimate for this section at this time.

Title III

Section 301: Section 301 would require VA, working with third party administrators (TPA) and acting through the Center for Innovation for Care and Payment (CICP), to develop and implement a plan to establish an interactive, online self-service module: (A) that would allow Veterans to request appointments, track referrals for care, and receive appointment reminders; (B) to allow Veterans to appeal and track decisions relating to denials of requests for care and services under VCCP and denials of requests for care and services at VA facilities; and (C) implement such other matters as determined appropriate by VA in consultation with TPAs. Within 180 days of enactment, VA would have to submit to Congress this plan. Following submittal of the plan, VA would have to submit to Congress quarterly reports for 2 years containing any updates on the implementation of the plan. This section could not be construed to be a pilot program subject to the requirements of 38 U.S.C. § 1703E. It would define TPA as an entity that manages a provider network and performs administrative services related to such network under 1703.

VA supports section 301, subject to amendments, and availability of appropriations. VA agrees that an interactive, online self-service module would be helpful to Veterans. However, we do have a number of technical concerns regarding the specific language and would welcome the opportunity to provide

technical assistance to the Committee. Additionally, we recommend against requiring VA to submit quarterly reports for 2 years, as this would be administratively burdensome and would divert resources from patient care. VA could instead provide briefings or updates as needed to Congress to ensure appropriate oversight at lower cost.

VA is working on a cost estimate for section 301.

Section 302: Section 302(a) would amend the CICP's authority in 38 U.S.C. § 1703E in 10 ways. First, it would relocate the CICP to be within the Office of the Secretary. Second, it would require the CICP to carry out such pilot programs as VA determines to be appropriate to develop innovative approaches to testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care furnished by VA. Third, it would expand the intended scope of the payment and service delivery models to require VA to also determine whether such models increase productivity, efficiency, and modernization throughout VA. Fourth, It would require VA to include in the budget justification materials submitted to Congress for each fiscal year specific identification, as a budgetary line item, of the amounts required to carry out this section. Fifth, it would amend VA's authority to waive provisions to extend beyond subchapters I-III of chapter 17 of title 38, U.S.C., to include all of title 38, U.S.C., all of title 38 of the Code of Federal Regulations, and any policy documents of the Department. Sixth, it would state that before waiving any provision of title 38, U.S.C., VA would have to submit a request for approval to Congress. Seventh, it would require VA to carry out not fewer than three pilot programs concurrently. Eighth, it would require the Secretary to obtain advice from the Under Secretary for Health, the Special Medical Advisory Group, Integrated Veterans Care, the Office of Finance, the Veterans Experience Office, the Office of Enterprise Integration, and OIT in the development and implementation of any pilot program. Ninth, it would also require VA consult representatives from non-profit organizations and other public and private sector entities, including those with expertise in medicine and health care management. Finally, it would require VA to submit to Congress annual reports with a full accounting of the activities, staff, budget, and other resources and efforts of the Center and an assessment of the outcomes of the efforts of the Center.

VA supports section 302(a), subject to amendments and appropriations. VA would appreciate the opportunity to discuss with the Committee the underlying intent and objective of this section. VA is open to changes to the organizational structure or purpose of the CICP, but some of the proposed changes would raise significant concerns.

For example, the apparently expanded scope of the Center's authority would still be constrained by the current statutory focus on testing payment and service delivery models to reduce expenditures while preserving or enhancing the quality of care furnished by VA. It seems unlikely that VA could test payment

and service delivery models to determine whether these models (1) improve access, quality, timeliness, and satisfaction of care, (2) create cost savings for VA, and (3) increase productivity.

Further, the proposed amendments to CICP's waiver authority under § 1703E(f) create some ambiguity. The amendments to paragraph (1) would allow VA, subject to Congressional approval, to waive any requirements in title 38, U.S.C. (rather than only subchapters I-III of chapter 17), any requirement in title 38, C.F.R., and any handbooks, directives, or policy documents, but the amendments to paragraph (2) refer only to waiving "any provision of this title" (title 38, U.S.C.), leaving open the question of whether waivers of regulatory authority in title 38, C.F.R. or waivers of VA policies would not require a waiver approved by Congress. Given the importance and novelty of this authority, we recommend Congress be explicitly clear as to the limits of this authority.

Also, the bill would require VA to carry out a minimum of three pilot programs concurrently. VA has defined the term "pilot program" through regulation at 38 C.F.R. § 17.450(b) to mean pilot programs conducted under that section (and thus under § 1703E). These pilot programs are subject to Congressional approval, as noted earlier. To the extent Congress did not approve at least three pilot programs concurrently, VA would be in violation of this requirement (although the penalties for non-compliance are not clear). Additionally, the limitations imposed by section 1703E would still apply (such as the limitation on the total amount VA could expend in any FY), so the requirement to carry out at least three pilot programs could narrow the scope of programs the CICP could pursue given these other constraints. It is possible the drafters only intended the CICP to operate three programs concurrently, whether they were "pilot programs" that required Congressional approval or not; if that was the intent, we recommend revising the language to reflect that.

Finally, we note that, if the CICP is moved to the Office of the Secretary, the specific line item the bill would require for the CICP would need to be funded by the same account as the Office of the Secretary. This would either require a proportional increase to the budget for the Office of the Secretary or would require significant cuts to the existing Office infrastructure. We are also unsure how the shift from the Medical Services account to the General Administration account would affect the Center's ability to support the delivery of health care. We would appreciate the opportunity to discuss this and other issues further with the Committee.

Section 302(b) would require the Comptroller General, within 18 months of enactment, to submit to Congress a report on the efforts of the CICP in fulfilling the objectives and requirements under 38 U.S.C. § 1703E and containing such recommendations as the Comptroller General considers appropriate. **VA defers to the Comptroller General on section 302(b).**

Section 302(c) would require the CICP, not later than 1 year from enactment, to establish a 3-year pilot program in not fewer than 5 locations to allow enrolled Veterans to access outpatient mental health and substance use services through the VCCP without referral or preauthorization. **VA supports section 302(c), subject to amendments.** VA requests clarifying amendments to address the following concerns with section 302(c).

First, section 302(c) would seemingly conflict with section 1703(a)(3), which requires that covered Veterans only receive care through the VCCP "upon the authorization of such care or services by the Secretary." If Veterans could self-refer for care, unless VA were to issue a blanket authorization (and it is not clear that doing so would satisfy the requirements of 38 C.F.R. § 17.38(b), that VA determines the care is necessary to promote, preserve, or restore the health of the Veteran), it would still need to authorize this care individually.

Second, VA may need additional time for bilateral negotiation of VA's contracts, which are structured to rely upon an authorization from VA for care (other than walk-in care under section 1725A). More time may also be needed to develop a care coordination system. Participating health information exchange providers can already obtain VA health information, but not all VCCP providers participate in health information exchanges. In these situations, it is not clear how VA could coordinate the care of such Veterans, or even if VA would know that such care was being sought until after it was received. It is similarly unclear whether this pilot program would be intended to cover the full range of services - walk-in, regularly scheduled, emergent care - and how the pilot program would interact with or supersede other statutory authorities in these areas. It seems very likely that in at least many cases, VA would only be able to monitor patient safety and outcomes retroactively, which would make implementation of a value-based model even more difficult.

Third, VA has concerns with the required metrics, as it is unclear whether community providers could report the metrics VA would use for its own programs or other metrics adopted within the industry (such as standards developed by the Centers for Medicare and Medicaid Services (CMS)).

Finally, section 302(c) would require the CICP to carry out a pilot program under section 1703E, but it is not clear whether this supersedes the waiver process required by section 1703E(f) or not. It is also not clear how this would interact with the other amendments proposed to the CICP authority under section 302(a).

VA is working on a cost estimate for this section.

Section 303: Section 303(a) would require VA, within 1 year of enactment and not less frequently than once every 3 years thereafter, in consultation with Veterans Service Organizations, Veterans, caregivers of Veterans, employees,

and other stakeholders, to submit to Congress a report containing recommendations for legislative or administrative action to improve the clinical appeals process of the Department with respect to timeliness, transparency, objectivity, consistency, and fairness. Section 303(b) would require VA to submit to Congress an annual report with information about Veterans' eligibility for and use of the VCCP, along with other data on the operations of that program.

VA supports section 303, subject to amendments. While VA supports this section, VA does have technical recommendations for the Committee to ensure the report meets the apparent intent. Specifically, VA cites concerns with the proposed reporting of appeal volume and outcomes, which also appears to inaccurately describe some existing processes. For example, VA notes that requests for community care that are not approved do not amount to a denial of care - that care, so long as it is necessary, is still furnished directly by VA.

Subsection(a) would require VA to create an advisory committee subject to FACA, the National Records Act, the Privacy Act, the Freedom of Information Act, and the Government in the Sunshine Act. However, this section does not provide sufficient guidance to VA to establish, manage, or terminate this committee. The section would need to include an official name for the committee, the mission authority of the committee, the substantive objectives and scope for the committee, the size of the committee, the official to whom the committee would report, the reporting requirements for the committee, the meeting frequency of the committee, the qualifications for committee members, the types of committee members and their term limits, whether the committee is authorized to have subcommittees, the funding for the committee, and the record keeping requirements of the committee. Alternatively, the section could strike the requirement to establish an advisory committee, or specifically exempt the working group from FACA requirements, and avoid these issues altogether.

Further, the requirements in section 303(b) are duplicative of some of the required reporting under 38 U.S.C. § 1703(m). To the extent Congress needs this information, rather than creating a separate reporting requirement in a different law, we recommend amending section 1703(m) to include the new data elements Congress is seeking.

If amended, VA does not believe the costs would be significant.

S. 410 Love Lives On Act of 2025

This bill would amend 38 U.S.C. § 103(d) to provide that the remarriage of a surviving spouse shall not bar the furnishing of benefits under 38 U.S.C. §§ 1311 or 1562 to the surviving spouse of a Veteran.

The Department is still examining the bill and is unable to provide comprehensive views at this time.

Sections 3 and 4 of this bill pertain to the Department of Defense (DoD), and VA defers to DoD on those sections.

S. 478 Veterans 2nd Amendment Protection Act of 2025

This bill would add a new section 5501B to title 38 of the United States Code, which would prohibit VA from transmitting the personally identifiable information of a beneficiary solely based on a fiduciary determination under 38 U.S.C. § 5502 to Department of Justice (DOJ) for use by National Instant Criminal Background Check System (NICS), unless there is an order or finding of a judge, magistrate, or other judicial authority of competent jurisdiction that such beneficiary is a danger to themselves or others.

VA supports this bill, subject to the availability of appropriations, but has concerns with some aspects of it.

VA notes that a person's entry in its fiduciary program is solely based on a finding that the person lacks the mental capacity to manage their VA benefits. The prohibition created by this bill would support a separate evaluative consideration regarding whether the beneficiary is a danger to themselves or others. Such consideration is not part of VA's determination to provide fiduciary services. Rather, VA's adjudication concerning the need for the appointment of a fiduciary is based on whether the beneficiary is capable of handling their own financial affairs. Under 38 C.F.R. § 3.353, a VA determination that a beneficiary cannot manage their own VA benefits is based upon a definitive finding by a responsible medical authority or medical evidence that is clear, convincing, and leaves no doubt as to the person's inability to manage his or her affairs, including disbursement of funds without limitation, or a court order finding the individual to be incompetent.

This bill would codify the prohibition for NICS reporting in the Consolidated Appropriations Act of 2024, Public Law 118-42 (CAA). Section 413 of Division A of the CAA prohibited the use of funds by VA to report certain Veterans who are deemed mentally incapacitated, mentally incompetent, or to be experiencing an extended loss of consciousness to NICS without a judicial determination that the person is a danger to himself, herself, or others. Prior to the CAA, VA was required to report to NICS all individuals determined unable to manage their funds based on regulations issued by the Bureau of Alcohol Tobacco, Firearms and Explosives (ATF) under 27 C.F.R. § 478.11, and guidance provided by DOJ in March 2013, entitled "Guidance to Agencies Regarding Submission of Relevant Federal Records to NICS."

This bill would relieve VA of determining when to provide a beneficiary's information to DOJ for the NICS database. However, VA notes that its enforcement of the Brady Act is a requirement stipulated by DOJ, and any alteration to that process should be clarified in this legislation. The Gun Control Act prohibits nine categories of persons from shipping, transporting, possessing, or receiving firearms and ammunition,

or transferring a firearm to such persons. Under 18 U.S.C. § 922(d)(4) and (g)(4), this includes any person who has "been adjudicated as a mental defective or who has been committed to a mental institution." The definition of "adjudicated as a mental defective" is implemented by DOJ under 27 C.F.R. § 478.11 and includes any individual who "lacks the mental capacity to contract or manage his own affairs." As such, VA recommends including legislative language that would clearly exempt an individual deemed incompetent for purposes of the VA fiduciary program under 38 U.S.C. § 5502 from being considered a mental defective under 18 U.S.C. § 922(d)(4) and (g)(4) on the basis of VA's determination. Without this clarification, Veterans/beneficiaries determined to need a fiduciary for VA purposes may still face possible criminal liability if they receive or possess firearms. Clarifying this issue in thebill would also alleviate concerns that this bill may lead to an increased risk for VA and the public in situations where an incompetent person could be considered a mental defective under DOJ's regulations but was not entered in the NICS database and, thus, could violate 18 U.S.C. 922(d)(4) or (g)(4) when transferring, receiving, or possessing a firearm or ammunition.

Additionally, VA understands that a beneficiary could still be considered a danger to themselves or others upon a finding or order provided by a judge, magistrate, or other judicial authority of competent jurisdiction. However, the bill does not specify timing, so it is unclear when a determination of the beneficiary's danger to themselves or others would need to be submitted by VA. VA requests clarity on when that information should be provided in relation to VA's determination to pay benefits to a fiduciary for the use and benefit of the beneficiary under 38 U.S.C. § 5502.

S. 607 Improving Veteran Access to Care Act

Section 2(a) of the bill would require VA, through the Veterans Health Administration (VHA) and the Office of Information and Technology (OIT), to establish an integrated project team (IPT) to improve the process for scheduling appointments for VA health care. Section 2(b) would state that the purpose of this section is to ensure VA delivers to VA patients and employees in a timely manner the scheduling capabilities developed by the IPT to immediately improve delivery of care, access to care, customer experience and service, and efficiency with respect to the delivery of care. Section 2(c) would establish four general objectives for the IPT: (1) to develop or continue the development of a scheduling system that enables VA patients and personnel to view available appointments for all care furnished by VA, including available appointments for all VA providers, available appointments at all VA clinics, hospitals, and other health care facilities; and available appointments at all offices providing patient care within the VA health care system, including primary care and all forms of specialty care; (2) to develop or continue the development of a self-service scheduling platform, available for use by all VA patients, which would have to enable patients to view available appointments and fully schedule appointments for all care furnished by VA at the facilities described above; if a referral is required, the platform would have to provide a method for the patient to request a referral and subsequently book an appointment if the referral is approved, and the platform would have to provide such patients with the ability to cancel or reschedule appointments; (3) to create a process through which all

VA patients can telephonically speak with a scheduler who can assist the patient to determine appointment availability and can fully schedule appointments on behalf of the patient for all care furnished by VA; and (4) to carry out such other functions, oversight, metric development and tracking, change management, cross-Department coordination, and other related matters as VA determined appropriate as it relates to scheduling tools, functions, and operations with respect to health care appointments furnished by VA.

Section 2(d) would require the IPT to carry out these defined objectives in consultation and coordination with the deployment schedule and capabilities with the deployment schedule and capabilities of the Electronic Health Record Modernization (EHRM) Program to ensure a smooth transition to using the tools and features, where relevant and appropriate, that may be created pursuant to this section, along with features in the EHRM Program. Section 2(d)(2) would establish a rule of construction that nothing in this subsection could be construed to require the IPT, VHA, or OIT to defer or delay the deployment of scheduling capabilities required by this section because of future potential planned capabilities of the EHRM Program.

Section 2(e) would require VA, not later than 180 days after enactment, to fully establish the IPT, and not later than 1 year after enactment, the IPT would have to complete the objectives under section 2(c). Section 2(f) would require VA, if it determined an objective or any feature or service in connection with that objective could not be implemented or otherwise incorporated into a final product, VA would have to submit to Congress a report within 45 days of that determination identifying the issue, explaining why it cannot be implemented or incorporated, and setting forth a plan for implementing this section without that objective, feature, or service. Section 2(g) would require VA, within 1 year and 2 years of enactment, to submit to Congress a report on VA's progress in fulfilling the requirements of this section. Section 2(h) would establish a rule of construction that nothing in this section could be construed to preclude or impede the ability of a Veteran to contact or schedule an appointment directly with a facility or provider through a non-online scheduling process, should the Veteran choose to do so.

Section 2(i) would define the appropriate committees of Congress to whom VA would have to provide reports, and the term "fully schedule", which would mean, with respect to booking an appointment, the appointment booking is completed, rather than simply requested.

VA supports this bill, subject to amendments. VA fully agrees that it can and should improve the patient scheduling experience. We are concerned, though, that specific legislation on this topic could prove problematic, as we have been and will continue to enhance scheduling capabilities, but this legislation could constrain our ability to address Veterans' needs and emerging issues.

VA previously established an IPT in 2022, and it appears this bill would duplicate some of the work done as part of that effort as well as other efforts. For example, VA is working to implement sections 131 through 134 of the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of

2022 (Division U of Public Law 117-328), which require VA to conduct a pilot program for Veterans eligible for the Veterans Community Care Program (VCCP) to use a technology that has certain capabilities to schedule and confirm medical appointments with providers participating in the VCCP.

Additionally, VA is already developing a scheduling approach that enables VA personnel and Veterans to view available appointments. It is not possible to view every available appointment at every VA facility in the country currently, but that also does not seem like a relevant or useful datapoint for Veterans or VA staff looking to schedule an appointment. If a Veteran lives and is seeking care in Anchorage, the availability of an appointment in West Palm Beach, Florida, is not particularly helpful. If such an appointment were scheduled, that could incur significant costs for travel reimbursement (if available) and complicated travel arrangements. As written, though, the bill would require the capability to see appointments at such distant facilities, which would likely be expensive and difficult to establish without clear benefit to Veterans. Limiting appointments to those that are within a reasonable distance of the Veteran's residence seems more appropriate.

VA is also working to develop a self-service scheduling platform, but not all of the objectives defined by the bill could be resolved solely through technology improvements. For example, some specialties require referrals, as noted by the bill, but in these cases, VA has found it makes more sense and results in better patient outcomes if these referrals are coordinated with the patient's primary care provider, as there may be other steps (such as imaging, lab work, etc.) that need to be completed before an appointment with the specialist would be productive. Similarly, scheduling for specialty care appointments often requires consideration of specific prerequisites, such as specialized space, equipment, document reviews, diagnostic testing, preliminary evaluations, or imaging. Schedulers and patients likely do not have all of the knowledge and information required to determine which appointment slots would be appropriate given these variables. At the very least, the bill should be amended to provide flexibility for complex situations.

VA has general concerns with a bill that would require the creation of an IPT, as VA already has the authority to do this. In terms of developing enhanced scheduling capabilities, VA recommends engaging in a human-centered design-based study that evaluates non-technical elements of the issue, such as position descriptions, staff incentives, agency policies, and additional required legislative changes (if any). Further, the bill is unclear as to whether the IPT could establish policy requirements for VA or if the IPT would only provide recommendations, subject to the review of the Secretary. If the intent is that the IPT's recommendations would be implemented as written, it would either be necessary for much more review to be completed before the IPT makes such recommendations (namely, a legal review to ensure VA has the authority to implement the recommendations, a fiscal review to ensure VA has the resources to implement the recommendations, and a policy review to ensure VA wants to implement the recommendations), or it would be necessary to accept the risk that the IPT may make recommendations VA cannot or will not implement. In the absence of any clarity from

Congress on this issue, VA would interpret the bill to require the IPT's recommendations be subject to the types of review described above.

VA also has concerns with the timeline the bill would establish; section 2(e)(2) would require the IPT to complete the objectives under section 2(c) by not later than 1 year after enactment. It is unclear if the objectives in section 2(c) would have to be fully implemented and operational at the end of this 1-year period, or if it would be sufficient for work to have begun on the identified objectives. It is unlikely that VA would be able to operationalize all of the objectives within 1-year of enactment.

Finally, VA has some technical comments on the bill it can share with the Committee if needed. For example, the bill uses both the term "patients" (which includes non-Veterans) and "veterans" (which does not include all patients); while using both terms might be appropriate, the bill appears to use them interchangeably. Additionally, the bill refers to care "furnished" by the Department; care furnished by VA also includes care delivered by non-VA providers. If the intent is to include non-VA providers, this would overlap with the requirements in Chairman Moran's bill regarding an external provider scheduling program, as well as the Veterans' ACCESS Act, which would require VA to develop a plan to establish an interactive, online self-service module to request appointments through VA and non-VA providers. The Committee should ensure that any bills it moves forward in this area are consistent and reconcilable with each other.

We look forward to working with the Senate Committee on further refining this legislation.

S. 610 Ensuring VetSuccess on Campus Act of 2025

This bill would expand the VetSuccess On Campus Program to ensure at least one counselor per State, regardless of the number of individuals in a State or at an educational institution who qualify to participate in the program. The bill would also give preference to educational institutions with the largest populations of students receiving educational assistance provided under laws administered by the Secretary.

VA supports this bill, subject to the availability of appropriations, but seeks an amendment. Section 3697B of title 38, United States Code, currently requires on-campus educational and vocational counseling to be administered by Vocational Rehabilitation Counselors (VRC) who provide services under 38 U.S.C. § 3697A. Under section 3697A, VRCs provide educational and vocational counseling and guidance, including testing and any other services determined to be necessary to increase employment opportunities, for Veteran Readiness and Employment (VR&E) participants. VRCs are hired by the VR&E program specifically for their skill and experience in assisting veterans with disabilities to return to work in suitable employment. This counseling should be provided by specialists with a unique understanding of both disability and vocational counseling.

The on-campus VRCs provide more on-campus benefits coaching and transitional support than educational and vocational counseling and spend significant time doing outreach or general VA benefits counseling as it relates to education, healthcare, and disability claims. VA requests that section 3697B be updated to allow benefits counseling on campus to be provided by a VA employee such as a legal administrative specialist (public contact or outreach specialist) rather than a VRC. VA recommends that VRCs continue to provide the educational and vocational counseling services described in section 3697A. However, transitioning the required benefits counseling on campus to employees with knowledge of VA benefits would expand the types of employees that could be hired for the program. This expansion would allow VA to recruit talent qualified to perform work that is more heavily utilized on campuses, such as outreach, applying for benefits, and coordinating on-campus services. In addition, it would allow the VR&E program to focus the limited availability of individuals qualified in the VRC profession to meet the growing demands for Chapter 31 benefit delivery.

The VR&E program needs VRCs to manage the increased workload from Veterans applying for Chapter 31 benefits and services, as well as Chapter 36. Following the enactment of Public Law 117-168, VR&E has experienced a 46% increase in claims since August 2023. This law improved access to care and benefits for those Veterans who were exposed to toxic substances during their service. When regional offices are provided with additional full-time equivalents (FTE), they focus on hiring VRCs for local growing workload demands, prioritizing the Chapter 31 caseloads to serve the highest number of Veterans and meet staffing ratio goals.

VR&E has struggled to meet the growing staffing demands, despite utilizing more flexible qualifying education requirements and targeted hiring initiatives. Expanding on-campus counseling to other types of employees would allow for VRCs' critical skills to be used towards serving the mission of the VR&E program. It would also allow FTE allocated by Congress to be filled more quickly if they do not need to meet the requirements of a VRC.

A cost estimate is not available at this time.

S. 611 Caring for Survivors Act of 2025

Section 2 of this bill would increase the dependency and indemnity compensation (DIC) rate in 38 U.S.C. § 1311(a)(1) from $1,154 to an amount equal to 55% of the monthly 100% disability compensation rate in effect under 38 U.S.C. § 1114(j). This increase would be effective for payments made after the date that is six months after date of enactment. For survivors whose DIC is predicated on the death of a Veteran before January 1, 1993, VA would be required, for months beginning after the date that is six months after date of enactment, to pay a monthly amount that is the greater of the following:

- The amount determined under section 1311(a)(3), as in effect on the day before the date of enactment.
- The amount determined under section 1311(a)(1), as amended by the bill.

Section 3 of the bill would amend 38 U.S.C. § 1318(b)(1) to reduce, from ten years to five years, the period in which a Veteran must have been rated totally disabled due to service-connected disability in order for a survivor to qualify for DIC benefits. It would further provide that, where the period of continuous rating immediately preceding death is less than 10 years, the DIC payment shall be an amount that bears the same relationship to the amount otherwise payable under section 1318 as the duration of such period bears to 10 years."

VA supports the bill, subject to amendment and the availability of appropriations. The current DIC rate, which increases in accordance with any increase of benefit amounts payable under title II of the Social Security Act, *see* 38 U.S.C. § 1311(f)(4), is $1,653.07. *See* https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/. The bill would adjust the rate to $2,107.22 (55 percent of $3,831.30, which is the 100% disability compensation rate in effect as of December 1, 2024). VA interprets this bill as allowing for the use of the current rate in effect under 38 U.S.C. § 1114(j), as well as any future increases, when calculating the DIC rate.

As to the provision requiring VA to pay the greater of the benefit under pre-amendment section 1311(a)(3) and proposed section 1311(a)(1), VA interprets the reference to section 1311(a)(3) as referring to the rates (including any cost-of-living adjustments (COLAs) in effect) at the fixed point in time of the day before the date of enactment, even if those rates are later changed. If that is not Congress's intent, an amendment to clarify section 2(b)(2)(A)(i) may be warranted.

Due to the extensive information system updates required to implement this bill and conduct oversight on said implementation, VA recommends that section 2(b)(1) be amended to an effective date of one year after date of enactment.

Section 3 would support the families of Veterans who had a total disability rating that existed for more than five years, but less than ten years, immediately preceding death. The bill is more generous than existing law by allowing some DIC for such families. However, this bill's concept of a reduced level of DIC could create complexity for survivor beneficiaries, the agency, and external partners.

First, the benefit provided to the families of Veterans with more than five years, but less than ten years, of total disability immediately preceding death would "bear[] the same relationship" to the full benefit amount as the length of the total disability rating "bears to 10 years." But, using a Veteran with five years and eight months of total disability rating as an example, Congress's intent is unclear whether VA should be providing 56.67% of the benefits it would provide for DIC based on ten years of total

disability, or if VA should round up to 57%, or to 60%. Clarification in the bill may be appropriate.

Second, VA does not currently provide a reduced level of DIC benefits in any scenario along the lines contemplated by this bill. This novel adjudication would be operationally difficult and appears to preclude automation, at least initially. VA is able to automate, and therefore expedite, provision of DIC benefits pursuant to section 1318 because VA has record of exactly how long a Veteran has received a total disability rating. This bill, however, would require VA personnel to confirm the length of total disability, determine DIC payment amount under section 1311, and then calculate a reduced DIC amount based on less than ten years of total disability. This calculation is further complicated by the incremental structure of section 1311, which allows VA to supplement the base rate when various conditions are met. It is not clear if, under the bill, the supplements would apply. For example, section 1311(b) allows VA to pay an additional $286 per month of DIC for each child of the deceased Veteran below age 18. It is not clear if the additional $286 (or a portion of that amount) would apply to the new section 1318 beneficiaries under the bill.

VA views the concept of a reduced level of DIC as being inconsistent with the intent of DIC and program integrity. As such, VA recommends removal of section 3(1) of the bill to allow section 3(2) of the bill to achieve the primary intent of DIC expansion. The effect of section 3(2) of the bill, on its own, would result in clearer and more consistent program application. VA recommends removing the novel adjudication calculations and solely retaining the expansion of DIC benefits to survivors of Veterans with a total disability rating by shortening the duration of time required for the disability to have been continuously rated. This would allow VA to continue quickly implementing the expansion while retaining the existing automation that allows the families of deceased Veterans to receive DIC benefits as quickly and accurately as possible.

The bill as written does not contain an effective date for section 3. VA interprets this to mean that any new benefit eligibility created by this section is effective from the date of enactment of the bill, and that the bill does not authorize retroactive payments. If that is not Congress's intent, an amendment to add an explicit effective date may be warranted. Should the bill be enacted as written, VA requests 18 months to implement; however, if clarification is provided regarding rate calculations VA requests 12 months to implement.

S. XXXX Veterans Fraud Reimbursement Act of 2025

This bill would improve the repayment by VA of certain misused benefits. It would amend 38 U.S.C. § 6107 in the pursuit of providing a streamlined reissuance process while shifting VA negligence considerations to program oversight.

The Department is still examining the bill and is unable to provide comprehensive views at this time.

S. XXXX External Provider Scheduling Program

Section 1(a) of this bill would establish a new section 1703H in title 38, United States Code, that would establish a national External Provider Scheduling (EPS) Program to assist VA in scheduling appointments for care and services under the Veterans Community Care Program (VCCP). The EPS Program would consist of technology that allows VA schedulers to view the schedules of VCCP providers and schedule, in real-time, appointments for care and services under that Program. VA would have to carry out the EPS Program through an existing contract entered into by VA, if feasible, or a new contract. VA would have to ensure the EPS Program (1) reduces the time (measured in days) from referral of Veterans to VCCP providers to the actual scheduling of appointments, and (2) reduces the time (measured in days and hours) for VA schedulers to schedule appointments for care or services under the VCCP. Not later than September 30 of each year (through 2028) to submit to Congress a report on VA's progress in establishing the EPS Program.

Section 1(b) of this bill would require VA to ensure the national EPS Program is available at all VA medical centers by not later than September 30, 2025. Section 1(c) of this bill would amend 38 U.S.C. § 1703, which established the VCCP, to amend the requirement that VA coordinate the furnishing of care and services by ensuring the scheduling of medical appointments for both VA providers and external providers (VCCP) refer to scheduling pursuant to the EPS Program under proposed section 1703H.

VA supports the bill, subject to amendments and the availability of appropriations. VA recognizes the benefits of implementing a centralized scheduling platform but recommends amendments to ensure compatibility with existing VA scheduling infrastructure, such as the VA Online Scheduling Application and alignment with other statutory requirements.

VA believes that the establishment of a real-time scheduling system for external providers will enhance the efficiency of scheduling Veteran care under the VCCP. This is in line with VA's ongoing commitment to reducing wait times and improving care coordination. By integrating scheduling capabilities directly into VA's existing systems, this program has the potential to significantly decrease delays between referral and appointment scheduling.

VA is already working to enhance EPS, which enables VA schedulers to book appointments directly into community providers' scheduling systems. This convenient and time-saving approach streamlines the scheduling process and enables timely care by decreasing the number of phone calls between VA staff, Veterans, and VCCP providers. However, VA does not require legislation to support EPS, and enacted legislation could limit VA's discretion to update these efforts in the future. Additionally, real-time scheduling for external providers relies upon the availability and willingness of community providers to participate and share their schedules, and both this availability

and willingness varies among the more than one million VCCP providers today. Consequently, VA would be unable schedule appointments with all providers through the EPS Program contemplated in this bill.

As noted in VA's discussion of the draft Improving Access to Care Act, this new authority would overlap with the requirements in that bill, and both bills would overlap with requirements already established in law. There may be similar overlap with several sections in the Veterans' ACCESS Act, specifically section 301 (which would require VA to develop a plan to establish an interactive, online self-service module to request appointments through VA and non-VA providers), as well as sections 101 and 202, which would expand eligibility for community care. Enactment of this bill, regarding a national EPS program, along with the Improving Access to Care Act and the Veterans' ACCESS Act, could complicate the implementation of each law. We recommend the Committee carefully consider how the proposed legislation would fit within the existing statutory requirements so that duplication and waste do not result.

We have technical recommendations on the bill as well. For example, proposed section 1703H(b) states that the EPS Program "shall consist of technology", but it would be unusual to describe technology as a Program. VA would likely need staff to maintain and update the technology; this would include both technical staff (to actually input the code required for the technology) and administrative staff to advise on the operations and policy of the Program. While these would be necessary, it is not clear that the language of proposed subsections (b) and (c) (regarding use of contracts) would authorize these additional resources. Subsection (c) would require VA to use a contractor, which may be a viable option, but we recommend against mandating the use of a contract in law. VA can provide technical assistance on these provisions if needed.

Further, proposed subsection (d) would require VA to ensure the Program reduces time to actual scheduling of appointments and the time for VA schedulers to schedule appointments, but this is unclear for two reasons. First, it is not clear what the baseline is: is it the date of enactment (i.e., VA must measure the time to schedule as of the date of enactment and ensure that the time to schedule remains below that threshold), or is it a continual requirement (i.e., VA must continue to reduce, every day, the amount of time it takes to schedule)? Further, what is the remedy for non-compliance? In other words, if VA is not able to reduce the time, whether permanently or even temporarily, is there a legal or financial consequence? Absent further amendments from the Committee, VA would interpret this language to require VA to reduce the time to schedule compared with the date of enactment, and that there would be no legal consequence if the time to schedule exceeded that baseline. We also do not believe the deadline, to make the national EPS Program available at all VA medical centers by September 30, 2025, is realistic. VA would be happy to work with the Committee to address these and other issues.

VA continues to develop a cost estimate for this bill.

S. XXXX Representing VA with Accuracy Act (REP VA Act)

This bill would establish a new section 6321 in title 38, United States Code, that would require VA, not later than January 1, 2026, to ensure that any call made to a Veteran by an employee or a contractor of VA regarding services or benefits furnished by VA is made from a single, well-known telephone number and uses caller identification branding that indicates to the Veteran that the call is from or on behalf of VA. Not later than January 1, 2026, VA would have to ensure the Veterans Health Administration (VHA) has at least one call center in each of the major time zones (Eastern, Central, Mountain, Pacific, Alaska, and Hawaii) for the United States to address concerns regarding appointments and referrals for VA health care. VA would not be required to have a call center in any location generally within a time zone that does not follow daylight time.

VA supports this bill, subject to amendments and the availability of appropriations. VA agrees with the intent of this legislation but is concerned this bill could raise significant challenges in implementing as written. VA looks forward to working with the Committee to amend this bill to ensure its efforts to make Veterans and others aware of VA's outreach do not present burdens on Veterans or divert resources in VA from benefit delivery and patient care.

VA fully agrees that providing clear means of communication, and clearly identifying that communication as being from VA, is important to ensuring that Veterans receive and respond to VA outreach. Currently, all Veterans Benefits Administration (VBA) employees and contractors are required to identify themselves as a VA employee (or identify their affiliation with VA) at the start of every outbound benefits-related call. This is a consistent protocol in place across all business lines of VBA. For example, when a VBA employee contacts a Veteran regarding their claim or other issue, they are required to complete either a higher-level review worksheet or a VA Form 27-0820, *Report of General Information*. VBA has worked with VBA-contracted examination vendors so that any call placed to a Veteran displays the telephone number and name of the exam vendor that VBA has shared with the Veteran through GovDelivery emails. This method allows for improved call acceptance rates and reduced opportunity for fraud or telephone number spoofing.

The requirements in section 2(a) are congruent with VA's current use of national branding of the VBA hotline (1-800-827-1000) and the VA Solid Start program (1-800-827-0611). VA's calls are placed from the same number with branded caller ID to ensure Veterans, survivors, and other stakeholders recognize the call is coming from VA. This method allows for improved call acceptance rates and reduced opportunity for fraud or telephone number spoofing.

An alternative approach may be to establish a single, national, and well-known phone number from which all outgoing calls made on behalf of VA show up on the recipient's device (for example, 1-800-827-1000 is a well-known VBA contact number). VBA anticipates that this approach will be more efficient, cost-effective, and require no changes to the workload management system already employed by the agency.

However, even if VBA makes every effort to standardize the caller identification branding, the Veteran still may not receive the correct caller information, because the call receiver's telecommunications carrier directs the displayed information.

We appreciate that the current draft addresses many technical issues VA previously identified with an earlier version. VA does have a number of concerns with this bill, though. Initially, the scope of the bill is too broad to be implemented as written. Proposed section 6321(a) would require VA to "ensure that any call made to a veteran by an employee or contractor of the Department regarding services or benefits" is made from a single, well-known telephone number. Contractors, particularly health care providers in the community, would be unable to use this single telephone number. We also have some concern that if there is a single phone number used as an outbound number "regarding services or benefits furnished by the Department", Veterans, family members, and survivors of Veterans who attempt to call that number back may be unable to reach the individual who can assist them. Calls regarding education benefits, memorial benefits, and health care (including both care furnished in VA facilities and through the Veterans Community Care Program) would all be received by a single number. The contractors conducting Compensation and Pension (C&P) examinations for VBA call from proprietary systems, and VA already provides the caller ID and contact information to Veterans for whom examinations have been requested. In accordance with the Veterans Benefits Improvement Act of 2024 (Public Law 118-196), VA is creating an outreach plan to ensure greater awareness of the vendor contact information. Additionally, VA's examination contractors also provide services to the Department of Defense, and thus they do not make calls solely on behalf of VA. This legislation could require these contractors to have to transfer between two or more phone systems, which increases the risk of errors and confusion.

By requiring a single number be used, VA anticipates Veterans and others will attempt to contact this number for information. The incoming call volume to this single number from individuals attempting to contact VA could be substantial, and the administrative requirements to ensure those calls are directed to the right resource would need significant resources to support. This could result in delayed benefits or appointments and a worse customer experience. In the case of missed calls, voicemails left with this number may be confusing or cause undue suspicions of fraud if the message instructs the Veteran to contact a telephone number other than what is displayed on their caller ID. It is important to note that, even if VA makes every effort to standardize the caller identification branding, the Veteran still may not receive the correct caller information, because the call receiver's telecommunications carrier directs the displayed information.

VA also notes that section 2(a) would only apply to Veterans; VA services and benefits are provided to spouses and children of Veterans and former Service members who have not attained Veteran status, among others. If VA only set up the system described in section 2(a) for Veterans, this would result in disparate treatment for survivors, other beneficiaries, and their representatives. Congress could address this

through use of another term, such as “claimant”, “beneficiary”, “interested person” or some other term. VA is available to provide technical assistance on this as needed.

Additionally, but related, the timeframe for implementation (by January 1, 2026) is not a sufficient amount of time to ensure total compliance with this requirement. VA could begin implementation by that date, but it would not be able to comply fully with the bill as written. If contractors are required to use this phone number, which again may not actually be possible, VA would need to renegotiate contract terms to ensure compliance; this would require time and additional cost to VA.

Regarding section 2(b), we would appreciate the opportunity to discuss the Committee’s concerns to identify areas where we can work together to improve Veterans’ experiences. VA believes that the bill, as drafted, includes specific requirements that would increase costs to VA, even though VA’s current efforts seem to address the immediate focus of this bill. VHA operates clinical contact centers (CCC), also known as VA Health Connect, which is a coordinated system of diverse, dedicated, and Veterans Integrated Service Network (VISN)-aligned administrative and clinical professionals. CCC provides Veterans dedicated access to care and services virtually (e.g., by phone, video, chat, email) to address acute and episodic care. CCC administrative and clinical staff deliver a range of health care services with 24-hour access, and their goal is to attain “first contact resolution” of needs. CCC serves as an extension of VA medical facility-based health care teams and work collaboratively to ensure continuity of care and care coordination using clinical decision support tools.

It is VHA policy that Veterans receiving VA health care have access 24 hours a day, 7 days a week to care via telephone and other virtual modalities to obtain clinical and administrative information, clinical triage, and medical care services through CCCs serving Veterans in every VISN in every U.S. time zone, as well as Guam and the Republic of the Philippines.

In Alaska, for example, the Veterans Integrated Service Network (VISN) 20 VA Health Connect Call Center takes in all calls for Veterans who have clinical concerns, medication needs, and primary care scheduling. In addition, the VA Alaska Health Care System (HCS) has a local community care department call center that can address and route any referral or concerns about internal and external referrals. In Hawaii, the VISN 21 Clinical Contact Center provides virtual contact services for Veterans in Hawaii. These services include scheduling for primary care appointments only, while the VA Pacific Islands HCS supports scheduling for mental health and specialty services, including referrals. VA is concerned that the resources needed to establish dedicated call centers in these time zones could be better used enhancing the services VA can provide.

