OPERATION: KEEP THE PROMISE

DAV | 2026

DAV's Critical Policy Goals

- Make the claims and appeals process work better for veterans
- Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner
- Eliminate gaps in veterans mental health care and suicide prevention
- Prevent Congress or VA from reducing, offsetting or taxing veterans benefits
- Modernize and strengthen benefits for survivors
- Expand comprehensive dental care services to all service-disabled veterans
- Enhance long-term care by providing assisted living and increasing caregiver support
- Sustain the VA health care system by reforming infrastructure planning and funding mechanisms
- Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut funding

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DAV is dedicated to ensuring our promise is kept to America's veterans. DAV does this by helping veterans and their families access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, providing employment resources to veterans and their families, offering programs and services to empower them, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. A nonprofit organization with nearly one million members, DAV was founded in 1920 and chartered by the U.S. Congress in 1932.

Make the claims and appeals process work better for veterans

The Challenge

Each year, veterans file millions of claims for disability compensation and other earned benefits based on the impact of illnesses and injuries incurred in military service, as well as hundreds of thousands of appeals of VA decisions. Due to the complex and confusing nature of the VA's claims and appeals process, veterans service organizations (VSOs) have long advocated for regulatory and legislative reforms to simplify the process. While many changes have enhanced internal efficiencies—meaning the VA claims process works better for the VA—too many veterans continue to face significant barriers when seeking the benefits they have earned.

Despite progress made through modernization initiatives like the Veterans Appeals Improvement and Modernization Act (AMA), veterans still encounter long delays, complex filing requirements, inconsistent decisions and confusing notifications. Many struggle to understand evidentiary standards, navigate higher-level reviews or determine when to pursue an appeal to the Board of Veterans' Appeals.

For veterans with severe disabilities, terminal illnesses or urgent financial needs, these delays can cause profound harm to their health, stability and families. Although the AMA was designed to create faster and more predictable appeal pathways, inconsistent application of the duty to assist, uneven evidence development and poor communication with veterans continue to undermine its full potential. Meanwhile, the Board faces rising caseloads and growing wait times, delaying access to timely and fair decisions.

Veterans deserve a claims and appeals system that is simple, efficient and worthy of their service—not one that burdens them with unnecessary bureaucratic obstacles.

Recommendations

- VA should simplify benefits-filing procedures by eliminating effective date penalties for filing incorrect forms, allowing veterans to initiate claims by phone, and improving the clarity and accuracy of decision notification letters.
- VA should improve the disability examination process by improving training and quality control systems, enabling veterans to certify their symptom statements, and creating a medical examiner portal that would streamline submission of disability benefit questionnaires (DBQs) by private physicians and reduce avoidable appeals.

Key Legislation

- H.R. 1039, the Clear Communication for Veterans Claims Act, would require the VA to enter into an agreement with a federally funded research development center to recommend improvements to the letters and notices that the VA sends to veterans.
- H.R. 3983, the Veterans Claims Quality Improvement Act, would reduce preventable errors, require an enhanced quality assurance framework at the Board of Veterans Appeals, and improve accountability and transparency in remand decisions.

Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner

The Challenge

Military service members have faced harmful toxic exposures for more than a century, including mustard gas in World War I, atomic testing in World War II, Agent Orange in Vietnam, sarin gas in the Persian Gulf War, contaminated water at Camp Lejeune, burn pits in Iraq and Afghanistan, per- and polyfluoroalkyl substances (PFAS) in firefighting foam, and other environmental hazards where troops were deployed. Unfortunately, veterans exposed to toxins often face significant obstacles in accessing the health care and benefits they earned. Toxic wounds and illnesses can take years or decades to appear, and by the time they do, it's often nearly impossible to document an exposure or establish a connection to service.

The enactment of the Honoring our PACT Act of 2022 provided the largest expansion of health care and benefits for toxic-exposed veterans in a generation. The law improved access to care for millions of veterans, created presumptives for burn pits and other toxic exposures, and established an internal VA process for creating future presumptive conditions. However, the PACT Act lacks adequate accountability measures to ensure timely decisions, leaving many veterans still waiting for recognition of service-connected toxic injuries, including those who served at Karshi-Khanabad Air Base (K2) in Uzbekistan, Fort McClellan in Alabama and other PFAS-contaminated locations.

