



# 2024 Mid-Winter Conference

Benefits Protection Team/Legislative Workshop

March 8, 2024



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# 2023-2024 NATIONAL LEGISLATIVE INTERIM COMMITTEE

- Al Labelle, Chairman (WI)
- Trent Dilks (MN)
- W. Lee Gidden (OH)
- Gerald “J.R.” Wilson (CA)



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## 2023 LEGISLATIVE ADVOCACY

- DAV departments submitted **520 resolutions/36 states**
- **241 resolutions adopted** by delegates at the 2023 DAV national convention
- There were **66 DAV Resolutions** included in legislation
- DAV supporters sent over **668,000 emails** to Congress
- Benefits Protection Team Leaders participated in **18 educational training** sessions

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# LEGISLATIVE VICTORIES FOR VETERANS

FIRST SESSION 118<sup>TH</sup> CONGRESS

In **2023** DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for ill and injured veterans to include:

- **PL 118-6**—Veterans' Compensation Cost-of-Living Adjustment Act of 2023
- **PL 118-8**—FY 2023 Veterans Affairs Major Medical Facility Authorization Act
- **PL 118-19**—Extending the eligibility for various VA programs and benefits
- **PL 118-21**—Wounded Warrior Access Act

# OUTSTANDING PERFORMANCE IN ADVOCACY 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 DE: BPTL **Paul Lardizzone**



**DAV**

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# DAV 2024 CRITICAL POLICY GOALS

- Correct inequities for veterans receiving compensation benefits and provide parity in benefits for survivors
- Ensure the faithful implementation of the the PACT Act and address gaps in toxic exposure benefits
- Establish equity in VA care, services and benefits for women, LGBTQ+ and minority veterans
- Provide a full spectrum of long-term care options for service-disabled and aging veterans
- Bolster mental health resources to ensure reduction of veteran suicides
- Expand the VA's capacity to deliver timely, high-quality health care to veterans

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- **Handouts:**

- 2024 Critical Policy Goals
- *Independent Budget* recommendations for FY 2025
- 2024 *Women Veterans: The Journey to Mental Wellness*
- Guidelines for successful congressional meeting
- Election Year Dos and Don'ts



- **Power Points:**

- Will be posted at [www.dav.org](http://www.dav.org) under Events/ Mid-Winter 2024
- 2023-2024 DAV Legislative Program (resolutions) book available on-line

<https://www.dav.org/about-dav/legislation/>





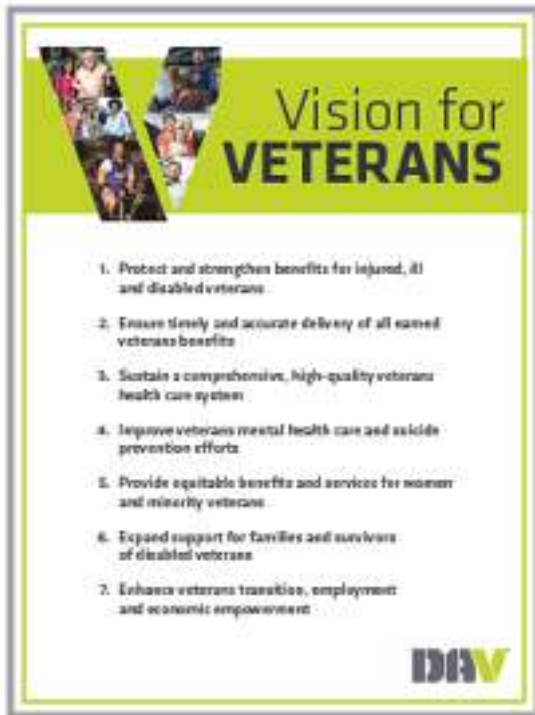
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## ADVOCACY EFFORTS FOR 2024

- 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 2025
  - *Women Veterans: Journey to Mental Wellness*

**Congressional Meeting Feedback Forms** are on-line at:  
[dav.quorum.us](http://dav.quorum.us). (select Meeting with Congress)

# Vision for Veterans for the 119<sup>th</sup> Congress



- Modeled on DAV's 2020 *Vision for Veterans* campaign to contact all incumbents and challengers for federal office.
- Goal is to get commitments for legislative action items that the new 119<sup>th</sup> Congress can implement beginning next year.
- DAV's BPTL's will work in states to secure support from current and potential new Members of House and Senate.
- DAV communications and social media activities will support BPTL grassroots efforts.

