



2025 Mid-Winter Conference

Benefits Protection Team
Legislative Workshop

February 23, 2025



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LEGISLATIVE DEPARTMENT

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National Legislative Interim Committee

- Al Labelle, Chairman (WI)
- Trent Dilks (MN)
- Gerald "J.R." Wilson (CA)
- Jacqueline Tyes (SC)



Legislative Advocacy (2024)

- DAV departments submitted **567 resolutions/36 states**
- **255 resolutions adopted** by delegates in 2024
- There were **50 DAV Resolutions** included in legislation
- DAV supporters sent over **626,000 emails** to Congress
- **14 Public Laws** were enacted on veteran issues

Legislative Victories For Veterans

Second Session 118th Congress

In 2024 DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for veterans to include:

- P.L. 118-130—Veterans' COLA Act
- P.L. 118-196—Veterans Benefits Improvement Act
- P.L. 118-210—E. Dole 21st Century Veterans Healthcare and Benefits Improvement Act
- P.L. 118-124—Veterans Affairs Medical Facility Authorization Act

The Victories for Veterans 118th Congress Second Session is available on the advocacy section of DAV's website.

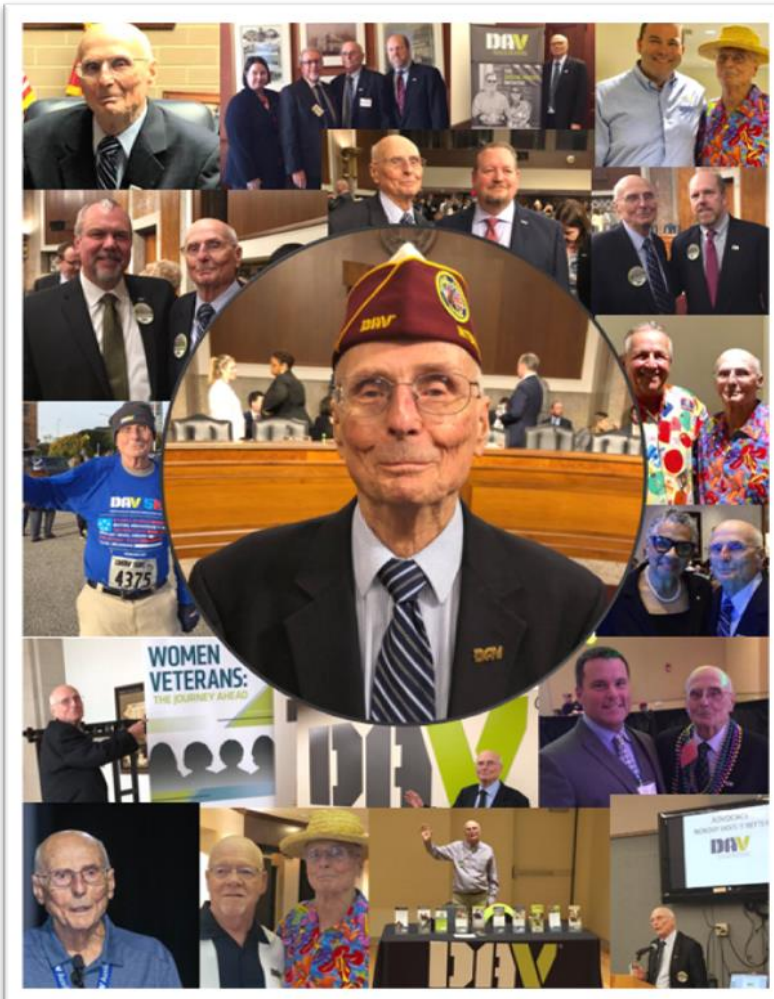
Outstanding Performance In Advocacy OPA Award Winners

- Division I – Department of VA: BPTL **Shamala Capizzi**
- Division II – Department of MN: BPTL **Trent Dilks**
- Division III – Department of WI: BPTL **Al Labelle**
- Division IV – Department of NE: BPTL **Jim Shuey**
- Division V – Department of NH: BPTL **Richard Borrazas**



Special Announcement

Lifetime Achievement Award



In recognition of your exceptional legislative advocacy efforts and contributions on behalf of our nations ill and injured veterans.

Al Labelle

Department of Wisconsin

119th Congress

Senate Veterans' Committee

Republicans (10)

Jerry Moran (KS) Chairman

Jim Banks (IN)	Tim Sheehy (MT)
Marsha Blackburn (TN)	Dan Sullivan (AK)
John Boozman (AR)	Thom Tillis (NC)
Bill Cassidy (LA)	Tommy Tuberville (AL)
Kevin Cramer (ND)	

Democrats (9)

Richard Blumenthal (CT) Ranking Member

Maggie Hassan (NH)	Ruben Gallego (AZ)
Mazie Hirono (HI)	Elissa Slotkin (MI)
Tammy Duckworth (IL)	Angus King (I-ME)
Patty Murray (WA)	Bernie Sanders (I-VT)
Angus King (I-ME)	

119th Congress

House Veterans' Committee

Republicans (14)

Mike Bost (IL) Chairman

Tom Barrett (MI)	Nancy Mace (SC)
Jack Bergman (MI)	Mariannette Miller-Meeks (IA)
Juan Ciscomani (AZ)	Greg Murphy (NC)
Abe Hamadeh (AZ)	Amata Radewagen (AS)
Jen Kiggans (VA)	Keith Self (TX)
Kimberlyn King-Hinds (MP)	Derrick Van Orden (WI)
Morgan Luttrell (TX)	