VA does not have a cost estimate for this bill but anticipates that a contract for caller identification branding would cost approximately $7.4 million. We further note that VA Insurance programs are funded through policyholder premiums, but these programs use multiple phone numbers that display when calls are made. VA’s Insurance

programs would need to change systems to have a single, well-known phone number display when a Veteran is called. Because the program is funded by premiums, these premiums would increase to account for the new requirements.

S. XXXX Veterans' Claims Act of 2025

This bill would reinstate criminal penalties for charging unauthorized fees for presenting, preparing, or prosecuting VA benefits claims. The bill would also expand when fees could be charged, who could become accredited by VA, and the related obligations on VA.

The Department is still examining the bill and is unable to provide comprehensive views at this time.

S. XXXX VetPAC Act of 2025

Section 2(a) of this bill would create a new section 7310B in title 38, United States Code, establishing a Veterans Health Administration Policy Advisory Commission (the Commission). The Commission would be composed of 17 members appointed by the Comptroller General; at least 2 members would have to be Veterans. Proposed section 7310B(b) would further define the qualifications of members of the Commission and would include information regarding ethical disclosure of certain information. Proposed section 7310B(c) would set forth terms regarding the period of appointment for members of the Commission and how vacancies would be addressed. Proposed section 7310B(d) would require the Commission to meet at least annually and would require a majority of the members of the Commission to constitute a quorum (although a lesser number of members could hold hearings). Proposed section 7310B(e) would provide for the appointment of a Chairman and Vice Chairman of the Commission.

Proposed section 7310B(f) would set forth the duties of the Commission; these would include reviewing VHA operations and preparing reports for Congress based on these reviews. The Commission would have to conduct periodic reviews of a range of topics, including but not limited to information technology (IT) infrastructure at VA medical facilities, referrals to care in VA and non-VA facilities through the Veterans Community Care Program (VCCP), access and wait times at VA and non-VA facilities through the VCCP, quality of care in VA and non-VA facilities through the VCCP, workforce issues, patient satisfaction and customer service at VA and non-VA facilities through the VCCP, the training of health care providers and standards of care at VA and non-VA facilities through the VCCP; the long-term budgetary outlook of VHA; procurement of supplies at VA medical facilities; VA's research program; hospital construction, leasing, and capital requirements; and the interaction of care under the Medicare Program, the Medicaid Program, the TRICARE Program, commercial health plans, and VA health care. In carrying out these requirements, the Commission would have to review the effect of policies under title 38 on the delivery of health care to Veterans and assess the implications of changes in health care delivery for Veterans in

the United States (US). If VA or the VA Office of Inspector General (OIG) submitted a report to Congress that is required by law and relates to policies for health care furnished under the laws administered by VA, VA would have to transmit a copy of that report to the Commission as well. In carrying out its requirements, the Commission would have to consult periodically with the chairmen and ranking members of the Committees on Veterans' Affairs of the House of Representatives and the Senate (HVAC and SVAC) regarding the agenda of the Commission and its progress toward achieving that agenda. The Commission could conduct additional review and submit additional report to Congress from time to time on such topics as may be requested by the Chairman and members as the Commission determines appropriate. The Commission also could conduct special studies requested by the chairmen and ranking members of HVAC and SVAC as the Commission determines appropriate. Before making any recommendation to Congress, the Commission would have examined the budget consequences of such recommendations, directly or through consultation with appropriate expert entities. The Commission would have to submit to Congress a report by March 15 of each year containing the results and recommendations of its review of VHA's operations. Recommendations included in these reports may be included if a simple majority of the members of the Commission vote to include the recommendation in the report.

Proposed § 7310B(g) would allow the Commission to employ and fix the compensation of an Executive Director and other personnel; it could also seek assistance and support as may be required in the performance of its duties from appropriate departments and agencies of the Federal or State governments. Additionally, it could enter into contracts or make other arrangements as necessary for the conduct of the work of the Commission without regard to section 3709 of the Revised Statutes (41 U.S.C. § 5) and could make advance, progress, and other payments that relate to its work. Finally, the Commission could provide transportation and subsistence for individuals serving the Commission without compensation and prescribe such rules and regulations as necessary with respect to its internal organization and operation. The Commission would have to utilize existing information collected and assessed either by its own staff or under other arrangements; carry out, or award grants or contracts for, original research and experimentation, if existing information is inadequate; and adopt procedures allowing any interested party to submit information for use by the Commission in making reports and recommendations. The Commission could secure directly from any relevant department or agency of the US health care information the Chairman determines would be helpful to enable the Commission to carry out this section, and the head of a US department or agency would have to furnish information requested on an agreed upon schedule or not later than 180 days after the date of the request.

Proposed § 7310B(h) would set forth terms and conditions for compensation and travel expenses for members of the Commission, as well as establish rules regarding the treatment of personnel for purposes of pay and employment benefits, rights, and privileges. Proposed § 7310B(i) would permit Federal employees to be detailed to the Commission without reimbursement and without interruption or loss of civil service

status or privileges. Proposed § 7310B(j) would state the Commission would provide to the Comptroller General, the Congressional Research Service, and the Congressional Budget Office unrestricted access to all deliberations, records, and non-proprietary data of the Commission within 30 days after such access is requested. Proposed § 7310B(k) would require the Commission to submit requests for appropriations in the same manner as the Comptroller General normally does, but such amounts appropriate for the Commission would be separate from amounts appropriated for the Comptroller General. There would be authorized to be appropriated such sums as may be necessary to carry out this section.

Finally, section 2(c) would require the initial appointments of members of the Commission to be made not later than 280 days after the date on which amounts are first appropriated to the Commission.

VA supports this bill, subject to amendments and the availability of appropriations.

We note the Commission's scope of review and responsibilities would seemingly be very similar to those conducted under the quadrennial VHA review required by 38 U.S.C. § 7330C and the decennial independent assessments of health care delivery systems and management processes under 38 U.S.C. § 1704A. These current efforts, in addition to those reviews conducted by OIG, the Government Accountability Office, the Office of the Medical Inspector, and the Office of Special Counsel, may already provide the oversight and information the Commission would gather at no additional cost.

We have some concerns that, if not well coordinated, the Commission could impede VA's ability to respond quickly to address Veterans' needs if it is requesting information or conducting investigations while VA is attempting to respond to a new problem.

We also have technical comments on the bill. First, placement of this authority in subchapter I of chapter 73 of title 38 does not seem appropriate; the other sections in that subchapter refer to the organizational structure and functions of VHA itself, while the Commission would not be a part of VHA. Placement in chapter 73 leads to a statutory conflict with provisions related to authorities of the VA Secretary and is inconsistent with apparent Congressional intent. *See, e.g.* 38 U.S.C. §§ 7306(a)(12), 7306(f), and 7421(b)(9).

Second, section 2(f)(3) would require the Commission to review the effect of policies under title 38 on the delivery of health care to Veterans and assess the implications of changes in health care delivery for Veterans in the US; however, VA is not limited to only providing health care in the US. Through the Foreign Medical Program, and pursuant to amendments made by the Compact of Free Association Amendments Act of 2024 (Title II, Division G, of Public Law 118-42), VA can furnish care outside the US in certain circumstances. If the intent is to exclude this care, no

changes to the bill are needed; if this was not the intent, the bill should be amended accordingly.

Finally, the Commission does not appear to be subject to the Federal Advisory Committee Act (5 U.S.C. § 1001 et seq.). In this regard, the Commission's work would not generally be publicly available, and so this could raise concerns from a viewpoint focused on public transparency.

S. XXXX Veterans Mental Health and Addiction Therapy Quality of Care Act

Section 2(a) of this bill would require VA, within 90 days of enactment, to seek to enter into an agreement with an independent and objective organization outside of VA to conduct a study on the quality of care difference between mental health and addiction therapy care delivered by VA providers compared to non-VA providers across various modalities, such as telehealth, inpatient, intensive outpatient, and residential treatment. The organization would have to submit to Congress and publish on a publicly available website a report containing the final results of the study. Section 2(b) would require VA to ensure the organization is able to complete these requirements by not later than 18 months after the date the agreement is entered into. Section 2(c) would require the report to include an assessment of the amount of improvement in health outcomes from start of treatment to completion, including symptom scores and suicide risk using evidence-based scales (including the Columbia-Suicide Severity Rating Scale); whether VA and non-VA providers are using evidence-based practices in the treatment of mental health and addiction therapy care, including criteria set forth by the American Society of Addiction Medicine; potential gaps in coordination between VA and non-VA providers in responding to individuals seeking mental health or addiction therapy care, including the sharing of patient health records; implementation of Veteran-centric care; whether Veterans with co-occurring conditions receive integrated care to holistically address their needs; whether providers monitor health outcomes continually throughout treatment and at regular intervals for up to 3 years after treatment; and the average length of time to initiate services (including a comparison of the average length of time between the initial point of contact after patient outreach to the point of initial service, as measured or determined by VA).

VA supports this bill, subject to amendments and the availability of appropriations. VA certainly appreciates and understands the interest in ensuring that Veterans receive high quality mental health and addiction therapy care; indeed, VA already has the authority to compare VA and non-VA mental health and substance use disorder (SUD) care and VA already evaluates the quality of its programs under several existing authorities and reports its findings to Congress under several laws. We believe the bill could be amended to build on some of these requirements to assemble the requested information.

VA regularly conducts robust reviews of its mental health and SUD care. For example, since 2013, VA has been required to provide to Congress semi-annual reports on developing and implementing measures and guidelines for mental health services,

pursuant to section 726 of the National Defense Authorization Act for Fiscal Year 2013 (Public Law 112-239; 38 U.S.C. § 1712A, note). Since 2015, VA has been required to provide for the conduct of an evaluation of the mental health and suicide prevention programs carried out by VA, pursuant to 38 U.S.C. § 1709B, as added by section 2 of the Clay Hunt SAV Act (Public Law 114-2). VA submits annual reports to Congress with this information, which requires elements similar to those set forth in this bill, such as metrics that are common among and useful for mental health practitioners, the effectiveness of mental health and suicide prevention programs, the cost-effectiveness of these programs, and patient satisfaction. Further, since 2016, VA also has been required to submit annual reports to Congress under 38 U.S.C. § 1706(b)(5) to determine compliance, by facility and Veterans Integrated Service Network (VISN), with requirements under § 1706(b) that includes information on "recidivism rates associated with substance-use disorder treatment". Additionally, under section 104(e) of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (Public Law 118-210), VA is required to conduct an audit, through one or more contracts with a non-VA entity, on the quality of care from VA, including through non-VA health care providers. Between these four reporting requirements, we believe VA could provide much of the information this bill would require. To the extent there are elements that would not, VA believes it would be easier to examine this information as part of its compliance with existing statutes, which could include conducting a study that addresses the elements of the draft bill with external independent review of VA's analyses. Of note, the marginal cost to do so as part of current efforts would likely be much less than the costs of an entirely new study. VA will work to address the concerns underlying this bill in its implementation of existing statutory requirements, such that further legislation would not be necessary.

Similar to comments on the External Provider Scheduling bill and the Improving Access to Care Act, this bill would overlap with provisions in the Veterans' ACCESS Act, which could impair the ability of the non-VA organization contemplated this bill to make valid comparisons and assessments. VA recommends the Committee consider carefully how these provisions would interact if both were enacted to ensure there is no frustration of purpose between them.

VA has technical comments on this bill we can provide to the Committee upon request. Element (6) under subsection (c), which would require an assessment of whether providers monitor health outcomes continually throughout treatment and at regular intervals for up to three years after treatment, in particular is problematic. For example, this requirement would require bilateral contract modifications to compel providers to track and report certain information, which would increase VA costs and would not necessarily result in consistent data. Additionally, Veterans may have different choices in terms of where to receive care over time, and this could interfere with the non-VA organization's ability to determine whether providers continue to monitor patients over time. These and other factors could compromise the ability to make meaningful conclusions on outcomes. We would appreciate the opportunity to discuss this further.

S. XXXX Servicemembers and Veterans Empowerment and Support Act of 2025

This bill contains three titles and a total of 12 sections. Each section is discussed in detail below.

While the discussion below provides VA's views on each section, **VA generally supports the draft bill, subject to the availability of appropriations**, which is aligned in many ways with VA's significant efforts to improve the provision of health care and benefits related to MST. VA appreciates that this version of the bill incorporates revisions VA previously recommended through technical assistance and testimony.

Section 101: Section 101 would require VA, not later than 1 year after enactment, to submit to Congress a report on military sexual trauma (MST) in the digital age. The report would have to include a comprehensive evaluation and assessment of current VA statutes, regulations, and agency guidance relating to MST for the purposes of access to health care under chapter 17 of title 38, United States Code (U.S.C.) and compensation under chapter 11 of title 38, U.S.C. The evaluation and assessment would need to identify gaps in coverage for health care and compensation eligibility relating to MST involving online or other technological communications and the feasibility and advisability of expanding health care and compensation for trauma that is nonsexual in nature involving online or other technological communications. It would also need to include recommendations for revising statutes, regulations, and agency guidance in response to this evaluation and assessment. In carrying out the evaluation and assessment, VA would have to consult Veterans Service Organizations and such other stakeholders as VA considers relevant and appropriate. MST would be defined, with respect to eligibility for health care, to have the meaning given that term in 38 U.S.C. § 1703D(f), as would be added by section 301 of the bill; with respect to eligibility for compensation, it would have the meaning given that term in 38 U.S.C. § 1166A(i), as would be added by section 203 of the bill.

VA has no objection to this section.

VA has no objection to this section because it is only a reporting requirement. Previously, VA has agreed with examining online or other technological communications in the context of MST, and both the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA) have coordinated to identify gaps in this area that could be the basis for this report. VHA and VBA have developed recommendations considering the value and application of an institutionally recognized definition of "technological abuse." One statutory gap identified by VHA and VBA involves VBA's definition of MST in 38 U.S.C. § 1166(d)(2) and VHA's definition of sexual harassment under its MST treatment authority under 38 U.S.C. § 1720D(f). The definition of MST, in proposed section 1166A(i), aligns with VHA's and VBA's recommendations.

VA notes that the consultation requirement under subsection (c) could implicate the Federal Advisory Committee Act (FACA; 5 U.S.C. § 1001, *et seq.*). If VA instead

consulted through notices in the Federal Register or public meetings, VA could avoid needing to take steps to comply with the FACA.

VA further notes that the bill would establish two separate definitions for the term MST, one in section 1720D(f) (as would be added by section 301 of the bill) and one in section 1166A(i) (as would be added by section 203 of the bill). While these definitions are similar, they are not identical. Both would include physical assault of a sexual nature, battery of a sexual nature, or sexual harassment, but when and where these events occurred would differ. For purposes of section 1720D(f), it would include these events if they occurred on duty, regardless of duty status or line of duty determination, while under section 1166A(i), these events would have to have occurred while the Veteran was serving in the active military, naval, air, or space service. Additionally, the populations covered would vary as well. For purposes of section 1720D(f), any member of the Armed Forces would be included, while members of the Armed Forces would not be included under section 1166A(i). Former members of the Armed Forces, which would be defined as a person who served on active duty, active duty for training, or inactive duty training, and who was discharged or released therefrom under any condition that is not a discharge by court martial or a discharge subject to a bar to benefits under 38 U.S.C. § 5303, would be included under section 1720D(f) but not under section 1166A(i). While VA acknowledges that the two different definitions reflect differing requirements for provision of health care versus provision of compensation benefits, the use of these two varying definitions in part of a single comprehensive assessment and evaluation could make coordination and review more complicated. The Committee might consider adding a single definition to 38 U.S.C. § 101 reflecting that MST includes physical assault of a sexual nature, battery of a sexual nature, or sexual harassment, and then providing criteria for application of such definition in updated 38 U.S.C. § 1720D and 38 U.S.C. § 1166A to reduce confusion.

VA estimates the additional costs for this section would be minimal.

Section 201: Section 201 would define, for purposes of title II of this bill, the term MST as having the meaning given that term in 38 U.S.C. § 1166A(i), as would be added by section 203 of this bill.

VA has no objections to this section.

VA has no unique objections to this section because it simply adopts a definition for a term used throughout this title. VA noted some concerns with applying two different definitions of MST in the discussion of section 101 above, though.

VA does not have a cost estimate for this section.

Section 202: Section 202 would amend 38 U.S.C. § 1166(d) to define the terms "covered mental health condition" and MST to have the meanings given those terms in section 1166A(i), as would be added by section 203 of this bill.

VA has no objection to this section.

VA notes that conditions other than a covered mental health condition may result from MST. VA recommends considering amending 38 U.S.C. § 1166(a)(1) to state, "The Secretary shall establish specialized teams to process claims for compensation for a condition, which includes a covered mental health condition based on military sexual trauma experienced by a veteran during active military, naval, air, or space service."

VA does not have a cost estimate for this section.

Section 203: Section 203 would create a new 38 U.S.C. § 1166A, regarding evaluation of claims involving MST. The proposed section 1166A(a)(1) would require VA to consider in claims for a covered mental health condition related to MST: 1) a diagnosis of such mental health condition by a mental health professional; 2) a link, established by medical evidence, between current symptoms and MST; and 3) credible supporting evidence, in accordance with subsections (b) and (c) that the claimed MST occurred. The proposed section 1166A(a)(2) would require VA to record in full the reasons for granting or denying service connection in such cases.

Proposed section 1166A(b)(1) would prescribe that evidence from sources other than the official records of the Department of Defense (DoD) regarding the Veteran's service or evidence of a behavior change following the MST event may corroborate the Veteran's account of the trauma. Proposed section 1166A(b)(2) would provide examples of such evidence.

Proposed section 1166A(c)(1) would state that evidence of behavior change following MST is one type of relevant evidence that could be found in sources described in subsection (b). Proposed section 1166A(c)(2) would provide examples of behavior changes that may be relevant evidence of MST.

Proposed section 1166A(d) would prohibit VA from denying an MST-related disability compensation claim for a covered mental health condition without first advising the Veteran regarding evidence that may constitute credible corroborating evidence of MST and allowing the Veteran an opportunity to furnish such evidence or advise VA of potential sources of such evidence.

Proposed section 1166A(e) would state that, in reviewing a claim for compensation for a covered mental health condition based on MST that was incurred in or aggravated by active military, naval, air, or space service, for any evidence from non-military sources or evidence of behavior changes, VA would have to submit such evidence to such medical or mental health professional as VA considers appropriate, including VA clinical and counseling experts, to obtain an opinion as to whether the evidence indicates that MST occurred.

Proposed section 1166A(f) would require VA to ensure that each document provided to a Veteran related to an MST-related disability compensation claim includes contact information for an appropriate point of contact within VA.

Proposed section 1166A(g) would require VA to ensure that all MST-related disability compensation claims are reviewed and processed by a specialized team established under section 1166.

Proposed section 1166A(h) of the bill would include a rule of construction prohibiting VA from construing this section as supplanting the standard of proof or evidence required for claims for posttraumatic stress disorder (PTSD) based on non-sexual personal assault, which VA would continue to define in regulation.

Proposed section 1166A(i) would define the term "covered mental health condition" to mean PTSD, anxiety, depression, or other mental health diagnosis that VA determines to be related to MST and which may be service-connected under 38 U.S.C. § 1110. The term "mental health professional" would mean a provider in the field of mental health who meets the credential, licensure, education, and training requirements established by the Secretary. The term MST would mean, with respect to a Veteran, a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment that occurred while the Veteran was serving in the active military, naval, air, or space service.

Finally, section 203(b) of the draft bill would require VA, within 180 days of the date of the enactment of the bill, to implement an informative outreach program for Veterans regarding the standard of proof for evaluation of MST-related claims, including requirements for a medical examination and opinion. Targeted outreach would be required to the extent practicable, to Veterans who submitted a claim relating to MST that was denied.

VA supports this section, subject to amendments.

VA generally supports this section but has identified several provisions that should be amended for clarity.

VA supports the broadened application of using credible supporting evidence, to include non-DoD evidence and evidence of behavior changes (alternative sources), with a link and diagnosis of any covered mental health condition in claims related to MST. In regulation, VA permits use of such credible supporting evidence with a link and diagnosis of PTSD in claims related to personal assault. Pursuant to 38 C.F.R. § 3.304(f)(5), this evidentiary standard is applied to claims for PTSD based on personal assault, which includes traumatic events beyond MST. The draft bill would create a separate standard for non-PTSD mental health conditions for a personal assault, other than MST.

VA recognizes that other mental health conditions beyond PTSD may be associated with a personal assault. As written, this proposed section would limit application of alternative sources of credible supporting evidence for a covered mental health condition other than PTSD to a claim only related to MST, not any personal assault, which is more limiting than VA's current regulation. To better serve this population, the VA's Office of General Counsel (OGC) recommended use of "personal trauma" rather than "personal assault." In VA's Adjudication Procedures Manual (M21-1), MST is identified as a subset of personal trauma. M21-1 defines personal trauma, for the purpose of disability compensation claims, as broadly referring to stressor events (also referred to as "personal traumatic event") involving harm perpetrated by a person who is not considered part of an enemy force. VA requests additional discussion with the Committee regarding the scope of proposed section 1166A.

VA notes that proposed section 1166(c)(1) states that evidence of behavior change following MST is one type of relevant evidence that may be found in sources described in subsection (a), but subsection (a) does not describe sources of evidence. If the intent is to indicate that evidence of behavior changes may be found in the "nonmilitary sources of evidence" in subsection (b), VA suggests striking "such subsection" and replacing it with "subsection (b)."

Finally, VA notes the proposed rule of construction in proposed section 1166A(h) may be unnecessary as the evidentiary threshold that allows use of credible evidence aligns with the current regulation.

VA does not have a cost estimate for this section.

Section 204: Section 204 would amend 38 U.S.C. § 1165 to require VA to ensure that Veterans who require a medical examination in support of a claim for compensation for a mental or physical health condition that resulted from MST (as defined in section 1166A(i), as would be added by section 203 of this bill) to request that the examination take place at a VA medical facility by a qualified VA employee rather than at a location designated by a VA contractor that performs such examinations on VA's behalf. VA would have to grant any request by a Veteran if a VA medical facility is available within 100 miles of the Veteran's home, and VA could not issue a decision on a claim before the requested examination is complete (or notice, as described below, is provided). If a VA medical facility is not available within 100 miles of the Veteran's home, VA would have to notify the Veteran and provide the Veteran the opportunity to have an examination completed by a VA contractor or to complete the examination at a VA medical facility further than 100 miles from the Veteran's home.

VA has no objection this section.

VA has no objection to this section because VA generally supports allowing Veterans to choose where to receive their disability examinations. This section supports a Veteran-centric approach to claims processing.

However, this section would require changes to MST claims processing and require additional effort on the part of claims processors to ensure VA notifies Service members and Veterans of all options, which may cause delays in claims processing. Further, claims processors are required to check the Examination Request Routing Assistant (ERRA) tool and, if the nearest VHA facility has the ability and capacity to complete the examination required, route the request to VHA as it is always the preferred location for examinations.

VA notes that the requirements regarding the locations of VA medical facilities relative to a Veteran's home vary in several ways from how VA determines access for purposes of health care. First, for purposes of health care access, VA uses average driving time, not total number of miles, as a more accurate measure of how accessible a VA facility is. Second, the proposed section 1165(c)(2)(A) describes a VA medical facility as "available", but it does not define this term. It is unclear if a facility would be considered "available" if it were open and operational but incapable of scheduling a medical examination due to the lack of providers, or if it would be available if there were providers who could perform the examination but not in a reasonable period of time. If Congress does not further define what "available" is, VA would interpret this as a delegation of authority to VA to define these parameters, but we recommend Congress expressly state this to ensure any challenge to the Department's interpretation is afforded appropriate review by a court under Loper Bright. Third, for health care access, VA identifies facilities that are within certain average driving times of the Veteran's residence, while section 1165(c)(2)(A) and (3)(B) refer to "the veteran's home". Some Veterans may not have a home, or they may have more than one home; VA has found that use of the term "residence" provides more flexibility to ensure that these calculations can be made and that they are meaningful as well.

VA does not have a cost estimate for this section.

Section 205: Section 205(a) would require VA to establish a board to review correspondence relating to MST. The board would consist of VA employees who are experts in MST and mental health, with at least one appointed from among VHA mental health providers, one expert from VBA on sexual assault and sexual harassment, and one expert on sexual assault and sexual harassment from the Board of Veterans' Appeals. The board would have to review standard correspondence from VA to individuals who have experienced MST for sensitivity and ensure the correspondence treats such individuals with dignity and respect while not re-traumatizing them. The term "individual who has experienced MST" would mean an individual who has filed a claim for compensation under chapter 11 of title 38, U.S.C., Veterans who have been awarded compensation under such chapter relating to MST, or members of the Armed Forces (including a member of the National Guard or Reserve), former members of the Armed Forces, or Veterans who are receiving care from VA relating to MST.

Section 205(b) would amend 38 U.S.C. § 5103 to add new subsection (c) requiring that any written correspondence under that section to an individual who has experienced MST includes contact information for VBA and VHA MST coordinators, the

Veterans Crisis Line, the VA health care facility closest to where the individual resides, and the Vet Center closes to where the individual resides. Information on the eligibility of the individual for services provided through the Vet Center a definition of Vet Center meaning the term in 38 U.S.C. § 1712A(h) would be included. Section 205 would also amend 38 U.S.C. §§ 5104, 5104B, and 7104, to require the same information.

VA does not support this section.

VA does not support this section because it is unnecessary.

VA appreciates the recommendation to establish a board to review correspondence related to MST, however, it would be duplicative of current efforts. VA has an established workgroup that consists of members from VHA, VBA, and the Veterans Experience Office (VEO), who review MST-related language used in correspondence sent by VA and in work products. This workgroup collaborated on the implementation of section 2(b) of Public Law 117-300, which required audit and modification of the denial letters sent with claims involving MST. VA expanded this effort to include all decision notices and language used in rating narratives. The group is continuing its work with recommendations to improve language used in other sent correspondence that involves MST. VA notes there is a separate effort with a broader scope of reviewing all letters to be trauma informed and in plain language.

VA also implemented section 2(a) of Public Law 117-303. VA includes information on the Veterans Crisis Line, information on how to make an appointment with a mental health provider, information on available resources relating to MST (including information on VHA MST Coordinators), and information on how to make an appointment with mental health providers trained in MST issues and peer support specialists in certain correspondence. This language is included in MST development letters, examination appointment notification letters, and decision notice letters. VA already includes this information in correspondence sent to MST claimants throughout the claim process.

Section 205(a)(4) would define an individual who has experienced MST. Subparagraph (C) would state, “a member of the Armed Forces (including a member of the National Guard or Reserves), former member of the Armed Forces or a Veteran who is receiving care from the Department relating to military sexual trauma.” VA recommends providing clarity with use of the term “receiving care from the Department.” As written, there is ambiguity with what constitutes as “receiving care.” VA recommends considering expanding this language to a Veteran who is enrolled in the patient enrollment system under 38 U.S.C. § 1705 or eligible under 38 C.F.R. § 17.37 to receive care notwithstanding the failure to enroll in VA health care.

VA notes that the requirements to provide contact information for the Vet Center closest to where the individual resides may miss other Vet Center resources, such as Outstations or Mobile Vet Centers, which may be able to offer the same Readjustment Counseling Services the individual is eligible to receive and requires but closer to home.

We also note that, unlike section 204, these amendments refer to the individual's residence, not home. We recommend referring to the residence, as noted in the discussion of section 204 above.

VA does not have a cost estimate for this section.

Section 206: Section 206 would require VA to conduct a study on the quality of training provided to VA personnel who review MST-related disability compensation claims and the quality of VA's procedures for reviewing the accuracy of the processing of such claims. The study would be required to include, with respect to the quality of such training, whether VA ensures personnel complete such training on time, whether the training has resulted in improvements to the processing of MST claims and issue-based accuracy, and recommendations for improving the training. The study would be required to include, with respect to the quality of procedures for reviewing the accuracy of MST claims, whether the procedural comport with generally accepted statistical methodologies to ensure reasonable accuracy of such reviews, whether the procedures adequately include mechanisms to correct errors found, a summary of quality assurance reviews and reports, and recommendations to improve these procedures. VA would be required to submit to Congress a report detailing its findings with respect to this study not later than one year after the date of enactment.

VA does not support this section.

VA does not support this section because it would duplicate existing efforts.

Section 206 would require a study on training and processing MST claims. VA recognizes the importance of specialized training for personnel who review compensation claims related to MST. VA currently tracks the effectiveness of our trainings through data received from claims processors through completion of Level 2 Assessments, which is consistent with the Kirkpatrick Model. VA tracks error trends found in Individual Quality Reviews by the MST Operations Center and provides feedback from special focus reviews by personnel trained in quality. VA utilizes this information to update training content to align with trending needs. Requiring completion of a study on training and processing MST compensation claims would be duplicative of similar efforts routinely conducted by VA.

VA does not have a cost estimate for this section.

Section 207: Section 207 would require the Under Secretary for Benefits (USB) to conduct annually a special focus review on the accuracy of the processing of MST-related disability compensation claims. Each review would include a statistically significant, nationally representative sample of all VA claims for benefits relating to MST filed during the prior fiscal year, the accuracy of each such decisions, the types of benefit entitlement errors found, disaggregated by category, trends from year to year, and training completion rates for personnel who process MST claims.

If the USB found, pursuant to the review, that an error had been made with respect to a Veteran's entitlement to a benefit, VA would return the claim to the appropriate office for reprocessing to ensure the Veteran receives an accurate decision. Finally, section 207 would amend section 5501(b) of Public Law 116-315 by replacing "through 2027" with "until the date described in section 207(d) of the Servicemembers and Veterans Empowerment and Support Act of 2025," and include as a requirement in the report required by that section the findings of the most recent special focus review. In section 207(d), the special focus review requirement would sunset if the accuracy rate found in the review was 95% or greater for five consecutive years.

VA does not support this section.

VA does not support this section because it would duplicate current efforts.

Subsection (a) would require VA to conduct an annual special focus review, which would duplicate current efforts. VA understands the importance of reviewing claims related to MST for accuracy. VA currently completes an annual MST special focus review to determine accuracy on the processing of mental disorder claims due to MST, which were denied benefits within the preceding fiscal year. The results of these reviews are detailed in an annual report with accuracy comparisons to previous years. VA does not believe additional reporting requirements are needed.

Subsection (b) would require the correction of identified errors. Errors noted within the special focus review are recorded by category. Any errors in processing cited during the review are returned for correction. VA notes any error identified during a quality review or special focus review for any claimed condition is returned for correction.

VA does not have a cost estimate for this section.

Section 208: Section 208 would require VA to establish a workgroup on medical examinations for claims for disability compensation under chapter 11 for disabilities related to MST. The workgroup would have to include staff of VA's operations center for MST who have experience reviewing the quality of medical examinations in support of claims for disability compensation under chapter 11; staff of VA's Medical Disability Examination Office; Veterans service officers who have experience with claims for compensation related to MST; medical examiners who have experience with such claims; staff of the Veterans Experience Office (VEO); and such other individuals as VA considers appropriate. Not later than 180 days after enactment, the workgroup would have to review the quality of medical examinations for claims related to MST, review the feasibility of minimizing re-examinations for conditions relating to MST, and submit to the Under Secretary for Benefits and the Secretary recommendations on how to eliminate re-traumatization of individuals who file such claims and reduce the over-development of such claims. Within 1 year of enactment, the workgroup would have to submit to Congress a report with the views of the workgroup on efforts by VA to eliminate re-traumatization of individuals who file claims related to MST, legislative

proposals to improve the experience of such individuals in pursuing such claims, the recommendations described above, and the plan of the Under Secretary for Benefits to implement such recommendations. Within 1 year of enactment, the Under Secretary for Benefits and the Secretary would have to review the submitted recommendations and implement the recommendations they determine would improve the claims process for individuals who file claims related to MST.

VA does not support this section.

VA does not support this section because it is unnecessary.

While VA appreciates the intent of section 208 to establish a workgroup on medical examinations for MST disability compensation claims, as discussed above, VA has an established, collaborative workgroup that meets weekly to assess MST-related work products and processes. Workgroup members include mental health professionals from VHA, and employees from the Outreach, Transition, and Economic Development staff, VEO, Compensation Service, Office of Field Operations, the MST Operations Center, the Medical Disability Examination Office, and the Office of Administrative Review. This group reviews VA's work products, discusses means of improvement, and implements trauma-informed practices. Recent deliverables include revising decision notice letters to include trauma-informed language, updating text used in rating notification decisions, and developing language to use in VA correspondence that gives information on VHA resources, VA exams, information on MST resources, and the Veteran's Crisis Line. Veteran Service Organizations are briefed on the deliverables prior to release, so valuable stakeholder input may be incorporated. Additionally, VA has concerns with being able to properly resource this section.

Additionally, the workgroup would appear to be subject to FACA given the involvement of Veterans service officers and medical examiners, who may not be VA employees. If this was not Congress' intent, we recommend the bill clarify that FACA would not apply to this workgroup.

We also note that, as written, it would appear the workgroup would make recommendations to Congress without review or concurrence by the Secretary or the USB. This would be unusual and could result in the workgroup making recommendations that do not have the support of senior VA leadership. We recommend clarifying how these recommendations would be presented to Congress and urge that the Secretary submit these recommendations on behalf of the workgroup.

VA does not have a cost estimate for this section.

Section 301: Section 301 would amend 38 U.S.C. § 1720D to include a definition of MST that would be generally consistent with current law; it would also revise the definition of a "former member of the Armed Forces" to refer to a person who served on active duty, active duty for training, or inactive duty training, and who was discharged or released therefrom under any condition that is not a discharge by a court-martial or a

discharge subject to a bar be benefits under 38 U.S.C. § 5303. Current law defines the term "former member of the Armed Forces" to include Veterans (under 38 U.S.C. § 101) and individuals with other-than-honorable discharges described in 38 U.S.C. § 1720I(b).

VA supports this section, subject to amendments and the availability of appropriations.

VA supports this section because it would expand eligibility for MST services for certain former Service members.

Currently, if a former Service member experienced MST but does not qualify as a Veteran under 38 U.S.C. § 101 (which generally requires service in the active military, naval, air, or space service with a discharge or release therefrom under conditions other than dishonorable), they can only qualify for MST treatment and counseling under 38 U.S.C. § 1720D if they meet the definition of the term "eligible individual" under 38 U.S.C. § 1720I(b). This definition requires the individual (1) be a former member of the Armed Forces (including the reserve components), (2) was discharged or released while serving in the active military, naval, air, or space service under a condition that is not honorable but not a dishonorable discharge or a discharge by court martial, (3) not be enrolled in VA health care, and (4) have served in the Armed Forces for a period of more than 100 cumulative days and either deployed in combat or experienced MST while serving in the Armed Forces. Eligible individuals under § 1720I(b) can receive an initial mental health assessment and the mental or behavioral health care services authorized under chapter 17 to treat the mental or behavioral health care needs of the former Service member, including risk of suicide or harming others.

This definition is limiting in two ways that the proposed bill would address. First, under section 1720I(b)(4)(A)(i), the individual must have served in the Armed Forces for a period of more than 100 cumulative days. This would no longer be a requirement if section 301 were enacted. Second, eligible individuals under section 1720I(b) are only eligible for an initial mental health assessment and mental or behavioral health care services under chapter 17; they are not also eligible for non-mental or behavioral health care. Under section 1720D, however, VA can treat the physical health conditions, as appropriate, of eligible former Service members.

While VA generally supports this expansion, we do have technical comments on this section. Threshold eligibility, particularly regarding character of discharge issues, is complicated, and we believe further discussion with the Committee would be appropriate to ensure that all intended barriers to accessing care related to MST under section 1720D are removed. Specifically, VA is concerned that an individual may have been discharged by court-martial, but VA may nonetheless determine that an exception to the bar to benefits applies; this could result in the individual meeting the definition of "veteran" for purposes of 38 U.S.C. § 101. The bill's language would seem to preclude such an individual from qualifying under proposed § 1720D(f)(1)(A).

VA does not have a cost estimate for this section.

Section 302: Section 302 would require VA, not later than 14 days after the date on which a Veteran submits a claim for disability compensation to VBA for a disability related to MST, to send a communication to the Veteran with (1) the contact information for the nearest MST coordinator for the Veteran at VBA and a description of the assistance such coordination can provide; (2) the contact information for the nearest MST coordinator at VHA and a description of the assistance such coordinator can provide; (3) the types of services that individuals who have experienced MST are eligible to receive from VA, including the nearest locations, including the nearest Vet Center, and the contact information for such services; (4) the contact information for the Veterans Crisis Line established under 38 U.S.C. §1720F(h); and such other information on services, care, or resources for MST as VA determines appropriate. The term "military sexual trauma" would have the meaning given that term in 38 U.S.C. § 1166A(i), as would be added by section 203 of this bill, and the term "Vet Center" would have the meaning given that term in 38 U.S.C. § 1712A(h).

VA does not support this section.

VA does not support this section because it is unnecessary given VA's implementation of other recently-enacted laws.

While VA supports ensuring clear and open communication with Veterans, we do not believe another requirement in law in this area would be helpful. VA has been implementing the requirements of Public Law 117-271 (sometimes referred to as the VA Peer Support Enhancement for MST Survivors Act) and the MST Claims Coordination Act (Public Law 117-303). Under the former, VA ensures that it is including, in forms for claims for compensation related to MST, an option for a Veteran to elect to be referred to a VHA MST coordinator; VA is also ensuring that VA peer support specialists receive annual training on how to provide peer support regarding MST and annual training for MST coordinators in VHA and VA peer support specialists. Under the latter, VA has been providing outreach letters, information on the Veterans Crisis Line, information on how to make appointments with mental health providers, and other information relating to MST for Veterans who have pending compensation claims related to MST.

VA currently requires the inclusion of similar information to what would be required by this section in an MST development letter, in the exam appointment notification letter, and the decision notice letter. Because VA already requires similar language to be included in a development letter to the MST claimant, sending a separate, dedicated correspondence within 14 days of receipt of claim would be duplicative. VA notes that sending multiple pieces of correspondence with similar information to an MST claimant may be overwhelming.

VA also notes difficulty with requiring specific information about the nearest MST coordinator. VBA would likely be required to use the address of record for benefits, which may or may not align with the Veteran's preferred VHA facility. Rather than only providing specific contact information for the nearest MST Coordinator, VA recommends

providing the MST claimant with broad information on MST Coordinators, so they have a choice of who to contact. Providing choice to a survivor of MST is a key element in trauma-informed practice.

On a technical level, VA notes that the prior concern, namely regarding two separate definitions of MST (between sections 1166A and 1720D), applies here as well. For example, the bill would require VA to provide information on "the types of services that individuals who have experienced military sexual trauma are eligible to receive", but in defining MST more narrowly under proposed section 1166A(i), this creates some ambiguity as to whether individuals eligible for care related to MST under section 1720D would be included under this provision. Similarly, VA's prior comment on the specific definition of "Vet Center" in 38 U.S.C. § 1712A is relevant here as well given that other resources could also provide Readjustment Counseling Services.

VA does not have a cost estimate for this section.

Section 303: Section 303 would require VA, in coordination with DoD, the Department of Homeland Security (DHS), and the Department of Transportation (DOT) to ensure that each individual who withdraws from, or otherwise does not complete service at, a service academy is provided information on their potential eligibility for care and counseling related to MST from VA and the option to receive copies of the individual's service treatment records or military personnel records that document MST, reporting forms from DoD, DHS, or DOT on sexual assault or sexual harassment for which the individual was the victim, and any investigative reports into MST that occurred during the individual's service in the Armed Forces and for which the individual was the victim. VA, in coordination with DoD, DHS, and DOT would have to conduct a targeted outreach campaign for individuals who withdrew from, or otherwise did not complete service at, a service academy during the 80-year period preceding the date of enactment, to provide those individuals with the information described above. The term "military sexual trauma" would, with respect to eligibility for care, have the meaning given that term in 38 U.S.C. § 1720D(f), as would be added by section 301 of the bill, while with respect to eligibility for compensation, it would have the meaning given that term in 38 U.S.C. § 1166A(i), as would be added by section 203 of this bill. The term "service academy" would mean the U.S. Military Academy, the U.S. Naval Academy, the U.S. Air Force Academy, the U.S. Coast Guard Academy, and the U.S. Merchant Marine Academy.

VA supports this section, subject to amendments.

Specifically, VA recommends the other Departments listed here have primary responsibility with VA support, instead of VA having primary responsibility. VA recommends consulting with DoD, DHS, and DOT to obtain official positions on responsibilities.

VA generally agrees with providing information and conducting outreach to individuals who withdrew from or did not complete service at a service academy.