According to "Ending the Wait for Toxic-Exposed Veterans"—a joint report by DAV and the Military Officers Association of America—it takes an average of 34.1 years from the first occurrence of a military toxic exposure to the establishment of presumptive service connection, forcing some veterans to wait decades for related benefits and health care.

Recommendations

- Congress should establish a new framework for toxic exposure presumptives that includes separate steps for the acknowledgment of exposure events, concession of exposure and presumption of service connection.
- Congress should enact legislation that directs VA to expand research, create independent scientific review and establish a veterans' advisory commission to ensure prompt, transparent and equitable decisions.

Key Legislation

- S. 2220, the Fighting for Overlooked Recognition of Groups Operating in Toxic Test Environments in Nevada (FORGOTTEN) Veterans Act, would establish a presumption that certain veterans were exposed to radiation and other toxins at the Nevada Test and Training Range.
- H.R. 3639, the Veterans Exposed to Toxic PFAS Act, would provide health care and establish presumptive service connection for veterans and dependents exposed to PFAS at military installations.
- H.R. 5339, the Susan E. Lukas 9/11 Servicemember Fairness Act, would establish a presumption of service connection for diseases associated with exposure to certain toxins at the Pentagon Reservation during a certain period beginning on Sept. 11, 2001.

Eliminate gaps in veterans mental health care and suicide prevention

The Challenge

Despite significant investments by the Department of Veterans Affairs (VA) in suicide prevention and mental health services—including care for post-traumatic stress disorder (PTSD), substance use disorders, traumatic brain injury (TBI), depression, anxiety and military sexual trauma (MST)—too many veterans continue to die by suicide each year. Losses have not meaningfully improved and have remained at or near the same levels annually, underscoring persistent gaps in access, capacity, coordination and system-wide effectiveness.

These outcomes reflect the complexity of suicide within the veteran population and the interaction of numerous risk and protective factors. Existing approaches—while necessary—have not been sufficient to reverse long-standing trends, particularly for historically underserved populations such as women veterans.

Suicide risk among women veterans has increased over time and remains unacceptably high. DAV's special report, Women Veterans: The Journey to Mental Wellness, identified significant gaps in the VA's understanding and integration of gender-specific suicide risk factors, including the role of intimate partner violence (IPV) and menopause-related mental health impacts, which are not consistently reflected in VA's suicide prevention strategies or predictive analytics, while offering more than 50 recommendations to strengthen gender-tailored care and improve suicide prevention efforts for all veterans.

Firearms remain the predominant means of suicide among veterans. Although VA has launched collaborative lethal-means safety initiatives, fear among some veterans that seeking VA mental health care could result in firearm confiscation continues to deter engagement.

Timely access to mental health care is further constrained by workforce shortages, long wait times, and uneven geographic distribution of providers, particularly in rural and remote areas. Care coordination between VA and community providers remains inconsistent, increasing the risk of missed follow-up after crises or emergency department visits. Variability in data sharing and accountability across care settings limits VA's ability to identify veterans at elevated risk in real time. These structural barriers collectively undermine continuity of care and the effectiveness of suicide prevention efforts.

Recommendations

- The VA should mandate, or Congress should require, community care providers treating veterans to complete suicide prevention and lethal-means safety training.
- The VA should require all community providers to receive trauma-informed care training consistent with VA standards.

Key Legislation

- S. 609, the BRAVE Act of 2025, would strengthen VA's mental health and suicide prevention efforts by expanding the mental health workforce, modernizing Vet Centers, improving outreach—especially to women veterans—and enhancing coordination of prevention programs.
- H.R. 3863, the VA Mental Health Outreach and Engagement Act, would require the VA to offer annual mental health consultations to veterans with service-connected mental health conditions, conduct outreach and evaluate the program's effectiveness within two years.

Prevent Congress or VA from reducing, offsetting or taxing veterans benefits

The Challenge

Over 5.6 million veterans receive VA disability compensation for injuries, illnesses and disabilities caused or aggravated by their military service. Yet, current law prevents some veterans from receiving their full military retirement pay concurrently with VA disability compensation, specifically those medically retired or rated 40% or less. As a result, many veterans must accept reduced retirement pay to receive their tax-free disability benefits, despite these payments serving distinct and unrelated purposes; military retirement compensates for length of military service, while disability compensation mitigates the impact of service-related impairments on earning capacity. Congress partially addressed this inequity in 2004 for veterans rated 50% or higher, but those with lower ratings or medical retirements remain disadvantaged.