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# DOS & DON'TS FOR ELECTION SEASON

- **DO** get involved in forums and town hall meetings
- **DO** invite candidates to talk about veterans issues
- **DO** educate candidates on issues impacting ill and injured veterans
- **DON'T** support or oppose a candidate in the name of DAV
- **DON'T** give the appearance of supporting a candidate by wearing DAV gear
- **DON'T** forget to review DAV's national resolutions


*Thank You!*

**JOY J. ILEM**

National Legislative Director

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# Correct Inequities and Provide Parity in Compensation Benefits for Veterans and Survivors

Marquis D. Barefield  
Assistant National Legislative Director  
March 8, 2024

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## CRITICAL POLICY GOALS

DAV urges Congress to:

1. Allow receipt of earned compensation and military payments without offsets
2. Provide parity for survivors receiving Dependency and Indemnity Compensation (DIC)

## ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

DAV urges Congress to:

Enact legislation to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired veterans.



# ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

H.R. 1282/S. 344

The Major Richard Star Act



**DAV**



ALLOW RECEIPT OF EARNED COMPENSATION AND  
MILITARY PAYMENTS WITHOUT OFFSETS



H.R. 333  
Disabled Veterans Tax  
Termination Act



## ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

DAV urges Congress to:

Afford justice for veterans by enacting legislation that allows them to keep military separation payments based on their service, which differs from VA disability compensation.



# ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS



H.R.3489  
Restore Veterans'  
Compensation Act



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## PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

DAV urges Congress to:

Enact legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.

PROVIDE PARITY FOR SURVIVORS RECEIVING  
DEPENDENCY AND INDEMNITY COMPENSATION

S. 414/H.R. 1083

Caring for Survivors Act



**DAV**

## PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

- The rate of DIC payments has only been minimally adjusted since 1993.
- In contrast, monthly benefits for survivors of federal civil service retirees are up to 55%.
- DIC payments are approximately 41% of compensation for a 100% service-disabled veteran with a spouse.



## PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

This difference presents an inequity for survivors of our nation's heroes compared with survivors of federal employees.



# PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

S. 1266/H.R. 3651

The Love Lives On Act



**DAV**



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## CRITICAL POLICY GOALS

DAV urges Congress to:

1. Allow receipt of earned compensation and military payments without offsets.
2. Provide parity for survivors receiving Dependency and Indemnity Compensation (DIC).


*Thank You!*

**MARQUIS D. BAREFIELD**

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# Implement the PACT Act & Address Gaps in Toxic Exposure Benefits

Shane Liermann  
Deputy National Legislative Director

March 8, 2024

## Critical Policy Goal

DAV urges Congress to:

1. Monitor the implementation of the PACT Act
2. Recognize exposures and related diseases at K2
3. Provide parity for radiation exposed veterans and remove the dose estimate requirement
4. Recognizing Exposures and Diseases associated with PFAS

# Monitor the Implementation of the PACT Act

It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims impact the overall workload, how many are approved or denied and why.

# Monitor the Implementation of the PACT Act

In the first year of the PACT Act:

- VA received 900,000 claims
- VA decided 476,000
- Average days pending = 154



# Monitor the Implementation of the PACT Act



## Updated data as of March 1

- VA received 1.4 million claims
- VA decided over 1 million claims
- Average days pending = 161

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## Congress must

- Congress must continue to conduct oversight of all PACT Act related claims, as well as requiring that VA provide data on claims granted and denied, quality of exams and processing, and transparency regarding quality assurance.





## **Recognize Exposures & Diseases at K2**

The Department of Defense knew that service members there were exposed to these dangerous toxins, and a 2015 U.S. Army study found that K2 veterans have a 500% greater chance of developing certain cancers.

# Recognize Exposures & Diseases at K2



More than 15,000 service members exposed:

- Chemical weapons
- Radioactive depleted uranium
- Jet fuel and petroleum products
- 400 other chemical compounds

# Recognize Exposures & Diseases at K2

VA has still not recognized the other toxic exposures and potential diseases unique to K2.



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## Congress must

- Enact legislation that concedes exposure to radiation, jet fuel and chemical weapons at K2, and provide for studies and recognize presumptive diseases related thereto.



# Provide Parity for Radiation Exposed Veterans



VA requires not only proof of the veteran's onsite participation, but also radiation dose estimates from the Defense Threat Reduction Agency and then a medical opinion if that dose estimate caused the claimed presumptive disease.