However, other Federal Departments, such as DoD, DHS, and DOT, would have better resources to identify these individuals and would potentially have a previous relationship with the individual as well.

As written, this would require notice and outreach to all individuals who withdrew from, or otherwise did not complete service at, a service academy, including individuals whose withdrawal or termination from the service academy had no basis related to MST. It may be more appropriate for DoD, DHS, and DOT to review which individuals did not complete service at a service academy, due to MST, and provide VA a list of individuals who should be contacted. This would reduce operational demands and avoid confusion that may result from informing people of benefits for which they may be ineligible. For example, individuals who were discharged from such an academy for malfeasance unconnected to MST should not receive this notice and outreach.

VA does not have a cost estimate for this section.

Conclusion

This concludes my statement. My colleagues and I would be happy to answer any questions you or other Members of the Committee may have.

TESTIMONY
OF
COLE LYLE
DIRECTOR
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
"PENDING AND DRAFT LEGISLATION"

March 11, 2024

EXECUTIVE SUMMARY

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Draft legislation: The Servicemembers and Veterans Empowerment and Support Act (Blumenthal) *Pg. 17*	Support
Draft legislation: The Veterans Fraud Reimbursement Act (Hirono) *Pg. 18*	Support

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March 11, 2025

Chairman Moran, Ranking Member Blumenthal, and distinguished members of this committee, on behalf of National Commander Jim LaCoursiere Jr., and more than 1.6 million dues-paying members of The American Legion, we thank you for the opportunity to offer our testimony for the record on pending and draft legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, servicemembers, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 106 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

First and foremost, it is vital to acknowledge that this hearing comes at a time of uncertainty and widespread change. Over the past few weeks, the veteran community has been working to navigate the potential impacts of the recent policy and personnel actions by the White House and U.S. Department of Veterans Affairs (VA). While The American Legion believes the VA should be efficient and accountable for the veterans it serves, these determinations must be done with tact and with deep consideration of potential secondary and tertiary impacts.

On March 6, 2025, Commander LaCoursiere released a statement to our 1.6 million members expressing this sentiment and inviting veterans to share how these changes are impacting their lives. During the joint session of the Senate and House Veterans' Affairs Committees, The American Legion's leadership pledged to inform the members of the committee of the feedback from the membership—both positive and negative. As of the submission of this testimony, we have received over 3,600 comments from our membership. We look forward to connecting with the committee on the results of this survey and to working together on how to best navigate these changes.

VA's spending levels and growth are designed to keep up with the ever-evolving needs of the veteran population—especially as Congress works to pass new legislation on emerging issues. If enacted, returning VA to 2019 staffing levels would call into question the Department's ability to meet the increased demand for healthcare and benefits that we see today. We, in good faith,

cannot consider the proposals that we are discussing today without recognizing the glaring issue of cost and staffing demands. The American Legion remains steadfast in ensuring that the government lives up to Lincoln's immortal promise to care for those who have borne the battle and will continue to work with the committee as these issues evolve.

S. 124 – Restore VA Accountability Act of 2025

To amend title 38, United States Code, to provide for disciplinary procedures for supervisors and managers at the Department of Veterans Affairs and to modify the procedures of personnel actions against employees of the Department, and for other purposes.

The American Legion stands behind the efforts to pass the Restore VA Accountability Act. This bill would comprehensively reform the accountability process at the VA, making it easier for VA employees to be held accountable for performance issues or misconduct. The American Legion has been concerned about VA accountability for some time and has supported this bill in previous Congresses. The American Legion was a key supporter of the original 2017 VA Accountability and Whistleblower Protection Act,[1] which passed Congress with overwhelming bipartisan and stakeholder support and was signed into law by President Trump in his first term.

However, in August of 2021, the United States Court of Appeals found that the act had been misinterpreted. One of the intentions of this legislation was to mitigate the involvement of the U.S. Merit Systems Protections Board in certain decisions surrounding the employee, but the court found that there was nothing specifically written in the law to do so. This lack of clarity has allowed courts to dilute the VA secretary's authority to hold employees accountable, protect whistleblowers and keep veterans safe.[2]

The first applicable section of the bill would give the Secretary of Veterans affairs the explicit authority to remove, demote, or suspend supervisors for misconduct or performance issues. It explicitly spells out the procedure to prevent the bill being overturned by the courts again, to include the timing of actions, the appeals process, judicial review, investigation termination procedures, whistleblower protections, and actions to take for demoted individuals. This aligns the disciplinary procedures for midlevel managers with the one currently in place for executives, with a few changes to hasten the process.

The next section covers senior executives, largely keeping the current executive disciplinary procedure intact but making changes to shorten the process. The final section covers regular VA employees, covering factors to be considered in the disciplinary process, explicitly gives the Secretary the right to fire a regular employee without first putting them on a performance

[1] "Chairman Bost, Ranking Member Moran, Sens. Manchin and Rubio Lead Bipartisan Legislation to Restore Accountability at VA." House Committee on Veterans Affairs, June 23, 2023. https://veterans.house.gov/news/documentsingle.aspx?DocumentID=6207#:~:text=%E2%80%9CJim%E2%80%9D%20Troiola%2C%20National%20Commander,wake%20of%20recent%20court%20rulings.

[2] Dirks, Conor D. "Federal Circuit: For the Third Time, No Retroactive VA 'Accountability.'" FEDmanager, March 26, 2024. https://www.fedmanager.com/news/federal-circuit-for-the-third-time-no-retroactive-va-accountability#:~:text=In%202017%2C%20Congress%20enacted%20the,the%20penalty%20imposed%20was%20justified.

improvement plan, addresses collective bargaining rights, and more with the overall effect of reducing the amount of time and barriers to discipline regular employees. Strengthening disciplinary authority at the VA is paramount to ensuring a VA that serves all veterans with the highest standards, and The American Legion remains committed to working with Congress to ensure veterans receive the first-class care that they deserve.

This bill should be viewed through the current environment of VA personnel issues. The American Legion supports holding VA accountable to the veterans it serves, but justification for firings should be clearly defined with appropriate methodology used to ensure there is no impact to veterans healthcare or benefits. VA should be fully staffed with competent employees in mission-critical roles.

Through Resolution No. 3: *Department of Veterans Affairs Accountability*, The American Legion urges Congress to conduct appropriate oversight over VA personnel.

The American Legion supports the *Restore VA Accountability Act* as currently written.

S. 275 – ACCESS Act of 2025

To improve the provision of care services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.

In a hearing before the House Committee on Veterans' Affairs in December 2024, The American Legion testified:

> "Congress's intent with MISSION was clear. While strengthening the VA's ability to provide direct care by improving recruiting and retention of VHA providers and addressing aging VA infrastructure though the Asset and Infrastructure Review (AIR) Commission, the VHA was directed to increase access to community providers when it could not provide care in a reasonable time and/or distance, or if access to an outside provider was in the best medical interest of the veteran. From a broad perspective, the integration of community care to supplement the VA direct-care system has been an important relief valve to ensure a scandal like [the Phoenix wait time scandal] never happens again and has played a large role in ensuring veterans get the care they need, when they need it."[3]

Access standards for the VCCP are still not codified into law, leaving them able to be changed on a whim by the Executive Branch without proper input and oversight from Congress and other stakeholders. The Veterans' Access Act contains many improvements to the VCCP program that were in a previous TAL-supported bill, the Veterans' HEALTH Act, as well as changes to improve veteran access to in-patient mental health services.

[3] "Legion Supports Requiring VA to Establish Clear Objectives for Suicide Prevention Programs." The American Legion, December 18, 2024. https://www.legion.org/information-center/news/legislative/2024/december/legion-supports-requiring-va-to-establish-clear-objectives-for-suicide-prevention-programs.

Section 101 codifies current community care access standards into law. For example, with respect to primary care, mental health care, or extended care services, veterans must fall within a 30-minute average driving time, and specialty care within a 60-minute average driving time. This section further prohibits the VA from substituting telehealth appointments for in-person care when it comes to community care eligibility, restricting the VA from resetting a veteran's wait time for community care eligibility due to a cancelled appointment.

Sections 201 through 203 define the definition of a covered treatment program and how veterans qualify. These sections also highlight requirements for the VA to standardize the mental health screening process to ensure such screenings are performed promptly on at-risk veterans. This will help to ensure significantly at-risk veterans be eligible for priority admission to residential rehabilitation, and other important improvements to the VA's mental health program. The American Legion firmly supports this section.

Sections 301 through 303 contain provisions for the VA to develop a website that allows veterans to create appointment requests, appeal denials, track referrals, and get appointment reminders—something TAL has been asking for since at least 2022 with our Access to Care resolution.[4] It also makes changes to the functioning of the VA's Center for Innovation for Care and Payment (CCPI), which is responsible for VCCP payments, by moving it to being directly under the Secretary of the VA instead of being a part of the Veterans Health Administration (VHA), and with its own dedicated budget, as well as other pilot programs and improvements with CCPI. Finally, it requires VA to create reports for Congress on the VHA clinical appeals process as well as a detailed report on VCCP statistics.

The American Legion supports the *Veterans' ACCESS Act as currently written*.

S. 410 – Love Lives On Act of 2025

To amend titles 10 and 38, United States Code, to improve benefits and services for surviving spouses, and for other purposes.

Gold Star Spouses face a heartbreaking predicament: choose love and happiness through remarriage before the age of 55 and lose critical benefits or forgo companionship to retain them. Some lost their spouses overseas in combat, terrorist attacks, or training accidents. Others succumbed to diseases from toxic exposures. Some returned home only to take their own lives in the grip of invisible wounds.

When a young widow remarries, they are not replacing what was lost. The void left behind, the empty chair at the dinner table, will never be filled. But by passing this bill, we can help them build fuller, more meaningful lives and rebuild strong family units.

[4] American Legion, Resolution No. 14: Access to Care: https://archive.legion.org/node/14052

When the first form of Dependency and Indemnity Compensation (DIC) was established in 1780, two incomes were not necessary.[5] We no longer live in those times. Today, the cost of living has skyrocketed, dual-income households are the norm, and financial stability often depends on both partners contributing. Yet, Gold Star spouses are forced to choose between securing their future and honoring the love they lost. Only 6.5% of DIC recipients are under the age of 55, meaning only a small fraction are affected by this restriction.[6] And yet, these are the very men and women we are penalizing, the ones who have sacrificed so much for this nation.

Remarriage penalties force our widows and widowers into an impossible choice between personal happiness and financial stability. It is time to change that. Through Resolution No. 36: *Prevent Gold Star Spouses Loss of Benefits*, The American Legion has resolved to protect Gold Star Spouses from losing their benefits. They should not be punished for finding love again. They are still the surviving spouses of our fallen heroes. Their sacrifice has not diminished, and they have earned these benefits through service and loss.

The American Legion supports the *Love Lives On Act as currently written.*

S. 478 – Veterans 2nd Amendment Protection Act of 2025

To amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from transmitting certain information to the Department of Justice for use by the national instant criminal background check system

The Department of Veterans Affairs (VA) Fiduciary Program was created in 1930 to help veterans with issues managing their own finances due to mental illness, age, injuries, etc.[7] When VA receives medical documents or court decrees showing a veteran is incapable of handling personal finance, it will propose a determination of mental incompetence. As part of the implementation process, the VA defined a "mentally incompetent person" as "one who because of injury or disease lacks the mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation."[8] This determination does not include any consideration of whether the person is considered to have a propensity for violence or is considered a threat to themselves or others.

Under the *Brady Act of 1993*, Congress authorized the Department of Justice to receive data from government agencies on any person whose receipt or possession of firearms violated the *Gun Control Act of 1968*, which prohibits certain classes of persons from purchasing or possessing firearms and ammunition. One of these classes are those who have been "adjudicated as a mental

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[5] Congressional Research Service. *Veterans' Benefits: Dependency and Indemnity Compensation (DIC) for Survivors*. R40757. Washington, DC: Library of Congress, 2015. https://crsreports.congress.gov/product/pdf/R/R40757.
[6] Veterans Administration. *Data on Beneficiaries from VADIR and BIRLS.* Retrieved by Michael Gdula, August 18, 2021. Internal report, U.S. Department of Veterans Affairs
[7] Department of Veterans Affairs, Veterans Benefits Administration. "Fiduciary: Program Description," last modified February 7, 2024. https://benefits.va.gov/fiduciary/.
[8] Ibid

defective" or committed to a mental institution. As a result, the VA's determination of mental incompetence of a veteran bear significant consequence.

This data is contained within the National Instant Criminal Background Check System (NICS). Once the NICS receives information from the VA about a veteran's mental incompetency status, it can prohibit the veteran from purchasing, bearing, or even storing a gun.[9] Since 1998, VA has provided records to the FBI for inclusion in the NICS index on beneficiaries for whom a fiduciary has been appointed by VA on his or her behalf. According to the most recently available statistics cited by Congressional Research Services, for year 2020, federal agencies have contributed 263,225 records to NICS, of which 98 percent have been submitted by the VA.[10] When compared to other federal agencies, this stark overrepresentation of veterans in NICS is of concern.

It is a moral injustice for veterans to lose their second amendment rights because a judge deemed a financial fiduciary was warranted. There is no connection between the ability to manage one's finances and violent ideations. The American Legion believes that this reporting mechanism violates due process and opposes any legislation that infringes on constitutional rights.

Endorsed by The American Legion through Resolution No. 27: *Amend Title 38, United States Code, to Clarify the Treatment of a Veteran as Adjudicated Mentally Incompetent for Certain Purposes*, we support the rights of veterans who are under a fiduciary—especially when the rights are enshrined in the US Constitution.

The American Legion supports the *Veterans 2nd Amendment Protection Act as currently written*.

S. 654 – Establishing an External Provider Scheduling Program

To amend title 38, United States Code, to establish an external provider scheduling program to assist the Department of Veterans Affairs in scheduling appointments for care and services under the Veterans Community Care Program, and for other purposes.

This bill addresses a critical need within the Veterans Community Care Program (VCCP) by creating a national scheduling program aimed at reducing wait times and streamlining the appointment process for veterans seeking care from community providers. The proposed External Provider Scheduling Program will leverage technology to provide VA schedulers with

[9] 18 U.S.C. § 922 (d) (4)

[10] FBI Criminal Justice Information Services Division, National Instant Criminal Background Check System (NICS), Active Entries in the NICS Indices as of January 3, 2023, https://www.fbi.gov/file-repository/active-entries-in-the-nics-indices-by-state.pdf/view. Last Accessed January 17, 2025; U.S. Congressional Research Service, "Gun Control, Veterans' Benefits, and Mental Incompetency Determinations" #R47626 (Washington, DC, 2023), Accessed January 12, 2025, https://crsreports.congress.gov/product/pdf/R/R47626.

real-time access to the calendars of community care providers, allowing for faster and more efficient booking of appointments.

Recently, The American Legion's Health Policy team received numerous complaints regarding the VA's ability to work with community care providers. For example, one of our members was left in limbo for months, awaiting follow-on care after reconstructive surgery, while others complained about difficulties with obtaining community care referrals. Another veteran explained how they had been left for years with partially completed reconstructive surgery. After a double mastectomy, her completion of care always seemed to wait on one more phone call or appointment that was just around the corner but never seemed to materialize. The team likewise recently spoke to another Legion member who had been waiting months to get a community care appointment for a urologist after having surgery at the VA on her kidney that resulted in a perforation. Veterans waiting months or even years to get care with an outside provider after qualifying, something The American Legion hears about constantly, is simply unacceptable. The American Legion understands the intent to streamline scheduling for appointments through technological integration in light of VA's recent announcement to pursue a faster schedule on EHRM deployment and personnel actions. However, as VA's history of developing new technology platforms is not good, and The American Legion recommends using a third-party platform to implement this bill, if passed.

Through Resolution No. 14: *Access to Care*, The American Legion supports initiatives that streamline care services to veterans and their families.

The American Legion supports the legislation as currently written.

Draft Legislation – Representing VA with Accuracy (REP VA) Act

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to improve telephone communication by the Department of Veterans Affairs, and for other purposes.

This bill seeks to improve communication between the VA and veterans. It would require the VA to establish a dedicated number for calls from the VA about services or benefits that would be clearly labeled on caller ID as being from the VA. In addition, this legislation would also require the VA to set up at least one dedicated call center for questions related to appointments and referrals in each American time zone, to include Alaska and Hawaii.

Having a dedicated line that is clearly identified on caller ID will help prevent confusion about calls from the VA and veterans ignoring them thinking they are scams, telemarketers, bill collectors, etc. New VA call centers would help veterans get their questions answered easily and efficiently and help them navigate their health care appointments.

Based upon Resolution No. 7: *Ensuring VA Remain the Center of Care*, The American Legion urges Congress to enact legislation that ensures the VHA remains at the center of care and is disseminating reliable information.

The American Legion supports the *REP VA Act* as currently written.

Draft Legislation – Veterans' Claims Act

To amend title 38, United States Code, to reinstate criminal penalties for persons charging veterans unauthorized fees relating to claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.

The American Legion strongly supports Section 2, as it reinstates penalties for charging veterans unauthorized fees, except those provided in sections 5904 or 1984 of title 38. This includes any person or organization that, "directly or indirectly solicits, contracts for, charges, or receives, or attempts to solicit, contract for, charge, or receive, any fee or compensation with respect to the preparation, presentation, or prosecution of any claim for benefits under the laws administered by the Secretary shall be fined as provided in title 18, or imprisoned not more than one year, or both."

Section 3(a) calls for a new process that would require the VA Secretary to recognize a claims agent or attorney "on a conditional and temporary basis for a one-year period," if the VA cannot verify whether an individual meets the qualifications in the application within a 180-day window after the application was received. Such conditional approval would be extended for additional one-year periods "until the date on which the Secretary can verify" whether the applicant satisfies VA requirements.

The existing American Legion resolution opposes legal status to individuals or organizations before completing the VA accreditation process to assist veterans and families. The current process exists to protect veterans from receiving assistance from under-qualified or insufficiently trained individuals; and it also protects veterans from predators who had previous criminal background. Veterans and families are not benefited from an automated or fast-track accreditation process, as there are thousands of currently accredited representatives from service organizations like The American Legion that offer the same representation free of charge, or they can seek out thousands of more VA-accredited attorneys and claims agents.

This section also includes an enforcement clause for anyone who "violates any law or regulation administered by the Secretary" while under a period of conditional and temporary recognition. Should Congress decide to adopt the proposed system of temporary/conditional recognition for claims agents, The American Legion strongly recommends adoption of the enforcement measures included in this discussion draft.

The legislation also prevents any accredited parties from charging veterans who file for presumptive service-connection or presumptive toxic exposure claims, as well as individuals who represented veterans filing initial claims cannot submit subsequent appeals. Current laws

prohibit accredited individuals from charging any initial claims, including presumptive claims, but allow them to charge veterans for filing an appeal after veterans receive their initial VA rating decision. We believe no one should charge veterans for filing their first original claims, including any presumptive service-connection claims.

Section 3(c) of this draft bill includes an assessment fee charged from the accredited attorneys and agents in the amount of 5 percent of retroactive payment, with an $100 cap. The provision prohibits accredited individuals from obtaining reimbursement for this assessment fee. The assessment fee collected will fund any administrative expenses for the veterans' benefits programs. The American Legion supports a fully funded VA not at the cost of veterans' benefits. Therefore, we support the assessment fee that could offset some expenses at the Veterans Benefits Administration.

Section 3(d) provides that fees charged to veterans and families by the accredited attorneys and claims agents must be reasonable. The provision listed some fees that are "unreasonable and excessive," including 1) fees more than 20 percent of past-due benefits; 2) fees based on future increases; 3) fees generated due to the delay on part of the agent or attorney; 4) any ancillary cost etc.

This section would also allow a veteran to terminate a claims agent prior to a decision being rendered by the VA to the claimant, which is like the protection veterans have with accredited claims agents and attorneys. This would prohibit bad for-profit actors from seeking fees for work they did not perform. Furthermore, it would restrict claims companies from paying medical groups for appointments when the companies have a "business relationship." The American Legion supports these provisions but believes the definition of "business relationship" needs to be more clearly defined to prevent circumvention of congressional intent during the regulatory process.

Additionally, Section 3(d) also mandates that any agent or attorney must notify veterans and families that there are free services available to them from veteran service organizations as well. Lastly, the attorneys and agents will be paid directly by the VA if the fee agreement does not exceed 20 percent of any past-due benefits. The American Legion supports this provision as it is within current statute under Section 5904 of the United States Code.

This draft legislation contains both provisions The American Legion would support and oppose based on our current resolution. Therefore, The American Legion has no official position but recommends changes.

S. 5269 – VetPAC Act of 2025

To amend title 38, United States Code to establish a commission to review operations at the Veterans Health Administration and submit to Congress reports with respect to that review, and for other purposes.

This legislation calls for the establishment of a Veterans Health Administration Policy Advisory Commission which will be composed of 17 members appointed by the Comptroller General of the United States, of which, not fewer than two shall be veterans. To be eligible, individuals must have expertise in operating or advising large medical systems. This includes quality of care issues, staffing issues, information technology, artificial intelligence, medical supply chains, procurement of medical supplies, medical facility construction or leasing, medical facility architecture or engineering, medical research, and managed care plans and networks. Individuals will be selected from backgrounds that reflect the broad diversity of veteran health care. This includes nonprofits health systems, public and private health systems, and care provided by the Department of Veterans Affairs and the Department of Defense.

The duties of the Commission will include reviewing the operations at the Veterans Health Administration, preparing reports for Congress which include recommendations. Areas of interest include IT infrastructure including EHRM, referrals to the Veterans Community Care Program, access and wait times of primary and specialty care providers, patient satisfaction, training for health care providers, long-term budgetary analysis, medical supply procurement, internal and external research, and hospital construction, leasing, and capital investments. The Commission will then submit and annual report to Congress containing the results and recommendations from the review

This bill also seeks to improve congressional oversight of the VA, delivery of services to veterans, and improve the balance of power between congress and the executive by commissioning additional subject matter experts reportable to congress. The American Legion supports this intention, but as a resolution-based organization views this as an internal matter for Congress and, except for providing consultation, we do not directly support or oppose such matters.

The American Legion has no position on the *VetPAC Act.*

Draft Legislation – Veterans Mental Health and Addiction Therapy Quality of Care Act

To require a study on the quality-of-care difference between mental health and addiction therapy care provided by health care providers of the Department of Veterans Affairs compared to non-Department providers, and for other purposes.

The American Legion's number one priority is Winning the War Within. Winning the War Within is an all of the above approach to improving mental healthcare within the VA and the community.

There is no time to waste as research conducted by America's Warrior Partnership and Duke University in 2022 suggests as many as 24 veterans a day die on average from suicide. The VA has the moral obligation to ensure that the care they provide is effective.

The Veterans Mental Health and Addiction Therapy Quality of Care Act mandates an independent study to compare the effectiveness of mental health and addiction therapy care across various treatment modalities, including telehealth, inpatient, intensive outpatient,

outpatient, and residential care. It will assess health outcomes, the use of evidence-based practices, patient satisfaction, and care coordination between VA and non-VA providers. Additionally, the study will identify gaps in integrated care for veterans with co-occurring conditions and examine the timeliness of initiating services.

Through American Legion Resolution No. 18: *Mental Health Programs for Justice-Involved Veterans* and Resolution No. 1: *Be the One Mental Wellness Committee*, we urge Congress to support veterans suffering with mental health challenges and addiction.

The American Legion supports the *Veterans Mental Health and Addiction Therapy Quality of Care Act* as currently written.

S. 201 – ACES Act of 2025

To amend title 38, To provide for a study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality of cancer among individuals who served as active duty aircrew in the Armed Forces, and for other purposes.

The American Legion has supported toxic-exposed veterans since 1921, when we first provided claims services to victims of mustard gas.[11] That commitment continues today with our unequivocal support for the ACES Act.

The most significant contribution of the PACT Act was establishing a framework for the VA and Congress to investigate and determine future toxic exposure presumptions. In 2024, the VA made remarkable progress by expanding the list of presumptive conditions and affected locations across the armed services. However, the VA is constrained by capacity and cannot complete this mission alone.

The ACES Act will supplement the VA's capacity by providing the resources to partner with the National Academies of Sciences, Engineering, and Medicine (NASEM) to study cancer prevalence and mortality among individuals who served as active-duty aircrew in fixed-wing aircraft across the Army, Navy, Air Force, and Marine Corps to better understand the risks facing aircrew, identify opportunities for further research, and improve care for veterans.

Section 201 is needed now more than ever, as our brothers and sisters in the veteran service organization community have seen a significant number of claims from air crew suffering from the cancers listed in this bill. While anecdotal evidence alone is not sufficient to establish presumption, we applaud Congress for taking the necessary steps to gather the data needed to do so, ensuring that those who protect our skies receive the care and support they deserve.

Endorsed by The American Legion through Resolution No. 118: *Environmental Exposures*, we urge Congress to continue research into toxic exposures and their impact on veteran's physical

[11] "Some Ancient and Modern History," *The American Legion Weekly* 3, no. 22 (June 3, 1921): 10, https://archive.legion.org/node/1293

and mental health.

The American Legion supports the *ACES Act as currently written.*

S. 607 – Improving Veteran Access to Care Act of 2025

To require the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments for health care from the Department of Veterans Affairs, and for other purposes.

This legislation calls for the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments in a timely manner. This includes focusing efforts to immediately improve delivery of care, access to care, customer experience and service, and the efficiency of the delivery of care. The objectives of this team will include the development of a scheduling system that enables both personnel and patients to view available appointments and fully schedule appointments for all care furnished by the Department. This includes primary care and all forms of specialty care.

Section 2(d) of the bill calls for the integrated project team to coordinate with the Electronic Health Record Modernization (EHRM) Program to ensure a smooth transition from military service to veteran healthcare. This has long been a priority for The American Legion and our support for veterans in transition remains steadfast

Endorsed by The American Legion through Resolution No. 14: *Access to Care*, we urge Congress to ensure veterans can make appointments in a timely manner and are fully informed of their care options—both in the direct VHA system and within their community.

The American Legion supports the *Improving Veteran Access to Care Act as currently written.*

S. 610 – Ensuring VetSuccess On Campus Act of 2025

To expand the VetSuccess on Campus program of the Department of Veterans Affairs, and for other purposes.

The Veterans Readiness and Employment (VR&E) program as it is known today predates the VA and the GI Bill with its establishment in the Soldiers Act of 1918. This program was created to assist disabled veterans in finding gainful employment. Although much has changed within the program, the original intent of serving disabled veterans and assisting them in finding gainful employment still stands. For a veteran to be eligible today, the veteran must have at least a 10 percent service-connected disability (SCD) rating with a serious employment handicap and have

not received a dishonorable discharge or must have a 20 percent SCD rating without a dishonorable discharge.[12]

According to the VA, there are currently 125,000 veterans receiving a broad range of rehabilitative services from the VA in FY2022, with over 47,000 veterans divided amongst three separate cohorts. Of those 47,000, 13 percent are enrolled in an institute of higher learning. Overall, mental health conditions accounted for nearly 50 percent of enrollees. From the perspective of an investment from the federal government, having a Vocational Rehabilitation Coordinator (VRC) on campus will assist more enrolled veterans in maneuvering through the issues with the VA and the institute. The VRC will also be able to assist veterans utilizing the GI Bill or dependents utilizing the GI Bill or Chapter 35 benefits on campus.

This legislation would expand the current VetSuccess On Campus program by nearly 43 percent when enacted fully. Additionally, this legislation would enhance support for veterans utilizing their benefits and would assist veterans in the process of obtaining gainful employment prior to or following graduation. Finally, this program would allow for these VRCs to relieve some of the current workload from the VRCs based out of the regional office, allowing for better quality appointments and output.

Based upon Resolution No. 345: *Support for Vocational Rehabilitation and Employment Program Hiring More Counselors and Employment Coordinators*, The American Legion urges Congress to ensure that veterans who seek educational opportunities are offered robust resources and understand their opportunities post-graduation.

The American Legion supports the *Ensuring VetSuccess on Campus Act* as currently written.

S. 611 – Caring for Survivors Act of 2025

To amend title 38, United States Code, to improve and to expand eligibility for dependency and indemnity compensation paid to certain survivors of certain veterans, and for other purposes.

The amount of Survivors' Disability and Indemnity Compensation (DIC) paid to surviving spouses, dependent children, or parents of servicemembers who died in the line of duty (or veterans who passed away due to service-connected causes) was established in 1993. Since then, it has only received minor updates.

Currently, the compensation amount for surviving spouses is $1,653.07 per month,[13] while surviving dependent children receive $573.20 per month.[14] Unfortunately, for veterans who die

[12] Granato, Peter. "Celebrating VR&E-the Precursor to the G.I. Bill." VA News, June 26, 2024. https://news.va.gov/132502/celebrating-vre-the-precursor-to-the-g-i-bill/#:~:text=The%20program%20was%20consolidated%20into,to%20cabinet%20status%20in%201988.
[13] U.S. Department of Veterans Affairs. "Survivor Rates for VA Dependency and Indemnity Compensation (DIC)." U.S. Department of Veterans Affairs. https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/
[14] Ibid

from non-service-connected injuries or illnesses, their surviving family members are only eligible for DIC if the veteran was rated as totally disabled for at least 10 years before their death. Once this requirement is met, the surviving spouse becomes eligible for the $1,653.07 monthly benefit. However, this amount represents only 43% of the veteran's previous Permanent and Total disability compensation, leading to a significant drop in household income. Moreover, it falls below the industry standard for survivor benefits and lags other federal programs, such as the Federal Employees' Compensation Program, which provides 55% of the pension amount.[15]

The second section of the bill sets the DIC payment to 55% of a Permanent and Total disability rating. This mirrors the standard set by the Office of Personnel management for non-military employees.

A 2009 Government Accountability Office (GAO) study found that comparable federal survivor benefits are between 17% and 307% higher than DIC payments.[16] This disparity is not just a matter of numbers, it has devastating real-life consequences for military families. As one military spouse put it:

"If [my disabled veteran husband] dies, I pray to GOD it's from the DoD. If it's from his military service, [my benefits] will be a third as much, and I'll have to sell the house."[17]

No spouse should have to hope that their loved one dies under one federal program rather than another just to keep a roof over their head. Yet, this is the harsh reality for many surviving families who are forced to navigate an unfair system that undervalues their sacrifice. Worse still, if a veteran dies from a non-service-connected condition before reaching the 10-year mark for total disability status, their surviving family members receive no benefits at all.

This bill also expands eligibility for DIC by replacing the 10-year rule with a graduated scale of benefits, starting at 50% of full compensation after five years and increasing to 100% at 10 years. This proposed change acknowledges the severe comorbidities our catastrophically disabled veterans face.

Through Resolution No. 48: *Dependency and Indemnity Compensation for Surviving Spouses*, we urge Congress to support survivors and their families through DIC and other services offered through the VA.

The American Legion supports the *Caring for Survivors Act* as currently written.

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[15] U.S. Office of Personnel Management. "How Is the Amount of My Benefits as a Surviving Spouse Determined?" U.S. Office of Personnel Management. Accessed 3/5/2025. https://www.opm.gov/frequently-asked-questions/retire-faq/post-retirement/how-is-the-amount-of-my-benefits-as-a-surviving-spouse-determined/

[16] U.S. Government Accountability Office. *Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard*. GAO-10-62. Washington, DC: U.S. Government Accountability Office, 2009. https://www.gao.gov/assets/gao-10-62.pdf

[17] Anonymous military spouse, July 10, 2024

Draft Legislation – Servicemembers and Veterans Empowerment and Support (SAVES) Act

To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.

The Military Sexual Trauma (MST) Claims Coordination Act (Pub. L. 117-303) was signed into law in December 2022. The intended letter of the law was to improve claims coordination between the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA). The VA was mandated to implement within 18 months or no later than June 27, 2024, however it was announced it would be further delayed until January 2025.[18]

Currently, MST claims are among the most denied claims within VBA because of a lack of evidence (military and non-military), duty to assist, and the incorrect processing of claims. This most notably includes miscommunication problems between the Compensation Services, the Office of Field Operations, and Regional Offices.[19] Many survivors lack traditional military records documenting their assault, leading to wrongful denials under the unimproved claims process. The VA classifies MST as a subset of posttraumatic stress disorder (PTSD) but the denial rate of these claims (57%) due to incorrect processing members is alarming compared to the latter.[20] During a 2024 System Worth Saving (SWS) town hall hosted by the American Legion Post 1 in Phoenix, many veterans expressed their concern with the poor communication and lack of updates. A veteran was quoted as saying they had not received any VA correspondence for eight months and had been waiting for over 250 days.[21]

This legislation broadens access to disability and healthcare benefits for survivors by explicitly defining MST for claims processing, and improving the adjudication process, enabling survivors to use nonmilitary sources as supplementary evidence. Additionally, it guarantees that survivors receive appropriate and timely trauma informed care, while offering comprehensive coverage to ensure that former reserve members who experienced MST during service can receive access to care. This legislation will impact all VA Regional Offices and VA Medical Centers to streamline claims and access to care and close the gaps in benefits eligibility and prevent wrongful claim denials.

The SAVES Act intends to correct the long standing and well documented claims deficiencies in VA's MST claims process and removes barriers to care and compensation. It is a step in the right direction to ensure that veterans do not face additional trauma when seeking benefits for the injustices they endured.

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[18] Disability Assistance and Memorial Affairs (DAMA) subcommittee VA Committee Leaders Request Answers from VA on Support for Veterans Who Experienced Military Sexual Trauma | House Committee on Veterans Affairs
[19] Ibid
[20] VA OIG Report on MST, p10 Improvements Still Needed in Processing Military Sexual Trauma Claims
[21] System Worth Saving (SWS) Town Hall MST survivor finds hope at Legion SWS town hall | The American Legion

Based on Resolution No. 18: *Veteran Military Sexual Trauma (MST) Claims Training,* Resolution No. 1: *Be The One Mental Wellness Committee*, and Resolution No. 67: *Military Sexual Trauma*, The American Legion strongly supports survivors of MST and urges Congress to ensure that their claims are processed in a timely, equitable, and respectful manner.

The American Legion supports the *SAVES Act* as currently written.

Draft Legislation – Veteran Fraud Reimbursement Act (VFRA)

To amend title 38, United States Code, to improve the repayment by the Secretary of Veterans Affairs of benefits misused by a fiduciary, and for other purposes.

The American Legion strongly supports the VA's Fiduciary Program, which serves a critical role in safeguarding the financial well-being of our nation's veterans and beneficiaries who, due to injury, illness, or advanced age, are unable to manage their own financial affairs. The VA makes these determinations only after receiving credible medical evidence or following a ruling from a court of competent jurisdiction. This program ensures that vulnerable veterans receive the support and protection they deserve.

Unfortunately, like other fiduciary programs, there are instances of fraud and abuse. And for many years, the VA failed to timely reimburse the defrauded victims. For example, a 2021 VA Office of Inspector General (VA OIG) reported instances of year long wait times prior to the VA getting its act together.

The lack of proper oversight of VA-assigned fiduciaries and lack of timeliness to expeditiously recoup these benefits place undue financial strains on the veteran or survivor, as immediate financial relief for defrauded victims and their families is still required.

The VFRA will provide this relief by empowering the VBA to promptly reimburse victims of fraud. In addition, VBA will conduct a statistically valid analysis of the misuse cases to determine the rate and nature of negligence on the part of the VBA. Moreover, the negligence determination would ultimately become a part of a quality assurance measure conducted after the affected veteran had been reimbursed.

The American Legion supports the *Veteran Fraud Reimbursement Act* as currently written.

CONCLUSION

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Committee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on your legislation.

The legislation discussed today will no doubt improve the lives of countless veterans across the country. From the SAVES Act to the Restore VA Accountability Act, these bills will improve the VA and help fulfill President Lincoln's promise.

As stated in previous testimony, The American Legion stands ready to work with the Committee on recent developing changes and we look forward to sharing the feedback we receive from our membership. For 106 years, The American Legion has never shied away from the responsibility of being a voice for veterans, and we will not start now.

Questions concerning this testimony can be directed to Julia Mathis, Legislative Director, at jmathis@legion.org.

STATEMENT OF
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)
BEFORE THE
COMMITTEES ON VETERANS' AFFAIRS
UNITED STATES SENATE

PRESENTED BY
ASHLYNNE HAYCOCK-LOHMANN
DIRECTOR, GOVERNMENT AND LEGISLATIVE AFFAIRS

MARCH 11, 2025

The Tragedy Assistance Program for Survivors (TAPS) is the national provider of comfort, care, and resources to all those grieving the death of a military or veteran loved one. TAPS was founded in 1994 as a 501(c)(3) nonprofit organization to provide 24/7 care to all military survivors, regardless of a service member's duty status at the time of death, a survivor's relationship to the deceased service member, or the circumstances or geography of a service member's death.

TAPS provides comprehensive support through services and programs that include peer-based emotional support, casework, assistance with education benefits, and community-based grief and trauma resources, all delivered at no cost to military survivors. TAPS offers additional programs including, but not limited to, the following: the 24/7 National Military Survivor Helpline; national, regional, and community programs to facilitate a healthy grief journey for survivors of all ages; and information and resources provided through the TAPS Institute for Hope and Healing. TAPS extends a significant service to military survivors by facilitating meaningful connections to peer survivors with shared loss experiences.

In 1994, Bonnie Carroll founded TAPS after the death of her husband, Brigadier General Tom Carroll, who was killed along with seven other soldiers in 1992 when their Army National Guard plane crashed in the mountains of Alaska. Since its founding, TAPS has provided care and support to more than 120,000 bereaved military survivors.

In 2024 alone, 8,911 newly bereaved military and veteran survivors connected to TAPS for care and services, the most in our 30-year history. This is an average of 24 new survivors coming to TAPS each and every day. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one to illness, including as a result of exposure to toxins; 29 percent were grieving the death of a military loved one to suicide; and only 3 percent were grieving the death of a military loved one to hostile action.

As the leading nonprofit organization offering military grief support, TAPS builds a community of survivors helping survivors heal. TAPS provides connections to a network of peer-based emotional support and critical casework assistance, empowering survivors to grow with their grief. Engaging with TAPS programs and services has inspired many survivors to care for other more newly bereaved survivors by working and volunteering for TAPS.

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans' Affairs, the Tragedy Assistance Program for Survivors (TAPS) is grateful for the opportunity to provide a statement for the record on issues of importance to the 120,000-plus surviving family members of all ages, representing all services, and with losses from all causes who we have been honored to serve.

The mission of TAPS is to provide comfort, care, and resources for all those grieving the death of a military loved one, regardless of the manner or location of death, the duty status at the time of death, the survivor's relationship to the deceased, or the survivor's phase in their grief journey. Part of that commitment includes advocating for improvements in programs and services provided by the U.S. federal government — the Department of Defense (DoD), Department of Veterans Affairs (VA), Department of Education (DoED), Department of Labor (DOL), and Department of Health and Human Services (HHS) — and state and local governments.

TAPS and the VA have mutually benefited from a long-standing, collaborative working relationship. In 2014, TAPS and the VA entered into a Memorandum of Agreement that formalized their partnership with the goal of providing earlier and expedited access to crucial survivor services. In 2023, TAPS and the VA renewed and expanded their formal partnership to better serve our survivor community. TAPS works with military and veteran survivors to identify, refer, and apply for resources available within the VA, including education, burial, benefits and entitlements, grief counseling, and survivor assistance.

TAPS also works collaboratively with the VA and DOD Survivors Forum, which serves as a clearinghouse for information on government and private-sector programs and policies affecting surviving families. Through its quarterly meetings, TAPS shares information on its programs and services as well as fulfills any referrals to support all those grieving the death of a military and veteran loved one.

TAPS President and Founder Bonnie Carroll served on the Department of Veterans Affairs Federal Advisory Committee on *Veterans' Families, Caregivers, and Survivors,* where she chaired the Subcommittee on Survivors. The committee advises the Secretary of the VA on matters related to veterans' families, caregivers, and survivors across all generations, relationships, and veteran statuses. Ms. Carroll is also a distinguished recipient of the Presidential Medal of Freedom, the nation's highest civilian honor.

LOVE LIVES ON ACT OF 2025 (S.410)

TAPS Strongly Supports

TAPS is honored to work with members of this committee to pass one of our top legislative priorities, the ***Love Lives On Act of 2025 (S.410*)**. This comprehensive legislation will allow surviving spouses to retain their benefits following remarriage before the age of 55. TAPS is grateful to Senators Jerry Moran (R-KS) and Raphael Warnock (D-GA) and our 22 original Senate cosponsors for introducing this important legislation in the 119th Congress.