Federal law requires some veterans to forfeit special separation pay if they also receive disability compensation, again, despite the two payments having unrelated purposes. Proposals to tax VA disability compensation, reduce benefits levels, phase out Individual Unemployability benefits after reaching Social Security retirement age or otherwise diminish payments for service-disabled veterans would compound these inequities. DAV strongly opposes any reduction or offset of VA disability compensation and supports full, concurrent receipt of earned benefits for all eligible veterans.

Recommendations

- Congress should enact legislation to eliminate all offsets of any military retirement or separation pay against VA disability compensation.
- Congress must ensure through word and deed, that it will reject all attempts to reduce, offset or tax veterans' disability benefits.

Key Legislation

- S. 1032/H.R. 2102, the Major Richard Star Act, would allow concurrent receipt of veterans' disability compensation and retired pay for disability retirees with combat-related injuries or illnesses.
- H.R. 303, the Retired Pay Restoration Act, would allow receipt of both retired military pay based on longevity and VA disability compensation of 40% and below.
- H.R. 333, the Disabled Veterans Tax Termination Act, would allow concurrent receipt for any longevity retiree with 20 years of service rated less than 50% ensuring they receive full retired pay and VA disability compensation. This bill would also allow concurrent receipt for Chapter 61 medical retirees with less than 20 years of service who have a compensable disability rating, restoring both their disability retirement pay and VA compensation in full.

Modernize and strengthen benefits for survivors

The Challenge

Our nation's obligation to the men and women who served also extends to the survivors of service members and veterans, particularly service-disabled veterans. The VA Dependency and Indemnity Compensation (DIC) program provides a tax-free monthly benefit to surviving spouses, children and parents of:

- Military service members who died in the line of duty;
- Veterans whose death resulted from a service-related injury or disease; and
- Veterans who were totally disabled from service-connected conditions for at least 10 years before their death; or were totally disabled at least five years immediately following their release from active duty until their death; or were totally disabled for at least one year and were a former prisoner of war.

The basic DIC benefit for a single surviving spouse of a veteran in 2026 is $1,699 per month, which can be increased if there are dependent children or other special circumstances. Because the 2026 VA disability compensation rate for a 100% service-connected veteran with a spouse is $4,158 per month, the DIC benefit for a surviving spouse would be approximately 41% of that amount. By comparison, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of their federal retirement benefits, which can be up to 55% of the total benefit. Veterans' surviving spouses eligible for DIC should at least have parity with their federal civil service survivors and receive 55% of their veteran's disability compensation rate. This increase to DIC payments would equate to approximately $7,050 more per year.

Furthermore, survivors of veterans who die before they reach 10 years as a 100% totally disabled veteran do not qualify for any DIC benefit, even if the veteran died after being totally disabled for nine years and 11 months. In addition, surviving spouses who are currently in receipt of DIC benefits will lose them entirely if they remarry before age 55. These rules have undercut the purpose of DIC, which is to provide adequate care for surviving spouses.

Recommendations

- Congress should enact comprehensive legislation to modernize and strengthen DIC support for survivors of disabled veterans.
- Congress should eliminate the remarriage age penalty for a surviving spouse so that they remain eligible for DIC benefits regardless of when they choose to remarry.

Key Legislation

- S. 410/H.R. 1004—the Love Lives On Act of 2025, would restore earned survivor benefits and health coverage for remarried surviving spouses of service members and veterans by removing outdated remarriage restrictions under federal law.
- S. 611/H.R. 680, the Caring for Survivors Act, would increase financial support for surviving spouses by raising DIC rates to 55% of a 100% disabled veteran's compensation and providing partial DIC benefits when the total disability period is between five and 10 years..