# Provide Parity for Radiation Exposed Veterans

The Department of Justice Radiation Exposure Claims Act (RECA) program establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American southwest.



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## Congress must

- Enact H.R. 4566, the PRESUME Act to remove the VA dose estimate requirement for radiation exposure.



# Recognize PFAS Exposures & Diseases



Perfluoroalkyl and polyfluoroalkyl substances (PFAS) are man-made chemicals with at least one fully fluorinated carbon atom.



# Recognize PFAS Exposures & Diseases

According to DOD data, more than 700 U.S. military sites are known or likely to have discharged PFAS, into the drinking water.



# Recognize PFAS Exposures & Diseases

## CDC & NASEM

- increased risk of kidney cancer.
- increased risk of breast cancer;
  - liver cancer
- increased risk of testicular cancer
  - thyroid disease and dysfunction
- and increased risk of ulcerative colitis.

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## Congress must

- Enact H.R. 4249 and S. 2294, the Veterans Exposed to Toxic PFAS Act, or the VET PFAS Act, to add presumptive diseases for PFAS exposure and to provide health care for veterans and their families.



## Critical Policy Goal

DAV urges Congress to:

1. Monitor the implementation of the PACT Act
2. Recognize exposures and related diseases at K2
3. Enact H.R. 4566, the PRESUME Act
4. Enact H.R. 4249/S. 2294, the VET PFAS Act


*Thank You!*

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# 2024 Mid-Winter Conference

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## Women Veterans: **THE JOURNEY TO MENTAL WELLNESS**

Supporting women veterans' mental health and  
preventing suicide through gender-tailored care

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March 8, 2024



# 2023

## National Veteran Suicide Prevention Annual Report

VA Suicide Prevention  
Office of Mental Health and Suicide Prevention  
November 2023



# WHAT'S AT STAKE

Women veterans are dying by suicide at an alarming rate compared with their male and civilian counterparts.

Suicide rate among women veterans  
between 2020 and 2021:

**↑ 24.1%**

Nearly 4X higher than the 6.3% increase among male veterans and vastly higher than the 2.6% increase among nonveteran women

**2X**

more likely than male veterans to attempt suicide

**3X**

more likely than nonveteran women to choose a firearm as means of suicide

More than

**50%**

of deaths for women veterans are by self-inflicted firearm injury



# THE CHALLENGES

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.<sup>4</sup>

<sup>4</sup> 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.



## THE GAPS

**The report found numerous gaps in mental health care and understanding related to women veterans, including:**

- **Screenings:** Evidence shows a significant number of false negative screens for MST, a known risk factor for suicide among many women veterans.
- **Intervention:** The VA's innovative model to predict suicidality and intervene with high-risk veterans uses male veterans as its baseline and does not consider MST.
- **Access:** According to the VA, 1 in 4 women veterans live in rural areas, and rural veterans face significant barriers to accessing health care.
- **Gender-specific care:** The VA reports that only about 13 residential rehabilitation centers nationwide provide gender-exclusive care and services.



## THE GAPS

- **Training:** Community care providers are not required to be trained in suicide risk identification and intervention or lethal-means safety counseling.
- **Understanding:** The impact of reproductive life stages on mental health and suicide risk among women veterans is woefully understudied and not well defined.
- **Awareness:** Many women veterans say they did not even know they were eligible for VA health care or were unaware of the resources available to them, including mental health care and other VA benefits.



## THE SOLUTIONS

**DAV makes over 50 policy and legislative recommendations which include the following:**

- MST should be a central pillar of suicide prevention efforts within the VA, and the VA must ensure veterans are effectively screened or rescreened for MST.
- Similar to 988 for veterans in crisis, the Department of Health and Human Services should create a three-digit number, with a veteran option, for the National Domestic Violence Hotline (800-799-7233).
- The VA must revise its model for predicting suicidality to incorporate risk factors weighted for women veterans.



## THE SOLUTIONS

- The VA must develop targeted solutions to bridge gaps for the provision of mental health care services in rural communities.
- The VA should assess the need to increase gender-specific programming in residential rehabilitation programs.
- The VA must require that providers in the VA Community Care Network be trained in suicide prevention and lethal-means safety counseling.
- VA and non-VA experts in menopausal women's health should collaborate to explore a research agenda on the related threads of menopause and suicide.