We ask Congress to:

- Remove the age of 55 as a requirement for surviving spouses to retain benefits after remarrying.
- Allow surviving spouses to retain both the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age.
- Allow remarried surviving spouses to regain their TRICARE benefits if their remarriage ends due to death, divorce, or annulment.

Current law significantly penalizes surviving spouses if they choose to remarry before the age of 55. Given that most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, we are asking them to wait 20-plus years to move forward in their lives with the financial security given as a result of their loved ones' service and sacrifice. They often have children they must raise alone. Many surviving spouses choose not to remarry after the death of their service member because the loss of financial benefits would negatively impact their family, especially those with children. Many choose to cohabitate instead of legally remarrying.

The long-term goal for TAPS is to secure the right for surviving spouses to remarry at any age and retain their benefits. TAPS is leading efforts to pass the ***Love Lives On Act of 2025,*** which is supported by over 50 veteran and military organizations. TAPS spearheaded a letter of support from these partner organizations that has been shared with every member of this committee.

Military spouses are among the most unemployed and underemployed populations in the United States. Due to frequent military moves, absence due to frequent deployments of the service member, and expensive child care, military spouses face high barriers to employment and are unable to fully invest in their own careers and retirement. For many families, military retirement pay is treated as the household's retirement pay. These barriers to employment continue when a military spouse

becomes a surviving spouse. Many surviving spouses have to put their lives on hold to raise bereaved children. They are reliant on their survivor benefits to help offset the loss of pay from their late spouse and their own lost income as a result of military life.

If a surviving spouse's subsequent marriage ends in death, divorce, or annulment, while most benefits can be restored, TRICARE benefits are not restored. If a surviving spouse was previously eligible for CHAMPVA, that benefit can be restored. TAPS is asking that we provide parity with other federal programs and allow TRICARE to be restored if the subsequent marriage ends.

These restrictions appear to be punitive as they are only imposed on the military surviving family, but not others who put their lives on the line to protect and defend. For example, in 30 states, including Texas[1], Virginia[2], and Louisiana[3], first responders' survivors may legally remarry in the U.S. and maintain all or partial pensions and benefits.

In certain circumstances, divorcees are granted more respect than surviving spouses. If a service member was married for at least 20 years and served 20 years, their divorced spouse is entitled to a portion of that retirement benefit regardless of whether they remarry or not. Surviving spouses should not be penalized for remarrying when we grant the right to retain benefits to certain divorced spouses.

Additionally, when a surviving spouse remarries before the age of 55, they are legally required to notify the VA to discontinue DIC. The VA states that the processing time for these claims is typically eight to 12 weeks, but unfortunately, this is most often not the case. Numerous surviving spouses experience delays ranging from six to 18 months, with some cases taking up to 42 months of constant effort to terminate their benefits. They often encounter the need to make multiple calls, resend paperwork repeatedly, and are frequently informed that their file hasn't been reviewed even six months after submission.

As these survivors continue to receive payments, they subsequently receive debt letters demanding the immediate repayment of benefits, often with added interest. This places an undue burden and emotional distress on surviving spouses who followed the required procedures. The challenge is exacerbated by the fact that many surviving spouses, often with minor children, are unaware of the specific portions of the payments they are supposed to retain and which portions should cease. Additionally, they may

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[1] https://www.firehero.org/resources/family-resources/benefits/local/tx/
[2] https://www.firehero.org/resources/family-resources/benefits/local/va/
[3] https://irp-cdn.multiscreensite.com/ac5c0731/files/uploaded/Louisiana.pdf

lack the financial resources to repay the VA promptly. This is a waste of VA resources, and allowing our surviving spouses to maintain benefits upon remarriage would eliminate these unnecessary challenges.

According to the VA, there are approximately 506,000 surviving spouses receiving DIC. Less than 35,000 of those surviving spouses are under the age of 55 and could potentially benefit from this legislation. Currently, less than 5 percent of surviving spouses under the age of 55 have chosen to remarry due to these penalties.

The federal government has allowed surviving spouses to maintain benefits upon remarriage over the age of 55 or 57 for decades. There is no specific reason for the age of 55, it is just the age Congress decided they could live with, but it sets the precedent that surviving spouses can and should be able to remarry and retain survivor benefits without waiting 20-plus years. Most choose to cohabitate until age 55, so all this law does is discourage legal marriages and prevent our young surviving children from having a mother or father figure legally in their lives.

With recruiting and retention at an all-time low in the military, every time we do not keep our promises to our military, veterans, and their families, we are discouraging our younger generations from serving. When an 18-year-old enlists in the military, they sign a check for up to and including their life. They also know that if something happens to them, our government will take care of their family. Period. There are no conditions, they are promised that their family will be taken care of for the rest of their lives. The current law breaks that promise. Our military, Members of Congress, and administration frequently remind survivors that the death of their loved one "is a debt that can never be repaid," but ending survivor benefits upon remarriage is saying "that debt is paid in full." Just because a surviving spouse remarries does not mean they stop grieving. A piece of paper will never change that they are a widow or widower; it just means they are also someone else's spouse.

Remarriage should not impact a surviving spouse's ability to pay bills. They should not have to choose between another chance at love, a stable home life for their children, and financial security. They are still the surviving spouse of a fallen service member or veteran, who earned these benefits through their service and sacrifice. Regardless of their marital status, surviving spouses should not be penalized for finding love in the future. All they are asking for is to choose how they move forward to pick up the broken pieces of their lives.

TAPS appreciates the House and Senate Armed Services Committees including section V of *the* ***Love Lives on Act of 2023****,* which expands commissary and exchange benefits to remarried surviving spouses, in *the* ***Fiscal Year 2024 National Defense Authorization Act****,* and we appreciate the House and Senate Veterans' Affairs

Committees for including sections II and VII in the ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*** in December 2024, which expands the Fry Scholarship to remarried spouses and ends the archaic, "Hold oneself out to be married" clause.

The following personal testimonials from surviving spouses help highlight these important issues.

Marcie Robertson, Surviving Spouse of SFC Forrest Robertson of Kansas, U.S. Army

"I lost my husband in November 2013 when he was killed in action in Afghanistan. At the time, I was 34 years old, and our daughters were 14, 10, and 6 years old. One day I had a partner, and the next day I was the only one to make decisions, discipline, and raise three daughters.

"My husband deployed four times during our marriage, so we both understood his job meant there was a real possibility that he might not come home each time he deployed. Early on, we had a discussion about what would happen if he were to lose his life. He told me where he wanted to be buried, and what to do with the insurance money. He also told me that when I felt ready, he wanted me to move forward with someone new. It was very important to him that I not spend the rest of my life alone. He said this, not realizing that his wish for me would mean the end of the benefits he provided for me. He went to war for his country knowing that if he sacrificed his life, his family would be taken care of. He did not know that meant his widow would have to stay unmarried until she was practically a senior citizen to maintain her benefits.

"I have met a wonderful man who has become a partner to me and a 'bonus dad' to my daughters. He is exactly what my husband would want for the four of us. I dream of the day when I can marry him. I am a Christian and believe that God provided this amazing man to be my husband. I was pulled aside several times by my church leader and told that if I didn't marry him or kick him out of my home, I would lose my ability to volunteer in the church. This ultimately pushed me away from my church and severed important friendships in my support system. I am being forced to make a choice to put aside my religious beliefs to maintain my income.

"Even after all this, he is willing to wait until we are in our late 50s to marry me. I should never have been put in a position to have to ask that of him. Especially when a service member can get divorced, and, if the couple was married for a certain length of time, the spouse will receive as much as half of the service member's retirement. That same spouse can remarry and receive their share of the retirement. It is unbelievable that this is not the same for me.

"It appalls me that my country would ask me to give up my financial independence to get married. We are talking about a small portion of the population of the United States that have sacrificed so much. If you are willing to vote 'yes' on a bill to send people to war, you should also hold responsibility for the catastrophic effects of war and serving. It should be a reminder of the cost of war. Continuing to pay these benefits after remarriage is a small price to pay to take care of the families of our fallen. If you are concerned about the cost of supporting survivors, stop asking men and women to give their lives."

Kellie Hazlett, Surviving Spouse of Capt Mark Nickles of Colorado, U.S. Marine Corps

"My husband, a United States Marine Corps F-18 pilot, died in a training accident while deployed to Japan in 1997. He died on my 30th birthday, and he is still considered 'Missing in Action' because his remains have not been recovered. I had to move out of our home in San Diego within six weeks of his death because I could not afford to maintain the payments on our rental without his paycheck. I moved back home to be a caregiver to my mother. I could no longer continue my career in the medical field, due to the trauma of losing my husband, and had to start over.

"Eventually I met my now husband, Steve. I hesitated to remarry as I was dependent on the financial benefits that helped offset my own lost income as a military and surviving spouse. Mark and I never had the chance to start a family, and it was important to me that when Steve and I did, we were legally married. We now have three beautiful children.

"I was recently diagnosed with a long-term illness, and my treatments are not covered by insurance as they are viewed as experimental. Restoring my survivor benefits, that Mark and I paid into, would go a long way in helping offset the very expensive costs of my treatments. As I am 57 years old, I could divorce Steve, reinstate my benefits and remarry him the next day because of the arbitrary remarriage age of 55. This is something that I have seriously considered, due to the unfair penalty."

Linda Ambard Rickard, Surviving Spouse of Maj Phil Ambard of Texas, U.S. Air Force

"I became a widow just before my 50th birthday when my husband of 23 years, Major Phil Ambard, was killed in Kabul, Afghanistan, in a mass shooting that left eight airmen and one civilian dead. For over two decades, we had moved every two to four years. While I had multiple master's degrees and a teaching license, I never progressed beyond probation/provisional status at my jobs because we were never in any one place long enough. I never got too attached to a home, people, or a job because everything

was so temporary. When I became a widow, I didn't know where to move. I hadn't lived back home in Idaho since 1979. I was too old to go live with my mom and dad, and too young to live with my children, four of whom were in the military. It took me years to get my feet on the ground.

"I didn't date for many years because I just couldn't. At 57, I met the man who would become my husband. I married him just after my 60th birthday. While I maintain my survivor benefits and survivor social security, due to my age, I had to give up TRICARE even though I now qualify for CHAMPVA. It is ridiculous that younger widows/widowers lose everything with remarriage; there is a big difference with the magic age of 55."

Kaanan Mackey Fugler, Surviving Spouse of SSG Matthew Mackey of Louisiana, U.S. Army National Guard

"My first husband, SSG Matthew Mackey, on his last deployment, wrote our children each a 'what if' letter. In those letters, he tells my children that he wants me to find someone to pick up our broken pieces and love them when he is unable. Due to an archaic law, Congress has made our futures all about ways that we can lose our earned benefits. When my spouse died, every hope and dream for OUR future was shattered in a moment.

"Most military widows spent years staying at home to take care of the homefront, while our spouses left for months to a year defending our nation. Our education and job experiences often lacked beyond measures to civilian spouses, due to employment gaps from moving or being unable to afford child care. Those gaps in education and employment will affect our earning potential whether we remarry or not. That gap is where our death benefits are supposed to come in. We are told to find a new 'normal,' while simultaneously hearing, 'don't remarry, you will lose everything.' I would have had to wait another 35 years to remarry to be able to keep my survivor benefits that we had earned. That is half of my life that the government believes I should be alone.

"Had my deceased husband been a police officer, here in Louisiana, instead of a member of the military, I wouldn't have been in this situation. Their survivors are allowed to keep their benefits and pensions, whether they choose to remarry or not. A piece of paper will never make me less of a military widow. It doesn't take away from the 12 years spent sacrificing my own employment while he served, nor the 12 years after his death spent raising our broken family. I should not have to live in hiding with someone to ensure that the government doesn't take away my earned benefits, because I chose not to wait another 35 years for the government's blessing to be able to remarry and keep them. All we ask for is the freedom to choose how we pick up the pieces of our broken lives, and to be able to move forward without being told we must spend half our lives alone first!"

Tonya Syers, Surviving Spouse of W4 Lowell Syers II of Georgia, U.S. Army

"My husband, Lowell, enlisted in high school via the delayed entry program. We met at Fort Campbell, Kentucky, and married six months later. After multiple moves, he decided to join the National Guard, and we moved to California. He retired after 20.5 years. In May of 2019, we watched my son graduate from the University of Georgia and be commissioned into the U.S. Army Reserve. My husband gave him his first official salute. It was a very exciting moment, but the next day Lowell asked me to take him to the emergency room. Instead of celebrating Jake's graduation, we found out Lowell had stage 4 glioblastoma from exposure to the burn pits while deployed. By the end of July, it took his life.

"Eventually, I met a gentleman named James 'Jay' Matheson. He also retired from the Reserves. We got engaged. I was shocked to learn that remarrying before the age of 55 would cause me to lose my military benefits. Jay's ex-wife was granted half of his Navy retirement. She is free to remarry without any financial loss. Why does the government allow divorcees to keep military pensions but punish military widows? I am not in any way telling the government to rescind ex-wives' court-appointed portions of military pensions. I am only saying that it is morally wrong not to offer military widows the same option to remarry without financial penalty.

"The most pro-family and pro-military decision Congress could make is to change this law! Lowell served over 20 years and never collected one cent in retirement. He died, like most, too early due to military service. We would gladly trade our benefits to have our spouses back. Unfortunately, we do not have that option."

CARING FOR SURVIVORS ACT OF 2025 (S.611)

TAPS Strongly Supports

TAPS remains committed to improving Dependency and Indemnity Compensation (DIC) and providing equity with other federal benefits. We continue to work with Congress to:

- Pass the ***Caring for Survivors Act of 2025 (S.611)***.
- Increase DIC from 43 percent to 55 percent of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs.
- Reduce the time frame a veteran needs to be rated totally disabled from 10 to five years to assist families who have become caregivers for their disabled veteran, and to allow more survivors to become eligible for DIC benefits.

Dependency and Indemnity Compensation (DIC) is a tax-free benefit paid to eligible surviving spouses, dependent children, or dependent parents of service members who die in the line of duty or veterans whose death resulted from a service-related injury or illness. More than 506,000 surviving spouses receive DIC from the VA.

The current monthly DIC rate for eligible surviving spouses is $1,653.07 (Dec. 1, 2024) and has only increased due to Cost-of-Living Adjustments (COLA) since 1993. TAPS is working with Congress to raise DIC from 43 percent to 55 percent ($2,107.22) of the compensation rate paid to a 100 percent disabled veteran, in parity with other federal survivor programs; ensure the DIC base rate is increased equally; and protect added monthly amounts, like the eight-year provision and Aid and Attendance.

TAPS and the survivor community have supported strengthening DIC for many years, especially for military survivors whose only recompense is DIC. We are grateful to Senators Richard Blumenthal (D-CT) and John Boozman (R-AR) for introducing the bipartisan ***Caring for Survivors Act of 2025 (S.611),*** which will increase DIC by $454 a month.

Passing this important legislation in the 119th Congress is a top priority for The Military Coalition (TMC) Survivor Committee, co-chaired by TAPS. TMC consists of 35 organizations representing more than 5.5 million members of the uniformed services — active, reserve, retired, survivors, veterans, and their families.

The following statements from survivors demonstrate that stringent limitations on DIC payments have negative financial and widespread impacts on housing, employment, transportation, food security, and medical and mental health care for surviving families:

Amanda Lee Pitzer, Surviving Spouse of CPO Larry Pitzer Jr. of North Carolina, U.S. Navy

"Losing my husband changed every aspect of my life — emotionally, mentally, and financially. As a widow and a mother, my greatest concern has always been ensuring stability for my family. While Dependency and Indemnity Compensation (DIC) provides some support, the reality is that at only 43 percent of a 100 percent disability rating, it simply isn't enough to keep surviving families financially secure.

"The gap between what is provided and what is actually needed forces many of us into impossible situations, choosing between paying bills, securing our futures, or being present for our children. For me, that meant returning to school to earn my doctorate and taking on five part-time jobs just to bridge the gap. Despite my education and qualifications, I am still years behind my peers in both earnings and retirement savings, with no access to employer-sponsored benefits, like retirement accounts.

"Like so many other survivors, I am constantly running on empty — physically, emotionally, and financially — just trying to stay afloat. If the ***Caring for Survivors Act*** *is passed, it would be life-changing. Raising DIC to 55 percent, bringing it in line with other federal survivor benefits, would provide much-needed financial relief to families like mine. It would mean that widows and widowers wouldn't have to overextend themselves with multiple jobs just to make ends meet. Instead, they could focus on building sustainable careers, securing their financial futures, and — most importantly — being present for their children.*

"This increase would acknowledge that the sacrifices made by our fallen service members do not end with their passing. Their families continue to bear the weight of their loss, and they deserve support that reflects the true cost of that sacrifice.

"Passing the ***Caring for Survivors Act*** *wouldn't just correct an unfair disparity, it would send a powerful message that our nation truly honors and supports the families of its fallen heroes. For so many of us, this is not just about numbers on a page, it is about survival, stability, and the ability to rebuild a future with dignity and hope."*

Heather Welker, Surviving Spouse of SSG Mark Welker of Missouri, Missouri National Guard

"My husband loved this country and gave it 21 years of his life. During those years he would always tell me, 'It's for our future.' So his career was first priority, which took time away from family. It was supposed to make retirement years easier for us, or so we thought.

"In October of 2022, he was diagnosed with cancer, and the tumor was in a location that had no possibility of surgery because of organs and arteries. It also denied him the ability to continue working, so he was granted disability. I soon had to leave my employment of 18 years to be his caregiver.

"Fast forward to March 5, 2024, that morning my husband died from his service-connected cancer. We were robbed of our golden years together. I have not been able to find employment comparable to what I had before, plus the loss of any income he provided through disability.

"The increase in DIC to 55 percent of the single disability rate would allow breathing room. I would not be looking for a second job at the age of 54."

Lynn Tennant, Surviving Spouse of Army SSG Adrian Tennant of New York, U.S. Army

"Adrian, a 20-year retired Army veteran, lost his life after a very brief and hard 34-day battle with acute lymphoblastic leukemia (ALL) T-Cell. He left behind me, his wife of 18 years, and two young children, ages 13 and 9 at the time. Adrian had only been retired from the Army for seven years. He never truly got to enjoy his retirement as he enrolled in college to pursue a career in information technology. I gave up my career to let him follow his goals and raise our children.

"His loss has put a great financial burden on me to raise our two children. I was awarded DIC finally after five years, which I am thankful for, but between that, Social Security benefits, and my job, it still isn't enough in these tough economic times. I am heading back to school to further my career in education, but the loss of his income and retirement pay has made things very difficult."

Elly Gibbons, Surviving Spouse of CMSgt John Gibbons of Arkansas, U.S. Air Force

"My husband served for 38 years and died due to Agent Orange exposure. Upon his death, my income decreased by 70 percent. His Social Security was affected by the Windfall Elimination Provision (WEP), so I cannot draw from his Social Security.

"I fought for seven years to help rectify the SBP/DIC offset, which finally was rectified due to a grassroots effort by those affected by the incomprehensible wrong. Now we continue a fight to address the Caring for Survivors Act, which would finally increase DIC to the appropriate level of 55 percent in parity with ALL other federal survivors' benefits. The increase of income would have a tremendous positive impact on so many survivors of those who have served our nation, our patriots. Thank you."

Harry McNally, Surviving Spouse of SGT Shanna Golden of Virginia, U.S. Army

"Increasing the amount of DIC to levels identical to other federal survivor benefits should have been done decades ago. As it stands, the implication is that the death of a veteran or service member is worth less than the death of other federal employees."

Katie Hubbard, Surviving Spouse of CSM James Hubbard, Jr. of Kansas, U.S. Army

"Due to his status at the time of my husband's death, the only financial benefit we are eligible for is DIC. CSM James W. Hubbard, Jr. died May 21, 2009, while in treatment for leukemia caused by the burn pits in Iraq.

"Having your income cut by more than 60 percent while trying to navigate funeral costs, bills that aren't stopping, and unexpected ambulance and ER charges nearly took me out too. My mental health was not conducive to returning to the workplace quickly after being his caregiver and dealing with the unexpected loss, yet I had to figure out something to make up the income or lose our home too. My future, my best friend, and my normal were gone.

"While a 12 percent increase doesn't seem like much, any widow living paycheck to paycheck can tell you it is. The military is a federal entity, yet their survivors are treated less than. Passing the Caring for Survivors Act would show military widows that their spouse and themselves are cared for and not forgotten."

Janet Albaugh Surviving Spouse of SP5 Rick Albaugh of South Carolina, U.S. Army

"There needs to be a change in the way DIC is allowed. It's not the fault of the veteran that they couldn't live until the 10-year rule! My husband did two tours in Vietnam, and he was sprayed with Agent Orange. He had everything wrong with his respiratory system known to man.

"It's just not fair that we don't get any help because our veteran died too soon! Believe me, ALL widows would rather have our husbands still here with us. It's a real hardship to try and hang on to what we fought so hard to build. Is it really fair that not only do we lose our husbands, we lose everything too? They fought for our country and did ALL they were asked to do. Please pass S.611. It would help all of us widows who have already lost so very much!"

AVIATOR CANCERS EXAMINATION STUDY (ACES) ACT (S.201)

TAPS Strongly Supports

TAPS will continue to work with Congress to:

- Pass the ***Aviation Cancers Examination Study (ACES) Act (S.201)***.

As the leading voice for the families of those who died as a result of illnesses connected to toxic exposure and co-chair of the Toxic Exposure in the American Military (TEAM) Coalition, TAPS led efforts to pass the bipartisan ***Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics* (PACT) *Act of 2022***.

The *PACT Act,* signed into law by President Biden on Aug. 10, 2022, is the most significant expansion of benefits and services for veterans in more than 30 years. This

historic law ensures veterans of multiple generations who were exposed to burn pits, toxins, and airborne hazards while deployed are eligible to apply for immediate, lifelong access to VA health care and benefits for their families, caregivers, and survivors.

The passage of the ***PACT Act*** is a tremendous victory, but the work does not stop. Each year, more survivors whose loved ones died due to toxic exposure-linked illness connected with TAPS for grief support and help navigating their benefits. Of the survivors seeking our care in 2024, 37 percent were grieving the death of a military loved one due to illness, including toxic exposures.

TAPS remains committed to promoting a better-shared understanding of illnesses that may result from toxic and environmental exposures, radiation, or PFAS. We will continue to work with the VA to identify and expand ***PACT Act*** presumptive conditions. TAPS will also continue to work with Congress to advance further toxic exposure-related legislation to ensure impacted service members, veterans, their families, caregivers, and survivors receive critical health care and mental health support, and the benefits they have earned.

TAPS fully supports the ***Aviation Cancers Examination Study (ACES) Act (S.201)*** and thanks Senator Tom Cotton (R-AK) and Senator Mark Kelly (D-AZ) for reintroducing this important legislation in the 119th Congress. The ***ACES Act*** would direct the Secretary of Veterans Affairs to oversee a multi-year study — conducted by the National Academies of Sciences, Engineering, and Medicine (NASEM) — on the prevalence and mortality of cancer among individuals who served as active-duty aircrew in the armed forces. The ***ACES Act*** is supported by the TEAM Coalition, a nonpartisan consortium of veterans, military service organizations, and subject matter experts.

There is an urgency of early diagnosis and intervention which saves and prolongs the lives of service members and veterans, beloved by family and friends who consider each day together as precious and irreplaceable.

To that end, TAPS also urges the use of the Individual Longitudinal Exposure Records (ILER) — an electronic database of service members' and veterans' exposures used in collaboration between the VA and the Department of Defense (DoD) — to identify trends, locations, and potential exposures to proactively reach out to service members and veterans to help save lives. We also request that these records be accessible to service members, veterans, and their families, to help them make better informed decisions regarding their care.

VETERANS CLAIMS ACT OF 2025 (DRAFT)

TAPS Strongly Supports

Since the passage of the ***PACT Act***, the VA and numerous VSOs have seen an influx of advertisements and solicitations from predatory claims consultants. With nearly 33,000 additional survivors eligible for PACT Act-related benefits, increased regulatory oversight is crucial to ensuring that these survivors receive adequate care and representation throughout the VA benefits claim process. While claim sharks are not a new problem, there has been an uptick in their predatory practices and those practices are still illegal. The problem is there are no "teeth" behind these illegal practices.

The enforcement mechanism was previously removed in 2006, leaving the VA Office of the General Counsel (OGC) constrained in its oversight over groups that operate outside of accreditation. Currently, the OGC can only apply administrative penalties to accredited individuals and refer matters relating to nonaccredited individuals to federal or state enforcement agencies. By reinstating criminal penalties, OGC will be able to exercise jurisdiction over unaccredited individuals and hold them accountable for predatory behavior.

The ***Veterans Claims Act of 2025*** would finally reinstate criminal penalties for unaccredited individuals who charge fees and compensation for assisting veterans and survivors with filing a VA benefits claim. This bill seeks to close loopholes in existing laws that allow unaccredited individuals and organizations to offer claims assistance without proper oversight. This legislation would strengthen protections for veterans by reinforcing the necessity of using VA-accredited representatives, such as veteran service organizations (VSOs), attorneys, and VA-accredited claims agents.

Historically, surviving spouses have had a large target on their backs from predatory actors, and claim sharks are no different. TAPS wants to ensure that surviving spouses applying for benefits from the VA are not taken advantage of by predatory actors when there are so many free and low-cost options available.

Although veterans are considered a vulnerable population to predatory actors, we believe that surviving spouses are as well. When a disabled veteran dies, surviving spouses lose more than half of their financial benefits and are provided limited support to figure out how to file for benefits as a surviving spouse. If you call the VA, they will give you the form number for DIC or tell you to contact a VSO for assistance in filling a claim. If you Google how to "file a DIC claim as a widow," the first response takes you to the VA's website. Seven of the next nine results are paid sponsorships or claim sharks. The 10th response takes you to the Disabled American Veterans — the first true VSO result available.

Additionally, we fully support the expansion of accreditation to 501(c)(3) nonprofit organizations in section 3 of the bill. There are major changes that need to be made to accreditation to allow reputable actors into the space, while protecting against predatory behaviors.

TAPS is not an accredited VSO because the current rules stipulate that you must help the veteran community as a whole. Since our mission is solely focused on surviving families, we are not the best equipped to serve veterans, but we are the most well-equipped to serve survivors. This section would allow TAPS and other organizations with similar circumstances to become accredited, while specializing in the cases that we can best support.

We would welcome the opportunity to be accredited to help make the process easier for surviving families, but **have NEVER and would NEVER charge for our services.** In 2024 alone, our TAPS Casework team assisted almost 2,200 survivors on benefit claims. These are survivors whose benefits were turned off for paperwork errors, who had overpayments, or were generally confused about their benefit eligibility. In many cases, we were able to assist due to our MOU with the VA, but it would be far simpler for our caseworkers to have the same access as a VSO to check on the status of a claim or assist with a claim directly.

TAPS strongly supports the ***Veterans Claims Act of 2025*** because it will help deter predatory behavior and ensure that veterans and survivors receive their full earned benefits at no additional cost.

VETERANS' ASSURING CRITICAL CARE EXPANSIONS TO SUPPORT SERVICEMEMBERS (ACCESS) ACT OF 2025 (S.275)

TAPS Strongly Supports

In 2025, TAPS will work with Congress to:

- Pass the ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275)***.

TAPS is grateful to Chairmen Moran and Bost for introducing the ***Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025 (S.275).*** This important legislation would improve access to community care for veterans and increase access to mental health and addiction services and other life-saving care for veterans through the Department of Veterans Affairs (VA).

TAPS knows first-hand that access to VA care is incredibly important, but access to community care, when VA care is unavailable or inadequate, is equally important. With

29 percent of new survivors coming to TAPS due to suicide loss and 37 percent due to illness loss, we know that ensuring timely access to these programs is life changing and lifesaving.

For more than a decade, TAPS has been on the front lines of suicide postvention efforts to support military families grieving deaths by suicide and using gained knowledge to save countless lives through suicide prevention efforts. The TAPS Suicide Postvention team developed a research-informed, best-practice **TAPS Postvention Model™** for suicide-loss survivors, decreasing the risk of additional suicides and promoting healing.

TAPS has supported nearly 30,000 individuals whose military and veteran loved ones died by suicide. TAPS conducts in-depth interviews with each survivor to reflect on their loved one's life before suicide. One typical pattern identified among thousands of military suicide survivors is the call for the nation and military community to prioritize mental health care as an essential element to overall wellness and readiness.

Above all, mental health care needs to be consistent. TAPS survivors relay that the care their service members or veterans received — marked by uncertainty, confusion, and sudden changes — caused them to lose trust in the process. The bonds formed by veterans and providers at the start of the care cycle are critical. Having to retell their difficult stories time and time again to new providers at each visit can be debilitating. Abruptly changing care teams, especially when a veteran becomes suicidal, only heightens the sense of crisis. Familiarity and predictability are keys to effective mental health care.

Veterans are more likely to seek help from an established provider when they feel a sense of safety and trust. Talking about thoughts of suicide with an established provider — when they are not necessarily intent on or have a plan for suicide — should be seen as positive in that the veteran is trusting enough to share some of their deeper struggles, and should not be a reason to transfer them to a new team.

Focusing on retaining providers with active caseloads, streamlining record collection and review, and training all personnel to address suicide risk further upstream in the care experience can alleviate this concern. TAPS also believes that identifying issues related to grief and trauma, which need to be distinguished and treated separately, is essential in providing consistency of care for veterans.

Shifting thinking from a crisis response model — which pays attention to mental health only when someone is suffering and suicidal — to treating mental health care as a vital part of overall health and readiness is imperative.

RESTORE VA ACCOUNTABILITY ACT OF 2025 (S.124)

TAPS Supports

In 2017, Congress passed the ***VA Accountability and Whistleblower Protection Act*** in response to the nationwide VA access crisis that negatively impacted veterans' care. This critical law gave VA leaders the ability to break through bureaucratic obstacles to discipline or fire poor-performing employees, providing VA employees a healthier workplace and increasing veterans' trust in VA.

TAPS fully endorsed the ***VA Accountability and Whistleblower Protection Act of 2017*** and we are grateful for how much it has improved accountability within the VA. However, we have also seen that there are still gaps and legal issues to fully implement the intent of the law.

The ***Restore VA Accountability Act (S.124)*** addresses the decisions from the Federal Circuit, the Federal Labor Relations Authority, and the Merit Systems Protection Board that rendered the authority in the *VA Accountability and Whistleblower Protection Act* difficult to implement for some of the VA workforce. This significant legislation codifies the intent of the *VA Accountability and Whistleblower Protection Act* while ensuring that VA decisions supported by substantial evidence are upheld on appeal and aligning the disciplinary authority for VA managers with the process currently in place for members of the Senior Executive Service, removing the Merit Systems Protection Board from the process.

TAPS applauds Senator Moran for introducing the ***Restore VA Accountability Act (S.124)*** to ensure that VA has the needed authority to create and sustain a workforce environment that best serves our veteran community, and TAPS fully endorses it.

SERVICEMEMBERS AND VETERANS' EMPOWERMENT AND SUPPORT ACT (DRAFT)

TAPS Supports

TAPS strongly supports the ***Servicemember and Veterans' Empowerment and Support (SAVES) Act***, which expands the definition of military sexual trauma (MST) to ensure service members and veterans who experience online sexual harassment can access critical VA counseling and benefits. TAPS is grateful to Ranking Member Blumenthal (D-CT) for introducing this critical legislation.

The ***SAVES Act*** also updates and establishes a lower burden of proof for all mental health conditions resulting from sexual violence and expands eligibility for MST-related care and treatment at VA to all former National Guard and Reserve members.

The Department of Veterans Affairs (VA) has invested in mental health services and suicide prevention efforts for MST survivors. MST-related services are now available at any VA health care facility. MST-related outpatient services are also available at every VA medical center and many VA community-based outpatient clinics or Vet Centers.

Access to critical counseling and mental health treatment is essential for MST survivors, who are at greater risk for suicide ideation as a result of their trauma. With nearly 1 in 3 female veterans seen by VA providers reporting military sexual trauma, and nearly 1 in 50 male veterans reporting MST, expanding eligibility for MST-related care and treatment to all MST survivors will save lives! TAPS is committed to working with Congress to pass the SAVES Act this year!

ENSURING VETSUCCESS ON CAMPUS ACT OF 2025 (S.610)

TAPS Supports

The VetSuccess on Campus (VSOC) program is incredibly significant because it provides a VA Vocational Rehabilitation Counselor (VRC) on campus at certain Institutions of Higher Learning (IHLs). The program also provides a VA Vet Center Outreach Coordinator on many of those VSOC campuses, to provide peer-to-peer counseling and referral services.

Unfortunately, the VSOC program is limited to IHLs with larger veteran populations, the ***Ensuring VetSuccess on Campus Act (S.610)*** would allow schools with smaller veteran populations to access the VSOC program and ensure that there is at least one VSOC program in each state. TAPS greatly appreciates Senators Blumenthal (D-CT) and Rounds (R-SD) for introducing this critical legislation, and we look forward to its passage.

While VRCs do not impact surviving families, the VA Vet Center Outreach Coordinator and disability accommodations are programs that surviving spouses and children are eligible to receive. The support for a VA Vet Center alone is critical for surviving families as they offer much needed bereavement counseling for survivors. We often see that IHLs campus counseling services are under- or ill-equipped to support those who are grieving, they tend to be more focused on students' adjustment to campus life, learning disabilities, and general anxiety.

Providing the on-campus resources for a program that provides bereavement counseling is essential to the success of our surviving families on college campuses nationwide.

THE VETERAN FRAUD REIMBURSEMENT ACT (DRAFT)

TAPS Supports Intent, But Has Concerns

The ***Veteran Fraud Reimbursement Act of 2025*** aims to improve the repayment process for veterans and survivors whose benefits have been misused by a fiduciary. This bill seeks to strengthen protections for them by ensuring they recover their rightful benefits while holding fraudulent fiduciaries accountable. While TAPS never supports fiduciaries fraudulently taking advantage of veterans and survivors, we do have concerns with the new ways VA is handling fiduciaries and that this law could negatively impact surviving spouses and children.

On Aug. 13, 2018, the VA amended 38 CFR 13.100, to require the appointment of a fiduciary for any minor in receipt of VA benefits. On Oct. 1, 2022, the Columbia, South Carolina, Fiduciary Office requested clarification on whether an apportionee is considered a "beneficiary" under 38 CFR 13.100(a)(1). The VA determined that any minor beneficiary, including an apportionee, would be subject to the fiduciary requirements of 38 CFR 13.100. In March of 2024, the VA conducted an internal audit to ensure that all minor beneficiaries receiving benefits in their own right had a fiduciary. Data from March 1, 2024, showed over 4,000 minors were in receipt of benefits without a fiduciary in place. Upon this discovery, the VA began the process of appointing fiduciaries as required by law.

On Sept. 20, 2024, remarried surviving spouses began receiving letters informing them that they had to set up fiduciary accounts for their minor children. The reason they received these letters was because they had remarried. Unremarried surviving spouses are not required to set up these accounts. These are all cases where a surviving spouse was allowed to manage their children's benefits until the day they remarried, when they became the "fiduciary" instead of the parent, in the eyes of the law.

The VA is now mandating these remarried surviving spouses prove how they spend the child portion of their DIC while also claiming things like "housing" and "medical" are not eligible expenses.

Jessica Braden-Rogers Surviving Spouse of CPT Michael Braden of Pennsylvania, U.S. Army

"In August 2024, a VA employee showed up at my front door and claimed he had been trying to contact me for months. I never received a letter or a call. I have had the same cell phone number since 2003. He stated that when my husband passed away in April of 2012, I should have set up a fiduciary account to manage my son's finances. He reiterated that I now had to do it immediately or the VA would stop paying my son.

"The VA employee then gave me a packet of paperwork to fill out, which I returned to the VA. He then called me and asked to talk to my son and wanted to know how much his DIC is, and my minor son said 'I don't know.' We don't feel family finances are any of a 15-year-old's business. The VA representative made it seem like I was neglectful and that I would not be able to be his fiduciary."

TAPS has concerns that this bill will increase the issues surviving spouses are having with the new fiduciary program rules or prevent a parent from being able to manage their children's benefits.

TAPS recommends that we treat remarried surviving spouses the same as unremarried surviving spouses and not unfairly burden them with the establishment of fiduciary accounts. With that concern addressed, TAPS would be able to endorse the ***Veteran Fraud Reimbursement Act of 2025***.

IMPROVING VETERAN ACCESS TO CARE ACT (S.607)

TAPS Supports

The ***Improving Veteran Access to Care Act (S.607)*** would require the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments for health care from the Department of Veterans Affairs (VA). TAPS appreciates Senators Hassan (D-NH) and Boozman (R-AR) for introducing this important legislation that aims to improve delivery, efficiency, and access to VA care for veterans, while improving customer experience and service.

The bill would also require the development of a self-service scheduling platform, available for use by all VA patients, and would create a process for patients to telephonically speak with a scheduler who would assist in determining appointment availability and be able to schedule appointments on behalf of the patient.

Closing gaps in appointment time and adding more availability to providers may be key in proactively preventing the negative effects of long waits and canceling and rescheduling appointments, which only adds frustration. For example, if a veteran finally agrees to call to ask for help and must talk to several people about their history before setting up appointments, canceled and rescheduled appointments delay the care process, sometimes for weeks or months, with no other follow-up with the veteran.

The ***Improving Veteran Access to Care Act (S.607)*** will not only improve the scheduling process for VA appointments, it will improve health and mental health outcomes for veterans.

REPRESENTING VA WITH ACCURACY ACT (DRAFT)

TAPS Supports

The ***Representing VA with Accuracy Act*** or the ***REP VA Act*** would mandate that the VA use clear-cut phone numbers when calling veterans to ensure that they know it's the VA calling. We thank Senator Sullivan (R-AK) for introducing this legislation, which would help veterans and survivors know to answer the phone because the caller ID would register as the Department of Veterans Affairs (VA). It would also help deter phishing scams claiming to be the VA.

Being able to clearly identify that phone calls are coming from the VA will help improve the timeliness of care and benefits. It is critical that veterans and survivors know when the VA is calling, so they can schedule appointments and answer questions regarding their claims or benefits. Our older generation is vulnerable to phishing scams and calls; clearly identifying that a call is from the VA would help reduce that vulnerability. Additionally, our younger generation tends to not answer the phone at all unless they recognize the number or are expecting a call. This act would help ensure both our younger and older veterans have access to timely care and avoid missing important calls from the VA.

TAPS would like to ensure that the ***REP VA Act*** covers all those who receive care and benefits from the VA, to include families, caregivers, and survivors.

CONCLUSION

TAPS thanks the leadership of the Senate Committee on Veterans' Affairs, their distinguished members, and professional staff for holding this hearing. TAPS is honored to testify on behalf of the thousands of surviving families we serve.

Ashlynne Haycock-Lohmann is the Director of Government and Legislative Affairs for the Tragedy Assistance Program for Survivors (TAPS). She is the Gold Star daughter of SFC Jeffrey Haycock who died while training to deploy in 2002 and Air Force veteran Nichole Haycock who died by suicide in 2011.

Ashlynne has worked for TAPS for 12 years, primarily focusing on access to benefits for surviving spouses and children, including the expansions of benefits under the Forever GI Bill. She was also instrumental in finally ending the SBP/ DIC Offset, better known as the "Widow's Tax", in 2019. Ashlynne graduated with a bachelor's degree in political science from American University in 2013 where she was one of the first Marine Gunnery Sergeant John Fry Scholarship recipients. She resides in Virginia with her husband, a Navy veteran, and their two dogs.

STATEMENT OF

PATRICK MURRAY, DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

Pending Legislation

WASHINGTON, D.C. March 11, 2025

Chairman Moran, Ranking Member Blumenthal, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I would like to thank you for the opportunity to speak on these subjects.

S. 124, Restore VA Accountability Act

The VFW has previously supported legislation that would streamline authorities to suspend, demote, or fire Department of Veterans Affairs (VA) employees who have been determined to warrant such action. We also supported the *Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017* (Public Law 115-41) because we had seen examples of VA's inability to hold certain employees accountable. While this proposal would restore the original intent of the law that had technical gaps and was not implemented effectively, we would like to express our disappointment at how the recent dismissals of VA employees have been handled.