Expand comprehensive dental care services to all service-disabled veterans

The Challenge

VA only provides full dental care services to a narrow group of veterans—those with service-connected dental disabilities, 100% disability ratings or those receiving Total Disability for Individual Unemployability (TDIU). Partial dental care is extended to former POWs, homeless veterans and those currently enrolled in Vocational Readiness and Employment (VR&E) programs. Of the over 9 million veterans enrolled in VA health care, less than 25% are eligible for dental care coverage.

Failure to address dental conditions increases the risk of serious infections and chronic illnesses such as cardiovascular disease, diabetes, renal impairment and cancer. These conditions can also affect mental health and economic stability by eroding self-esteem, contributing to depression and limiting employment opportunities. According to the American Institute of Dental Public Health, nearly 600,000 veterans experienced productivity loss due to oral health problems.

The VA health care model is designed to be holistic, integrated and preventative, with a focus on treating the full spectrum of veterans' health needs. However, the exclusion of dental care creates a costly and critical gap that undermines overall health and well-being. Untreated oral health conditions can lead to serious medical complications and significantly increase long-term health care expenditures. According to the Centers for Disease Control and Prevention, the U.S. health system could save up to $100 million annually if dental offices routinely screened for chronic conditions and referred patients for appropriate treatment. Preventive dental care reduces long-term medical costs, improves quality of life and reinforces VA's mandate to deliver comprehensive, veteran-centered care.

Recommendations

- Congress should enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans, making it a standard part of VA's health benefits package.
- Congress must 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.
- VA must work with its community care networks to increase the availability of dentists and other oral health care specialists to improve access to this critical care across the country, particularly in rural areas.

Key Legislation

- H.R. 210, the Dental Care for Veterans Act, would mandate dental care as a standard VA medical service within the health care benefits package and establish a four-year, phased-in eligibility expansion for dental care for all enrolled veterans.

Enhance long-term care by providing assisted living care and increasing caregiver support

The Challenge

The VA estimates that there are over 8 million veterans 65 years or older out of approximately 17.5 million veterans living today. Of these, an estimated 4.9 million are 75 or older, and 1.3 million are 85 or older. By 2034, the VA anticipates a 33% rise in veterans aged 85 and older, while women veterans in this age bracket are projected to more than double. This aging trend mirrors the general population and will place increasing strain on our nation's health care infrastructure, particularly in providing sufficient long-term care support to aging Americans and our nation's ill and injured veterans.

To meet the needs of aging veterans, the VA offers a variety of long-term care (LTC) programs, ranging from intensive bed-based care to home- and community-based services. These programs include Homemaker and Home Health Aide Care, Home-Based Primary Care, Skilled Home Health Care, Respite Care, Adult Day Health Care and the Caregiver Support Program. For veterans requiring more comprehensive care, options include VA-operated Community Living Centers (CLCs), State Veteran Homes (SVHs) and contracted community nursing homes.

Despite existing programs, a gap remains for veterans who cannot remain at home but do not require full nursing home care. Assisted living, which offers semi-independent living with meal preparation, housekeeping, medication management and help with daily activities, would provide a supportive, yet less intensive, option to fill this gap.

Caregivers are essential in helping veterans remain at home, but over 60% of caregivers experience burnout and often lack guidance and support. DAV Caregivers Support has connected over 1,700 caregivers to resources since October 2023. The VA must continue expanding support for caregivers of severely disabled veterans, particularly those who would otherwise require institutional care.

Recommendations

- Congress should require the VA to provide assisted living options through VA-operated CLCs and other LTC programs, VA-supported state veterans homes and contracted community facilities.
- VA should enhance LTC programs with integrated caregiver support and graduated care transitions to ensure holistic care for service-disabled veterans.

Key Legislation

- H.R. 109, the TEAM Veterans Caregivers Act, would require the VA to formally recognize caregivers in veterans' medical records, notify both parties of changes in clinical or program eligibility, and temporarily extend caregiver benefits for 90 days following a notice of noneligibility.
- H.R. 1970, the Providing Veterans Essential Medication Act, would direct the VA to either reimburse State Veterans Homes or directly furnish high-cost medications to veterans to ease financial burdens on State Veterans Homes.
- S. 879/H.R. 2148, the Veteran Caregiver Reduction, Reemployment and Retirement Act, would enhance benefits for family caregivers of veterans by extending medical coverage, offering employment assistance and retirement planning services, and determining the feasibility of establishing an individual retirement or savings plan.