Democrats (11)

Mark Takano (CA) Ranking Member

Julia Brownley (CA)	Timothy Kennedy (NY)
Nikki Budzinski (IL)	Morgan McGarvey (KY)
Sheila Cherfilus-McCormick (FL)	Kelly Morrison (MN)
Herb Conaway (NJ)	Chris Pappas (NH)
Maxine Dexter (OR)	Delia Ramirez (IL)

New Administration – New VA Leadership



Douglas A. Collins

Confirmed as VA Secretary
February 5, 2025



DAV 2025 Critical Policy Goals

- Strengthen presumptive policies to ensure toxic-exposed veterans receive their earned benefits in a timely manner
- Eliminate gaps in mental health care and suicide prevention with a focus on gender-tailored care
- Prevent congress or VA from reducing, offsetting, or taxing benefits for service-disabled veterans
- Modernize and strengthen benefits for survivors of disabled veterans

DAV 2025 Critical Policy Goals

- Expand comprehensive dental care services to all service-disabled veterans
- Enhance long-term care for service-disabled veterans by providing assisted living care and increasing support to caregivers
- Sustain the VA health care system by reforming VA infrastructure planning and funding mechanisms
- Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut veterans funding

Reminder

■ Handouts:

- 2025 Critical Policy Goals (full/condensed versions)
- Independent Budget for FY 2026-2027
- Women Veterans: The Journey to Mental Wellness
- Ending the Wait for Toxic-Exposed Veterans
- Guidelines for a successful congressional meeting
- 2024-2025 DAV Resolution Book available online

■ PowerPoints:

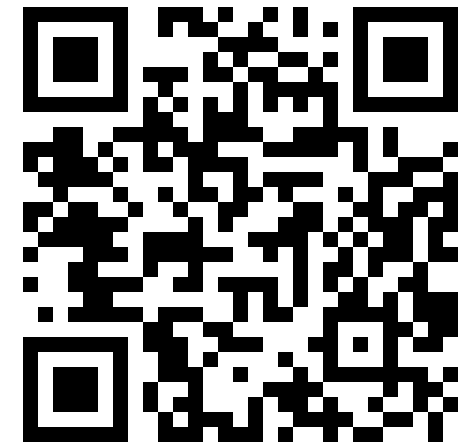
- Will be posted at www.dav.org under **Events/Mid-Winter 2025**



Legislative Resources

Advocacy Efforts For 2025

- Make appointments with your elected officials when you return home
- Please provide lawmakers with a copy of:
 - DAV Critical Policy Goals
 - The Independent Budget for FY 2026-2027
 - Women Veterans: Journey to Mental Wellness
 - Ending the Wait for Toxic-Exposed Veterans
- **Congressional Meeting Feedback Forms** are online at: davcan.org (select Meeting with Congress)



DAV CAN

Presentation of DAV's Legislative Program

Tuesday, February 25th

10:00 a.m.

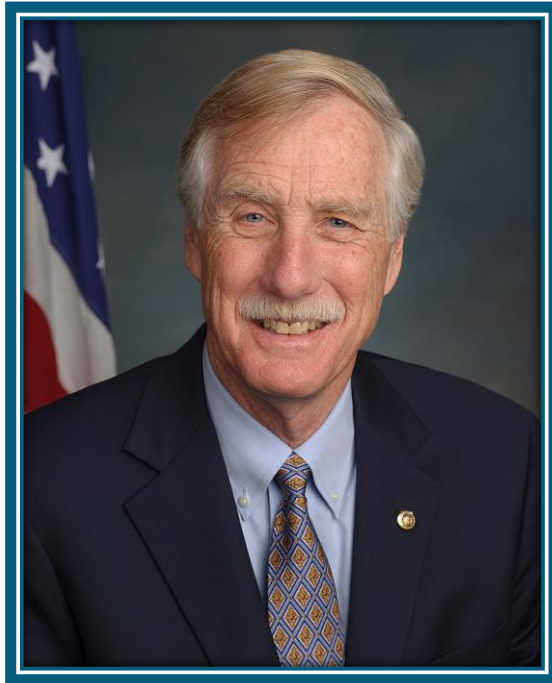
Cannon House Office Building

Room 390



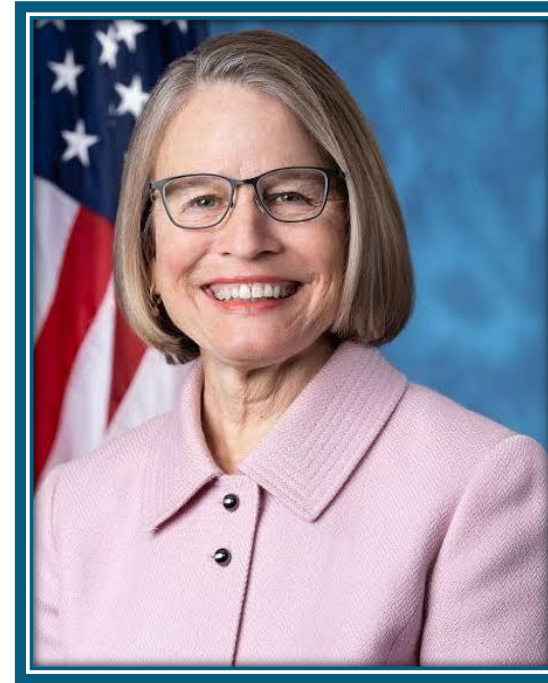
Daniel Contreras
National Commander

Advocacy Award Presentation



Senator Angus S. King Jr.