The VFW fully agrees that the Secretary of Veterans Affairs should be able to remove bad employees from their roles. Still, we do not agree with using the authority this proposal would provide to arbitrarily remove competent and capable employees simply as a cost-cutting measure. Reduction in Force efforts should not be bluntly used to satisfy an arbitrary budget goal. VA should always be fully staffed with competent and capable employees to serve the men and women who have earned their health care and benefits.

Secretary Doug Collins has fired more than 2,400 employees. Nowhere in his message on this action did it explain what warranted the firings. Members on this committee regularly say VA needs to weed out the bad actors, but the dismissal of employees was not done because it was warranted, instead it was done because it was easy. Among the employees who were let go were veterans and military spouses. Some of these firings have been rescinded because they were key positions, but that is not the case for all of the dismissals. Before this committee advances this

bill, we believe there needs to be proper oversight to ensure the men and women who serve our veterans, caregivers, and survivors are not fired arbitrarily from their crucial roles.

S. 201, Aviator Cancers Examination Study (ACES) Act

The VFW supports this legislation and its VA-brokered study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality rates of certain cancers in U.S. Armed Forces fixed wing aircrew members. This proposed study closely parallels a National Academies' analysis conducted in conjunction with the Department of Defense (DOD) and authorized by the *William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021* (Public Law 116-283). In fact, the *ACES Act* lists this DOD effort as a possible data source for the VA investigation. The two-phased DOD study probed the incidence of several cancers in U.S. Armed Forces fixed wing aircrew members, personnel supporting the generation of the aircraft, logistics support personnel, and any other crew members who regularly flew in an aircraft or were required to complete the mission of the aircraft. The Phase I epidemiologic investigation finished in May 2024 after considering the cancers included in the *ACES Act*, as well as female breast cancer. The study indicated heightened rates of several cancers in both aircrew and ground crew/support personnel. Due to Phase I findings, the Secretary will commence a Phase II study to identify the causative carcinogens and environmental conditions. VA could presumably use its and DOD's study results in the Presumption Decision Process and evaluate specific health conditions attributable to aviation materials and operating environments for presumptions of service connection. Additionally, at the conclusion of these studies Congress should authorize a similar effort for rotary wing aviation.

S. 275, Veterans' ACCESS Act

The VFW supports this proposal that would provide overall enhancements to the VA Community Care program. Since the passage of the *VA MISSION Act of 2018*, VA has not implemented this program consistently across its entire network. Veterans deserve consistency in their care, and this is a good step toward providing it. While this proposal does not address VA direct care, we would be remiss to not remind this committee that some of the reasons community care appointments and costs are increasing is because VA cannot provide many of these vital services. Care in the community is VA care, but providing resources for care only in the community and not also for VA direct care can lead to a less capable VA, which would be detrimental.

Sec. 101 - The VFW supports the codification of access standards for the VA Community Care Network (CCN). These access standards have been in place for years and, although they were arbitrarily adopted from old TRICARE access standards for retirees, the standards have not changed and have not been problematic for veterans since the enactment of the MISSION Act. The issues with CCN we have heard from our members are not due to the geographic factors or wait times to access this type of care. Enough time has passed since the initial implementation that we are comfortable codifying these standards.

Sec. 102 - The VFW supports this portion of the bill that would require veterans to be notified of eligibility for community care. Too many veterans need to advocate on their own to access care in the community. If this care is to be provided appropriately to veterans, then it should be transparent and accessible, not hidden behind levels of bureaucracy.

Sec. 103 - We support this provision to include a veteran's preference in the determination for community care. We understand this addition does not mean a veteran's preference is the sole factor for accessing community care, but it should be part of the consideration.

Sec. 104 - We support this provision to provide a notification of denial to veterans.

Sec. 105 - We support this provision to discuss telehealth options that are acceptable to veterans.

Sec. 106 - We support this provision to extend by an additional six months the deadline for payment claims of providers. TITLE II of this bill addresses improvements to certain VA mental health treatment programs. The VFW is pleased to see language that would improve the policies and processes that govern access to VA's Mental Health Residential Rehabilitation Treatment Program (MH RRTP) as we recognize it needs serious attention. However, we would ask the standards for accessing these programs be thoughtfully considered due to their different nature. Priority admission standards should be developed differently than routine admission standards because many of these programs, whether VA-provided or in the CCN, are not local to veterans.

MH RRTP locations are often secluded and situated in rural areas as part of the provided treatments. The fact that they are often intentionally situated away from population centers means many veterans would automatically be eligible for referral to community-based services regardless of where they live. We believe a carefully considered combination of wait times and geographic boundaries must be considered for routine admissions, rather than arbitrary calculations based on entirely different treatment programs such as standard VA mental health care.

Veterans in crisis must receive timely, quality, and consistent care that aligns with their needs while also accounting for their individual preferences where feasible. We feel the proposed 48-hour deadline for residential treatment screening and admissions decisions has the potential to save lives and mitigate instances of veterans losing trust in VA's ability to provide or facilitate care when they need it most. As we collectively look to improve help-seeking behaviors among veterans, Congress and VA must ensure resources like these are equipped to meet veterans where they are without bureaucratic hurdles or inefficiencies undermining such efforts.

To that end, we would like this committee to consider including a provision that also prohibits barriers to accessing the breadth of community-based residential treatment programs that are available and commonly tailored to veterans. One VFW member recently sought but ultimately gave up on receiving residential mental health care through VA because the program the provider determined would best meet the care needs was in the wrong network. Other available programs that met treatment needs and preferences like gender-specific programming were similarly out of network.

With rare exceptions, veterans referred to residential treatment via CCN are able to access only programs that are physically located within their respective jurisdictions, each of which is managed by either Optum Serve or TriWest Healthcare Alliance. While this structure works relatively well for common needs like orthopedics and diabetes care, the same cannot be said for mental health and substance use disorder (SUD) programs that are limited in number, highly specialized, and variable in terms of medical expertise and treatment methods. Arbitrarily restricting program access based on administrator network boundaries limits VA's ability to coordinate timely and appropriate residential mental health and SUD care for veterans. While this is not in statute, it is in practice at VA and needs to be rectified.

Sec. 301 - The VFW generally supports the idea of this provision but would recommend instructing VA, to the extent possible, to purchase an existing platform instead of building its own. The existing language in this proposal directs VA to develop and implement a plan to establish an online interactive self-service module. However, VA is historically inept at developing its own IT platforms and a self-service module would be a great improvement for VA care, as long as it is done properly.

Sec. 302 – We support the concept of this proposal that seeks to implement a different pilot program for accessing certain mental health services without a prior referral authorization if the veteran is enrolled in the VA health care system. This process is similar to the existing urgent care treatment models available to veterans. That system works for veterans because it allows quick access to treatment that could typically involve certain delays or overcrowded VA emergency rooms. However, that system also brings high costs and unknown budget impacts. VA does not know if ten veterans will use that system or if 10,000 veterans will do so. VA simply has to pay the bill when it arrives. The community care budget has grown in the past few years due to this uncoordinated care, and we predict this provision could have similar unpredictable increases in cost. We believe this provision could be beneficial, but we would like to warn against reductions in direct VA care in order to maintain these uncoordinated care options.

We support this proposal, and the community care provisions in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* because community care is a program that needs improvements. We would be remiss to not mention the underlying cause of some community care problems is VA's current inability to perform some of this care. VA direct care and community care can complement each other to provide a full suite of services for veterans. Often CCN is used to relieve the burden of care VA cannot directly provide. But providing additional resources only to the community care portion of VA care will continue to exacerbate the problems with VA internal capacity. We urge this committee to not only fund community care improvements but also continue to improve direct VA care so this "pressure relief valve" is not overused.

S. 410, Love Lives On Act

As a resolutions-based Veterans Service Organization, the VFW does not have a position on whether survivors should retain their benefits upon remarriage. However, we do support surviving spouses regaining their TRICARE benefits if they remarry and that marriage

subsequently ends. A survivor whose subsequent marriage ends can regain Dependency and Indemnity Compensation (DIC), and Survivor Benefit Plan payments. Accordingly, they should also have TRICARE benefits reinstated.

S. 478, Veterans 2nd Amendment Protection Act of 2025

The VFW supports this legislation that would protect the constitutional rights and establish due process for a veteran whom VA has assigned a fiduciary prior to referral to the National Instant Criminal Background Check System (NICS). We supported this bill more than fifteen years ago when the VFW first realized this problem, and we will support this proposal until it becomes law.

VA administers a fiduciary program for veterans who cannot manage their VA benefits for a variety of reasons, one of which is mental incompetency that VA characterizes as an inability because of injury or disease to manage one's own affairs. VA bases its incompetency determinations on medical documentation from a variety of sources, such as a medical provider who conducted a routine, incidental medical or mental health examination, or a compensation and pension medical examiner during a veteran's application for VA disability compensation. Currently, VA does not order any additional medical or mental health examinations to determine the prospective incompetent veteran's propensity for self-harm or harm to others.

Upon incompetency determination and subsequent fiduciary assignment, VA will refer the veteran's name to NICS in compliance with the *Gun Control Act of 1968* (Public Law 90-618) and the *Brady Handgun Violence Prevention Act* (Public Law 103-159), effectively rescinding the veteran's Second Amendment rights. The VFW represents few veterans with fiduciaries in the VA disability claims process, and they rarely ask our accredited representatives to assist them in appealing the decision. Even though we understand the issue of fiduciaries likely affects a small percentage of veterans, we argue that all veterans deserve protection of their constitutional rights.

Unfortunately, because of the somewhat subjective VA incompetency determination process and related loss of Second Amendment rights, some veterans refuse to use VA health care for fear of inadvertently making a disqualifying statement or disclosing a temporary disabling condition that could lead to NICS referral. This stigma unnecessarily deprives veterans of their earned benefits and has created a barrier to care, which is a difficult perception to change. The VFW continues to encourage veterans to use their earned VA health care, including the world-class, veteran-specific mental health services that VA provides. The VFW has also been involved in numerous efforts to reduce veteran suicide, including urging veterans in distress to temporarily give their firearms to a trusted friend or consider using trigger locks to lessen the ease of using a firearm to harm themselves. Additionally, the VFW believes in looking at the economic factors veterans face that can put them at risk for death by suicide, as we know suicide is not solely a mental health or firearm issue. The requirement of the *Veterans 2nd Amendment Protection Act of 2025* for a judicial review prior to NICS referral could assure veterans regarding unconditional medical and mental health care without jeopardizing their constitutional rights.

S. 601, Improving Veteran Access to Care Act

The VFW supports this legislation that requires VA to establish an integrated project team to improve the process for scheduling appointments for VA health care. The goal is to achieve efficiency, accessibility, and timeliness in appointment scheduling, which would modernize VA's scheduling process, and thus reduce wait times and improve access to timely health care. However, we recommend to the greatest possible extent that VA purchase off-the-shelf products to produce the desired results. VA's ability to develop new IT solutions has been suboptimal and we would encourage the use of alternate platforms if available.

S. 610, Ensuring VetSuccess On Campus

The VFW supports this proposal that would ensure the VetSuccess on Campus Program has a location in every state. Some of our members work with VetSuccess counselors at various campuses and have relayed to us the benefits of this program. These counselors have the ability to assist with education issues on campuses and also provide guidance and assistance for other Veterans Benefits Administration (VBA) benefits. This is a valuable program that should be expanded to the greatest extent possible.

While this bill does not change the duties of the VetSuccess counselors, we have heard that too many of them are being tasked by VA with additional duties that are not specific to student veteran issues. We urge this committee to ensure that VetSuccess counselors are not being diverted from their critical jobs simply to backfill other VA roles in their respective areas.

S. 611, Caring for Survivors Act

The VFW strongly supports the three provisions in this bill. In fact, we have been advocating for many components of this legislation for several years and accordingly support its swift passage. The rate of DIC paid to survivors of service members who died in the line of duty or to veterans who died from service-related causes has only minimally increased since the benefit's inception in 1993. Currently, DIC pays 43 percent of the compensation of a 100 percent permanent and totally disabled beneficiary while all other federal survivor programs pay 55 percent. We strongly support this provision that would increase DIC to 55 percent, finally reaching parity with other federal programs.

Second, we support paying affected survivors the greater of this increased DIC or the amount of the older, rank-dependent compensation system in effect for deaths prior to 1993. This provision would equalize compensation across the rank structure, substantially increasing compensation of the survivors of all enlisted personnel and nearly all officer decedents. Stratifying compensation based on rank unfairly disadvantages certain survivors.

Third, the VFW supports halving the time requirement of service-connected total disability for veterans whose cause of death is unrelated to a service-connected disability. The current requirement is for the decedent to have had a service-connected total disability for at least ten years immediately preceding death. Reducing the requirement to five years would expand the

number of eligible survivors while greatly assisting them in restarting their employment and other facets of their lives after caring for their totally disabled veterans.

Draft legislation to establish an external provider scheduling program

The VFW supports this legislation that would establish an external provider scheduling program to assist VA in scheduling appointments for care and services under the Veterans Community Care Program. We understand that this would streamline the scheduling process for veteran appointments. This bill would address wait times and access to care, but also current challenges related to technology integration, and data privacy and security.

We must consider the need for updated electronic health record and IT systems, which would contribute to the scheduling program's successful operation. There is a need for adequate staff who can serve veterans at VA Medical Centers. Updated technologies are required to allow VA schedulers, health care providers, and veterans to book appointments in real time. However, we recommend to the greatest possible extent that VA purchase off-the-shelf products to produce the desired results. VA's ability to develop new IT solutions has been suboptimal and we would encourage the use of alternate platforms if available.

Draft legislation, Representing VA with Accuracy (REP VA) Act

The VFW supports this proposal for VA to establish a single, well-known telephone number for reaching out to veterans. Additionally, ensuring each time zone has a call center would hopefully allow veterans to connect with VA at reasonable times all across the country.

Draft legislation, Veterans' Claims Act of 2025

The VFW supports this legislation as written. We appreciate the committee's effort to provide a compromise that provides necessary protections and allows for an expansion of accreditation to certain individuals who seek to provide claims assistance for a reasonable fee. This bill provides necessary guardrails for claims preparation, and preserves veterans' choice in seeking a reasonable free market alternative to the current processes.

The VFW has expressed to the committee our redlines regarding any comprehensive bill put forth seeking our support. Veterans should not have to pay future benefits, active duty service members should not have to pay for claims assistance prior to transition, and no one who prepares claims should have any financial affiliation with medical examiners who could possibly affect the outcome of a claim. These are commonsense concerns that we insist be in any bill that is advanced. We are grateful this committee has listened to our feedback and produced a bill that we believe offers a true compromise on this issue.

We support the provision in this draft to ensure veterans are fully informed of their options when filing claims. Notifying veterans of all the choices they have would hopefully result in more veterans accessing the care and benefits they have earned. Additionally, requiring VA to maintain a system through which a claimant may report unaccredited entities charging illegal fees is positive. Currently, the staff at the VA Office of General Counsel (OGC) is inept at

dealing with this issue and needs assistance to perform this basic task. We urge this committee to provide that office with additional resources so it can be adequately staffed with competent employees who have 21st century tools to accomplish their day-to-day tasks.

We also support VA providing warnings to veterans in order to make them aware of unaccredited entities who are in violation of the law. The VA OGC has sent numerous cease and desist letters to individuals and companies, including multiple warnings to the same accredited attorneys, but never bothered to follow up with any further actions. That office and the staff who work at OGC abdicated responsibility for the past decade concerning this issue. The OGC has been unhelpful and unresponsive about this aspect of accreditation. We believe the responsibility for overseeing and maintaining accreditation should be removed from OGC, and instead placed under the authority of the Veterans Benefits Administration and tasked to an appropriate office that can competently carry out this mission.

We support individuals seeking accreditation to be allowed a conditional and temporary status that may be extended if necessary. The inefficient staff at OGC cannot process accreditation applications for agents in a timely manner. Providing flexibility would allow upstanding individuals seeking to become accredited agents the ability to still work with claimants under the law while they await the process to be completed.

We support extending accreditation to employees of non-profit organizations who are seeking to assist veterans, caregivers, and survivors but do not primarily work with VA claims. The VFW has worked with other organizations to provide accreditation under our authority so they can also assist people filing claims. We extended accreditation to case workers from Wounded Warrior Project before they were able to do so on their own. We have also offered a similar dynamic to our partners from Student Veterans of America and the Tragedy Assistance Program for Survivors. There are numerous organizations that could benefit from having accredited staff on board to help with claims assistance for the beneficiaries they represent. This proposal would be a step in the right direction.

We fully support the portion of this draft bill that would prohibit charging service members for claims through the Benefits Delivery at Discharge (BDD) process. BDD claims are processed separately and faster that other VA claims. Additionally, the claimants are still on active duty, so the conditions applied for are mostly incident to service and would automatically be service connected.

We support protecting veterans' legal option to terminate the representation agreement prior to a decision being rendered to the claimant. This is similar to the protection afforded to veterans who work with accredited agents and attorneys, and this is important to maintain. The VFW has worked with too many veterans who had severed relationships with Claim Sharks only to have them reappear years later seeking fees for work they did not perform. Additionally, we support prohibiting charges for existing claims and work that was not directly performed by said individuals.

One of our redlines is the prospective fees of any months of future benefits. Charging fees from future benefits is illegal and predatory and has the potential of putting veterans in debt. We

would never support a paradigm that could put veterans in debt simply for accessing their earned benefits, and we are grateful this proposal does not either.

Charging future benefits is called "Assignment of Benefits" and it is prohibited by VA and the Social Security Administration. It is also prohibited in civil court case claims such as tort, workers' compensation, mesothelioma, and asbestos. According to VA, under Title 38 of the United States Code (U.S.C.), Section 5301(a), a contract with a claimant generally may not obligate that claimant to pay fees from their VA benefit payments. The only legal option for charging fees in these cases is from payments for retroactive benefits.

The reason for allowing fees only from retroactive benefits is because it is guaranteed the claimant has the money in hand to pay the bill. Every VA claim comes with a retroactive payment based on how long it took to process the claim. The current processing time for a claim is 146 days, which means a veteran would receive an average of 146 days' worth of benefits. If a claimant is charged a future amount of benefits, that individual might not have enough money to cover that cost when they are billed.

Some Claim Sharks state their average time to complete a claim is less than three months. That means a veteran who works with certain Claim Sharks would receive retroactive payment for three months of benefits from VA, but then get charged a fee of five to ten months of benefits by these sharks. Consequently, veterans could be in debt for months of benefits to companies such as this, in addition to late fees and penalties for not paying the full amount that some of them charge. This prospective fee structure is illegal, predatory, and could lead to veterans being in debt.

A percentage of fees charged out of the retroactive payment is the only guaranteed method to ensure the veteran has enough money to cover whatever fees may be assessed for services. Accredited agents and attorneys are allowed to charge 20 percent of a retroactive payment if VA processes the payment, and 33 percent of the retroactive payment if the client is billed directly by the accredited agent or attorney. This is the fee structure the VFW has been amenable to with other accredited individuals, and this is what we believe would be reasonable for initial claims as well. Putting veterans in debt is the last thing we should do, and the VFW and our allies would oppose any bill that financially harms veterans. We also would recommend this committee consider a reasonable fee cap be added to the fee structure. We do not have a specific amount to suggest, however, we would ask this committee to consider the factors in 38 CFR § 14.636 when making that determination.

To the VFW, this has never been about the money. Accredited agents and attorneys can make a healthy living operating within the ethical confines of the established, non-predatory fee structure. When payment comes from retroactive benefits, it is hard to consider it predatory since the veteran is guaranteed to be able to settle the debt.

Draft legislation, VetPAC Act of 2025

The VFW supports this legislation that would establish a commission to review VA operations and submit reports to Congress. This commission would be tasked with conducting a

comprehensive review of Veterans Health Administration operations and is composed of members with significant expertise in various fields related to health care to facilitate informed decisions. The VFW believes the recommendations from these assessments would help Congress propose meaningful legislation to ensure veterans receive adequate care.

Draft legislation, Veterans Mental Health and Addiction Therapy Quality of Care Act

The VFW supports this proposal to require a study to identify the quality of care differences between mental health therapy provided by VA and that of community providers. More information about the practices and outcomes of mental health care would hopefully provide a better understanding of what is working and where resources should be focused.

Draft legislation, Servicemembers and Veterans Empowerment and Support Act

The VFW supports this legislation, particularly its overarching theme of enhanced training for claim processors and reviewers that emphasizes accuracy, completeness, and improved communications throughout the disability claims process. This aspect of the bill is especially compelling by seeking to increase the proficiency of claims processors in recognizing nuanced non-military sources of evidence, eliciting vital information without retraumatizing the survivor, and in correctly processing claims involving military sexual trauma (MST). The annual focused reviews should validate (or refute) the effectiveness of the training. Emphasizing their importance, these reviews will continue until claim processors for MST-related claims achieve a 95 percent accuracy rate for five consecutive years. Additionally, the VFW concurs with VA's aggressive outreach campaign pertaining to various facets of MST reporting and claim adjudication. However, we doubt VA's ability to achieve its laudable goal of providing MST claims information to disenrolled service academy students from the last 80 years unless Congress substantially resources VA for this purpose. Lastly, the VFW concurs with VA's updated definition of MST that includes trauma involving online or other technological communications.

Draft legislation, Veterans Fraud Reimbursement Act

The VFW supports this legislation that seeks to restore benefits to veterans and their families who are victims of abuse or fraud by fiduciaries. VA appoints fiduciaries on behalf of veterans who are unable to manage their financial affairs due to injury, disease, age, or other reasons. It also investigates reports of fiduciary misuse of these funds. According to the VA Office of Inspector General (OIG) Report Number 20-00433-168 dated July 21, 2021, VBA staff initiated approximately 12,000 allegations of misused benefits by fiduciaries between January 1, 2018, and September 30, 2019.

The VA OIG report identified significant wait times for beneficiaries and delays in repayments. Of the 40 cases reviewed, it took an average of 228 days for VBA to complete the misuse determinations. Some cases took a year or longer. It also cited that VA negligence determinations were a key inefficiency in the reimbursement process. These determinations should never delay veterans from receiving their reimbursements, as this could potentially create significant financial hardship for an already vulnerable population. Additionally, we support the

provision to ensure whenever the Secretary of Veterans Affairs determines repayment of those funds must be issued to a veteran but that veteran has died, the funds would be paid per U.S.C., Section 5121. These benefits may be critical for the veteran's surviving spouse, next of kin, or caregiver.

Chairman Moran and Ranking Member Blumenthal, this concludes my testimony. I am prepared to answer any questions you or members of the committee may have.

Patrick D. Murray
Director
National Legislative Service
Veterans of Foreign Wars of the United States

Pat Murray is the Director of the National Legislative Service for the Veterans of Foreign Wars of the United States. It is his responsibility to plan, coordinate and implement the VFW's national legislative agenda. with members of Congress, their staff and committees, and with other federal departments, agencies and organizations.

His mission is to work with Congress to create and protect all programs and services provided by the federal government to veterans, service members and their families, and to help defeat proposals that are not beneficial to America's veteran and military communities. This includes executing the VFW's Priority Goals, as it pertains to budgets, education, employment, healthcare, benefits and capital infrastructure as well as working on *The Independent Budget*, which is a comprehensive budget recommendation and policy document created by veterans for veterans.

Pat served five years in the United States Marine Corps Reserve in the Infantry as a noncommissioned officer. In 2006, he deployed to Fallujah, Iraq, where his unit conducted hundreds of counter insurgency operations in support of Iraqi Freedom. After rehabilitating from a wound received in Iraq he successfully transitioned back to work in the D.C. metro area.

Prior to joining the VFW, he worked for a veterans nonprofit that focused on employment for student veterans after their graduation.

In 2014, Pat received a Bachelor of Arts in liberal studies from Georgetown University, Washington, D.C. He is a Life member of VFW Post 152 in North Kingstown, Rhode Island.

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Submissions for the Record

Chaos at the V.A.: Inside the DOGE Cuts Disrupting the Veterans Agency

Clinical trials have been delayed, contracts canceled and support staff fired. With deeper cuts coming, some are warning of potential harms to veterans.


By Roni Caryn Rabin and Nicholas Nehamas

- Published March 9, 2025Updated March 10, 2025

At the Veterans Affairs hospital in Pittsburgh, researchers spent months preparing for a clinical trial of a new drug to treat advanced cancers of the mouth, throat and voice box.

They were ready last month to start enrolling patients — veterans whose cancer had spread to other tissue and who had run out of treatment options.

Then a problem arose.

The hospital was unable to renew the job of a key staff member involved in running the study, a typically routine process thwarted by a hiring freeze imposed under the government-cutting project led by President Trump and Elon Musk. Suddenly, the clinical trial was on hold.

"They were ready to enroll," said Alanna Caffas, the chief executive of the Veterans Health Foundation, which administers the trials. "They had the lab kits on site. They had the drug to dispense. But they couldn't get the clinical research coordinator renewed."

While Trump administration officials have promised to preserve core patient services, initial cuts at the V.A. have nonetheless spawned chaotic ripple effects. They have disrupted studies involving patients awaiting experimental treatments, forced some facilities to fire support staff and created uncertainty amid the mass cancellation, and partial reinstatement, of hundreds of contracts targeted by Mr. Musk's Department of Government Efficiency.

The research office at the Veterans Affairs hospital in Pittsburgh, seen on Saturday.Credit...Jeff Swensen for The New York Times

The changes have shaken the veterans department, which stands out in the labyrinth of agencies and offices under siege by Mr. Trump and Mr. Musk.

It is in many ways a natural target for reform — a bureaucratic behemoth with roughly 480,000 employees, some 90,000 contracts and a documented history of scandals and waste. But it also treats 9.1 million veterans, provides critical medical research and, according to some studies, offers care that is comparable to or better than many private health systems. Even Project 2025, the conservative governing blueprint assembled by Trump allies, said the V.A. had transformed into "one of the most respected U.S. agencies."

The V.A. is also one of the most politically sensitive departments in the government, serving a constituency courted heavily by Republicans, including Mr. Trump, who has made overhauling the agency a talking point since his 2016 campaign.

Now, with V.A. Secretary Doug Collins vowing a much deeper round of cuts — eliminating some 80,000 jobs and reviewing tens of thousands of contracts — some Republican lawmakers are warning that the tumultuous process risks undoing recent progress.

G.O.P. lawmakers questioned Mr. Musk about the cuts during a closed-door meeting last week, with Senator John Barrasso of Wyoming, the chamber's No. 2 Republican,

telling reporters afterward that, although improvements can be made, "we want to make sure veterans get the care they need."

This account of the early days of DOGE-led cuts inside the V.A. is based on more than two dozen interviews with hospital administrators, current and recently terminated employees, heads of independent foundations that support the veterans' health system, government contractors and research scientists. Many agreed to speak on the condition of anonymity because they want to continue to serve veterans or hope to be reinstated in their jobs, and feared retribution from the Trump administration.

Among the 2,400 employees fired from the V.A. since Mr. Trump's inauguration are workers who purchase medical supplies, schedule appointments and arrange rides for patients to see their doctors. Many are veterans themselves. All were "probationary" employees, meaning they were relatively new on the job and had fewer legal protections. Some may be reinstated, pending court action.
James Stancil, an Army veteran who stocked supplies for emergency and spinal injury care at a V.A. hospital in Milwaukee, said he and nearly half his shift of supply technicians lost their jobs last month.

James Stancil, an Army veteran, in his apartment in Milwaukee last week. Mr. Stancil lost his job at a V.A. hospital last month.Credit...Sara Stathas for The New York Times

"If you double the work, I can guarantee you're going to have wrong things and wrong stuff in the wrong place," said Mr. Stancil, a member of the American Federation of Government Employees, whose role in his hiring paperwork was described as "critical."

V.A. officials said the system is fully committed to serving its patients, insisting that no patients were affected by the cuts and that all savings would be reinvested in veterans.

"V.A. will always provide veterans, families, caregivers and survivors the health care and benefits they have earned," the agency's press secretary, Peter Kasperowicz, said in a statement. "But we're also making major improvements to strengthen the department, including redirecting billions of dollars from nonmission-critical efforts to health care, benefits and services that directly support V.A. beneficiaries."

A day after The New York Times asked about delays in clinical trials due to the hiring freeze, the veterans agency moved to address the problem facing research staffers like the ones in Pittsburgh, who are often paid by outside groups running the research but still need time-limited, unpaid appointments at the V.A. to work on site.

On Friday afternoon, the V.A.'s acting chief of research and development emailed employees saying that those with certain appointments set to expire soon will be given 90-day exemptions. The email to employees did not specify what would happen after 90 days, even though most studies last for years, or how the decision would apply to those whose appointments had already expired. Mr. Kasperowicz said the extension would allow for a "comprehensive assessment of ongoing research initiatives to evaluate their impact on Veteran health care."

Mr. Collins appeared to bring some of his concerns about the agency's future to a Cabinet meeting last week, asking Mr. Musk to be strategic in his government-shrinking process, The Times previously reported.

In public, however, Mr. Collins has expressed enthusiastic support for the effort. He has also exempted about 300,000 "mission critical" workers from being cut, including medical professionals like doctors and nurses.

"But we will be making major changes," he said. "So get used to it."

Research Disruptions

Doug Collins, the secretary of veterans affairs, has vowed to cut 80,000 more positions, roughly 15 percent of the current work force.Credit...Kenny Holston/The New York Times

Although the Veterans Affairs Department is better known for the health care it provides, conducting scientific research is one of the agency's core missions, offering veterans early access to cutting-edge treatments that are still in clinical trials.

With 170 hospitals nationwide — and patients who tend to volunteer for studies at higher rates than civilians — the V.A. has pioneered studies that often seek to enroll large numbers of patients at multiple sites across the country.

Some of the agency's research focuses on conditions that disproportionately afflict veterans like traumatic brain injury, spinal cord and blast injuries. But the V.A. is also credited with landmark discoveries such as aspirin's ability to prevent heart attacks, the first cardiac pacemaker and the nicotine patch.

Mr. Trump's Jan. 20 executive order freezing government hiring cut off many of the V.A.'s critical research staff midway through studies, said Rashi Romanoff, the chief executive of the National Association of Veterans' Research and Education Foundations, an association that supports partnerships between the veterans department and nonprofits.

If their appointments are not renewed, “any work with the V.A. must be suspended; they can’t have contact with patients; they have no access to data,” Ms. Romanoff said.

Ms. Romanoff estimated that some 200 research staff members involved in 300 or more trials were at risk of being cut off during the first 90 days following the federal hiring freeze, threatening to disrupt trials providing treatment to some 10,000 veterans if no action is taken. Scientists are already considering moving trials to other institutions, which will mean veterans are no longer first in line for participation, and could cause millions of dollars in research funds to go to waste, she said.

In Pittsburgh, at least 20 research staff involved in more than a dozen studies have a specific type of appointment that comes without compensation from the V.A. The disrupted projects included three offering new drugs for lung and other cancers.

Mr. Kasperowicz said the 90-day extensions include research staff jobs in an effort to maintain “continuity of all research efforts” while the V.A. assesses the value of the research. He said the department would reach out to the Pittsburgh medical center “to ensure they understand this policy.”

Struggle Over Contracts

Elon Musk with Howard Lutnick, the commerce secretary, at the White House on Friday.Credit...Haiyun Jiang for The New York Times

The V.A. has long struggled to maintain oversight over its spending, including a vast network of contracts worth some $67 billion per year, according to the agency. A report by the agency's inspector general's office noted "improper and unknown" payments totaling $3.2 billion in fiscal year 2023.

In an initial push in late February, the V.A. tried to cancel roughly 875 contracts. The list of cuts was "provided" by DOGE, according to emails reviewed by The Times, with a directive that "terminations should begin as quickly as possible."

"No more paying consultants to do things like make Power Point slides and write meeting minutes!" Mr. Collins wrote in a social media post announcing the cuts.

But senior V.A. officials were soon making frantic appeals to roll some of them back.

In an email, one official wrote that the contracts on the termination list included over 100 that "were deemed to be mission critical," adding that their cancellation would "lead to catastrophic mission failure for essential veteran programs or health care operations." The email highlighted services like sterilizing medical equipment, maintaining boilers and generators, filling prescriptions and overseeing human clinical trials, some of which were previously highlighted by The Washington Post.

Within minutes, Dr. Steven Lieberman, the acting under secretary for health, underscored the message. "Please reconsider the decision being made," Dr. Lieberman wrote in an email reviewed by The Times.

Early the next morning, the V.A. tried to pump the brakes.

"ALL — PLEASE HALT ANY CONTRACT TERMINATIONS THAT ARE IN PROGRESS," another official wrote, highlighting his words in yellow.

But many contractors had already been notified that they were losing their work, emails show. By the next week, the V.A. had managed to walk back some of the terminations, saying it would cancel 585 of the original contracts.

One that was spared was a contract for maintaining imaging machines in a Midwest hospital, which would have had to halt all scans as soon as the machines came due for inspection.

The hospital fought successfully to reinstate that contract. But it is still pushing to rescind the cancellation of other service contracts, such as one for technicians who order medical supplies, an administrator at the hospital said.

Mr. Kasperowicz, the V.A. spokesman, said that the contracts that were canceled "were identified through a deliberative, multilevel review" involving senior department leaders and contracting officials.

So far the V.A. has refused to reinstate some contracts because the work does not involve direct interaction with patients or their families, emails shared with The Times show.
But one hospital administrator said many positions are critical even if they do not entail direct patient care — such as those who purchase medical supplies.

The V.A. facility in Indianapolis where Ms. Duncan worked. Her firing left therapists to sit at the front desk to check in patients, she said.Credit...Kaiti Sullivan for The New York Times

"Lots of people don't understand how important these roles are," the administrator said. "They are critical. They're trained and certified. We can't just replace them with random hospital employees."

The firings last month of 2,400 probationary workers deemed nonessential have also complicated life in some facilities now forced to operate without support staff.

One such worker was Chante Duncan, who spent three months as an office manager at a mental health center for military veterans in Indianapolis. Sometimes Ms. Duncan found herself picking up the phone and talking to veterans in crisis, including one recently who was experiencing severe hallucinations.

"I kept him on that phone for over an hour until a therapist was available to him," said Ms. Duncan, who said she was speaking in her capacity as a member of her union, the American Federation of Government Employees.

But on Valentine's Day, amid a purge of thousands of workers across the government, she was fired, leaving no one but therapists to sit at the front desk and check in patients, Ms. Duncan said.

A sign posted on the door tells veterans to call their counselor and leave a voice mail message if the office is locked.

Jeremy Singer-Vine and Catie Edmondson contributed reporting.

Roni Caryn Rabin is a Times health reporter focused on maternal and child health, racial and economic disparities in health care, and the influence of money on medicine. More about Roni Caryn Rabin

Nicholas Nehamas is a Washington correspondent for The Times, focusing on the Trump administration and its efforts to transform the federal government. More about Nicholas Nehamas

WHAT THE VETERANS COMMUNITY IS SAYING

"With veterans making up approximately 30% of the more than 2.2 million employed by the federal government, the potential of losing thousands of veterans from the government work force is troubling. A lot of these aren't brand-new, off-the-street employees. These are employees who have been serving the American people for years, in uniform and in civil service, and at least some of whom have been or are being caught by a formality in administrative statuses. There are bigger ramifications in firing veterans than just faceless workers being let go. The American people are losing technical expertise, training and security clearances already bought and paid for by taxpayers. These veterans are now being told their skills are no longer useful to the government. We're losing people who are genuinely committed to the mission and find a continued sense of purpose in what they do. On top of all this, studies show having gainful employment is a social determinate of health and gets ahead of arguably one of the root causes of veteran suicide. Since the federal government is the single largest employer of veterans in the nation, it's veterans who are being indiscriminately harmed in this bull-"DOGE"-ing of the federal work force."

– **Al Lipphardt**, National Commander, Veterans of Foreign Wars (VFW)

"Paralyzed Veterans of America (PVA) is deeply troubled by actions being taken in Washington, D.C. that are already having a detrimental impact on the services that veterans with spinal cord injuries and diseases (SCI/D) like ALS and MS, rely upon… the arbitrary and haphazard way that these efforts are being approached is failing that mission and harming veterans… We said following his confirmation that we wanted to work collaboratively with VA Secretary Collins to improve access to care for veterans, particularly those with SCI/D who rely upon the VA SCI/D system of care almost exclusively. Instead we have been forced to the sideline while the Secretary makes only vague proclamations that staffing and other cuts will 'be invested back in care and benefits.' It is time for VA leadership to demonstrate exactly what that phrase means because we are tired of broken promises."

- **Robert L. Thomas, Jr**, National President, Paralyzed Veterans of America & **Carl Blake**, Chief Executive Officer, Paralyzed Veterans of America

"We are extremely concerned about the leaked proposal to arbitrarily eliminate 80,000 VA employees. Our hearts are with the many veterans who are or will be losing their jobs. We worry about service-disabled veterans with small businesses who may be devastated by canceled contracts, particularly if they impact services to our community. But foremost, we're concerned for the veterans who are contacting us with fear and anxiety about the future of the benefits, services and health care that they rely upon. The PACT Act, one of the most significant bipartisan victories for veterans in history, tells us the needs of veterans changed in service will likely grow over time. Now we're hearing about reductions in staffing that are being made with an unprecedented lack of transparency. We hope VA leadership will work with the stakeholders in the veteran community to ensure the department remains accountable to the veterans, families and survivors who continue to bear the battle.

- **Daniel Contreras**, National Commander, DAV

"A hiring freeze has the potential to impact millions of veterans, particularly those waiting on adjudication of claims post-PACT Act. Although 7,183 [VBA] employees have been onboarded to support PACT Act implementation, the heavy caseload has created issues that make it tremendously difficult to honor the PACT Act's commitment, particularly if VA cannot hire more claims processors. In the current fiscal year, there are 956,215 veterans' claims pending, with 252,406 claims awaiting processing for 125 days or more… To prevent delays or denials of benefits our veterans deserve, Congress must urge the administration to exempt Veterans Benefits Administration personnel from the hiring freeze."

- **James LaCoursiere, Jr**, National Commander, The American Legion

"Firing more than 80,000 workers, a quarter of whom are veterans themselves, will destroy the VA's ability to fulfill the PACT Act's promises to veterans who either died or became ill as a result of exposure to burn pits, Agent Orange, and other toxic substances. Most of these employees were hired explicitly to provide the benefits provided for in the PACT Act. The VA has been severely understaffed for many years, resulting in longer wait times for veterans in need. The DOGE plunder of career VA employees, adding to the illegal mass firings of thousands of probationary employees, will only make matters worse. Veterans and their families will suffer unnecessarily, and the will of Congress will be ignored. Until Elon Musk and Donald Trump came on the scene, America never turned its back on our veterans and their families. Their reckless plan to wipe out the VA's ability to deliver on America's promise to veterans will backfire on millions of veterans and their families who risked their lives in service for our country."

- **Everett Kelley**, National President, American Federation of Government Employees

"VA research is a lifeline to millions of veterans and caregivers nationwide, driving life-saving innovations that benefit both veterans and the broader community. The ongoing restrictions on hiring and cuts to medical research funding put this progress in jeopardy, threatening the future of veterans' healthcare."

- **Senator Elizabeth Dole**, founder of the Elizabeth Dole Foundation

"[W]e wish to stress that recent mass firings at the Department of Veterans Affairs pose a catastrophic threat to veteran healthcare and benefits administration. VA is the backbone of veteran care, and gutting its workforce by thousands of employees will lead to longer wait times, reduced services, poorer quality of care, and increased barriers to care for millions of veterans. Additionally, veterans are disproportionately represented in the federal workforce, meaning mass layoffs will harm the very people who have already sacrificed for this nation. In any past Congress, firing more than one thousand VA employees overnight – many of whom are veterans themselves - would be a scandal worthy of dismissing a sitting Secretary, yet, there has been little effort to seek answers to how the agency plans to ensure that veteran benefits and services are not impacted in the name of 'government efficiency'."

- **Lindsay Church**, Minority Veterans of America

"The Nurses Organization of Veterans Affairs (NOVA) reviewed the recent memorandum from the Department of Veterans Affairs, which plans to cut staffing to FY 2019 levels, reducing over 80,000 positions. NOVA warns that these cuts will devastate and irreparably harm Veterans' care and services. It will drastically decrease the availability of VA-offered Veteran-centric care. It will increase wait times and distances needed to access care. It will burnout existing staff covering workload for terminated colleagues and lead to loss of Veteran trust in the VA. As nurses providing care, "we find this situation deeply concerning as it threatens to disrupt the VHA and endanger the VA's direct care system. Insufficient staffing can lead to poor patient conditions and outcomes, and our nation's Veterans deserve better," said Cathy Giasson, DNP, MHA, RN, NE-BC, CPHQ, NOVA President. We call on Congress to put a stop to this plan and to uphold the laws they enacted ensuring Veterans receive their earned and promised care and services."