Sustain the VA health care system by reforming infrastructure planning and funding mechanisms

The Challenge

The VA operates the largest integrated health care system in the country, providing direct care to over 7 million veterans each year through a system of over 1,750 access points including medical centers, community outpatient clinics, Vet Centers and Community Living Centers (CLC). The VA has over 6,200buildings with over 150 million square feet of space; VA hospitals are 60 years old on average. Unfortunately, federal funding to maintain, repair and replace VA hospitals and clinics has been woefully inadequate for decades, regardless of which political party has been in control of Congress or the White House.

The VA's Strategic Capital Investment Plan, which estimates the cost to maintain its health care infrastructure, shows that VA should be investing $85 billion over the next decade, or roughly $8.5 billion per year. Instead, the VA's last budget request for fiscal year 2026 was only $2.1 billion for major and minor construction projects. Periodically, the VA and Congress have attempted a grand effort to address the longstanding backlog of construction projects, such as the Asset and Infrastructure Review (AIR) process, however, like earlier efforts, this process failed.

The decades-long inability to properly fund, maintain and expand the VA's infrastructure to meet rising demand for care by veterans has led to an unsustainable growth in community care and related funding, threatening the long-term viability of the entire VA health care system.

Recommendations

- Create a VA infrastructure process that matches care demand to facility capacity using proven capital planning methods.
- Require quadrennial VA reviews of infrastructure lifecycle costs, with Congress fully funding repairs and renovations through a capital reserve fund.
- Require VA to set project priorities every four years, with Congress funding at least the first two years of approved new or expanded facilities via a capital improvement fund.

Key Legislation

- S. 1846, the VA Design-Build Construction Enhancement Act of 2025, would direct the VA to accelerate medical center construction by adopting design-build methods, which aims to reduce project delays, improve efficiency and modernize health care infrastructure for veterans.
- S. 2988, the VITAL Act of 2025, would modernize infrastructure, prioritize rural and underserved areas, streamline construction, and improve transparency through annual reports and public disclosures.

Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut veterans' funding

The Challenge

In an attempt to control federal debt and deficits, Congress has adopted laws and rules to limit its ability to increase federal spending, regardless of the need for or merit of that spending. So-called "fiscal responsibility" reforms have included budget caps, sequestration and a particularly insidious mechanism called "PAYGO," which stands for "pay-as-you-go." Simply put—it requires Congress to cut existing benefits before adding new benefits. However, unlike other government programs, veterans' benefits and care have already been paid for through the sacrifices of those who served.

Both the House and Senate have adopted PAYGO rules to limit new spending. Under the Senate PAYGO rule, any legislation that increases mandatory spending—such as expanding veterans' benefits—must include equal spending cuts or new revenue elsewhere. The House uses a variation called CUTGO ("cut-as-you-go"), which requires that increases in mandatory spending be offset only by cuts to other mandatory programs, not by revenue increases.

While Congress is generally unwilling to reduce veterans' benefits, especially for disabled veterans, budget rules often make it difficult to advance legislation that expands or improves VA programs, even with strong bipartisan backing. The Statutory Pay-As-You-Go Act of 2010 adds another layer of constraint, requiring the Office of Management and Budget to order across-the-board cuts, or sequestration, to nonexempt programs if the cumulative cost of newly enacted legislation in a year increases overall mandatory spending.

Finally, in recent years, Congress and the White House have relied on multiyear budget cap deals in lieu of annually approved budgets, which set out broad limits on overall discretionary spending, including VA health care. Such caps can artificially force VA spending to be constrained below its actual need for funding in order to prevent cuts to other federal programs.

These types of budget rules essentially force veterans to "pay for" their own benefit increases rather than all Americans. Ending PAYGO would help ensure that our entire nation contributes to cost of caring for veterans, their families, caregivers and survivors.

Recommendations

- Exempt all veterans' programs, benefits and services from Statutory Pay-As-You-Go Act requirements, including sequestration, as well as any House and Senate PAYGO rules adopted for the 119th Congress.
- Congress and the Administration should exempt all federal budget Function 700—Veterans Benefits and Services—from any budget cap deals in order to encourage VA budget requests that honestly reflect the true demand for veterans benefits and services.

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