DAV 2025 Senate Legislator of the Year



Representative Mariannette Miller-Meeks

DAV 2025 House Legislator of the Year



Thank You!

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Strengthen Presumptive Policies for Toxic- Exposed Veterans

February 23, 2025

A Post-PACT Act Blueprint for Reforming The VA Presumptive Process



Ending the Wait for
**TOXIC-EXPOSED
VETERANS**

A post-PACT Act blueprint for reforming
the VA presumptive process



PHOTOS BY (LEFT TO RIGHT): US ARMY, VIA WIKIMEDIA COMMONS; TECH. SGT. DAVID MCLEOD/U.S. AIR FORCE; SGT. ANTHONY L. ORTIZ/U.S. MARINE CORPS

Average Time

More than 30 years

Average time from the **first exposure** to the establishment of a **presumptive**.

A CENTURY OF MILITARY TOXIC EXPOSURES AND PRESUMPTIVES

Military toxic exposures have been part of warfare for thousands of years; however, the modern history of toxic exposures dates back to World War I when there was the first wide-scale usage of chemical weapons. For over a century, American service members have been exposed to dozens of toxic substances, both while deployed abroad and stationed at home. In response, Congress has passed laws and the VA has enacted regulations to create presumptives that make it easier for veterans to access health care and benefits; however, it can take many years from the time of the exposure to the creation of a presumptive.

BLACK AND WHITE PHOTOS COURTESY OF NATIONAL ARCHIVES

EXPOSURES

Chemical Warfare

The first large-scale use of chemical weapons occurred during World War I, when mustard gas, tear gas and chlorine were utilized, resulting in more than 1 million casualties, including an estimated 72,000 American service members.



Fort McClellan Toxins

Opened during World War I, Fort McClellan, Alabama, hosted the Army's Chemical Corps for decades, before finally closing in 1999. The VA has noted that potential toxic exposures may have included radioactive compounds, chemical warfare agents and airborne PCBs.



Mustard Gas Testing

During World War II, more than 60,000 service members were involved in military testing on the effects of mustard gas and lewisite exposure, as well as the effectiveness of new equipment to protect against these toxins.



Camp Lejeune

For almost four decades, service members and civilians living or working at Marine Corps Base Camp Lejeune, North Carolina, were exposed to drinking water contaminated with industrial solvents, benzene and other chemicals.

Atomic Veterans

Following the atomic bomb detonations at Hiroshima and Nagasaki, more than 250,000 service members were involved in cleanup and occupation activities in Japan. Over the next two decades, 400,000 more service members were exposed to atmospheric nuclear tests.

Agent Orange

Approximately 20 million gallons of herbicides—including Agent Orange—were sprayed over Vietnam, Cambodia and Laos between 1962 and 1971 to defoliate the jungles, exposing millions of service members to dioxin and other toxins in Agent Orange.



PFAS-Contaminated Water

PFAS, known as "forever chemicals," have been used by the military in firefighting foams on bases for decades. PFAS is also found in many other military, industrial and household products potentially contaminating water on over 700 military bases.

Persian Gulf War (PGW) Exposures

Millions of PGW veterans were exposed to oil-well fires, depleted uranium, insecticides, burn pits and possibly nerve agents, as well as sand and dust particles.



Burn Pits and Airborne Hazards

During the first Gulf War, and in the post-9/11 wars, millions of service members were exposed to toxic fumes from open-air burn pits that contained jet fuel, paints and solvents, petroleum, munitions and unexploded ordnance, and medical and human waste.

K2 Toxins

Over 15,000 service members were deployed to Karshi-Khanabad, known as K2, a former Soviet air base in Uzbekistan, and were exposed to enriched and depleted uranium, asbestos, jet fuel and lead-based paint.

Persian Gulf War
1990 to 1991

Afghanistan & Iraq Wars
2001 to 2021

PRESUMPTIVES

World War I
1917 to 1918

Chronic Diseases & Chronic Constitutional Diseases (1921)

Following World War I, the federal Veterans' Bureau—precursor to the VA—established the first presumptives for "chronic diseases," including tuberculosis and neuropsychiatric disease, as well as "chronic constitutional diseases," including anemia, diabetes and leukemia.

World War II
1941 to 1945

Tropical Diseases (1945)

Following World War II, the Veterans Administration created a presumptive for "tropical diseases," which initially included malaria, a disease contracted by many service members who served in the Pacific theater, and was later expanded to include cholera, dysentery and yellow fever.

Korean War
1950 to 1953

Former Prisoners of War (1970)

Congress passed legislation (P.L. 91-376) creating a new presumptive for former prisoners of war who served during World War II and the Korean and Vietnam wars, which initially covered beriberi, malnutrition, psychosis and five other diseases.

Vietnam War
1962 to 1973

Atomic Veterans (1985)

The Veterans Administration promulgated regulations to create a presumptive for "atomic veterans" involved in the cleanup and occupation of Hiroshima and Nagasaki, Japan, and later expanded it to include service members involved in atmospheric nuclear testing and other radiation risk activities.

Agent Orange Act of 1991

Congress created a presumptive for exposure to Agent Orange for veterans who later became ill with cancers and other diseases. The law also created a new process to evaluate additional diseases using independent assessments from the Institute of Medicine.