- **The Nurses Organization of Veterans Affairs** (NOVA)

"The leaked memo indicating that President Trump plans to fire another 83,000 VA staff is just the latest attack on Veterans care and benefits. There isn't a single element of the VA that would be spared by these cuts. If the administration goes through with it, Veterans will die for lack of care. The ultimate goal of these steps — deriding the Veterans and clinicians and caregivers who do the work, firing them, and impacting service — is to privatize the VA. The cuts already implemented, not to mention future cuts, will create chaos throughout the VA. They will impact care. They will impact efficiency. They will exacerbate shortages and backlogs. They will harm my fellow Veterans. This deliberate dismantling of the VA is not only dangerous. It is not only callous. It is an outright betrayal of the commitment made to Veterans."

- **Major General (ret.) Paul Eaton**, Senior Advisor, VoteVets

March 11, 2025

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Chairman Moran, Ranking Member Blumenthal, and Members of the Senate Committee on Veterans Affairs',

We, the undersigned unions representing hundreds of thousands of bargaining unit employees at the Department of Veterans Affairs, stand united in our opposition to S. 124, the "Restore VA Accountability Act."

As the duly appointed representatives of VA frontline workers – a third of whom are veterans themselves – we unequivocally support collective bargaining and due process rights of VA employees. In turn, we firmly believe that disciplinary actions handed out by federal agencies, including the VA with its mission to "promise to care for those who have served in our nation's military and for their families, caregivers, and survivors," must respect traditional civil service protections to help recruit and retain its dedicated workforce.

The "Restore VA Accountability Act" will directly undermine this recruitment and retention goal with its proposed changes to 38 U.S.C. 714 in Section 4 of the bill. Specifically, we oppose the proposed language that overrides collective bargaining agreements (CBA) on disciplinary matters covered by this section. Negotiating is a cornerstone of all CBAs that require give-and-take by both labor and management. Undermining the agreements that cover the VA clinicians who care for veterans, the VA police officers and firefighters who keep veterans safe, the claims processors who ensure veterans get the benefits they have earned, and the electricians, plumbers, and janitors who keep facilities running is a red line.

In terms of civil service protections, we also strongly object to the proposed legislation that treats VA employees like second-class federal employees. Specifically, this includes the reinstatement of the "Substantial Evidence Standard" instead of the widely used "Preponderance of the Evidence Standard," a prohibition on the Merit Systems Protection Board's or an arbitrator's ability to mitigate excessive penalties and limiting which "Douglas Factors" can be considered when determining the appropriateness of a penalty. We also oppose the bill's proposed retroactive coverage for issues that may have occurred up to eight years ago when the 2017 Accountability Act was enacted.

We urge you to vote no on this bill and instead allow the VA to continue using the disciplinary statutes in Title 5 that are used throughout the vast majority of the federal workforce, including those at the Department of Defense taking care of the nation's active duty military, and provide the VA the resources it needs to effectively train managers on Title 5 laws and procedures to hold bad actors accountable.

Respectfully,

American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)
American Federation of Government Employees (AFGE)
American Federation of State, County, and Municipal Employees (AFSCME)
American Federation of Teachers (AFT)
International Association of Firefighters (IAFF)
International Association of Machinists and Aerospace Workers (IAM)
International Brotherhood of Teamsters (IBT)
Laborers' International Union of North America (LIUNA)
National Association of Government Employees, SEIU (NAGE)
National Federation of Federal Employees (NFFE)
National Nurses United (NNU)
National Veterans Affairs Council, AFGE (NVAC)
Service Employees International Union (SEIU)

NATIONAL FRATERNAL ORDER OF POLICE

PATRICK YOES NATIONAL PRESIDENT JIM PASCO EXECUTIVE DIRECTOR

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10 March 2025

The Honorable Gerald W. Moran
Chairman
Committee on Veterans Affairs
United States Senate
Washington, D.C. 20510

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans Affairs
United States Senate
Washington, D.C 20510

Dear Mr. Chairman and Senator Blumenthal,

I am writing on behalf of the members of the Fraternal Order of Police to advise you of our opposition to S. 124, the "Restore VA Accountability Act," which is being considered by the Committee.

This legislation would take the unprecedented step of amending 38 U.S.C. 714 to allow existing Collective Bargaining Agreements (CBA)—contracts between Federal employees and the U.S. Department of Veterans Affairs (VA)—to be abrogated. This would include the recent CBA ratified and approved by former VA Secretary Denis R. McDonough after the Department elected to suspend the use of its §714 authority, which gutted the due process protections for VA employees—including the officers of the VA Police.

Contracts represent an agreement between employers and employees to ensure that the agency's mission—serving the needs of our nation's veterans and protecting its facilities from crime and violence—is a success. If S. 124 is enacted, it would set a terrible precedent that existing contracts could be ignored and threaten the right to bargain collectively for all Federal employees—not just those at the VA. If CBAs can be set aside or ignored, then the bargaining process has no real value for employees or their employers.

The legislation would also reinforce the continued use of the "substantial evidence" standard in disciplinary review and prevent the United States Merit Systems Protection Board (MSPB) or any arbitrator from mitigating any punishment they consider excessive—which is exactly why the VA suspended its §714 authority in the first place. We expect our laws to protect due process rights, not undermine them. Should this bill become law, Federal employees in the VA would lose their voice in the workplace, leaving us to wonder—who will be next? The FOP cannot support the legislation as currently drafted.

On behalf of the more than 377,000 members of the Fraternal Order of Police, and especially our VA Police members, I urge the Members of this Committee to reject S. 124. If I can provide any additional assistance or information, please do not hesitate to contact me or Executive Director Jim Pasco in our Washington, D.C. office.

Sincerely,

Patrick Yoes
National President

cc: Amanda Wood, President, Kansas State Lodge
KC Blodgett, National Trustee, Kansas State Lodge
John Flynn, President, Connecticut State Lodge
Daniel DePinto, National Trustee, Connecticut State Lodge

THE AMERICAN LEGION
Veterans Strengthening America
WASHINGTON OFFICE
WWW.LEGION.ORG • 1608 K ST. N.W., WASHINGTON, D.C. 20006-2801 • P: (202) 861-2700

03/10/2025

Chairman Moran and Senator Kennedy,

The American Legion's applauds your efforts protecting veteran's 2nd amendment rights. S.478 would prohibit the U.S. Department of Veterans Affairs (VA) from transmitting certain information to the National Instant Criminal Background Check System (NICS) utilized by licensed importers or dealers of firearms. VA would be prohibited from transmitting personally identifying information of a veteran or a beneficiary to the NICS solely on the basis that such veteran or beneficiary has an appointed fiduciary to manage their benefits, unless there is an order or finding of a judicial authority that such veteran or beneficiary is a danger to themselves or others.

The American Legion is alarmed by the stark overrepresentation of VA-submitted names in NICS, when compared to submissions made by other federal agencies Between 1998 and 2020, federal agencies have contributed 263,225 records to NICS, of which 98 percent have been submitted by the VA. The sheer volume of reporting by a single federal agency is concerning, and knowledge of this process may discourage veterans from seeking mental health or behavioral support for fear of losing their Second Amendment rights.

The American Legion continues to advocate for further steps in transparency by having VA to spell out, verbatim, the ramifications of a VA incompetency' determination and how this will affect the veteran's right to purchase, own and store firearms. This transparency and notification are of utmost importance, as The American Legion has heard of recent caregiver concerns about the lack of information. Specifically, instances of those seeking enhanced services (such as fiduciary assignment under VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), who were unaware of their veteran's name being automatically submitted to NICS after being placed on the VA Fiduciary program."

While section 413 of H.R. 4366, Consolidated Appropriation Act of 2024 temporarily barred the VA from transmitting a veteran's name to NICS until an order or finding by a judge, magistrate or other judicial authority of competent jurisdiction was found, that provision expired at the end of FY 2024. The current status quo of a fiduciary determination and referral to NICS that disproportionally affects veterans undermines the spirit of justice veterans served to defend, taking away a constitutionally enumerated right by bureaucratic determination rather than through due process.

The American Legion is grateful for the Senators' legislation to codify and make permanent this safeguard to veterans' Constitutional rights. As proposed, S.478 ensures due process and prevents VA from conflating the issue of financial incompetence with being a risk to self and others.

THE AMERICAN LEGION
Veterans Strengthening America
WASHINGTON OFFICE
WWW.LEGION.ORG • 1608 K ST. N.W., WASHINGTON, D.C. 20006-2801 • P: (202) 861-2700

We base our support on this legislation through Resolution No. 16, Second Amendment, and Resolution No. 27, Amend Title 38 to Clarify the Treatment of a Veteran as Adjudicated Mentally Incompetent for Certain Purposes.

Cole Lyle
Director
National Veterans Affairs & Rehabilitation Division

January 30, 2025

The Honorable Jerry Moran
United States Senator for Kansas
Chairman, Senate Veterans Affairs Committee
521 Dirksen Senate Office Building
Washington, DC 20510

The Honorable John Kennedy
United States Senator for Louisiana
383 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Moran and Senator Kennedy,

On behalf of AMAC Action, the advocacy affiliate of AMAC - the Association of Mature American Citizens, and our more than 2 million members, I am writing to express our strong support for the **Veterans 2nd Amendment Protection Act**. This legislation ensures that our veterans' due process and Second Amendment rights are fully protected.

Veterans who have sacrificed so much to safeguard our freedoms deserve the same Constitutional protections as every other American. Unfortunately, the current practice of reporting veterans to the National Instant Criminal Background Check System (NICS) simply because they require a fiduciary to manage their VA benefits, unfairly stigmatizes them and deprives them of their rights without due process. There is no evidence to support the assumption that veterans needing assistance with financial management are inherently dangerous, and such a practice perpetuates harmful stereotypes that deter veterans from seeking the help they need.

The Veterans 2nd Amendment Protection Act corrects this injustice by ensuring that no veteran is reported to NICS without a court ruling determining that they are a danger to themselves or others. This approach aligns with the standards applied to civilians and reflects the foundational principles of fairness and justice that our country upholds. By addressing this issue, the legislation also removes barriers that discourage veterans from accessing mental health services and other support, an outcome that is critical for their well-being.

AMAC Action commends your leadership in introducing this vital legislation which represents a meaningful step towards honoring the service of our nation's heroes and ensuring their Constitutional rights are protected.

Sincerely,

Andrew J. Mangione Jr.
Senior Vice President, AMAC Action

BLACK VETERANS EMPOWERMENT COUNCIL INC.
909 Rose Ave. Suite 400 North Bethesda, Maryland 20852
www.bvecinc.org

The Honorable Jerry Moran
Chairman, Senate Committee on Veterans Affairs
412 Russell Senate Office Building
Washington, DC 20002

January 30th, 2025

Dear Chairman Moran,

On behalf of the Black Veterans Empowerment Council, Inc. (BVEC), I am writing you today to express our support for the Veterans 2nd Amendment Protection Act of 2025 and respectfully encourage its passage to ensure the protection of veterans' constitutional rights.

The bill provides a permanent solution to longstanding issue with the treatment of veterans by the Department of Veterans Affairs (VA). Under current practice, the assignment of a fiduciary to manage VA financial benefits allows the VA to report veterans to the National Instant Criminal Background Check System (NICS) without a court or medical ruling deeming them a danger to themselves or others. This is a gross violation of veterans' due process rights and allows for the withholding of privileges afforded to them as US citizens without proper cause.

BVEC stands firmly behind the Act's effort to uphold our country's constitutional principle of due process that our veterans dedicated their lives to serving and protecting. Our organization aims to end inequities in the services provided to all veterans, and the Veterans 2nd Amendment Protection Act of 2025 represents an important step toward achieving those goals. As such, we stand ready to collaborate with your office to advance this essential legislation.

We thank you for your continued leadership on veterans' issues and look forward to your efforts in championing this vital bill on behalf of our nation's heroes.

Sincerely,

Shawn L. Deadwiler
Chairman of the Board and President

FIREARMS REGULATORY ACCOUNTABILITY COALITION, INC.

Travis R. White
President & CEO

FRAC
fracaction.org

2021 E. Main Ave.
Suite I
Bismarck, ND 58501

February 26th, 2025

Hon. Jerry Moran, Chairman
Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
Washington, DC 20510-6050

SUBJECT: Veterans 2nd Amendment Protection Act (S.478)

Senator Moran,

Having reviewed the presented language of the Veterans 2nd Amendment Protection Act (S.478), FRAC firmly supports this critical piece of legislation as its provisions provide critical protections to law-abiding American Veterans, as well as our industry that supports them—and within which many Veterans provide critical work. FRAC is a Veteran-led IRC § 501(c)(6) trade organization representing the firearms industry, and therefore any legislation that protects the Second Amendment Rights of Veterans is near and dear to our hearts. The bill language contains positive provisions that would bar abusive administrative denials of Second Amendment Rights to Veterans, many of whom are avid sportsmen, firearms enthusiasts, or employed within the industry, for merely receiving routine medical or administrative services from the Veterans Administration.

Overall, the cited bill's provisions are extremely beneficial to law-abiding American Veterans and FRAC firmly supports such critical legislation.

In liberty,

Travis R. White
President & CEO
Veteran, OIF & OEF

GOA GUN OWNERS OF AMERICA™

The Honorable Jerry Moran
Chairman
Committee on Veterans' Affairs
U.S. Senate
Washington, D.C. 20510

The Honorable Richard Blumenthal
Ranking Member
Committee on Veterans' Affairs
U.S. Senate
Washington, D.C. 20510

The Honorable John Kennedy
U.S. Senate
Washington, D.C. 20510

30 January 2025

Dear Chairman Moran, Ranking Member Blumenthal, Senator Kennedy, and Members of the Senate Committee on Veterans' Affairs,

GOA exists to protect the constitutionally recognized right to keep and bear arms of all Americans. Because our veterans have taken up arms to defend this country, we strongly believe that the Department of Veterans Affairs (VA) must respect that right. Yet for decades, the VA used its "fiduciary rule" to disarm veterans as if they had been "adjudicated as a mental defective" by a court and were prohibited from possessing firearms, as if they were *criminals*.

Gun Owners of America is thankful to the Senate Committee on Veterans' Affairs and Senator Kennedy for their focus on the lost gun rights of a quarter of a million veterans. GOA proudly supported the provision in Public Law 118-42 blocking the VA from disarming veterans and we hope to see this provision made permanent law through *the Veterans' 2nd Amendment Protection Act,* and to have all veterans' lost gun rights restored in full.

Veterans who have risked life and limb and now suffer from the psychological consequences related to their service should receive the best mental health care our nation has to offer. But VA gun control measures, such as this "fiduciary rule" to arbitrarily report veterans to the NICS database, pose major barriers to care for gun owning veterans who may need life-saving mental health treatment.

Sadly, veterans have been disproportionately "adjudicated" as mental defectives by the federal government. As of 31 December 2023, 97.8% of active 18 U.S.C. § 922(g)(4) records in the NICS system submitted by the federal government are veterans. Of the 270,851 records submitted to NICS by federal agencies pursuant to 18 U.S.C. § 922(g)(4), 264,893 records were submitted by the VA. Veterans are the only gun owners subject to this double standard.

The procedure of turning a veteran who cannot manage his or her checkbook into a prohibited person begins when a VA bureaucrat requires a fiduciary to administer benefit payments. The VA only notifies the veteran once at the initiation of the fiduciary appointment process. If the VA does not receive a response within 60 days of the issuance of this notification, the VA makes a determination of competency based only on the evidence of record and the veteran's record is submitted to the NICS database. Thus, a veteran may lose the legal right to possess or obtain firearms without committing any crime, without the constitutional due process

necessary for the deprivation of a right, and sometimes without the veteran's full knowledge or consent. All gun owners—except veterans—are allowed to utilize the services of fiduciaries without losing their gun rights.

VA's illegal and unconstitutional veteran disarmament program was halted only recently by a temporary, GOA-backed spending provision in Public Law 118-42 which President Biden was forced to sign into law. Following the passage of the GOA-backed provision, over a hundred Democrats called on the VA to use "red flag" gun confiscation laws to continue disarming veterans. And when President Biden's Department of Veterans Affairs was asked to testify before the Veterans Affairs Committee about additional legislation to retroactively restore the gun rights of the 264,893 veterans currently disarmed by this program, one tyrannical bureaucrat went so far as to say he would not comply. Veterans do not deserve to have their Second Amendment rights infringed by rogue bureaucrats and gun confiscation programs.

GOA urges President Trump to restore the lost gun rights of a quarter of a million veterans and prevent any veterans from having their guns confiscated by VA bureaucrats. Nevertheless, it is still essential that Congress immediately pass the *Veterans 2nd Amendment Protection Act* to prohibit the Department of Veterans Affairs and any rogue bureaucrats from disarming more veterans with its unconstitutional "fiduciary rule" process. Congress must also restore the Second Amendment rights of the veterans currently prohibited from possessing firearms because the VA has submitted their name to the FBI's background check system. Therefore, GOA fully endorses Chairman Moran's and Senator Kennedy's *Veterans' 2nd Amendment Protection Act,* and urges its immediate passage.

In Liberty,

Aidan Johnston
Director of Federal Affairs

CC: United States Senate Committee on Veterans' Affairs

The Honorable Jerry Moran
United States Senate
Washington, D.C. 20510

The Honorable John Kennedy
United States Senate
Washington, D.C. 20510

Dear Senators Moran and Kennedy,

I am writing to express my strong support for the Veterans Second Amendment Protection Act on behalf of the Military Order of the Purple Heart, the only veteran's organization comprised exclusively of combat-wounded veterans. We commend your efforts in advancing this crucial legislation, which seeks to rectify the unjust and unconstitutional practices currently employed by the VA through the fiduciary program.

For nearly three decades, the VA has wrongfully stripped veterans of their Second Amendment rights by placing them on a criminal database, a designation that is not only misleading but also deeply disturbing. The use of the term "criminal" in this context undermines the dignity and rights of our veterans, who have bravely served our nation. It is an absolute travesty that this practice has persisted for so long, and we are grateful to witness courageous leadership taking steps to address and eliminate this unfair treatment.

The Military Order of the Purple Heart stands firmly behind the notion that veterans should be treated with the same respect and rights afforded to every other citizen in America. The passage of the Veterans Second Amendment Protection Act will ensure that our veterans are no longer subjected to these discriminatory practices and will restore their constitutional rights.

It is with great honor that I extend my recommendation for this legislation, as well as the support of our organization, which is proud to collaborate with the Vietnam Veterans of America. Together, we advocate for the rights and dignity of all veterans.

Thank you for your attention to this matter and for your continued commitment to our nation's veterans.

Respectfully,
Robert Olivarez Jr.
Robert Olivarez Jr.
National Commander
Military Order of the Purple Heart, USA

February 5, 2025

The Honorable Jerry Moran
Chairman
Senate Veterans Affairs Committee
412 Russell Senate Office Building
Washington, D.C. 20510

Chairman Moran:

The National Disability Rights Network (NDRN)* would like to thank you for introducing the Veterans Second Amendment Protection Act which would permanently end the Veterans Administration's (VA) practice of sending a veteran's name that has a fiduciary to the National Instant Criminal Background Check System (NICS list) without due process. This bill would take a crucial step in addressing the stigmatizing and unsupported belief that there is a connection between an individual that has a fiduciary and gun violence.

NDRN has long advocated for the inclusion of necessary protections and due process in any system (like guardianship or conservatorship) when taking away that individual's rights and decision-making authority. We have also fought to counter the stigmatizing belief that just because an individual has a disability requires the removal of all that individual's rights, decision-making authority, and due process protections.

Much like past proposals to include individuals that have a Representative Payee that manages that individual's Social Security benefits to the NICS list, the VA practice of sending veterans' names with a fiduciary to the NICS list is fraught with a lack of due process and factual support. There is no evidence that individuals that require someone to help with their financial matters have a propensity to gun violence or will harm themselves or

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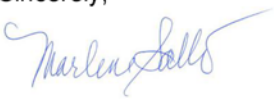
WEBSITE: WWW.NDRN.ORG • E-MAIL: INFO@NDRN.ORG

others. In fact, this requirement to submit an individual's name to the NICS list could have the perverse effect of stopping an individual from seeking the care and support they may need because they don't want to have their name placed on the NICS list. This legislation is timely and stands for the important belief of not viewing an individual with a disability through a lens of blanket assumptions about disabilities, but that they must be viewed as an individual and given the due process rights we all support.

Again, thank you for your action on this issue and we are eager to work with you on enacting this bill into law. Should you have questions, please reach out to Eric Buehlmann, Deputy Executive Director for Public Policy, at eric.buehlmann@ndrn.org.

Sincerely,



Marlene Sallo
Executive Director
National Disability Rights Network

*NDRN is the non-profit membership association of Protection and Advocacy (P&A) agencies located in all 50 States, the District of Columbia, and the United States Territories. In addition, there is a P&A affiliated with the Native American Consortium which includes the Hopi, Navajo, and San Juan Southern Paiute Nations in the Four Corners region of the Southwest.
P&A agencies are authorized under various federal statutes to provide legal representation and related advocacy services, and to investigate abuse and neglect of individuals with disabilities in a variety of settings. The P&A Network comprises the nation's largest provider of legally based advocacy services for persons with disabilities.

NATIONAL RIFLE ASSOCIATION OF AMERICA
Institute for Legislative Action
11250 WAPLES MILL ROAD
FAIRFAX, VIRGINIA 22030

NRA

March 3, 2025

Chairman Mike Bost
U.S. House Committee on Veterans' Affairs
364 Cannon House Office Building
Washington, DC 20003

Chairman Jerry Moran
U.S. Senate Committee on Veterans' Affairs
412 Russell Senate Office Building
Washington, DC 20510

Dear Chairmen Bost and Moran,

On behalf of the millions of NRA members nationwide, I write today to support H.R. 1041/S. 478, the Veterans 2nd Amendment Protection Act, and urge a resounding "yes" vote for its swift passage.

This important legislation would end a decades-long practice that has been used by the Department of Veterans Affairs (VA) to strip hundreds of thousands of veterans of their constitutionally protected Second Amendment rights– all without a shred of due process[1]. From 1998 until recently[2], VA had been reporting the names of veterans who have been assigned a fiduciary to help manage their benefits to the FBI National Instant Criminal Background Check System (NICS), thereby ending their legal right to own or possess a firearm.

NRA was proud to support your effort to end this practice in H.R. 4366, the Consolidated Appropriations Act of 2024, when language was included to prohibit VA from using appropriated funds to submit names to NICS simply for having an assigned fiduciary. While we applaud your critical oversight over VA's NICS reporting practices, we understand that a permanent fix, such as that offered by the Veterans 2nd Amendment Protection Act, is necessary to close this shameful chapter in VA history, once and for all. Once passed, this legislation will mark a key turning point in rebuilding trust and confidence between VA and the veterans it serves.

We thank you for your continued attention to this crucial issue and all you do for our great nation's veterans.

Sincerely,

John Commerford
Executive Director, NRA-ILA

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[1] Scott D. Szymendera, Cong. Research Serv., R47626, Gun Control, Veterans Benefits, and Mental Incompetency Determinations (2023).
[2] Letter from Denis McDonough, Secreatary of Veterans Affairs, to Chairman Mike Bost, House Committee on Veterans' Affairs (March 15, 2024), https://veterans.house.gov/uploadedfiles/va_response_to_cmb_nics_ltr_3_2024.pdf.

NSSF
The Firearm Industry Trade Association

LAWRENCE G. KEANE
SVP Gov't & Public Affairs, Assist. Secretary and General Counsel
lkeane@nssf.org | 202-220-1340 x 249 | nssf.org
400 N. Capitol Street NW, Suite 475, Washington, D.C. 20001

February 7, 2025

The Honorable John Kennedy
United States Senate
437 Russell Senate Office Building
Washington, DC 20510

The Honorable Jerry Moran
Chairman
Senate Veterans' Affairs Committee
412 Russell Senate Office Building
Washington, DC 20510

Dear Senator Kennedy and Chairman Moran:

NSSF is the trade association for America's firearm, ammunition, hunting, and recreational shooting sports industry. NSSF's mission is to promote, protect and preserve hunting and the shooting sports. On behalf of our more than 10,500 member companies nationwide, I write in strong support of S. 478, the Veterans 2nd Amendment Protection Act.

The firearm and ammunition industry takes pride in ensuring that law-abiding Americans have the tools they need to exercise their fundamental Second Amendment right. The firearm industry is also committed to the safe, legal, and responsible ownership and use of firearms, and works to try and stop their criminal acquisition and misuse. To that end, we have and will continue to support efforts to ensure that laws are properly being enforced, and the Federal Bureau of Investigation's National Instant Criminal Background Check System (NICS) operates as Congress intended. Federally licensed firearm retailers rely on NICS to be effective to determine whether a person can legally purchase a firearm, but the system is only as effective as the records it contains.

Title 18, U.S. Code, Section 922(g) clearly lists the prohibiting factors that would disqualify an individual from purchasing and possessing a firearm. Among the prohibiting factors is having been "adjudicated as a metal defective or who has been committed to a mental institution." Through its regulation (38 C.F.R. § 3.353), the U.S. Department of Veterans Affairs (VA) defines "mental incompetency" as someone who "lacks the mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation." First, Congress did not delegate enforcement of the Gun Control Act to the VA. Second, the VA interprets the "adjudicated mental defective" prohibiting factor in part as someone who needs assistance with their finances. By their unlawful definition, according to VA, a veteran who uses or is appointed to use a fiduciary, is considered to be a prohibited individual for the purposes of firearm ownership, and prior to enactment of Public Law 118-42, veterans' names were being submitted to NICS solely based on the use of a fiduciary. While VA provides veterans the opportunity to apply for relief of the firearm prohibition, the onus falls on the veteran. VA's policy has subjected law-abiding veterans to the strict penalties under federal law, including fines and imprisonment, if they own or try to purchase a firearm. This has been done without Due Process that non-veteran law-abiding Americans are afforded, and the Constitution requires.

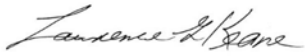
Needing a fiduciary alone does not disqualify a veteran from legally purchasing a firearm at retail. It is unconscionable that law-abiding veterans, who are no danger to themselves or others and who have fought for and defended our constitutional rights, have had their Second

Amendment rights stripped away from them. As a result, tragically, law-abiding veterans have been deterred from seeking the care they need and have earned out of fear that they will lose their right to keep and bear arms. For this reason alone, it is critical that there be a permanent change in policy and action before March 14, 2025, which is when the temporary provision in law is currently set to expire.

The Veterans 2nd Amendment Protection Act would prohibit the VA from reverting back to its prior policy. It would prohibit VA from placing veterans in the NICS system as prohibited individuals simply because they need assistance with financial matters without the order or finding of a judge, magistrate, or other judicial authority of competent jurisdiction that such beneficiary is a danger to themselves or others. We owe our freedoms to our nation's warriors who fought to preserve all our rights, and Congress should ensure that veterans' Second Amendment rights are protected when it comes to the Department of Veterans Affairs. This change in policy codified in law is long overdue.

Thank you for your continued leadership on this important effort.

Sincerely,



Lawrence G. Keane

February 3, 2025

Chairman Jerry Moran
412 Russell Senate Office Building
Washington, DC 20515

Dear Chairman Jerry Moran,

Turning Point Action strongly supports the Veterans' 2nd Amendment Protection Act. This critical legislation ensures that the constitutional right to keep and bear arms is upheld for the very individuals who have sacrificed to defend our freedoms—our nation's veterans.

The bill represents an important step forward in preserving constitutional rights for American heroes. Its passage will not only benefit American service members but also reinforce the principles that are enshrined in our nation's founding documents.

The Second Amendment is a key issue for Turning Point Action because it serves as a safeguard for the whole Constitution and prevents a large and tyrannical government from impeding citizens' God-given rights. Protecting the Second Amendment rights of our nation's heroes is a cause that all members of Congress must recognize.

Advancing this legislation is critical to ensuring the continuation of policies that protect veterans' rights, uphold due process, and prevent unnecessary encroachments on their freedoms. This bill reflects the priorities of millions of Americans who are committed to defending the rights of those who have served this nation.

We urge Congress to take immediate and decisive action in supporting the "Veterans 2nd Amendment Protection Act." Doing so would send a strong message of commitment to constitutional principles and demonstrate unwavering support for those who have given so much for our country.

Turning Point Action remains steadfast in its commitment to American veterans and the Constitution. We stand ready to support lawmakers in making this bill a reality.

Sincerely,

Turning Point Action

February 3, 2025

The Honorable Jerry Moran
United States Senate
521 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable John Kennedy
United States Senate
437 Russell Senate Office Building
Washington, D.C. 20510

Dear Senators Moran and Kennedy:

On behalf of the more than 1.4 million members of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, we offer our continued support of the *Veterans 2nd Amendment Protection Act*. We strongly support protecting the constitutional rights of veterans who are assigned fiduciaries by the Department of Veterans Affairs (VA) by preventing inappropriate referrals to the National Instant Criminal Background Check System (NICS).

This legislation would prevent VA from referring a veteran's name to NICS absent a judicial finding that the veteran is a danger to self or others. Currently, VA may determine a veteran is incompetent due to an inability to manage VA benefits, then assign a fiduciary, and then submit the veteran's name to NICS. This process effectively rescinds that individual's Second Amendment rights, all without the benefit of a judicial review.

Veterans have informed the VFW that they are hesitant to use VA health care for fear of inadvertently making a disqualifying statement or disclosing a disabling condition that could result in NICS referral and the prohibition to possess or purchase firearms. We want veterans to use VA health care, including its world-class mental health services that focus on their specific and unique needs. Unfortunately, apprehension could deprive them of their earned benefits and compromise their health.

The VFW commends your leadership on this issue and your commitment to our nation's veterans. We look forward to collaborating with you and your staff to pass this important bill.

Sincerely,

Nancy Springer

Nancy Springer, Associate Director
VFW National Legislative Service

NATIONAL HEADQUARTERS
406 W. 34th Street Office 816.756.3390
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WASHINGTON OFFICE
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VIETNAM VETERANS OF AMERICA
8719 Colesville Road, Suite 100
Silver Spring, MD 20910
(301) 585-4000 vva.org
NEVER AGAIN WILL ONE GENERATION OF VETERANS ABANDON ANOTHER.

The Honorable Jerry Moran
United States Senate
Washington, D.C. 20510

The Honorable John Kennedy
United States Senate
Washington, D.C. 20510

Dear Senators Moran and Kennedy,

I am writing to express my strong support for the Veterans Second Amendment Protection Act. I want to thank you for your efforts to eliminate the unjust practices that strip our veterans of their Second Amendment rights by reporting them to the National Instant Criminal Background Check System (NICS).

Labeling veterans as "criminals" simply because they are on this list is misleading and harmful. Over 270,000 individuals find themselves categorized in this manner, yet the vast majority of them are neither criminals nor have they been proven to be a danger to society. The determination made by the VA is based on a process that assesses fiduciary responsibilities, essentially their ability to manage their finances.

No other citizens in our country face such treatment, and it is unacceptable that our veterans do. Your commitment to proposing legislation that treats our veterans with dignity and respect is commendable. It is crucial that we uphold their constitutional rights, especially those who have taken an oath to protect and defend these freedoms, many of whom served in combat operations, including in Vietnam.

The ability of the VA or any organization to strip a veteran of their constitutional rights is not only unjust but also alarming. We urge a thorough review of the current list to determine how many individuals should never have been placed on it. There must be accountability in this process, as it appears to many as a backdoor approach to robbing veterans of their rights as citizens.

Furthermore, the actions taken by the VA have created a chilling effect, discouraging veterans from seeking mental health assistance for fear of losing their rights. It is unfathomable that any American would support the continuation of such an unfair and unconstitutional process.

I hope that those who genuinely care for our veterans and respect their service will see the flaws in this process and not misconstrue it as a means of protecting the public from dangerous individuals. The lack of reasonable efforts to assess whether a veteran poses a threat is not only concerning but also a disservice to those who have served our nation.

Thank you for standing up for our veterans and their rights.

Most respectfully yours,

Jack McManus
National President

Questions for the Record

Department of Veterans Affairs (VA)
Questions for the Record Submitted to
Mark R. Engelbaum, Assistant Secretary, Office of Human Resources and Administration/Operations, Security, and Preparedness,
from the Committee on Veterans' Affairs
United States Senate
Legislative Hearing

March 11, 2025

Questions for the Record from Senator Marsha Blackburn:

The VA operates over 170 Medical Centers and more than 550 additional outpatient clinics serving veterans. Even with the number of open facilities, there is a lot of frustration with access to, and the age and condition of most of these facilities.

Question 1: Are there any alternative or innovative approaches the VA is looking at to address this facility problem?

VA Response: Yes. VA is studying multiple project lifecycle activities to improve performance, decrease cost, and deliver facilities faster. VA is developing multiple facility standardization tools to support this effort. These efforts include but are not limited to:

- Standardized Facility Types *(including Community Based Outpatient Clinics, Health Care Centers, and Micro-Hospitals);*
- Standardized Request for Proposals/Request for Lease Proposals;
- Implementing Geographic Information Systems mapping with Light Detection and Ranging to support master planning efforts to increase visibility of existing assets and decrease risk to unknown site conditions;
- Investigating alternative facility delivery methods to decrease project delivery timelines and developing multi-award task order contracts based upon those acquisition strategies; and
- Leveraging Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 authorities for two projects to address infrastructure needs.

Question 2: Are there any alternative or innovative approaches the VA is looking at to deliver care through its academic affiliates or through the community?

VA Response: Yes. The VA Office of Academic Affiliations (OAA) manages funding, position allocation, educational standards, and academic partnerships for health professions education within the VA, encompassing 122,000 health professions trainees (HPT) who deliver vital services to Veterans.

VA allocates funding for HPT positions, focusing on geographically prioritized areas, such as rural regions and facilities that are new to training programs. OAA also prioritizes funding for healthcare professions that are challenging to recruit within the VA, including primary care medicine and mental health.

Additionally, Section 403 of the Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, introduced a new Pilot Program for Graduate Medical Education and Residency aimed at expanding healthcare access for veterans in rural, tribal, and underserved areas nationwide. Under this pilot, OAA will finance the salaries and benefits of at least 100 physician residents who will rotate through non-VA healthcare facilities operated by Indian tribes or tribal organizations, the Indian Health Service, the Department of Defense, and federally qualified health centers.

Question 3: What is the status of the Community Based Outpatient Clinic lease projects that were authorized and appropriated two and a half years ago under the PACT Act?

VA Response: Of the 31 leases authorized in the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxics (PACT) Act, VA has awarded 5, which are under construction. VA plans to award an additional 10 leases this fiscal year (FY). The remaining 16 are scheduled for award throughout FY 2026.

Question 4: How are you considering leveraging public/private partnerships that were authorized under the PACT Act?

VA Response: VA is conducting market research with the industry to leverage opportunities associated with public and private partnerships. This research includes investigating all possible solutions including design, construction, operating, and maintaining.

Questions for the Record from Senator Angus King:

Question 1: As we discussed, I sent a letter to Secretary Collins on March 6, 2025, requesting information about the 875 and 585 contracts that were cancelled or were proposed to be cancelled by the Department starting in late February. In that letter, I asked for both lists, as well as a separate list of contracts with a footprint in Maine. My office has also attempted to get information directly from the Department; both efforts have gone unanswered. During our March 11, 2025 hearing, you assured me that you would take my frustrations back to the Department and relay my request.

I am submitting this written request, again, to ask for additional information from the Department about both the 875 and 585 lists of contracts that were cancelled or proposed to be cancelled, with a particular focus on contracts that have an impact in Maine.

VA Response:

In 2025, the VA reviewed all its ~76,000 active contracts to ensure each one of them benefits Veterans and is a good use of taxpayers' money.

Decisions to keep, cut, or descope contracts were based on careful and methodical multi-level reviews by VA employees, including career subject-matter experts who are responsible for the contracts, as well as VA senior leaders and contracting officials.

The Numbers:

- From January 2025, to January 2026, the VA Terminated 620 unique contracts allowing the VA to reclaim $61.7 million in FY25 obligated funds and reinvested that money into key mission activities.
- In addition, the VA descoped 103 contracts;
- And did not exercise contract options for 842 contracts.
- The total number of contracts; 1,565 (620 contracts terminated plus,103 descoped, and 842 not renewed) which provides a cost avoidance of ~$5 billion in out-year commitments (the money we would spend on the contracts if they ran their full periods of performance).

Terminating or not renewing these contracts did and does not negatively affect Veteran care, benefits or services. In fact, these decisions will allow VA to redirect billions of dollars back toward health care, benefits and services for VA beneficiaries.

Question 2: As we discussed, I am deeply concerned about the Reduction in Force memo, dated March 4, 2025 and circulated by Chief of Staff Christopher Syrek, that proposes to cut VA staff back to 2019 end-strength numbers, as well as other efforts to reorganize the Department. You mentioned during our March 11, 2025 hearing that the Department is continuing to work on this effort and you would be happy to provide a briefing and documents outlining your plans.

Please provide all documents that detail the Department's plans for this reduction in force, as well as documentation of any other efforts to reorganize, reduce, or eliminate programs, offices, or staff.

VA Response: We are putting Veterans first at VA. The status quo of requesting more money and employees to solve systemic issues is over. While VA considered a Department-wide reduction in force (RIF) to reduce staff levels by up to 15%, employee reductions through the Federal hiring freeze, deferred resignation program (DRP), retirements, and normal attrition have eliminated the need for the RIF.

VA started with approximately 470,400 employees in January 2025 and is at around 440,200 at the beginning of October 2025. This reduction was accomplished through a hiring freeze and natural attrition, as well as voluntary resignations and retirements

through use of the Deferred Resignation Program and Voluntary Early Retirement Authority. Accordingly, no large-scale RIF is needed.

Meanwhile, VA continues to review staffing levels to ensure there will be no impact to Veteran's care or benefits. In fact, reform efforts to date resulted in a reduction in the claims backlog and acceleration of the Federal Electronic Health Record (EHR) system. In fiscal year (FY) 2024, VA processed a total of 2,517,519 ratings claims, and as of August 8, 2025 VA has already reached an all-time high of 2,524,115 ratings claims processed, nearly two months before the end of FY 2025.

In addition, backlogged claims (claims pending >125 days) have decreased by 112,894 from January 20, 2025 (264,717) through August 24, 2025 (151,823), a total decrease of over 42%. To support accelerating the deployment of the Federal EHR system, VA plans on deploying at 13 sites in Michigan, Ohio, Indiana, Kentucky, and Alaska in 2026. This also means that all VISN 10 sites will be live using the Federal EHR system by the end of 2026, supporting better coordinated care across the entire regional network.

VA has multiple safeguards in place to ensure these staff reductions do not impact Veteran care or benefits. All VA mission-critical positions are exempt from the DRP and VERA, and more than 350,000 positions are exempt from the Federal hiring freeze.

Statements for the Record

CONGRESSIONAL TESTIMONY

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

SENATE COMMITTEE ON VETERANS' AFFAIRS

HEARING TO CONSIDER

"PENDING LEGISLATION"

MARCH 11, 2025

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO
80 F Street, N.W., Washington, D.C. 20001 (202) 737-8700 www.afge.org

Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

The American Federation of Government Employees, AFL-CIO (AFGE) and its National Veterans Affairs Council (NVAC) appreciate the opportunity to submit a statement for the record on today's legislative hearing to consider "Pending Legislation." AFGE represents more than 800,000 federal and District of Columbia government employees, 310,000 of whom are proud, dedicated Department of Veterans Affairs (VA) employees. These include front-line providers at the Veterans Health Administration (VHA) who provide exemplary specialized medical and mental health care to veterans, the Veterans Benefits Administration (VBA) workforce responsible for the processing veterans' claims, the Board of Veterans' Appeals (Board) employees who shepherd veterans' appeals, and the National Cemetery Administration Employees (NCA) who honor the memory of the nation's fallen veterans every day.