## Kickoff event was held on Capitol Hill on February 27!

- **Joy Ilem**, DAV National Legislative Director, Moderator
- **Elizabeth Yano**, Ph.D., MSPH—Director, Center for the Study of Healthcare Innovation, Implementation and Policy, VA Greater Los Angeles Healthcare System
- **Susan Strickland**, Ph.D., LCSW—Associate director, Research and Evaluation, VA Office of Mental Health and Suicide Prevention
- **Lindsey Monteith**, Ph.D.—Principal investigator, VA Rocky Mountain Mental Illness Research, Education and Clinical Center for Suicide Prevention
- **Jennifer Alvarado**—Navy veteran featured in DAV report



**Thank you for your support!**

**Naomi Mathis**

Assistant National Legislative Director

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**womenveterans.org**





Provide a full spectrum of  
long-term care options for  
service-disabled and aging  
veterans

Jon Retzer

Assistant National Legislative Director

March 8, 2024



## Critical Policy Goal

DAV urges Congress / VA to:

- Increase veterans' access to long-term care
- Modernize and expand VA Community Living Centers and State Veterans Homes to meet the specialized needs
- Expand home- and community-based care services
- Improve the program of Comprehensive Assistance for Family Caregivers

## VA Program Of Geriatric And Extended Care

The Department of Veterans Affairs program of Geriatric and Extended Care includes a broad range of long-term supports and services for aging and disabled veterans.

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



## VA Geriatric And Extended Care Services

All enrolled veterans are eligible for service at home and in the community, which is part of the VA medical benefits package:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>■ Home Based Primary Care</li><li>■ Veteran-directed Care</li><li>■ Adult Day Health Care</li><li>■ Respite Care</li><li>■ Telehealth</li></ul> | <ul style="list-style-type: none"><li>■ Offering Homemaker And Home Health Aide Care</li><li>■ Skilled Home Health Care</li><li>■ Palliative Care</li><li>■ Hospice Care</li></ul> |
|---|--|

## Geriatric Extended Care Challenges

The VA faces three key challenges meeting the growing demand for long-term care:

- Workforce shortages,
- Geographic alignment of care (particularly for veterans in rural areas) and
- Difficulty meeting veterans' needs for specialty care.



# Increase Veterans' Access To Long-Term Care (LTC)



- Aging veteran population expected to grow by nearly 600%.
- Growing number of service-disabled veterans, 50% and 60%.
- Specialized needs requiring long-term care.

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## Congress Must

- Expand mandatory eligibility for long-term nursing home care to service-connected veterans rated 50% and 60%.
- Provide sufficient resources to address increased demand and address workforce shortage.

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## VA Must

- Expand veterans' access to noninstitutional programs, when appropriate, to prevent or delay nursing home care and to reduce costs.
- Increase the workforce shortages by ensuring recruitment is timely and competitive.
- Geographically align care (particularly for veterans in rural areas).

## Modernize And Expand VA Community Living Centers (CLC) And State Veterans Homes (SVH)

- VA CLC provides care to nearly 9,000 veterans each day.
- VA supports approximately 30,000 SVH long-term care beds.
- VA can provide specialized care needs; traumatic brain injury, spinal cord injuries and neurobehavioral and memory or dementia issues.
- Community nursing homes are challenged to provide specialized care.





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## **Congress Must**

Increase resources for modernization and expansion of VA CLCs and SVHs to meet the specialized needs of seriously disabled veterans.

## **VA Must**

Meet veterans' needs for specialty care by ensuring adequate providers and partnerships in the community when needed.

# Expand Home- And Community-Based Care Services

- Funding for Home and Community Based Care in recent years has not kept pace with population growth, demand, or inflation.
- Non-institutional care to work effectively, programs must focus on prevention and engage veterans before they have a devastating health crisis that requires more intensive care in a CLC.



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## Congress Must

- Provide the VA with resources expand home and community-based programming while also modernizing and expanding facilities that provide institutional care.
- Increase funding to ensure adequate resources to support home and community-based care services.
- Enact S. 495/H.R. 1815, the Expanding Veterans' Options for Long Term Care Act.

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## VA Must

- The VA must dedicate new resources to address staffing and infrastructure gaps in order to maintain excellence in skilled nursing care, for both CLCs and SVHs.
- The VA must expand access nationwide to innovative and cost-effective home and community-based programs, such as veteran-directed care and medical foster home care.