Persian Gulf War Benefits Act of 1998

Congress established a presumptive for Gulf War veterans suffering from common symptoms but unknown conditions. The VA later added "undiagnosed illness," "chronic multisymptom illness," and "chronic fatigue syndrome" to the presumptive.

Camp Lejeune Contaminated Water (2017)

The VA promulgated regulations creating a new presumptive for service members stationed at Camp Lejeune between 1953 and 1987. It included Parkinson's disease and seven cancers.

Honoring our PACT Act of 2022

The PACT Act provided the largest expansion of health care and benefits for toxic-exposed veterans in a generation. It created a new presumptive for burn pits and other airborne hazards for veterans of the first Gulf War and the post-9/11 wars in Afghanistan and Iraq.

The Honoring Our PACT Act of 2022

- The PACT Act provided the largest expansion of health care and benefits for toxic-exposed veterans in a generation.
- The PACT Act created legal presumptions for dozens of diseases and illnesses that were related to burn pits and other toxic exposures.
- However, the PACT Act did not cover all toxic-exposed veterans nor did it fix the process so that future veterans would not be left waiting.



The Toxic Challenge

Due to the nature of toxic exposures it makes it extremely difficult for veterans to prove that an exposure happened and caused an illness.

Report Findings

This flawed system is due in part to a weak legal framework that does not clearly mandate when or how the VA should acknowledge toxic exposures, further investigate an exposure or recognize related health conditions.

Strengthen Legal Framework for Establishing Presumptives

- Timeline
- Evidentiary Thresholds
- Decision Points
- Triggers
- Transparency & Accountability
- Benefit of the Doubt & (Relative) Equipoise



Recommendations



Expand Scientific Understanding of Toxic Exposures

- DOD Environmental Hazard Monitoring & Information Sharing
- Federal Research & Collaboration on Toxic Exposures
- Permanent Role for NASEM
- Stakeholder Advisory Committee

Recommendations



Eliminate Legal and Fiscal Barriers

- PAYGO and Budget Caps
- Seamless Transition & Record Sharing

Thank You!

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End the Wait for Toxic Exposed Veterans



Eliminate Gaps in Mental Health Care & Suicide Prevention With a Focus on Gender-Tailored Care

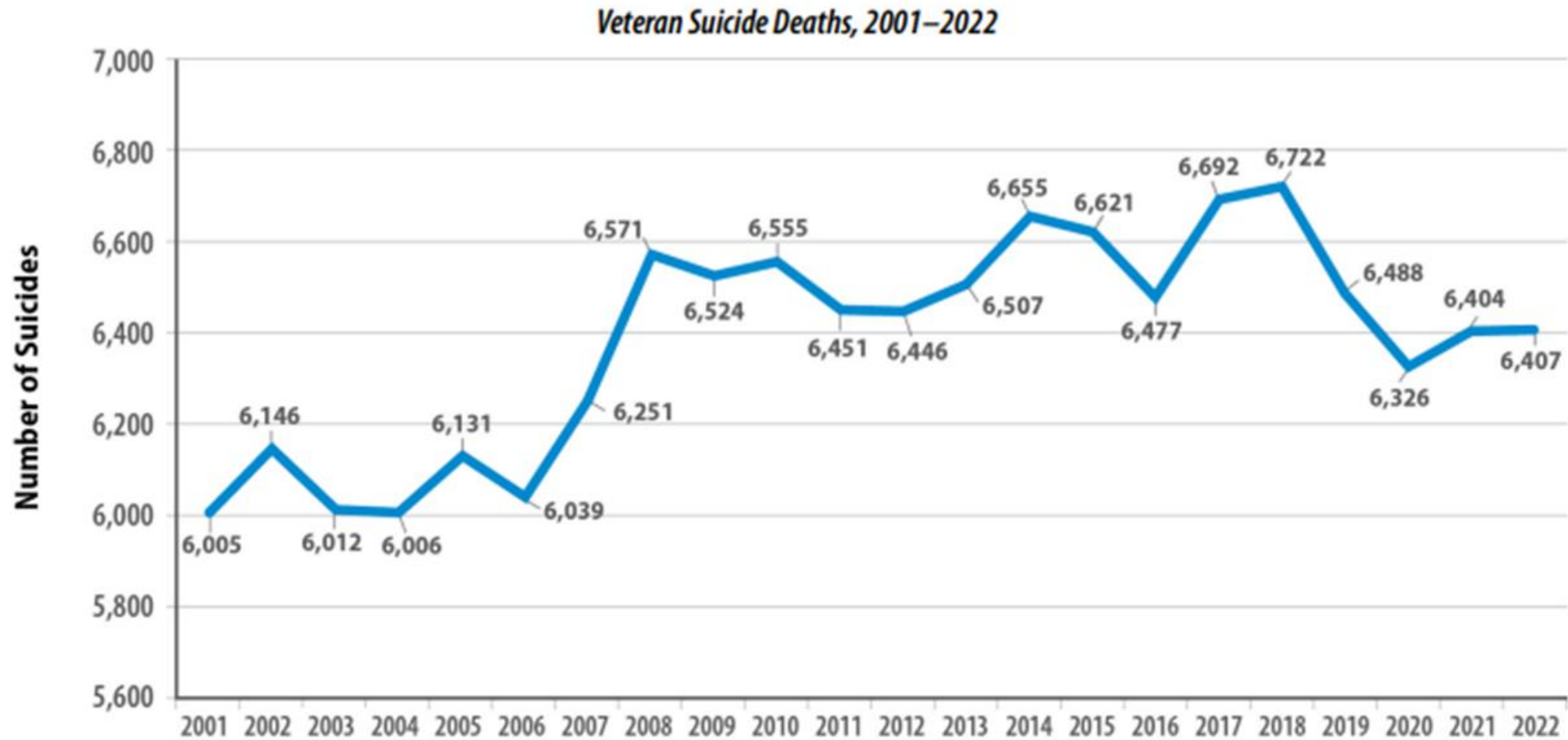
February 23, 2025

Critical Policy Goal Recommendations

DAV urges Congress/VA to:

- Revise its suicide predictor model, specifically MST and intimate partner violence.
- Amend its contracts with community care providers to *require* those who treat veterans to be trained in suicide prevention & lethal means safety counseling and trained in trauma-informed care practices.
 - Alternatively, Congress could mandate such training.

What's at Stake?



What Is VA Doing?

- The Department of Veterans Affairs Veterans Health Administration is a recognized leader in suicide prevention.
- The VA also provides wrap-around supportive services to address:
 - care coordination
 - case management
 - social determinants such as employment, housing and vocational training



Reduce Rates of Suicide Among Veterans

Expand resources for mental health services to strengthen and improve VA's suicide prevention efforts.

Women Veterans

Women veterans experience unique challenges that can put them at greater risk for suicide, including:



Military sexual trauma (MST)

Among veterans enrolled in the VA, **1 in 3** women report experiencing MST.



Intimate partner violence

Nearly **1 in 5** women veterans using VA primary care reported experiencing intimate partner violence in the past year.



Substance use disorder

The risk of suicide death among women veterans with active substance use disorder is **more than twice** what it is for men.



Pregnancy

During pregnancy and **up to one year** after giving birth can be a time of increased risk for a mental health diagnosis and suicidality.*

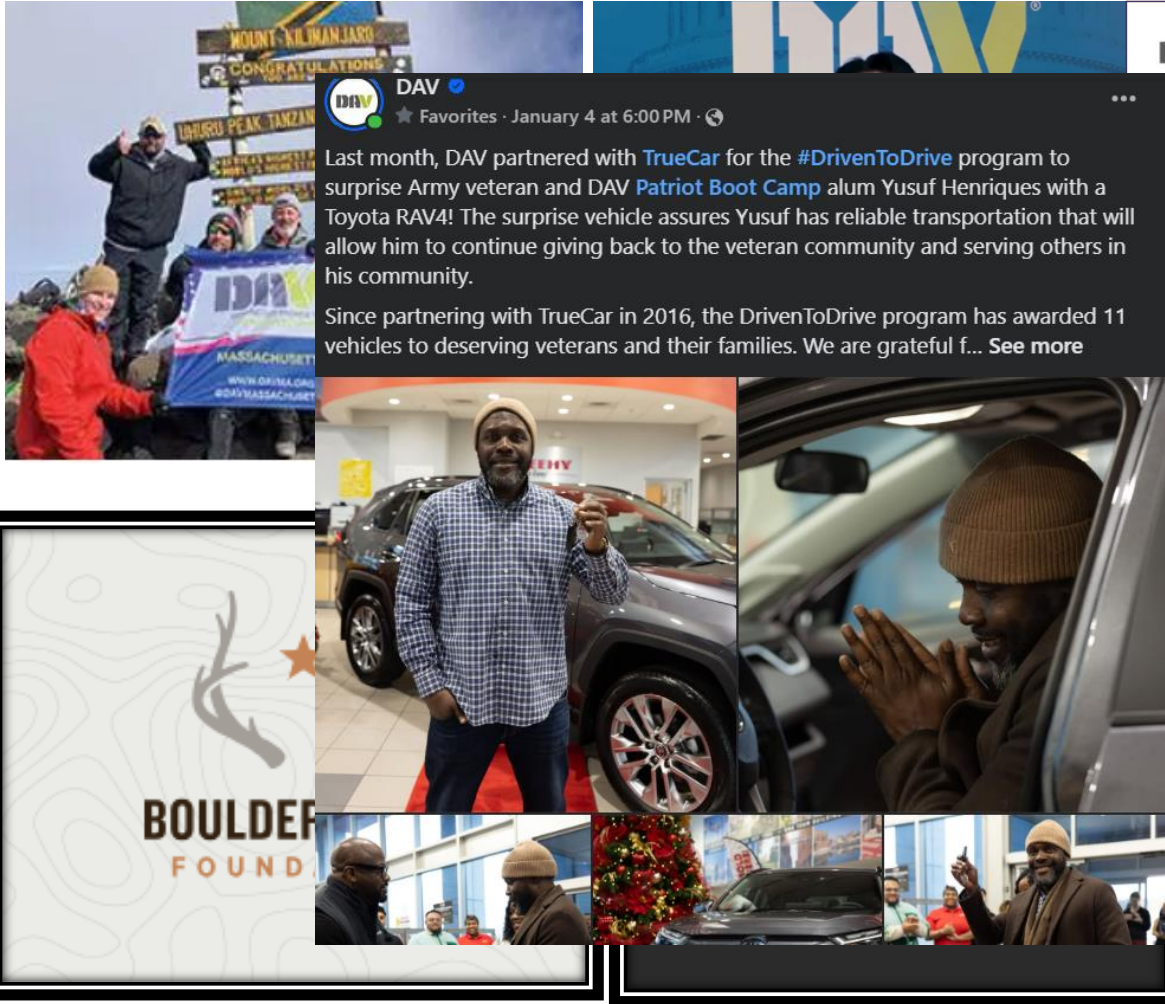
* In women patients with a prior mental health diagnosis.