With this firsthand and front-line perspective, we offer our observations on the following bills being considered at today's hearing:

S. 124, the "Restore Department of Veterans Affairs Accountability Act of 2025"

AFGE strongly opposes S. 124, the "Restore Department of Veterans Affairs Accountability Act of 2025." As AFGE wrote in its statement for the record when this bill was considered in the 118th Congress, AFGE strongly objected to the design and implementation of the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017. Specifically, AFGE has long objected to the VA's use of the disciplinary authority in 38 U.S.C. 714 (§714) of the law and how it has harmed hardworking and dedicated employees. Additionally, through this experience AFGE is also aware of the failure of VA leadership to hold managers accountable under other provisions of the law. AFGE has supported efforts to amend

the law to restore fairness to VA employees, including the bi-partisan H.R 932, the "Protecting VA Employees Act."

Contrary to this, S. 124, the "Restore Department of Veterans Affairs Accountability Act" will again counterproductively diminish the due process and collective bargaining rights of VA employees compared federal employees in other agencies, including those in the Department of Defense who take care of the nation's active-duty military. In particular, the bill's proposed abrogation of collective bargaining agreements, reinforcing the use of the "Substantial Evidence Standard," restating the prohibition on the Merit Systems Protection Board to mitigate penalties, limiting the use of the "Douglas Factors," and using this bill retroactively go out of their way to treat VA employees like second class federal workers, despite their noble mission. AFGE strongly opposes the bill.

Background

Public Law 115-41, the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 (Accountability Act or Act), was signed into law on June 23, 2017. At the time of its passage, supporters claimed the Act was intended to simplify and expedite the disciplinary process at VA so that it could better hold bad employees accountable. The Act is divided into two parts, Title I, which established the Office of Accountability and Whistleblower Protections (OAWP) and Title II, which governs Accountability and Adverse Actions for Senior Executives, VA Employees, and Supervisors disciplinary procedures. Within Title II, the bill enacted 38 U.S.C. §714 which changed the following disciplinary procedures for bargaining unit employees (38 U.S.C. §713 is for managers in the Senior Executive Service):

- Required management to make a final decision within 15 business days of proposing an adverse action (i.e., suspension of more than 14 days, demotion, or removal);

- Reduced the time period for an employee to respond to a proposed adverse action to 7 business days;
- Reduced the time period for an employee to appeal the final adverse action to 10 business days;
- Lowered the standard of proof necessary to sustain an adverse action before a third party, such as arbitrators and the Merit Systems Protection Board (MSPB), from preponderance of the evidence to substantial evidence;
- Prevented third part adjudicators from mitigating unreasonable penalties assigned by VA.

Oversight

Since the Act's enactment, there has been robust oversight over the Act's implementation, and its effect on the workforce in multiple venues:

Congressional Oversight

The House Veterans' Affairs Committee held an oversight hearing in July 2018 before the Committee on Veterans' Affairs entitled "*The VA Accountability and Whistleblower Protection Act: One Year Later*."[1] The committee's goal was to address problems caused by the VA's implementation of the Act. In his opening statement, then-Ranking Member Mark Takano addressed the VA's penchant to use the Act to disproportionately discipline rank and file employees as opposed to supervisors and other management officials stating:[2]

> "[Of] the 1,086 removals during the first five months of 2018, the majority of those fired were housekeeping aides…I also find it hard to believe that there are large numbers of housekeeping aides whose performance is so poor that it cannot be addressed. If that is truly the case, then it stands to reason that there are also management issues behind their poor performance. But of those 1,096 removals, only fifteen were supervisors which is less than 1.4 percent. Firing rank and file employees does nothing to resolve persistent management issues." He continued "it is not possible to fire your way to excellence."

[1] *The VA Accountability and Whistleblower Protection Act: One Year Later: Before the H. Comm. On Veterans Affairs*, 115th Congr. (2018), https://republicans-veterans.house.gov/calendar/eventsingle.aspx?EventID=2212.
[2] *The VA Accountability and Whistleblower Protection Act: One Year Later: Before the H. Comm. On Veterans Affairs*, 115th Congr. (2018) (statement of Mark Tano, ranking member), https://republicans-veterans.house.gov/calendar/eventsingle.aspx?EventID=2212.

AFGE also testified at this hearing citing how the law disproportionately harmed lower paid federal workers and not the managers who supervised them, and also further explained many of the structural problems with the law that continue to exist today.[3] AFGE has also commented on the Accountability Act and the "Restore VA Accountability Act" at an October 25, 2023 Senate Committee on Veterans' Affairs Hearing titled "VA Accountability and Transparency: A Cornerstone of Quality Care and Benefits for Veterans."[4]

Inspector General Investigation

In response to requests for an investigation from multiple legislators, the Office of Inspector General (OIG) highlighted VA's failure to properly implement the portion of the Act pertaining to whistleblower protection. The OIG issued a report, which explained, "in many instances, [OAWP] focused only on finding evidence sufficient to substantiate the allegations without attempting to find exculpatory or contradictory evidence."

Further, while VA front-line employees were being disciplined more often and more harshly under §714 of the Accountability Act, the OIG report found that VA "struggled with implementing the Act's authority to hold executives accountable." OIG explained that despite statements from then-Secretary Shulkin, as of May 22, 2019, VA had only removed one covered senior executive employee under 38 U.S.C. 713. Further, of thirty-five cases involving senior executives, VA deciding officials mitigated the discipline of thirty-two before issuing a final decision.

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[3] *The VA Accountability and Whistleblower Protection Act: One Year Later: Before the H. Comm. On Veterans Affairs*, 115th Congr. (2018) (statement of then-AFGE National President J. David Cox). https://docs.house.gov/Committee/Calendar/ByEvent.aspx?EventID=108516.

[4] "VA Accountability and Transparency: A Cornerstone of Quality Care and Benefits for Veterans." *Before the S. Comm. On Veterans Affairs'*, 118th Congr. (2023) (AFGE Statement for the Record).

The OIG investigation revealed unlawful whistleblower retaliation by OAWP itself, noting that after an OAWP employee made a whistleblower complaint, Executive Director O'Rourke instructed a subordinate to remove the employee. Finally, the OIG found that the VA did not comply with reporting and training requirements of the Act and failed to adequately report to Congress regarding the outcomes of disciplinary actions.

Freedom of Information Act

In an attempt to learn more about the VA's use of its authorities under the Accountability Act, on May 31, 2022, AFGE submitted a Freedom of Information Act (FOIA) Request to the VA. This request asked the VA to share, without violating the privacy of employees, the VA's use of Section 204 of the Veterans Affairs Accountability and Whistleblower Protection Act of 2017, 38 U.S.C. §721, which authorizes the Secretary to issue an order, under certain circumstances, directing an employee to repay an award or bonus paid to the employee. This request covered the period from June 23, 2017, through May 31, 2022. In response to the AFGE's request, the VA responded on June 2, 2022, and stated that "This is a recently enacted VA policy and there are no responsive records." This is evidence that the VA has not utilized all of the tools at its disposal to hold employees accountable, and that the VA does not need additional tools for accountability. Instead, for the last six years, VA abused its authority under 38 U.S.C. §714 to remove thousands of front-line employees and service-connected veterans while failing to hold senior executives and management officials to the same standard.

Challenges in Federal Court

Since the enactment of the Accountability Act, several parts of the law have been successfully challenged in federal courts, resulting in multiple rebukes from the United States Court of Appeals for the Federal Circuit (Federal Circuit or Court) finding that VA violated the

law and fundamental civil service protections through its abuse of 38 U.S.C. §714. One line of cases is related to the restrictions on the MSPB or third party adjudicators to consider the reasonableness of a penalty or to mitigate that penalty. In *Sayers v. Dep't of Veterans Affairs*, the Federal Circuit determined that, contrary to VA's contentions, the MSPB was permitted to review the reasonableness of the penalty imposed by deciding officials in light of the facts of a particular case under §714. The Court explained that "[d]eciding that an employee stole a paper clip is not the same as deciding that the theft of a paper clip warranted the employee's removal." It is clear that prior to *Sayers*, the Agency promoted a limited review and harshly disciplined employees under §714, often for similarly trivial acts.

The perceived inability to consider the reasonableness of VA's chosen penalty led judges to affirm decisions where even a single charge was proven by substantial evidence. Where the harshest available penalty, removal, was used liberally, this led to a loss of employee resources for relatively minor infractions. VA's rush to remove employees was clear in performance cases as well. As Administrative Judges believed they could not consider the reasonableness of the penalty in those instances, employees were removed for easily remedied performance failures. [5]

Another key element of the law examined by the courts is the VA's mistaken claim that the Accountability Act eliminated the preponderance of the evidence standard at the administrative level and replaced it with the new substantial evidence standard that applies to third party review. In *Rodriguez v. Dep't of Veterans Affairs,* the Court held that the "preponderance of the evidence, rather than substantial evidence was the correct standard for management to apply at the administrative level in conduct cases under [§]714."[6] The Court explained that when determining whether conduct justified discipline under §714, preponderance

[5] *Brenner v. Dep't of Veterans Affairs*, 990 F.3d 1313, (Fed. Cir. 2021)
[6] *Ariel Rodriguez v. Department of Veterans Affairs*, 8 F.4th 1290 (Fed. Cir.) (2021).

of the evidence was the correct evidentiary burden, and the MSPB's standard of review should be substantial evidence. Consequently, the Court found that VA had applied the wrong evidentiary standard in its §714 conduct cases. The Court held in August 2021 that VA and MSPB must apply the *Douglas Factors* in deciding and reviewing the imposed penalty.[7]

By subjecting management's decisions to additional scrutiny, the Court demonstrated VA's overreach in its use of the Accountability Act. The use of §714 has proven to have had its greatest impact on lower-level employees, many of whom are veterans themselves, compounding a chronic staffing crisis while doing little to address systemic problems such as inadequate training and hostile managers. Thus, while the reviewing arbitrators, Administrative Law Judges, and Federal Circuit Judges have done much to curtail VA's broad interpretation of the law, the law itself must be amended if it is to accomplish its stated goal of improving systemic flaws in the Agency.

Furthermore, in the recent case *Richardson v. Department of Veterans Affairs*, the MSPB further limited the applicability of the law.[8] In *Richardson*, the MSPB ruled that an employee appointed under 38 U.S.C 7401(3), a "hybrid" Title 38/Title 5 employee, could not be terminated under §714 as the text of 38 U.S.C. 7403(f)(3) dictated its reliance on "the procedures" of chapter 75 of Title 5.[9]

As a result of these and other legal rulings and determinations, the VA announced on March 5, 2023, that the VA will prospectively "cease using the provisions of 38 U.S.C. § 714 to

[7] *Stephen Connor v. Department of Veterans Affairs*, 8 F.4th 1319 (Fed. Cir.) (2021).
[8] *Richardson v. Department of Veterans Affairs*, Docket No. AT-0714-21-0109-I-1 (MSPB) (2023).
[9] *Id.*

propose new adverse actions against employees of the Department of Veterans Affairs (VA), effective April 3, 2023."

Specific Objections to the "Restore Department of Veterans Affairs Accountability Act"

In response to the court rulings since the enactment of the Accountability Act, S. 124 the "Restore Department of Veterans Affairs Accountability Act of 2025" was introduced to reverse these decisions and expand the powers of the original Accountability Act. AFGE strongly objects to several provisions in the bill that will infringe upon the rights of VA employees, and harm recruitment and retention:

Abrogation of the Collective Bargaining Agreement

On Page 14, line 22 of the legislation, the bill states "[t]he procedure in this section shall supersede any collective bargaining agreement to the extent that such agreement is inconsistent with such procedures." The VA workforce is second largest workforce in the federal government, second only to the Department of Defense. AFGE is proud to represent more than 310,000 bargaining unit employees, making the union contract that is scheduled to be signed by AFGE and Secretary McDonough on August 8, 2023, the largest collective bargaining agreement in the government. To say that any procedures that were meticulously negotiated at the bargaining table in this and prior contracts are now out the window is grossly unfair, as both parties compromised to arrive at this agreement given the state of the law at the time. This would also provide the VA the opportunity to cease using Performance Improvement Plans (PIPs) prior to disciplining an employee for performance, which is a common practice within the federal workforce. Additionally, while members of both parties proudly support rank and file

union members at other agencies and in the private sector, including law enforcement officers, firefighters, electricians, and plumbers, the choice to hold these employees at the VA to a standard not used for similarly situated employees at other departments is unnecessary, and only serves to dissuade potential employees from working at the VA when they could similar if not identical jobs with better protections at another agency.

Reinforcing the Use of the "Substantial Evidence Standard"

38 U.S.C. § 714 established by the Accountability Act mandates that the MSPB uphold management's decision to remove, demote, or suspend an employee if the decision is supported by substantial evidence. While not defined in the law, management guidance defined substantial evidence as "relevant evidence that a reasonable person, considering the record as a whole, might accept as adequate to support a conclusion, even though other reasonable persons might disagree, or evidence that a reasonable mind would accept as adequate to support a conclusion."

As discussed in *Rodriguez v. Dep't of Veterans Affairs*, VA improperly read §714 to mean that its burden of proof at the administrative level in justifying discipline was lowered to the substantial evidence standard. The Federal Circuit disagreed with the Agency's position, finding that the Agency conflated burden of proof and standard of review. Consequently, the Court found that the VA still had to meet the preponderance of the evidence burden of proof in its decision to discipline for conduct.

With the proposed text on Page 12, lines four through 10, the bill is plainly trying to overturn *Rodriguez v. Dep't of Veterans Affairs*, and force the VA, even in cases where the balance of evidence favors the employee, the opportunity if not obligation to dismiss the employee. This is especially prevalent in "he said, she said" cases based on allegations of misconduct. For example, if 10 individuals were witnesses to an incident and seven sided with

the employee's story, but three sided with the VA's, the VA would meet its burden under "Substantial Evidence" and could dismiss the employee. This is unfair and deprives VA employees of the same protections enjoyed in other departments in the federal government.

Restating the MSPB's Inability to Mitigate Unreasonable Penalties

Under current statute established by the Accountability Act, the law provides that where the Agency's decision is supported by substantial evidence, the MSPB or an arbitrator may not mitigate the penalty. Thus, the MSPB or an arbitrator could only reverse an Agency decision it determined was unreasonable. MSPB had an extremely high rate of affirming Agency decisions even before the enactment of the Accountability Act. MSPB's affirmance rate of VA decisions was 83.7 percent, of the years recorded since, 2019 was the highest rate of affirmance at 89.44 percent. Few cases were mitigated prior to 2017, however, mitigation was available to reviewing entities, saving the time of sending back a case, causing needless delay.

The text on page 14, lines seven through 10 of the legislation is a doubling down on a bad policy of letting the MSPB or a third-party arbitrator from righting obvious abuses by the VA. Not only should this provision be stricken, but the ability to mitigate a penalty should be restored to the MSPB. This change would ensure fair determinations and restore basic notions of due process and fairness to the workforce by treating similarly situated employees in a consistent manner.

Limiting the Use of the Douglas Factors

Connor v. Department of Veterans Affairs, spoke to the issue of mitigation. In that case, on appeal, the MSPB sustained only one of the 27 charges against the employee. On appeal to the Federal Circuit, the Agency argued it need not consider the *Douglas Factors* in §714

proceedings. [10] In its ruling, the Court ruled that the "[t]here is no basis for the government's argument that the statutory ban on penalty mitigation by the Board eliminated the obligation to consider and apply the Douglas factors."[11] In response to this, the "Restore Department of Veterans Affairs Accountability Act" would require that only five of the Douglas Factors be considered when determining the reasonability of discipline, but goes out of its way to actively exclude the other seven Douglas Factors. This is counter to the opinion in *Connor*, where the court referenced *Douglas v. Veterans Administration* and wrote while citing to *Douglas* "While not all of the factors will be pertinent to every case, the Board in Douglas explained that the agency must 'consider the relevant factors' and 'strike a responsible balance' in selecting a penalty."[12] In turn, by excluding seven "Douglas Factors" the legislation goes out of its way exclude reasonable reasons why an employee should have a penalty reduced, including the sixth Douglas Factor which considers "consistency of the penalty with those imposed upon other employees for the same or similar offenses."[13] AFGE urges that every deciding official and third party adjudicator have the obligation to consider all 12 Douglas Factors that may be relevant, not just the five which the bill considers important. Not only should the agency be required to use the Douglas factors, but appellate bodies should be able to review the agency's appropriate consideration of these factors governing the severity of discipline.

Retroactive Application of the Bill

Beyond each of the individual policy objections AFGE has with the bill, the text proposed on page 15, lines one through five stating that "[t]his section shall apply to any

[10] Stephen *Connor v. Department of Veterans Affairs*, 8 F.4th 1319 (Fed. Cir.) (2021).
[11] *Id*.
[12] Stephen *Connor v. Department of Veterans Affairs*, 8 F.4th 1319 (Fed. Cir.) (2021); *Douglas v. Veterans Administration*, 5 M.S.P.B. 313 (1981) at 332-33.
[13] *Id*.

performance or misconduct of a covered individual beginning on the date of enactment of the Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 (Public Law 115-41)." Considering the significant discipline and litigation that has occurred over the past six years, the idea that old disciplinary actions, including the possibility of those already resolved could now be subject to new rules after the fact only creates more tumult for a workforce that has had its fill. Retroactivity is not only unjust but creates chaos and should be stricken.

S. 275, the "Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025."

AFGE specifically opposes the following sections:

Sec. 101. Codification of requirements for eligibility standards for access to community care from the Department of Veterans Affairs.

This section codifies the drive-time and wait-time standards that the VA must meet for a veteran to be eligible for referral to private care through the Veterans Community Care Program (VCCP). For primary care, mental health care, or long-term care other than home care, a veteran is eligible for private care within a 30-minute average drive time from the veteran's home, unless the veteran agrees to a longer drive time in consultation with a health care provider. For primary care, mental health care, or long-term care other than home care, a veteran is eligible for private care if the VA cannot schedule an appointment with a VA provider within 20 days of a veteran's request for a visit unless the veteran agrees to a longer wait time in consultation with their provider. The legislation allows the Secretary of the VA to reduce the number of days but not to increase the number of days for access to the community.

For specialty care, a veteran is eligible for private care within a 60-minute average drive time from the veteran's home, unless the veteran agrees to a longer drive time in consultation with a health care provider. For specialty care, a veteran is eligible for private care if the VA cannot schedule an appointment with a VA provider within 28 days of a veteran's request for a visit unless the veteran agrees to a longer wait time in consultation with their provider. This would apply to all covered veterans, regardless of whether a veteran is a new or established patient.

This legislation would prohibit the Secretary from counting VA telehealth in determining whether the VA meets wait-time and drive-time access standards. AFGE believes that access and quality standards should be equalized for VA and non-VA. Also, one-size-fits-all access standards are problematic. VA leaders believe that the 28-day wait time for specialty care is too long for some specialties like oncology and too short for some stable patients who may prefer to book appointments further out. Specialty-specific access standards should be developed. The language allowing the Secretary to shorten but not lengthen access standards is obviously biased toward privatization; otherwise, why not provide the Secretary the flexibility to create the access standard best indicated by evidence?

Sec. 103. Consideration under Veterans Community Care Program of veteran preference for care, continuity of care, and need for caregiver or attendant.

This section modifies 38 USC 1703(d)(2) to make veteran preference to go to a private provider a criterion for what constitutes best medical interest. AFGE opposes this provision as it would undermine the VA's ability to review community care referrals.

It is difficult for a physician to challenge a veteran who may want to go out of network even when it is not in the patient's best medical interest and as a result, this provision directly weakens the VA's ability to coordinate care. A large body of research indicates that the VA provides care that is as good and often better than private care. If a clinician cannot direct a veteran to VA care when VA care is clinically indicated, it impedes a clinician's ability to provide the veteran with the best quality care. The VA will ultimately have to pick up the cost of poorer care a veteran receives outside the VA if it causes the veteran to need more services down the road.

Further, no healthcare network can afford to cover any services outside its network that its members desire while simultaneously meeting obligations to directly provide services on demand for all its members. All viable healthcare networks need to be able to reasonably limit outside referrals to effectively coordinate care, avoid unnecessary or ineffective treatments, and manage costs.

Sec. 302. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.

This section creates a three-year pilot program in at least five locations where veterans could access outpatient mental health and substance use services without referral or preauthorization. AFGE opposes this provision as it would circumvent the VA's ability to coordinate care and is unsustainable for the VA in the long term, for the same reasons discussed under section 103. AFGE opposes provisions that undermine the VA's authority to authorize care to private care.

AFGE has recommendations for improving the following section:

Sec. 104. Notification of denial of request for care under Veterans Community Care Program.

This section imposes a 2-day written notification requirement to inform veterans of community care denial. AFGE appreciates the desire to ensure that veterans receive timely notification of denial for a referral to private care. AFGE would prefer to see minimum scheduling efforts and communication methods aligned to what the VA does internally to ensure that there are adequate attempts to notify a veteran.

Background

S. 275, the "Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025," would significantly accelerate the privatization of the VA. The VA is currently at a tipping point. According to the expert Red Team panel that the VA assembled in January 2024, referrals to private care "threaten funding needed to support VA's direct care system." [14] Forty-four percent of the services that the VA provides have now been diverted to privatized care, known as "Community Care."[15]

Referrals to private care have already been rising by 15-20 percent a year, a clearly unsustainable trend for the direct care system. Our members feel the effects of rapid privatization in the form of unpredictable staffing and closures of operating beds related to widespread VA facility budget problems. Gaps in staffing and fewer beds make it difficult to provide veterans with the care they deserve. These gaps, in turn, feed privatization as the VA must send veterans outside the VA when staff or beds are unavailable. Providers are not required to meet the same

[14] Kizer KW, Perlin JB, Guice K, Granger E, Friesen D, Safran DG. The Urgent Need to Address VHA Community Care Spending and Access Strategies – Red Team Executive Roundtable Report. March 30, 2024

[15] *Id*.

quality standards as VA providers. The VA has cited rapid privatization as one of the causes of the VHA budget shortfall.

It is clear that the direct care system is already fragile and can ill afford the impact of legislation such as the Access Act that will only lead to further privatization.

We appreciate the opportunity to submit this statement and look forward to working with the members of the committee to bolster and support the VA workforce so it can best serve veterans.

STATEMENT FOR RECORD

GOLD STAR SPOUSES OF AMERICA, INC.

FOR THE U.S. SENATE COMMITTEE ON VETERANS' AFFAIRS

MARCH 11, 2025

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Senate Committee on Veterans Affairs,

Gold Star spouses face a range of unique challenges, from mental health and grief support to education, financial assistance, and access to essential benefits. Representing surviving military spouses from diverse backgrounds, our community comes together to advocate for the rights and well-being of surviving families. Through collaboration with veterans service organizations (VSOs), government agencies, and lawmakers, we strive to amplify the voices of Gold Star spouses and ensure their needs are recognized and addressed.

Gold Star Spouses of America, Inc. is committed to advocating for legislative changes that honor the sacrifices of military families and address the unique challenges faced by surviving spouses. The families of military service members bear immense sacrifices, often facing financial hardships, bureaucratic barriers, and outdated policies that fail to account for their evolving needs. We must address these inequities and ensure that surviving spouses and dependents receive the benefits and support they deserve.

The legislation being considered today represents Congress' coordinated effort to honor our servicemembers by improving the delivery of benefits they have earned. While many of these bills will positively impact servicemembers, their caregivers, and survivors, Gold Star Spouses of America specifically endorses two of them.

S. 611: Caring for Survivors Act - Sen. Blumenthal (D-CT) & Sen. Boozman (R-AR)

One of the most urgent challenges facing military surviving spouses is the glaring disparity between the Department of Veterans Affairs (VA) Dependency and Indemnity Compensation (DIC) and survivor benefits for federal civilian employees. Currently, DIC provides just 43% of the compensation that a 100% service-connected disabled veteran receives from the VA. Meanwhile, federal civilian employees have the choice to designate up to 55% of their compensation as a death benefit for their spouse.

This inequity leaves military surviving spouses at a severe financial disadvantage, despite their loved ones making the ultimate sacrifice in service to our nation. To correct this imbalance, DIC must be increased to 55% of a 100% disabled veteran's disability compensation, ensuring that military families receive the fair and just support they were promised.

Support for military surviving spouses is deeply rooted in our nation's history. As early as August 24, 1780, the Continental Congress enacted the first pensions for widows and orphans of Revolutionary War soldiers. Our founding fathers understood that taking care of military families was not just a moral duty—it was a strategic necessity. Today, that principle remains just as true.

Many service members enlist under the belief that if something happens to them, their families will be cared for. The reality is vastly different. Many service members and veterans are unaware of the staggering financial loss their families will face when they pass away. For example, an active-duty E-1 service member stationed in Norfolk, VA, earns $2,108.10 per month in base pay. With the Basic Allowance for Housing (BAH), their total monthly income is $4,262.10. Similarly, a 100% service-connected disabled veteran with a spouse receives $4,044.91 per month in VA compensation.

However, when that service member or veteran dies, their family's financial stability is shattered. The VA replaces their income with DIC, which currently stands at just $1,653.06 per month—a devastating drop in support that often leads to severe financial hardship for the surviving spouse and their family. It is important to keep in mind that this example only shows the disparity at its lowest level. For many, the

drop is more acute as their spouse held a higher rank, had more years of service, or a higher level of VA compensation.

To illustrate this disparity, the Veterans' Benefits Improvement Act of 2008 directed the Government Accountability Office (GAO) to examine the DIC program and assess the adequacy of its payment levels.[i] The findings were staggering. The GAO revealed that surviving spouses experience an average reduction of 59% in benefits, with some losing as much as $6,400 per month, a devastating financial blow. Even more alarming, these benefits are substantially lower than those provided to federal employees' survivors.

The GAO report found that when a federal employee dies due to job-related causes, their survivors receive up to four times the monthly compensation that military survivors do, despite the fact that for approximately 90% of military survivors, their loved one's death was directly linked to their service.[ii]

When these benefits are cut, the pain is not just emotional but financial. Surviving spouses are still paying the same rent, the same utility bills, and the same everyday costs of living, but with drastically reduced resources. Their expenses are not slashed by 59%, but their means of survival are. In the midst of profound loss, they are forced to navigate not only the grief of losing a loved one but also the harsh reality of economic insecurity. This is not just a policy flaw, it is a failure to uphold our promise to those who have sacrificed for this country.

The Caring for Survivors Act (S. 611) has been reintroduced in the Senate to correct this long-standing injustice. The families of those who laid down their lives in service to our nation deserve nothing less than equal benefits to those of federal employees. It's time to honor their sacrifice with the full and fair compensation they have rightfully earned. This legislation does not grant Gold Star families a life of luxury, it simply aligns their benefits with the standard set by the Office of Personnel Management, with a modest $454 increase, ensuring their sacrifice is not valued less than that of civilian government employees.

Gold Star Spouses of America is grateful to Senator Blumenthal and Senator Boozman for their leadership in championing this bill. We eagerly anticipate its bipartisan support in the House and Senate. Now, it's time for Congress to fulfill its promise to those who have given everything for our country.

S. 410: Love Lives On Act - Sen. Moran (R-KS) & Sen. Warnock (D-GA)

Another critical policy that requires modernization is the eligibility criteria for survivor benefits when a surviving spouse chooses to remarry. Under current law, any surviving spouse risks losing essential benefits, including VA and Department of Defense (DoD) survivor benefits, if they remarry before the age of 55. This forces an unnecessary and painful choice between financial stability and the ability to move forward with their lives.

The Love Lives On Act (H.R. 1004 & S. 410) would allow surviving spouses to retain their VA and DoD financial benefits regardless of remarriage, as well as reinstate TRICARE eligibility should a future marriage end, reflecting the reality that their sacrifices do not end simply because they choose to find love again. Passing this legislation would recognize and honor their ongoing contributions and ensure they are not penalized for building a future after loss.

GSSA member Margaret (Maggie) Murphy Peterson, widow of Capt. James William Peterson, U.S. Army (EOD), killed in Vietnam on May 22, 1971, remembers how, on the last day of her husband's home leave from Vietnam, just three weeks before he was killed, they discussed whether they should buy private life insurance: "He explained we didn't need it because I would receive benefits. He added that he hoped I would remarry because if I died, he would remarry—he said he liked marriage and hoped I did too. He added that my benefits would end if I remarried, but that 'no matter how many times you screw up in marrying the wrong guy, you will always get your benefits back.'"

The day after she was informed of her husband's death, she was given a $3,000 death gratuity and was told it was to last her up to a year—the time it would take for her military benefits to take effect. She did not find out that she qualified for Social Security for another eight months. Her landlord gave her an eviction notice the day before her husband's funeral because she refused to use her expected SGLI insurance to pay for the 18 remaining months on the lease, foreshadowing the financial struggles she would face.

Maggie was only 22 years old when her husband, Jimmy, was killed. She spent the next 14 years going to school and working part-time menial jobs with the goal of being self-supporting. Whenever she considered remarriage, the opportunity was

always couched in quid pro quo terms of what she would be expected to do in exchange for her future husband taking in her children. Since she would lose her benefits on remarriage, she would enter the marriage hat in hand, something she refused to do.

By the time her children were grown, she was again considering remarriage; however, she was now over 40. She remembers that a funny thing happened as a result of all her years alone—she became self-supporting but also independent, and out of necessity, solitary. She was no longer willing to make the necessary compromises or changes that a marriage would require. Some years later, surviving spouses obtained the right to remarry after age 57 (later, age 55) without losing DIC. Unfortunately, she feels that this change came too late for her, as by then she was totally unmarriageable. Her inability to remarry still haunts her to this day, as she reflects on how disappointed her husband would be, wondering if her failure to remarry reflected how she felt about their marriage.

Maggie's story powerfully illustrates the profound impact of the current remarriage penalty on surviving military spouses. This outdated policy forces an impossible choice between financial stability and the chance to find love again, often shaping entire lives in the process.

America must honor the enduring sacrifices of our fallen heroes and their families. By passing this legislation, we can ensure that surviving spouses are not penalized for moving forward with their lives. We can fulfill the wishes of service members like Captain Peterson, who hoped for their spouses to find happiness again. This legislation is a testament to our nation's values and our commitment to military families. It acknowledges that our gratitude and support should be unconditional and lasting. Let us send a clear message that we stand by our military families, honoring their sacrifices not just in words but in meaningful action that allows them to build the futures they deserve.

In the words of Reverand Warnock: *"The men and women in our military serve our country courageously—and their spouses serve our country, too. If one of our heroes loses their life in the line of duty, we should honor our servicemember's sacrifice by ensuring their spouse can retain survivor benefits if they choose to remarry."*

Gold Star Spouses of America, Inc.

Gold Star Spouses of America is a national nonprofit organization dedicated to supporting the surviving spouses of military service members and veterans who have made the ultimate sacrifice in defense of our country. Our mission is to provide meaningful support, advocacy, education, and a sense of community for Gold Star families. Through our programs, we work to ensure that the needs of these spouses and their families are heard, addressed, and prioritized by policymakers at the federal, state, and local levels.

GSSA is listed as an approved resource in the National Resource Directory (NRD.gov).

GSSA is also recognized by the Department of Veterans Affairs for volunteer opportunities within the department's Center for Development and Civic Engagement.

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[i] U.S. Government Accountability Office. *VA MILITARY AND VETERANS' BENEFITS: Analysis of VA Compensation Levels for Survivors of Veterans and Servicemembers*. GAO-10-62. Washington, D.C.: U.S. Government Accountability Office, 2009. https://www.gao.gov/assets/gao-10-62.pdf.
[ii] Ibid

MULTIORGANIZATIONAL STATEMENT FOR THE RECORD

Senate Committee on Veterans' Affairs

Hearing to Consider Pending Legislation

March 11, 2025

by the

Association of VA Psychologist Leaders
National Association of Veterans Affairs Physicians and Dentists
Nurses Organization of Veterans Affairs
Veterans Healthcare Policy Institute

(All are independent organizations, not representing the Department of Veterans Affairs)

Chairman Moran, Ranking Blumenthal, and distinguished members of the committee:

On behalf of our respective organizations, we thank you for inviting us to submit a statement for the record for today's Hearing to Consider Pending Legislation on improving the care and services for veterans. Many members of our organizations are veterans or have family members who are veterans. Many of us have had long careers serving veterans, published papers on veterans' healthcare in peer-reviewed journals, or presented Congressional testimony. In today's statement, we wish to convey our appreciation for your leadership and commitment to ensuring that veterans receive the highest level of health care within the Veterans Health Administration (VHA) and supplementary care in the private sector when it's both needed and authorized by the VHA.

While today's hearing considers 15 bills, we limit our comments to only one of them—S. 275, the "Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act of 2025." We are concerned especially about Section 302 of the bill, which puts ideology before veterans, and in so doing, will imperil their ability to access the full range of health care and services through the VHA system. Modifications are recommended. Otherwise, it may be harmful to veterans because:

1. By granting veterans unfettered access to community care, large sums of funding will be diverted from the VHA to the private sector. This will drain VHA coffers, forcing reductions of VHA staff. Those cutbacks would come on top of the recently announced plan to eliminate 15% of VHA's workforce, leading to **curtailment of in-house programs, and closures of inpatient units, emergency rooms, and entire facilities**.

2. By allowing veterans' access to private sector healthcare without VHA referral or pre-authorization, the VHA's foundational model of integrated healthcare will be replaced.

The VHA healthcare system will transform from its current primary role as a provider of healthcare into a payer for private sector care.

3. In the name of offering more preference and choice, healthcare options will diminish for veterans. Draining VHA funds means that **veterans – especially service-connected veterans who depend on VHA as a provider of high-quality care that is tailored to their needs – will be denied that choice** when their preferred programs and facilities are defunded and close.

4. **This bill will make it difficult for the VHA to continue to collect data and conduct research on veterans' complex health conditions.** Every VHA patient and their electronic health record is available for analysis, which, for decades, has enabled researchers to make impressive big data breakthroughs on veterans' complex healthcare problems. Those innovations will fade if veterans' care becomes scattered across the private sector where there is no dependable way to study veterans. The bill will also jeopardize the critical role the VHA plays in the training of future healthcare professionals. Further, there will be fewer ER and inpatient beds so that the VHA will be unable to fulfill its Fourth Mission as backup for national emergencies.

Below, we elaborate on the ramifications of Section 302, as well as three other sections of important consequence.

Section 302: Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and requirement for pilot program.

This section turbocharges the privatization of the VHA via a pilot program that dramatically alters how veterans access mental health and substance use disorder (SUD) care. It poses an irreversible threat to VHA's survival as an integrated healthcare system.

Veterans would be allowed to receive unfettered Veterans Community Care Program (VCCP) outpatient mental health or SUD care **without VHA referral and pre-authorization**. VHA's primary role would shift to paying invoices. Though initially a pilot program, the bill also mandates that after three-years, the VHA develop measures to make the program universal for all health conditions across the entire VHA.

A comprehensive report released last year by six healthcare experts warned that community care utilization was endangering the VHA. VCCP care has been relentlessly increasing 15-20% year after year, and by 2022, its share of VHA health dollars reached 44%. The report concludes that even if no additional changes are made as to who is eligible to receive private sector care, the VHA system's future is at risk due to this unsustainable growth. Section 302 worsens the very issues that concerned the report's authors. By significantly expanding VCCP eligibility, it accelerates spending and threatens the long-term viability of the VHA.

Eliminating VHA are as the authorizer of care means that over time there will be fewer, not more, options for veterans. When VHA funds are diverted to the private sector, millions of **veterans who depend on the VHA— especially those with service-connected conditions who**

rely exclusively or near exclusively on the VHA for all their health care needs—will be deprived of the freedom to choose the VHA when units and programs they depend on vanish. Many have catastrophic war-related ailments, such as lost limbs, traumatic brain injuries, or a variety of toxic exposures, which civilian providers are ill-equipped to recognize, much less treat.

A recent summary of research confirmed yet again that the quality of care veterans receive from the VHA is as good as or better than what they receive in the community. When the VHA is transformed from primarily providing integrated healthcare to an insurance payer for care, veterans will be deprived of high quality, patient-centered care delivered in a system that has amassed decades of expertise understanding, recognizing, and treating their complex health conditions. In this new insurance system, everything that is indispensable and unique to the VHA will fade–integrated and coordinated team-based care, comprehensive prevention screenings, wrap-around services, veteran-centric specialization, training of providers with veteran expertise, and research on veterans' conditions that helps all Americans. VHA social work connecting patients to veteran-specific follow-up resources for legal, transportation, home health, and housing services would wane. Bypassing VA oversight also eliminates traditional utilization review functions, which would make the care more expensive to taxpayers.

Siphoning VHA funds will also make it nearly impossible to upgrade existing infrastructure required to address the demand for services. That demand is continuing to grow. Between August 2022 and 2024, VHA experienced a 33% increase in enrollment over the previous two-year period. The PACT Act of 2022 alone contributed to an influx of 400,000 newly enrolled veterans with serious toxic exposure-related medical conditions.

We concur with the Disabled American Veterans' written testimony from a February 25, 2025, hearing on the bill in the House Committee on Veterans' Affairs. Specifically, we support their recommendation that "the bill be amended to include a requirement for clinical authorization from the VA for all services provided under the pilot program." Additionally, we align with the Veterans of Foreign Wars' oral testimony, cautioning: "We'd like to warn against reductions in direct VA care in order to maintain these uncoordinated care options."

When community providers are given a blank check from the government without oversight, expensive overtreatment increases. The recent OIG report found that between FY 2022 and FY 2025 VA will improperly pay $325.5 million for 847,800 unauthorized dental procedures performed by community dentists. That $325 million could have been used to hire more dentists to provide the care in-house at lower cost.

Unfettered community care is hugely expensive, and as such, a **CBO score for this section, and others, is urgently needed.**

Section 103: Consideration of veteran preference for care, continuity of care, and need for caregiver or attendant.

This language, for the first time, would allow veterans the option to obtain care in the private sector if they express that's their "*preference*" and it's in their own best interest. The percent of

VHA veterans potentially eligible for the VCCP will increase from ~33% to 100%. The extant standards of the VCCP eligibility standards – travel time to or wait time for a VHA appointment – would become moot.

This stipulation violates the core agreement that went into drafting the VA MISSION Act language. According to the Independent Budget's analysis of the MISSION Act at that time, the "best medical interest" criterion "is to be considered when a veteran's health and/or well-being would be compromised if they were not able to be seen in the community for the requested clinical service. When using this community care eligibility criteria, the ordering provider should include the following considerations: nature or simplicity of service; frequency of service; need for an attendant; and potential for improved continuity of care. '**Best medical interest' is not to be used solely based on convenience or preference of a veteran**" (bold emphasis added).

The proposed legislative language will predictably increase the proportion of VHA funds flowing to the VCCP. For all the reasons noted above, increased spending through the VCCP means that, over time, veterans will lose their preferred VHA options that are shuttered.

Many veterans deeply appreciate the convenience of being referred to community care close to home rather than traveling long distances to VHA facilities. But when they are polled about preserving the VHA system, veterans' priorities are clear. A VFW survey of its members two months ago revealed "overwhelming support for VA to remain the primary deliverer of care for veterans." A prior VFW report involving 10,000 members found that 92% explicitly prefer that the VHA to be "fixed not dismantled."

A Veterans Healthcare Policy Institute report noted that many veterans who live in rural areas will have no choice of care providers should the VHA be turned into an insurance provider. This is due to a long-standing crisis in rural healthcare that now deprives rural residents of primary care, mental health care, as well as access to hospital, emergency, and pharmacy services. Last month, The Center for Healthcare Quality and Payment Reform reported that nearly 200 rural hospitals have folded, and over 700 more–a third of all rural hospitals in the country–are on the brink of collapse.

Section 202: Standardized process to determine eligibility of covered veterans for participation in certain mental health treatment programs.
and
Section 203: Improvements to Department of Veterans Affairs Mental Health Residential Rehabilitation Treatment Programs (RRTPs).
The VA MISSION Act of 2018 mandated uniform quality standards across VHA and VCCP providers, as outlined in Section 104 of § 1703C: "The Secretary shall establish standards for quality regarding hospital care, medical services, and extended care services furnished by the Department pursuant to this title, including through non-Department health care providers pursuant to section 1703 of this title." The phrase "Community Care is VA Care" captures this intended equivalency between these two settings–from provider training to preventative screenings to overall quality of care. Yet, despite this explicit requirement for parity between VA and VCCP services (including Residential Rehabilitation Treatment Programs (RRTPs)), to date that has not occurred.