# Improve The Program Of Comprehensive Assistance For Family Caregivers (PCAFC)

- 2020 VA adopted new eligibility regulations, which were adverse to veterans and caregivers of all eras
- March 2021, VA announced not to drop program participants from the department's caregiver support program.
- February 27, 2024, The Veterans Court ruled claimants have the right to appeal to the Board.



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## VA must

- Replace the current eligibility regulations for PCAFC and create new standards that are clear, consistent, and equitable.
- Provide detailed explanations on how standards will be measured and applied in each PCAFC decision notification that is sent to veterans and caregivers.

## Critical Policy Goal

DAV urges Congress / VA to:

1. Increase veterans' access to long-term care
2. Modernize and expand VA Community Living Centers and State Veterans Homes to meet the specialized needs
3. Expand home- and community-based care services
4. Improve the program of Comprehensive Assistance for Family Caregivers


*Thank You!*

**Jon Retzer**  
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# Mental Health and Suicide Prevention

Jon Retzer  
Assistant National Legislative Director

March 8, 2024

## Critical Policy Goal

DAV urges Congress / VA to:

1. Reduce rates of suicide among veterans
2. Fund lethal-means safety efforts
3. Improve specialized programs and services critical to preventing suicide
4. Increase staffing levels of VA mental health providers
5. Improve clinical competence of providers in VA Community Care Network

## **Bolster Mental Health Resources To Ensure Continued Progress In Reducing Veteran Suicide**

The Veterans Health Administration is a recognized leader in suicide prevention with comprehensive and recovery-oriented mental health services.

The VA also provides wrap-around supportive services to address care coordination, case management, and social determinants, such as employment, housing, and vocational training.



# Reduce Rates Of Suicide Among Veterans

Figure 2: Veteran Suicide Deaths, 2001–2021



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## **Congress Must**

- Continue to provide additional resources for mental health services
- Enact S. 928/H.R. 4157, the Not Just a Number Act.

## **VA Must**

- Continue the expansion of readily accessible crisis intervention services.

## Fund Lethal-means Safety Efforts

- Approximately 73.4% of male veteran suicide deaths and 51.7% of female veteran suicide deaths are by firearms
- Multifaceted campaign in partnership with the National Shooting Sports Foundation
- Still more work to do!



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## **Congress Must**

Appropriately fund the VA's lethal means safety campaign and support similar programs that show promise in reducing suicide among veterans.

## **VA Must**

Continue to promote firearm secure storage for veteran suicide prevention.

# Improve Specialized Programs And Services Critical To Preventing Suicide

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





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## VA Must

- Reevaluate its screening instruments and programming to capture more of the unidentified veterans at risk for suicide and improve treatment options and programs for veterans with substance use disorders.
- Improve tailoring of prevention and intervention services to the needs, issues and resources unique to veteran subpopulations.

# 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



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## Congress Must

- Enact S. 10, the VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023.
- Enact H.R. 5247, the Expedited Hiring for VA Trained Psychiatrists Act of 2023.

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## **VA Must**

Focus on recruiting and maintaining appropriate staffing levels for mental services to meet demand and ensure quality services for veterans.

# Improve Clinical Competence Of Providers In VA Community Care Network (CCN)

- Veterans who “received Community Care services only” had higher suicide rates than those who “received VHA direct care alone” and suicide rates were lowest among veterans who did not receive either Community Care or VHA care
- All community care providers can assist with reducing firearm veteran suicide by taking this training about how to incorporate discussions about secure storage within their clinical care.



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## **Congress Must**

Enact H.R. 3811, the Veterans Mental and Behavioral Health Quality of Care Act.

## **VA Must**

Require all providers in the VCCN complete the same suicide prevention and lethal means safety counseling training mandated for VA providers.

# Veterans Crisis Line

Veterans  
Crisis Line



1-800-273-8255

PRESS 1

SUPPORT IS AVAILABLE

24 hours a day  
7 days a week  
365 days a year

“988”

Press 1



## Critical Policy Goal

DAV urges Congress / VA to:

1. Reduce rates of suicide among veterans
2. Fund lethal-means safety efforts
3. Improve specialized programs and services critical to preventing suicide
4. Increase staffing levels of VA mental health providers
5. Improve clinical competence of providers in VA Community Care Network