Menopause

Menopause has been shown to raise the risk for depression twofold and corresponds to the **highest rates of suicide** among U.S. women.

What Is DAV Doing?



DAV Favorites · January 4 at 6:00 PM · 🌐

Last month, DAV partnered with [TrueCar](#) for the [#DrivenToDrive](#) program to surprise Army veteran and DAV [Patriot Boot Camp](#) alum Yusuf Henriques with a Toyota RAV4! The surprise vehicle assures Yusuf has reliable transportation that will allow him to continue giving back to the veteran community and serving others in his community.

Since partnering with TrueCar in 2016, the DrivenToDrive program has awarded 11 vehicles to deserving veterans and their families. We are grateful f... [See more](#)

DAV (Disabled American Vete... 165,212 followers 1h · 🌐

st 15 years ago, efforts to mitigate firearm suicide ere virtually nonexistent. Today, members of the earns community now actively collaborate ...more

Women Veterans:
THE JOURNEY TO MENTAL WELLNESS

health and tailored care



Fund Lethal-Means Safety Efforts

- Approximately 74% of male veteran suicide deaths and more than 45% of female veteran suicide deaths are by firearms.
- Multifaceted campaign in partnership with the National Shooting Sports Foundation.
- Still more work to do.



Veteran Firearm Suicide In 2022



of **Veteran suicides** were by firearm.



Firearm suicide rate among male Veterans was **69.6%** **higher** than male non-Veterans.



Firearm suicide rate among female Veterans was **144.4%** **higher** than female non-Veterans.

From **2021** to **2022**, the percentage of Veteran suicides that involved firearms **increased by 7.1%**.

A large, solid teal arrow pointing upwards, with the percentage '7.1%' written in white inside the arrow's shaft.

7.1%

Improve Specialized Programs and Services Critical To Preventing Suicide

- Increased risk with specific substance use disorders.
- Increased suicide by those not using mental health or substance use disorder services.
- REACH-VET (Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment) program.



Increase Staffing Levels of VA Mental Health Providers

- 91 (out of 139) VA facilities identified with a severe shortage of psychologists.
- 73 facilities identified with a severe shortage of psychiatrists.



Improve Clinical Competence of Providers In VA Community Care Network

- Veterans who received Community Care services had higher suicide rates than those who received VHA direct care.
- Community care providers should be required to complete suicide prevention training and lethal-means safety counseling as required for VA providers.

Veterans Crisis Line



Veterans
Crisis Line

DIAL 988 then PRESS 1

Critical Policy Goal Recommendations

DAV urges Congress/VA to:

- VA should revise its suicide predictor model to include MST and intimate partner violence.
- VA should amend its contracts with community care providers to *require* training in suicide prevention, lethal means safety counseling and trauma-informed care practices.
 - Alternatively, Congress could mandate such training.

Thank You!

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Women Veterans Report



Preventing Congress or VA from Reducing, Offsetting or Taxing Veterans Benefits

February 23, 2025

Critical Policy Goal Recommendations

DAV Urges Congress to:

- Remove prohibition on concurrent receipt.
- Remove the pay back requirement for special separation pay.
- Maintain Total Disability for Individual Unemployability (TDIU).
- End the proposals of taxing compensation payments.
- End proposals of reducing or phasing out disability compensation.

Remove Restrictions on Concurrent Receipt

- Medical and longevity retirees who have a rating of 40% or lower have their retired pay reduced, equal to the amount of compensation received.
- DAV supports legislation to repeal the offset between military longevity retired pay and VA disability compensation.
- We will continue our joint advocacy efforts with our VSO and MSO partners to accomplish this goal.

119th Congress Bills DAV Support

- **H.R. 303, the Retired Pay Restoration Act**, would allow concurrent receipt for longevity retirees rated at less than 50%.
- **H.R. 333, the Disabled Veterans Tax Termination Act**, would allow concurrent receipt for any veteran rated at less than 50% and who was discharged under chapter 61 with less than 20 years of service.

Remove Pay Back Requirement for Special Separation Pay

- Special separation pay is provided to those who exit military service early whether it is by their own decision or unavoidable situations.
- Veterans who receive disability compensation must stop this payment until they have fully repaid their separation pay.



End Proposals of Reducing or Phasing Out Disability Compensation

The Congressional Budget Office (CBO) report of December 2024 and Project 2025 report include recommendations of taxation, reduction and elimination of VA benefits.

DAV opposes any recommendation or legislation to tax, reduce or eliminate any veterans' benefits.

End Proposals of Reducing or Phasing Out Disability Compensation

- Eliminate TDIU rating at age 67.
- Taxing VA disability compensation.
- Remove 10 and 20 percent disability ratings.
- Reduce VA disability compensation across the board including by use of MEANS testing.

DAV's Position

- We support legislation eliminating offsets of military retirement or separation pay against VA disability compensation.
- We strongly oppose any attempts to reduce, offset or tax any veterans' benefits.

Thank You!

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Take Action on DAV CAN



Modernize and Strengthen Benefits for Survivors

February 23, 2025

Critical Policy Goal Recommendations

- Dependency and Indemnity Compensation (DIC) parity.
- Graduated benefit for survivors.
- Elimination of the remarriage age penalty.