The ACCESS Act takes small steps to address this gap. It would require community RRTPs to obtain accreditation from either the Commission on Accreditation of Rehabilitation Facilities (CARF) or The Joint Commission (TJC). VHA's operating RRTP standards require accreditation by **both CARF and TJC**. Community RRTPs must have the identical accreditation benchmark so that there is one, not two, standards of care.

The sections require the VA to systematically assess the quality of care delivered by VA and community RRTP providers through several key measures: (1) the extent to which providers deliver evidence-based treatments; (2) clinical outcomes; (3) the ratio of licensed independent practitioners per resident; and (4) the rate at which licensed independent practitioners complete training on military cultural competence.

While we highly commend this attention of quality, there are several problems with this language. First, the language should explicitly **require both VHA and community meet those four quality benchmarks**. The bill contains no such requirement. Second, clinical outcomes should be assessed for veterans at program entry, exit, and six-months post-discharge. Third, the current wording could allow the VA to report only aggregate data, which would significantly limit transparency and accountability for each specific program's performance. Measurement must be at the individual RRTP level. Fourth, there is no required public reporting of the findings. We recommend they be posted on the VA's Access to Care website.

Also, these sections have no mandated utilization review and approval once a veteran enters a VCCP RRTP. The default length of VCCP RRTP stays should not be 90 days, which this section tacitly abets. Regular utilization review by VHA and approval for extended care, as is standard medical practice, should be required.

Further, we applaud the section's requirement for real-time tracking and public reporting of RRTP wait times, for both VHA and community facilities, as it will better empower veterans to make informed healthcare decisions. However, veterans also deserve transparent information about their providers' qualifications, training, and competency in addressing specific health concerns. We recommend that VHA gather and publicly share this information too.

Section 101: Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.

Among its key provisions, this section would prohibit VHA from considering the availability of a telehealth appointment as satisfying the access standards.

We fully support giving veterans who prefer in-person care the option of in-person community care when VHA cannot meet access standards. However, for veterans who seek telehealth appointments, community care telehealth should only be offered if VHA cannot provide telehealth care within the standard timeframe. Such an approach manages resources fairly and effectively.

When establishing the VA MISSION Act eligibility rules, the VHA made a significant oversight: they did not include the availability of VHA telehealth when calculating distance or wait times for care. This was a shortsighted decision that has had serious negative consequences. By not considering telehealth options, the VHA has unnecessarily limited veterans' access to quality healthcare while wasting taxpayer money. Telehealth is a valid means of providing health care to veterans who prefer that option. In a survey of veterans engaged in mental health care, 80% reported that VHA virtual care via video and/or telephone is as helpful or more helpful than in-person services. And yet, because of existing regulations, VHA telemental health does not qualify as access, resulting in hundreds of thousands of visits being outsourced yearly to community practitioners that could be expeditiously and beneficially furnished by VHA clinicians. The best action that Congress can take is to stipulate that VHA telehealth care constitutes "access to treatment." If implemented, this correction would save taxpayers a vast sum—up to 1.1 billion dollars annually according to a VA's September 2022 "*Congressionally Mandated Report: Access to Care Standards.*"

Our organizations are happy to support legislation that encourages the judicious use of the private sector to "support, not supplant" VHA healthcare. We also back legislation that ensures VHA has robust resources needed to care for current and future cohorts of veterans.

We respectfully thank you for the opportunity to provide our perspectives on these essential matters. We look forward to working with the committee to ensure that veterans can receive timely, high-quality compassionate care in the VHA and the community now and in the future.

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STATEMENT FOR THE RECORD

PARALYZED VETERANS OF AMERICA

FOR THE

SENATE VETERANS' AFFAIRS COMMITTEE

ON

PENDING LEGISLATION

MARCH 11, 2025

Chairman Moran, Ranking Member Blumenthal, and members of the committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on some of the pending legislation impacting the Department of Veterans Affairs (VA) that is before the committee. No group of veterans understand the full scope of benefits and care provided by the VA better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D). PVA provides comment on the following bills included in today's hearing.

S. 124, the Restore VA Accountability Act

PVA supports efforts like the Restore VA Accountability Act to ensure proper accountability at all levels of the VA. Throughout the years, there have been unfortunate instances where those serving in leadership positions at the department have failed to fulfill the responsibility of their positions and steps should have been taken to remove them. We believe the VA Secretary should have the ability to remove bad actors from the department; however, we would not support abusing authorities like this proposal to arbitrarily remove competent and capable employees simply as a cost-cutting measure or in furtherance of any discriminatory purpose. If the VA or any other federal agency needs to remove someone from their position, they must follow established procedures designed to protect the rights of workers and the government alike. It also ensures that veterans' access to care and benefits is not harmed due to inappropriate removals of staff who support these crucial services.

S. 201, the Aviator Cancers Examination Study (ACES) Act

PVA supports this bill which directs VA to study cancer incidences and mortality rates among aviators and aircrew who served in the Armed Forces. Pilots and military aircrews tend to have a higher risk of developing certain types of cancers. The ACES Act will help advance research on any correlation between aviator service and cancer rates to better assist veterans and active servicemembers.

S. 275, the Veterans' ACCESS Act

PVA supported the passage of the VA MISSION Act of 2018 (P.L. 115-182), which reformed VA's ability to provide timely access to care and modernize its health care infrastructure. Of particular importance to PVA were the bill's provisions that increased VA's internal capacity to provide care by improving the recruitment, hiring, and retention of highly qualified clinicians; expanded eligibility for VA's Program of Comprehensive Assistance for Family Caregivers; and established a process to address the department's aging health care infrastructure.

While the MISSION Act also allowed greater numbers of veterans to receive care in the community, it was never intended to replace or undermine VA's health care system. Also, PVA firmly believes VA is the best health care provider for disabled veterans, particularly those with catastrophic disabilities. More importantly, our members consistently choose VA's SCI/D system of care, because it provides a coordinated life-long continuum of services that has increased the lifespan of these veterans by decades.

Beyond the loss of use of arms and legs, SCI/D can affect other body systems, including skin, bowel, bladder, and breathing. SCI/D demonstrates the interconnectedness of our body's systems, where damage to one part of the body can affect other aspects of it. Because SCI/D has profound and lasting effects, disrupting both physical and neurological functions, seeing a provider who understands the impact on each body system is a vital necessity. Most community care providers lack the knowledge, expertise, and time to properly understand the impact of SCI/D on body systems. While the overwhelming majority of our members rely on VA's SCI/D system of care, PVA supports the Veterans' ACCESS Act but we offer some thoughts on its individual sections as follows:

Section 101: Although we do not believe codifying access standards would improve veterans' access to care, lower wait times, improve quality, or produce better health outcomes, particularly for veterans with catastrophic disabilities, we do not oppose formalizing the access standards for care received in the community.

Section 102: We support requirements for the VA to notify veterans of their eligibility for care under the Veterans Community Care Program. However, under no instances should a veteran be forced to accept care in the community if they request care at a VA facility.

Section 103: We support the requirement that a veterans' preferences in regard to how, when, and where they receive their care be considered, including whether they require the assistance of a caregiver, whenever they are seeking hospital care, outpatient care, or extended care services. We understand that the veteran's preference is not the sole factor in determining a veteran's access to community care, but it should be part of the consideration. Many of our members require the assistance of a caregiver, and we are pleased to see that recognition included here.

Section 104: We strongly believe that the VA should provide denials in writing not only when requests to access care in the community are denied, but also for all other decisions that affect veterans' access to care.

Section 105: As health care delivery evolves, we believe veterans should be afforded access to telehealth options. Therefore, we support requirements for VA to better inform veterans about telehealth appointment availability, but veterans should not be required to use telehealth if they would prefer an in-person appointment.

Section 106: PVA does not object to extending the deadline for health care entities and providers to submit claims.

Section 202: PVA supports efforts like those described in this section to improve and standardize VA's processes to determine a veteran's eligibility for priority or routine admissions into a covered treatment program.

Section 203: We agree with the intent of this section. However, homogenizing policies and procedures for VA's mental health Residential Rehabilitation Treatment Programs (RRTP) should be carefully thought out, and must include an assessment of its availability within VA's health care system and community health care facilities. Unfortunately, for veterans with SCI/D, such care is non-existent within VA and the community if they require assistance with other health conditions, such as regular bowel and bladder care. It is a well-established fact that depression is strongly associated with poor health outcomes and exposure to higher pain levels often trigger depression among individuals with SCI/D. Having a history of mental illness or substance abuse, current mental illness other than depression, and current abuse of alcohol or illegal substances are also risk factors for depression within the SCI/D community. Substance use disorders are

prevalent and associated with poor outcomes in individuals with SCI/D, with 14 percent of individuals with SCI/D reporting significant alcohol-related problems and 19.3 percent reporting heavy drinking. With its expertise in SCI/D care, the VA is uniquely positioned to provide this level of care for these veterans and should be directed to do so as part of this legislation.

Section 301: We agree that VA should establish an interactive, online self-service module to allow veterans to request and track their appointments and their referrals for VA community care. Any such system, however, must meet disability access standards to ensure veterans with visual, hearing, cognitive, dexterity, and other impairments are able to independently use it.

Section 302: PVA believes that VA-direct care is the best care for veterans who need specialized health care services. However, we support improved access to community outpatient mental health and substance use services for veterans, when appropriate. Any efforts to extend the pilot program in (c), following its completion, must carefully consider any protections that would be required to ensure there is no degradation of care provided in the VA for these or any other conditions on which veterans, including those with the most significant disabilities, rely. VA is a coordinated care system and how expanded access to community care fits into that system must be well thought out. The pilot program at (c) could begin to explore several of these potential issues by including provisions that address elements like whether treated conditions must be service-connected, the veteran's prior use of VA health care, how and whether other payment remedies must be attempted first, defining reasonable values for reimbursement, and setting standards for notifying VA about when community-based care has been scheduled or received. Many of these factors have been established in the statute (38 U.S. Code § 1725) and regulation (38 CFR § 17.120) that govern veteran use of non-VA emergency care facilities.

Based on outreach from our members, most veterans with SCI/D want to receive their care at a VA facility. So, if Congress is sincere about improving access to care, this committee must also take meaningful steps to strengthen VA's internal capacity, in particular, the department's specialized services like SCI/D and blind rehabilitation. Also, there must be meaningful discussions about what can be done to address VA's infrastructure backlog, which was a primary goal of the MISSION Act.

S. 410, the Love Lives On Act

When a military member or veteran dies, their spouse is eligible to receive a number of survivor benefits, but current law strips many of them if the spouse remarries again before age 55. This arbitrary age limit often prevents many surviving spouses from remarrying out of concern for the financial stability of their surviving children. These surviving spouses should be freed from the fear of losing the benefits owed to them through their late spouse's military sacrifice. PVA

supports the Love Lives On Act, which would ensure they retain many benefits from both the VA and the Department of Defense, regardless of their age at the time of remarriage.

S. 478, the Veterans 2nd Amendment Protection Act of 2025

PVA supports the Veterans 2nd Amendment Protection Act. We believe the VA's current practice of reporting veterans who need assistance managing their VA benefits and finances to the FBI's National Instant Criminal Background Check System, without a court of law finding that the veteran is a danger to themselves or others, violates their constitutional rights because of a disability.

S. 601, the Improving Veteran Access to Care Act

PVA supports this bill, which seeks to improve VA's health care scheduling process so that veterans can easily schedule multiple visits at one time by phone or online. Currently, veterans can request appointments for VA-based primary care, mental health, and certain types of specialty care via an online system. They can also schedule some care, including VA-based primary care appointments, by calling VA scheduling numbers. However, many types of VA-based specialty care, such as dermatology, can often only be booked by calling the individual clinic. This effectively means that if a veteran wants to coordinate multiple appointments for one day, they often must call individual clinics, find out what appointments are available in each clinic, write down and cross-reference those available slots, and then call the clinics back and attempt to book at each clinic in a synchronized manner. This time-consuming process places an unnecessary burden on veterans who are trying to access the care they've earned.

S. 601 requires the VA to create an integrated project team which will coordinate efforts with existing VA projects to help create a system that enables VA personnel and patients to view available appointments for all VA-based care; fashions a self-service online scheduling platform that allows VA patients to find and schedule VA health care appointments; and develops a way that VA patients can make a single call to find and schedule VA health care appointments. Implementing such a system would give veterans greater autonomy over their care choices.

S. 610, the Ensuring VetSuccess On Campus

The VetSuccess on Campus (VSOC) program aims to help veterans, servicemembers, and their qualified dependents succeed and thrive through a coordinated delivery of on-campus benefits assistance and counseling, leading to completion of their education and preparing them to enter the labor market in viable careers. Currently, the program is only available at 104 schools so its impact on student veterans is limited.

PVA supports the Ensuring VetSuccess On Campus Act, which would expand the program to ensure at least one VSOC counselor is located at a higher education institution in every state. For campuses that have a VSOC counselor, students have additional support through their academic journey, however, eligibility criteria to get a VSOC counselor is quite strict. By ensuring that each state is required to have at least one VSOC counselor available for student veterans, we build in another level of support to promote student veteran success. PVA urges expansion of the VSOC program, as well as the hiring of additional Veteran Readiness and Education counselors as a means for disabled veterans to find meaningful and lasting employment.

S. 611, the Caring for Survivors Act

Losing a spouse is never easy, but knowing that financial help will be available following the death of a loved one can ease this burden. Dependency and Indemnity Compensation (DIC) is intended to protect against survivor impoverishment after the death of a service-disabled veteran. In 2025, this compensation starts at $1,653.07 per month and increases if the surviving spouse has eligible children who are under age 18. DIC benefits last the entire life of the surviving spouse except in the case of remarriage before reaching 55. For surviving children, DIC benefits last until the age of 18. If the child is still in school, these benefits might go until age 23. The DIC program was established in 1993 and has been minimally adjusted since then. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the civil service retiree's Federal Employees Retirement System or Civil Service Retirement System benefits, up to 55 percent. This difference presents an inequity for survivors of our nation's heroes compared to survivors of federal employees. DIC payments were intended to provide surviving spouses with the means to maintain some semblance of economic stability after the loss of their loved one.

PVA supports the Caring for Survivors Act of 2025, which raises DIC rates to meet the 55 percent threshold. Additionally, current law restricts the DIC benefit for survivors if the veteran was rated at 100 percent for less than ten years before his or her death. This bill reduces the timeframe a veteran needed to be rated totally disabled from 10 to five years which would allow greater numbers of survivors to benefit from this important program.

S. 654, to establish an external provider scheduling program

PVA supports this bill, which requires the VA to establish an external provider scheduling program. The VA's scheduling system is incapable of looking into VA's scheduling appointments system across the span of the VA health care system, as well as contracted community care scheduling systems. Instead, schedulers must send consults to providers, wait for their review and feedback, and then engage in a lengthy process of phone tag between the veteran, VA, and the provider, just to secure one appointment. VA needs a modern scheduling system capable of

allowing VA and community care schedulers to look into VA health care and community care scheduling systems and schedule veterans' appointments in real time.

An External Provider Scheduling (EPS) can streamline the scheduling of both virtual and in-person appointments, and reduce appointment wait times with the goal of ensuring veterans receive the care they need when they need it. We are aware that VA is piloting an EPS program, but it has only been deployed to a few VA medical centers. Making an external provider scheduling system available to all VA medical centers is a step in the right direction, but Congress must provide adequate funding to support an EPS system roll out to each VA medical center.

S. 702, the Veterans Mental Health and Addiction Therapy Quality of Care Act

PVA supports the Veterans Mental Health and Addiction Therapy Quality of Care Act. In order to effectively curb veteran suicide, VA must ensure that the treatment therapies they offer are evidence based and supported by sound research. This legislation authorizes an independent and objective organization outside of the VA to study the department's existing treatment programs to better understand if current practices provide veterans with the best mental health and addiction quality of care.

S. 787, the VetPAC Act of 2025

PVA supports the VetPAC Act. This bill would create a new Veterans Health Administration Policy Advisory Commission (VetPAC) to review the operations of the Veterans Health Administration (VHA) and submit reports and recommendations to Congress. The new commission would focus on improving health care delivery and addressing the challenges within the VHA by looking at critical areas such as technology, staffing, and patient care on a regular basis.

S. 831, the Representing VA with Accuracy (REP VA) Act

PVA supports this effort to provide veterans who live in rural states, such as Alaska and Hawaii, with an in-state call center to improve the quality of information they receive when making health care appointments. All veterans deserve access to earned health care services and this legislation would lead to critical improvements in receiving them.

S. 892, the Veterans Fraud Reimbursement Act

In a July 21, 2021, report, the VA Office of the Inspector General highlighted the significant wait times defrauded veterans in the VA fiduciary program face due to the universal negligence determination requirement. Some veterans even died before seeing their reimbursements. The purpose of the VA Fiduciary Program is to protect beneficiaries who are unable to manage their VA benefits because of injury, disease, advanced age, or if they are under age 18. Studies show veterans are particularly vulnerable to scams, including those perpetrated by someone entrusted

with their care. Too often, we hear about VA-appointed fiduciaries failing to honor the trust given them and illegally misusing veterans' funds for their own personal gain. Unfortunately, not all veterans who have VA-appointed fiduciaries are treated equally under federal law. If a fiduciary misuses a veteran's benefits, the VA will remove the fiduciary, but it can only re-issue stolen benefits to the veteran if the fiduciary manages benefits for ten or more veterans. According to VA, however, 80 percent of beneficiaries have a one-on-one relationship with their fiduciary. The "10 or more" requirement leaves thousands of veterans unable to recoup benefits lost through no fault of their own. PVA supports the Veterans Fraud Reimbursement Act, which makes it easier for veterans with disabilities to be made financially whole by the Veterans Benefits Administration in the event they are defrauded of their benefits.

Discussion Draft, the Veterans' Claims Act of 2025

The Veterans' Claims Act of 2025 would reinstate penalties for charging veterans unauthorized fees by unaccredited attorneys or agents with respect to the preparation, presentation, or prosecution of any claim for benefits. In addition, this bill would amend 38 U.S.C. 5904 to create an avenue to allow agents and attorneys who charge fees for help in the preparation of an initial claim to be accredited.

While PVA is united with other veterans service organizations seeking an equitable resolution to allowing more options for benefits assistance across the country, we have significant concerns with this proposal. For example, section 3, which includes a provision that disallows "for profits" from charging fees on any initial claim that "involves the presumption of service connection for a disease, illness, or disability or the presumption of toxic exposure." This section seems both unreasonable and highly unlikely to be followed. For instance, many veterans file claims for numerous issues at once that could include a mixture of presumptive conditions, musculoskeletal conditions, mental health conditions, and other disabilities. It seems dubious that an organization could disaggregate these issues to choose which could be charged for, leading to the obvious assumption that the veteran might be turned away. In addition, while we appreciate not charging for these conditions, what about those who received a Purple Heart and claims associated with their combat incurred injuries? What about survivors who are applying for DIC? The obvious answer to these questions would be no. PVA believes that not only have these individuals earned the right to have their initial claims worked for free but also that ALL veterans have earned this same right through their service.

Another provision of concern states the Secretary "shall recognize" an individual as an agent or attorney if the Secretary is not able to render a determination within 180 days of receipt of the application for recognition (Sec. 3, page 7). PVA strongly disagrees with this. We believe that the

Secretary should err on the side of *protecting* the *veteran* and not on allowing unvested agents to be temporarily accredited, even if only for 18 months.

Finally, the draft states that the amount of the fee cannot exceed "20 percent of the past due amount of benefits awarded on a claim" (Sec. 3, page 14). PVA understands that this is the current rule for agents and attorneys under 38 C.F.R. 14.636 (h)(1)(i) who are accredited and after an initial decision has been provided by the agency of original jurisdiction. However, PVA notes that this bill does not have a fee cap and are troubled that in many cases the backpay on initial claims can be in the thousands which could potentially lead to the veteran paying thousands of dollars to an organization that helped them file one form. We strongly suggest a fee cap to protect veterans.

Discussion Draft, the Servicemembers and Veterans Empowerment and Support Act

Survivors of military sexual trauma (MST) should not have to face re-traumatization when filing claims for VA benefits. PVA supports the Servicemembers and Veterans Empowerment and Support Act. This legislation would make important, urgently-needed changes to the VA's disability compensation and claims process for MST survivors.

PVA would once again like to thank the committee for the opportunity to submit our views on some of the bills being considered today. We look forward to working with you on this legislation and would be happy to take any questions for the record.

TESTIMONY OF WILLIAM C. TAYLOR, LTC (RET) US ARMY

CO-FOUNDER AND CHIEF OPERATING OFFICER,

VETERANS GUARDIAN VA CLAIM CONSULTING, LLC

SUBMITTED TO THE U.S. SENATE

COMMITTEE ON VETERANS' AFFAIRS'

MARCH 11, 2024

STATEMENT FOR THE RECORD

I. Introduction

Good morning, Chairman Moran, Ranking Member Blumenthal, and Members of the Committee. Thank you allowing me to submit testimony regarding Veterans Guardian's views on important legislation.

My name is William Taylor, and I am co-founder of Veterans Guardian VA Claim Consulting, and a Veteran of the US Army. I am a proud graduate of the United States Military Academy at West Point and retired in 2018 as a Lieutenant Colonel after a 23-year career that included six deployments to Afghanistan, Iraq, and the Balkans, and positions from the platoon to 4-star level staff positions. I am proud to have founded one of the largest veteran owned and operated companies assisting my fellow veterans with their disability claims.

In 2015, as I was considering retiring from the Army, one of the questions that came up was VA disability benefits. I knew little more than that they existed and, like so many in the military, I had heard horror stories about how cumbersome and complicated the process was. I also felt healthy and assumed I probably did not qualify, which I now know was wrong.

Information about claiming VA disability benefits was practically non-existent and difficult to find. Worse still, getting an appointment with a claims representative was even more challenging due to restricted operating hours and limited capacity for the large military population in and around Ft. Bragg. Despite being a senior officer, I struggled with the process, and it took a significant amount of support and advice from knowledgeable friends and colleagues, as well as my own research, for me to submit my claim and navigate the system. But I am glad to say that I was ultimately successful in securing the benefits owed to me for my service.

Unfortunately, I am the exception and not the norm. I realized that if, as a senior officer, I had this much trouble navigating the system, something surely was not right.

That's why I founded Veterans Guardian. I am proud of the work that we do and the way that we do it. Veterans Guardian employs a staff of veterans, spouses of veterans, or spouses of active-duty service members. We have been recognized by the Department of Labor by receiving the HIRE Vets platinum or gold award five years in a row. We have received the BBB Torch Award for Marketplace Ethics in every year since 2020. We were most recently named the Military Family Brands company of the year in 2023. We are the national presenting sponsor for Irreverent Warriors and support more than 60 national and local charities, including support to local chapters of many of the organizations that have also been invited to engage in this important discussion.

II. Veterans Guardian's Mission and Work

Veterans Guardian's mission is to provide the best possible service to our veteran clients to ensure that they receive all the benefits that they are owed based on injuries that occurred during their time of honorable service to our nation. We do that by offering a transparent, effective, and efficient option to help veterans navigate a complex and oftentimes failing system.

We are a complimentary capability to the other services available to veterans, and we make sure that our clients know that. My trained and expert staff inform every veteran that there are free options and services available to them in the form of county and state Veteran Service Officers, the Veteran Service Organizations, and their local Congressional offices. We also connect them directly to these services if they choose.

We are up front about our process and fee structure, and about who we are, and who we are not. We tell our clients that we are not accredited, and our clients acknowledge their understanding of our status as well as the free options available to them when they sign our consulting agreement and the "Your Claim, Your Choice" affidavit. *See Exhibit 1.* Because of these policies, we can be confident that our veterans are choosing to utilize our services from a position of knowledge. In fact, our data shows that over 70 percent of the time, our veteran clients come to us after having used some of the free services at their disposal. That tells me that veterans are not unaware of the free services available to them, they are coming to Veterans Guardian because those free services are not meeting their needs or their standards.

Veterans make a fully informed choice to use our services for a multitude of reasons, including easy access and responsiveness; our experience and knowledge developed and refined over tens of thousands of claims; our specific method, in which experts are involved at each stage of the process; our ability to help develop medical and lay evidence

with a network of independent external doctors; and our competence in developing claims for secondary conditions. Those skills and capabilities translate to results for our veterans. I am proud to say that that we have assisted tens of thousands of veterans with an over 90 percent success rate in an average of 85 days or less. And the veterans themselves have made clear that we are providing an important and necessary service—veterans consistently give us positive reviews and refer their friends, loved-ones, and fellow veterans to us to assist with their claims. In fact, over 50 percent of our new clients each month are referred from previous or current clients. The thousands of positive reviews and direct referrals that we receive are a direct testament to the importance we place on client care. We have also received extensive outside validation for our work, including eleven awards from AMVETS NC, National AMVETS, Department of Labor HIREVETS – Gold and Platinum Medallion awards, the Better Business Bureau – Ethics Awards three years in a row, Military Friendly Employer, and Military Spouse Friendly Employer.

Those accolades reflect what we don't do as well as the services we provide. We don't have doctors on our payroll doing medical exams, nor do we have automated or international call centers. We don't collect any fee unless the veteran achieves an increase in their VA benefits, and we don't have access to a veteran's financial or e-benefits accounts. Any fee that a veteran pays us comes from new benefits we have helped them secure, and no veteran is financially disadvantaged from where they were before they utilized our services. Our veterans are paying a one-time fee for assistance while receiving a lifetime of benefits.

Given the enormous volume of veterans that need assistance, it should be no surprise that there continues to be a backlog of more than 935,000 disabled veterans seeking benefits. Although the VA says otherwise that number proves that the current system is not working. We simply do not have enough representatives or a level of service sufficient to meet the needs of our veterans. To address those shortcomings, we should be giving our veterans more options and more help, not less. In short, veterans should be able to pursue their claims in the manner that best serves them, with full knowledge of all available providers (including county and state employees, VSOs, lawyers, claims agents, and companies like Veterans Guardian) who can assist them at any step in the process.

III. Current Law

There have been many false accusations at both the federal and state level that Veterans Guardian is violating federal law as it is currently constituted. Nothing could be further from the truth. Federal restrictions apply only to those individuals and entities that act as a veteran's "agent or attorney," and Veterans Guardian does not serve in either role.

Section 5901 of title 38 contains the foundational rule of the federal regulatory structure governing claims assistance. It states that "no individual may act *as an agent or attorney* in the preparation, presentation, or prosecution of any claim under laws administered by the [VA] unless such individual has been recognized for such purposes by the Secretary." 38 U.S.C. § 5901(a) (emphasis added). The "agent or attorney" qualifier also appears in the statutory limitation on when fees may be charged for assistance with claims. *See id*. § 5904(c)(1) ("[I]n connection with a proceeding . . . with respect to benefits under laws administered by the Secretary, a fee may not be charged, allowed, or paid *for services of agents and attorneys* with respect to services provided before the date on which a claimant is provided notice of the agency of original jurisdiction's initial decision." emphasis added)). Even the titles of the applicable federal statutes use the phrase: 5901 is labeled "Prohibition against acting *as claims agent or attorney*," and Section 5904 is "Recognition *of agents and attorneys* generally."

Both "agent" and "attorney" should be understood consistent with their common and established meaning. "Attorney" covers those licensed to practice law and serving as the legal counsel to a veteran as he or she pursues a claim for benefits. Only members of the bar satisfy the statutory definition of "attorney." *Cf.* 38 C.F.R. § 14.627(d). Veterans Guardian does not employ attorneys.

The scope of the term "agent" is also straightforward. Authoritative sources define "agency" as "[t]he fiduciary relationship that arises when one person (a 'principal') manifests assent to another person (an 'agent') that the agent shall act on the principal's behalf and subject to the principal's control, and the agent manifests assent or otherwise consents so to act." RESTATEMENT (THIRD) OF AGENCY, § 1.10. "[N]ot all relationships in which one person provides services to another satisfy the definition of agency." *Id.* § 1.10 (Notes: Elements of Agency). Rather, "a relationship of agency always 'contemplates three parties—the principal, the agent, and the third party with whom the agent is to deal.'" *Id*. "[I]f a service provider simply furnishes advice and does not interact with third parties as the representative of the recipient of the advice, the service provider is not acting as an agent." *Id*.

That definition describes Veterans Guardian to a tee. We provide advice to our veteran clients, but we don't file claims for veterans, we don't interact with the VA on the veteran's behalf, and we don't otherwise represent the veteran before the Department. For those reasons, we're not "acting as an agent" under common understandings of that term and thus do not violate federal restrictions on assistance with claims.

We also do not violate statutory restrictions on assignment of benefits. Veterans Guardian never acquires a right to receive our clients' VA benefits, which is what the law

prohibits. *See* 38 U.S.C. § 5301(a). Rather, clients pay us a fee equivalent to five times the increase in monthly benefits obtained using our help. The fact that the amount a veteran pays Veterans Guardian is based on the increase in benefits does not mean that the company acquires the right to receive those benefits either from the VA or the veteran. *See also* RESTATEMENT (SECOND) OF CONTRACTS § 317 (defining "assignment of a right" as "a manifestation of the assignor's intention to transfer it by virtue of which the assignor's right to performance by the obligor is extinguished in whole or in part and the assignee acquires a right to such performance"). A veteran can pay fees to Veterans Guardian out of sources that are completely segregated from benefits distributed by the VA, and, once they start receiving benefits, they can pay our fees in a lump sum or on a flexible schedule that is independent from the VA's payment timeline. In other words, veterans pay a fee for our services, they do not transfer their benefits to us.

IV. S. ___ The Veterans Claims Act of 2025

For the purposes of this testimony, I wanted to make clear we support any and all legislation by Chairman Moran and Ranking Member Blumenthal that supports veterans, improves their daily lives, and reforms the VA so that it can better serve veterans and their families.

In this submission, however, I would like to focus on an area close to my heart and on which my company has been working with lawmakers since 2019–reforming the VA's accreditation process to provide safeguards to protect veterans from bad practices and allow companies like mine to continue operating under a reformed accreditation system.

I want to express my gratitude to Chairman Moran and Ranking Member Blumenthal and their staffs for working so hard on S. ___ *The Veterans Claims Act of 2025* (the draft bill) and similar pieces of proposed legislation over the years. I also want to thank Sen. Boozman for his efforts in this space. While we sometimes disagree on the specific approach, I know that we all share a commitment to protecting veterans from bad practices. The draft bill is an excellent development in those long-running efforts. It is a departure from previous legislation, specifically the GUARD Act, and in that respect represents an important step forward.

In particular, we are pleased that the draft bill would open the accreditation system to for-fee service providers who assist with initial claims. We recognize that a change of this nature has generated questions among stakeholders and I would like to take this opportunity to address some concerns raised.

The Role of VSOs (Free Services): Will allowing fee-based services will undermine VSOs or divert veterans from free help?

No. The draft bill would allow for-fee service providers to complement VSOs, not compete with them. The draft bill explicitly requires that veterans be informed of VSO options before signing any agreement. In my experience, VSOs and private consultants share a common mission – reaching as many veterans as possible and securing the benefits they deserve. VSOs do incredible work but often face staffing and resource limitations, especially with surges in claims. Many veterans try the VSO route first – indeed, over 70 percent of Veterans Guardian's clients came to us after first trying other free options – and some find they need additional help or a different approach. By allowing accredited businesses to assist those veterans, we free up VSOs to focus on those who prefer a VSO or who have fewer complex claims, thereby reducing overall strain on the system.

It's also worth noting that major VSOs have shown support for this approach when done right: a representative of the Veterans of Foreign Wars (VFW) testified that "if a company is able to be accredited… then they are part of VA oversight, and the VFW would support that." In other words, bringing currently unregulated actors into an accredited, accountable framework is something even VSOs see as positive. The goal of these changes is not to pit VSOs against private consultants, but to create an "all hands-on deck" environment where any capable, ethical party can contribute to better outcomes for veterans, under uniform standards. Veterans who want VSOs will continue to use them (and they'll be reminded of that option), and veterans who prefer to hire help with their initial claims will finally be able to do so within the regulated system. Choice is itself a benefit to veterans, and I trust veterans to decide what is best for their own circumstances. Congress can support them by making sure all choices are good ones – the draft bill does that by holding every provider to a high standard.

Ensuring Veterans Are Not Exploited: Will the draft bill lead to veterans being exploited?

Again, no. Many have expressed concern that, if we open the door to fee-based claims services, bad actors could exploit veterans for profit. I share this concern deeply; as a veteran and an advocate, nothing angers me more than those who prey on my brothers and sisters in arms. However, I believe the draft bill is a step forward in combatting exploitation, not the cause of it. By bringing unaccredited services into the regulated sphere, the draft bill shuts down predatory actors or forces them to play by the rules. Moreover, the VA's Office of General Counsel will have authority to go after unaccredited violators and to suspend or disbar any accredited agent who violates the rules. In short, bad actors will finally face consequences under this law.

Equally important, the draft bill elevates the standards for those who do participate: training, testing, and oversight for accredited agents will ensure veterans receive competent help, not misinformation. My company and other reputable firms welcome these protections – we want to compete on a level playing field of integrity and results. Protecting veterans is the whole point of our business. As I noted in prior testimony, "expanded pathways for accreditation" coupled with "enhanced oversight against bad practices" means veterans get the best of both worlds: more choice and more protection. Veterans will be able to tell the difference – and the many organizations who have endorsed reforms like this agree it strikes the right balance of expanding access while clamping down on abuse.

Despite the excellent direction of the draft bill, there are a few areas where we believe moderate changes could improve it, resulting in legislation that better protects veterans while allowing companies like mine to become accredited and continue to operate.

Specifically, we suggest changes to address the following three issues:

First, the draft bill prohibits compensation based on a future benefits increase, which would make Veterans Guardian's existing fee structure illegal. Veterans Guardian charges an industry-standard fee of five times the monthly benefits increase, paid only after a veteran starts receiving benefits. Veterans Guardian focuses on getting claims right the first time and most clients receive an increase within 85 days—often in less than 30 days. Because of the speed at which their claims are processed, Veterans Guardian clients typically receive little or no backpay. Legislating that fees must be charged based on backpay will disincentivize providers from getting a claim right at the outset and could force companies and individuals that work on initial claims out of business if they cannot economically sustain a transition to a backpay-based fee model. We recommend amending the draft bill to recognize that compensation for services on initial claims can responsibility be charged based on future benefits increases.

Second, the draft bill prohibits compensation for services rendered with respect to a claim if the disability is based on toxic exposure and is presumed to be service connected. Although we appreciate the intent behind this provision, we are concerned that it would exempt too many claims from for-fee assistance and complicate veterans' ability to secure benefits. It is important to recognize that even presumed service-connected disabilities can be complex and may require significant work to prove. If veterans pursuing such claims are unable to pay for assistance, they are deprived of the choice among providers and may struggle to obtain the benefits owed to them. Moreover, the provision could result in complicated situations in which for-fee service providers are working on some, but not all, of a veteran's claims. Accordingly, we recommend reworking this provision to

narrow the category of claims for which compensated services are unavailable, perhaps to those made in a veteran's first year following separation from the military when all conditions are presumed service connected.

Third, the draft bill prohibits the Secretary from denying recognition of an agent or attorney "solely because the individual was not in compliance with the provisions" of section 5904 previously. To be clear, we strongly endorse ensuring in any new legislation that the Secretary cannot deny accreditation because a person previously provided claims assistance outside of the then-existing regulatory scheme. But, as written, the draft bill could be read to suggest that such assistance was illegal, which is inaccurate. As described above, Veterans Guardian's services are fully compliant with existing law. Accordingly, we recommend amending the language to omit the suggestion that service providers were "not in compliance" with the law prior to enactment of the draft bill. The language could, for example, simply state that an application for accreditation cannot be denied "solely because the individual charged a claimant a fee for services rendered in the preparation, presentation, or prosecution of initial claims or charged a claimant a fee for such services while such individual was not recognized by the Secretary."

We would welcome the opportunity to work with you and your staff to make changes to the draft that would address those three concerns. Although less pressing, we highlight below some other provisions we believe would benefit from additional work in drafting.

- The draft bill prohibits an agent or attorney who assists a claimant with an initial claim from accepting compensation for assisting with an appeal and also prohibits a firm from assisting with a supplemental claim if another agent or attorney from the same organization assisted with the claim underlying that supplemental claim. These provisions seem to assume that, if a claim needs to be appealed or a supplemental claim needs to be filed, it is because the original agent or attorney did not do good work and neither they nor their organization should not continue on the case. But claims can be denied for myriad reasons, including error on the part of the VA. Forcing a claimant to use a new agent or attorney or firm to file a supplemental claim or appeal is inefficient and could discourage claimants from pursuing what ultimately might be meritorious claims.

- The draft bill permits the Secretary to revoke a conditional accreditation and bar the agent or attorney for five years in the event that the person violates a law or regulation administered by the Secretary during his or her probationary period. While we agree there should be appropriate punishment for misbehavior during the probationary period, the penalties here can be imposed absent notice or an opportunity to be heard. We suggest including those due-process safeguards to

ensure that providers are not subject to revocation and bars based on incomplete or inaccurate information.

- The draft bill allows the Secretary to charge an assessment in connection with an application for accreditation without any upward limit. We suggest including a "not to exceed" cap to cabin the Secretary's discretion to ensure that the assessment cannot become a barrier to entry.

- The draft bill prohibits compensation for services rendered in connection with a supplemental claim if the claim could have been filed as a continuous claim but was not "due to delay on the part of the agent or attorney." We suggest adding a qualifying word, such as "negligent" or "unreasonable" before "delay" to avoid the prospect that providers are not compensated in circumstances where the delay was not due to any mistake or wrongdoing on their part.

V. Conclusion

In closing, the draft bill represents a thoughtful, bipartisan solution to a pressing problem. It is pro-veteran, pro-choice, and pro-accountability. This bill doesn't ask veterans to do anything different – it asks us, as a nation, to do better by them. It acknowledges that the status quo forces too many veterans to fend for themselves or fall into the hands of unscrupulous players, and it corrects that by allowing veterans to get the help they choose with proper protections in place. It also helps align the VA system for the 21st century, where information is plentiful, but guidance is often scarce. By passing the draft bill, or similar legislation, Congress will affirm veterans' right to competent representation at every step of the claims process and help to ensure that they promptly receive the benefits they have earned through their honorable service to the nation.

Attachments:

Exhibit 1: Veterans Guardian Proclamation, The Veteran's Right to Choose, Your Claim, Your Choice.

VETERANS GUARDIAN PROCLAMATION

THE VETERAN'S RIGHT TO CHOOSE

Your Claim, Your Choice

Veterans Guardian VA Claim Consulting * 75 Trotter Hills Circle * Pinehurst, North Carolina 28374

I, _____, acknowledge that there are free services available to veterans to support the filing of claims for Veterans Administration (VA) benefits and for the services that Veterans Guardian will provide.

_____ I understand that I have the option to utilize the free services provided by entities such as the VA, National Service Organizations (e.g. VFW, DAV), Local Service Organizations, State Sponsored Veteran Service Officers, Local US Congressional office staff (where applicable), and/or the paid services of VA accredited agents or lawyers.

_____ I understand that utilization of Veterans Guardian consulting services is not required to submit a claim for VA benefits and I may achieve a positive VA benefit claim outcome with any of the free services or organizations.

_____ I understand that the Veterans Administration provides a search tool to find representatives who may assist with filing VA claims free of charge. I also understand that by choosing Veterans Guardian, I will receive enhanced assistance and a high level of service from dedicated and specialized professionals serving an organization with proven results.

_____ I understand that Veterans Guardian is not an accredited agent or entity recognized by the Department of Veteran Affairs and is not affiliated with the Department of Veterans Affairs in any way.

_____ I understand that this is a contingent based fee model whereby payment is only required upon successful completion of a claim and that the fee is not to exceed five times any monetary pay increase.

_____ I understand that if successful, I will be given the option to pay the final calculated fee in a lump sum, or over a 5 or 10 month period. I also acknowledge that custom payment plans are available in exceptional circumstances.

By signing this acknowledgement, I am certifying that I am aware of free services available and that I have exhausted all the free services or I have determined that the free services do not meet my personal needs. I am also certifying that I am choosing to use Veterans Guardian VA Claim Consulting, a contingent fee based pre-filing agency, to provide consulting services and that I will submit the claim to the VA on my own behalf.

Thank you for your service in support of a grateful Nation and thank you for your trust in Veterans Guardian.

Veteran Owned - Veteran Operated...The way it should be.