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*Thank You!*

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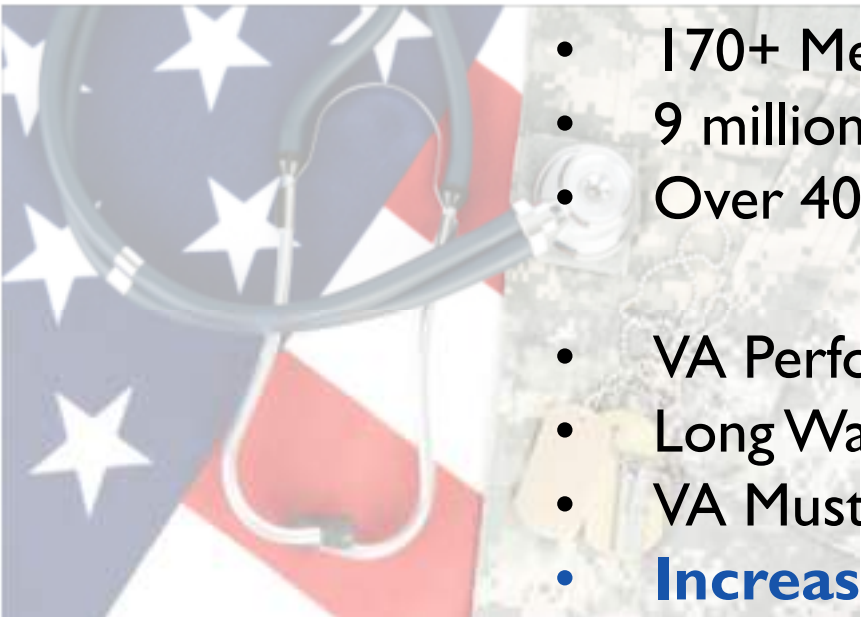
# Expand VA's Capacity to Deliver Timely, High-Quality Health Care to Veterans

Peter Dickinson  
Senior Executive Advisor

March 8, 2024

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# VA Health Care System Overview

- 
- 170+ Medical Centers, 1,100+ Outpatient Clinics
  - 9 million enrollees, 6.5 million annual users
  - Over 400,000 Employees, BUT still staffing shortages
  - VA Performs Better on Average Than Private Care
  - Long Wait Times → Increased Community Care
  - VA Must Be Primary Provider & Coordinator of Care
  - **Increase VA's Internal Capacity to Provide Care**

# Vacancies and Staffing Shortages

- 75,000 Vacancies at Start of Fiscal Year 2024
- 92% of VHA Facilities Had Shortages of Nurses



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## Vacancies and Staffing Shortages

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



# Aging Health Care Infrastructure



- SCIP Estimates VA Needs \$150 Billion over 10 Years
- Construction Funding Less Than \$3 Billion Per Year

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# Aging Health Care Infrastructure



- Create Strategic Plan to Modernize VA Infrastructure
- Bolster Construction Funds to Increase VA's Capacity

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# IT & Electronic Health Record Modernization

- Next: North Chicago (March 9)
  - Lovell Federal Health Care Center
- First Fully Integrated DoD and VA Facility





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# IT & Electronic Health Record Modernization

- Rigorous Oversight of VA's New EHR System
- Ensure Patient Care, Safety & Other Mission Critical Work, including Research



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## Expand Access to VA Care Through Telehealth



- Carefully Study Efficacy & Effectiveness to Determine Optimal Uses for Veterans

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# VA Fourth Mission for National Emergencies

- COVID Pandemic Proved Need for VA's Role



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# VA Fourth Mission for National Emergencies

- Maintain Sufficient Health Care Capacity to Meet Fourth Mission Functions
- Ensure Veterans Have Uninterrupted Care



## VA Budget for FY 2025



[www.IndependentBudget.org](http://www.IndependentBudget.org)

- Increase VA Total Medical Care by 9% to \$176 billion (includes TEF)
  - + \$2.3 billion for new users (PACT Act)
  - + \$2.8 billion to fill Vacancies
  - + \$1 billion for Long Term Care
- Increase Major Construction to \$5.1 billion, 436% over FY 2024

# VA Budget for FY 2024

## Other Key Funding Recommendations:

- VBA = \$6.2 billion (+9%)
- NCA = \$626 million (+30%)
- BVA (Board) = \$333 million (+14%)
- Dental Care = \$300 million (new program)
- VA Research = \$1.05 billion (+2%)



[www.IndependentBudget.org](http://www.IndependentBudget.org)

**IBVO**


*Thank You!*

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