DIC Parity

- DIC is a benefit paid to surviving spouses of service members who die in the line of duty or of veterans whose death is due to a service-related injury or disease.
- DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their loved ones.



DIC Parity

- The rate of DIC payments has only been minimally adjusted since 1993.
- DIC payments are approximately 41% of compensation for a 100% service-disabled veteran with a spouse.



DIC Parity

- Veteran surviving spouses eligible for DIC should have parity with federal civil service retiree survivors and receive 55% of their veteran's disability compensation rate.
- The increase to DIC payments would equate to approximately \$6,860 more per year.



DIC Parity

- 2025 VA disability compensation rate for a 100% service-connected veteran with a spouse is \$4,045.
- The basic DIC benefit for a surviving spouse of a veteran in 2025 is \$1,653 per month, which is approximately **41%** of \$4,045!

DIC 10 Year Rule

If a veteran dies before they reach 10 years as a 100% totally disabled veteran, the surviving spouse does not automatically qualify for DIC benefit.

Proposed Graduated DIC Benefits Scale

If the veteran was totally disabled for 5 years, the surviving spouse would receive 50% of the DIC rate

- 6 years = 60%
- 7 years = 70%
- 8 years = 80%
- 9 years = 90%
- 10 years = 100%

Eliminate the Remarriage Age

- Currently, if a surviving spouse in receipt of DIC benefits remarries before the age of 55, they lose their entitlement to DIC benefits.
- Eliminate the remarriage age penalty for a surviving spouse.

ELIMINATED

Critical Policy Goal Recommendations

DAV urges Congress to:

- Grant DIC parity.
- Establish a graduated DIC benefit for survivors.
- Eliminate the remarriage age penalty.

Thank You!

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Take Action on DAV CAN



Expand Comprehensive Dental Care Services To All Service-Disabled Veterans

February 23, 2025

Critical Policy Goal Recommendations

DAV urges Congress/VA to:

- Enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans.
- Provide funding to increase the number of VA dentists and other oral clinicians, open new dental clinics and expand treatment space in VA health care facilities.
- Work with its community care networks to increase the availability of dentist and other oral health care specialists to improve access across the country.

VHA Care System Model – Whole Health

VA health care system model treats the whole health of the veteran by providing holistic, integrated and preventative medical services.

However, the lack of dental care represents a critical gap in VA's health care coverage.



Dental Benefits Program Eligibility

- Service-connected for a dental disability.
- Service-connected combined 100% P&T or TDIU.
- Former prisoner of war.
- Enrolled in Veteran Readiness and Employment (VRE).
- Homeless residential rehabilitation program.
- 180 days of discharge from active duty.



Veteran Dental Care Facts

- Roughly 85% of VHA enrollees do not have dental benefits through VA.
- FY 2024 - 806,000 veterans were provided dental care.
- Nearly 24% of veterans live in rural areas.
- Veterans pay 65% more in out-of-pocket dental costs.
- Lack of dental care affects other medical conditions.
- Ongoing dental care needs after military service.



Support

H.R. 210, the Dental Care for Veterans Act of 2025

- This bill would mandate that the VA provide dental care to veterans in the same manner as other medical services.
- DAV CAN actions taken 7,817 (as of 2/19/25).

Critical Policy Goal Recommendations

DAV urges Congress/VA to:

- Enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans.
- Provide funding to increase the number of VA dentists and other oral clinicians, open new dental clinics and expand treatment space in VA health care facilities.
- Work with its community care networks to increase the availability of dentist and other oral health care specialists to improve access across the country.

Thank You!

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Take Action on DAV CAN



Enhance Long-Term Care for
Service-Disabled Veterans by
Providing Assisted Living Care
and Increasing Support to
Their Caregivers

February 23, 2025

Critical Policy Goal Recommendations

DAV urges Congress / VA to:

- Offer assisted living care options for service-disabled veterans – including VA-operated; State Veteran Homes, and contracted community options – as an alternative to skilled nursing care.
- Establish graduated care facilities, allowing veterans to transition smoothly from independent living to assisted living to nursing home.
- Provide comprehensive resources for caregivers, including respite care, training, and financial assistance.

Aging Population

- Estimated 8.3M veterans aged 65+ out of 18M total veterans.
 - 4.9M veterans are 75+.
 - 1.3M veterans are 85+.
- In 10 years, veterans aged 85+ will increase by 33%.
 - Women veterans aged 85+ could more than double.
- Aging trend strains health care infrastructure for long-term care.
- Growing number of service-disabled veterans rated 50% and 60%.

Current Access

The VA offers various long-term care programs, from intensive bed-based care to home and community-based options. Programs include:

- **Homemaker and Home Health Aide Care;**
- **Home Based Primary Care;**
- **Skilled Home Health Care;**
- **Respite Care;**
- **Medical Foster Care;**
- **Adult Day Health Care; and**
- **Caregiver Support Program.**

For more comprehensive care:

VA-operated Community Living Centers (CLCs)

State Veteran Homes (SVHs); or

Contracted Community Nursing Homes.

Current Facilities

VA's Geriatric and Extended Care program offers a wide range of long-term supports and services through:

- 134 VA-operated Community Living Centers;
- 165 VA-supported State Veterans Homes; and
- Hundreds of community-based skilled nursing facilities under contract with the VA.

Care Capacity

- VA provides care to approximately 9,000 veterans each day.
- VA supports approximately 40,000 long-term care beds.
- Address the specialized care needs of veterans with traumatic brain injury and spinal cord injuries.
- Community nursing homes lack specialization and face significant challenges.

Filling Gaps

Fill care gaps for veterans who do not need institutional care.

- Assisted living care
- Semi-independent living with meals
- Housekeeping
- Medication management
- Assistance with daily activities

Caregivers Support

- Caregivers help veterans stay at home longer.
- Support programs reduce stress and improve relationships.
- Integrating assisted living and caregiver support fills a gap in VA care.
- DAV Caregivers Support connects to public and private resources.

Critical Policy Goal Recommendations

- Offer assisted living care options for service-disabled veterans – including VA-operated; State Veteran Homes, and contracted community options – as an alternative to skilled nursing care.
- Establish graduated care facilities, allowing veterans to transition smoothly from independent living to assisted living to nursing home.
- Provide comprehensive resources for caregivers, including respite care, training, and financial assistance.

Thank You!

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Deputy National Legislative Director for Health

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Take Action on DAV CAN



Sustain the VA Health Care System by Reforming Infrastructure Planning and Funding Mechanisms

February 23, 2025

VA Health Care System Overview

- 1,380 health care facilities, including 170 VA Medical Centers and 1,193 outpatient sites of care
- Over 9.1 million enrollees, 127.5 million health care appointments, representing a 6% increase over 2023 record
- Over 470,000 employees, BUT still staffing shortages
- Veteran trust in VA health care has reached an all-time high of 92%

VA Health Care System Overview

- Increased Community Care Use - Longer Wait Times, Lower Quality Of Care.
- VA Must Be Primary Provider & Coordinator Of Care.
 - **9** consecutive quarters, VA provided higher-quality of care versus private sector.
 - Average **VA appointment** wait times (May 2024): **22** days (primary care), **17** days (mental health).
 - Average **community care** appointment: wait times are **20** days (primary/mental health), **28** days (specialty).
- Increase VA's Internal Capacity to Provide Care.

Vacancies and Staffing Shortages

- Accelerate Recruitment & Retention Efforts
- Continue Hiring and Expedite & Onboarding



Independent Budget (IB) Health Care Infrastructure Recommendations



Strategic Capital Investment Planning (SCIP) estimates VA needs \$86.7 billion over 10 years.

- \$49.7 billion over 10 years for Major Construction projects, \$4.97 billion per year.
- \$37 billion over 10 years for Minor Construction projects, \$3.7 billion each year.

IB Health Care Infrastructure Recommendations



Congress must boost funding and implement robust planning, budgeting, management and oversight reforms to effectively tackle these persistent issues.

IT & Electronic Health Record Modernization (EHRM) Update

- 6 VA medical centers, 25 clinics, and 104 remote services now use the new federal EHR.
- VA will restart pre-deployment activities in FY 2025.
- The VA plans to deploy its EHRM system to four Michigan facilities in mid-2026.



IT & EHRM Accountability and Oversight

- Rigorous oversight of VA's new EHR system.
- Ensure patient care, safety & other mission critical work, including research.

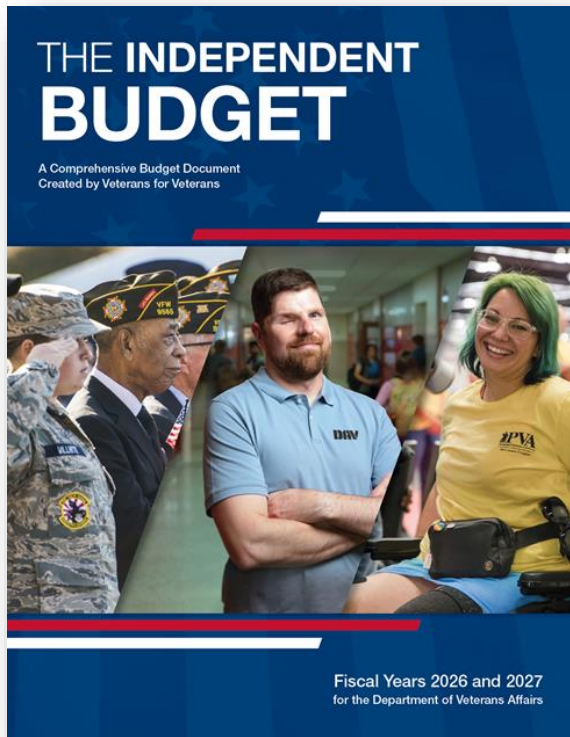


Expand Access to VA Care Through Telehealth



- Expansion of the VA's telehealth emergency management program is needed,
- Increase the number of VA urgent care centers incorporating telehealth.

IB FY 2026-2027



- Total IB Recommendation: \$194.8 billion (+9.4%)
- Increase VA Total Medical Care by 4.6% to \$167.5 billion
 - + \$1.3 billion for new enrollees & users
 - + \$1.4 billion to fill vacancies
 - + \$2 billion for long-term care
 - + \$1.45 billion for pharmacy
- Increase VA Medical & Prosthetic Research
 - to \$1.2 billion
- Increase Major Construction by 260% to \$9.9 billion



IB Report

IB FY 2026-2027

- VBA = \$6.5 billion (+20%)
- NCA = \$620 million (+25%)
- BVA (Board) = \$295.7 million (+22%)
- Dental Care Expansion = \$531 million
- VA Research = \$1.2 billion (+26%)





Thank You!

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