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# LEGISLATIVE BULLETIN

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## **Senate Advances VA Spending Bill for Fiscal Year 2014**

On a bipartisan basis, the full Senate Appropriations Committee has approved the VA-Military Construction bill (H.R. 2216) for Fiscal Year 2014. Overshadowing this vote, however, the Senate budget resolution would approve \$91 billion more in total federal spending next year than would the House-passed version of its budget resolution. A conference committee of House and Senate members will be necessary to resolve this difference in funding between the two budget resolutions, or to resolve individual differences between the House and Senate versions of their VA-Military Construction bills in order for this important bill to advance. No remedy has emerged at this point in the process, and Appropriations Chairwoman Barbara Mikulski stated that her gavel was “not a magic wand” to solve this dilemma between the Congressional chambers. However, on the VA-Military Construction measure itself, the committee voted 23-6 to approve the funding levels as proposed. To some observers, this vote showed broad support in Congress for both veterans and the housing and family needs of members of the active duty forces.

For VA, the Senate bill would provide \$147.9 billion for next year, including both mandatory and discretionary accounts, a \$2.5 billion increase for VA over the FY 2013 level.

## **Department of Veterans Affairs Leased Clinics in Jeopardy**

The Department of Veterans Affairs (VA) is planning to open 38 new community-based outpatient clinics, including 15 facilities in California, Connecticut, Florida, Georgia, Hawaii, Kansas, Louisiana (2 sites), Massachusetts, New Jersey, New Mexico, Puerto Rico, Texas (2 sites), and South Carolina, and additional facilities in 22 states and territories by 2017. These clinics will be operated in commercially leased space, but will be staffed by VA employees. This arrangement has worked very well in hundreds of existing VA clinics, nationwide.

In evaluating the 15 leases VA proposed to Congress in its budget for Fiscal Year (FY) 2013, the Congressional Budget Office (CBO) concluded these facilities were, in effect, long-term capital commitments of the federal government and, as such, needed to be funded in full, in the first year, for a full 20 years. Existing law only

requires the first year to be funded to justify authorization, with subsequent years' funding to be managed through the annual budget and appropriations process. This new CBO interpretation effectively halted all VA leases proposed, because VA could not identify dollar offsets in the amount CBO determined were needed (between \$1.2 and \$1.5 billion). As a result the leases were withdrawn from further congressional consideration and are now in limbo.

These developments become a denial of vital services to injured, wounded and ill veterans, and bring additional costs to VA in caring for them.

Please contact your elected officials and ask that Congress change CBO's unfair and inequitable policy to get these leases back on track. VA is managing almost 900 existing community-based outpatient clinics approved by Congress in prior years without this new obstacle, and nearly all of them operate in leased space.

Please use the DAV Commander's Action Network (DAV CAN) to contact Congress today.

### **Pending Legislation**

H.R. 42, the Military Health Care Affordability Act, would prohibit certain increases in fees for military health care before fiscal year 2016. DAV Resolution No. 209.

H.R. 1702, the Veterans Transportation Service Act, would make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from facilities of the VA in connection with rehabilitation, counseling, examination, treatment, and care. DAV Resolution No. 001.

S. 6, the Putting Our Veterans Back to Work Act of 2013, would provide assistance to small businesses owned by veterans, to improve enforcement of employment and reemployment rights of members of uniformed services. It also would reauthorize the Veterans Retraining Assistance Program, allowing an additional 100,000 participants through April 2016. This legislation is in accordance with several DAV resolutions.

S. 294, the Ruth Moore Act of 2013, would improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with mental health conditions related to military sexual trauma. DAV Resolution Nos. 030 and 204.

S. 325 would increase the maximum age for children eligible for medical care under the CHAMPVA program. DAV Resolution No. 222.

S. 430, the Veterans Small Business Opportunity and Protection Act of 2013, would improve the treatment of a service-disabled veteran-owned small business after the death of a disabled veteran owner. DAV Resolution No. 168.

S. 492 would require states to recognize the military experience of veterans when issuing licenses and credentials to veterans. DAV Resolution No. 194.

S. 495, the Careers for Veterans Act of 2013, would require federal agencies to hire veterans and require states to recognize the military experience of veterans when issuing licenses and credentials. This legislation is in accordance with several DAV resolutions.

S. 633 would provide for coverage under the VA beneficiary travel program to certain disabled veterans who need rehabilitation for cited disabilities. DAV Resolution No. 001.

S. 674, the Accountability for Veterans Act of 2013, would improve VA's ability to adjudicate veterans' claims in cases in which other federal agencies possess records critical to these adjudications. DAV Resolution No. 205.

S. 735, the Survivor Benefits Improvement Act of 2013, would improve benefits and assistance provided to surviving spouses of veterans. DAV supports Section 2 of the bill, which would extend from two years to five years, for the initial period for increased DIC for surviving spouses with children. DAV also supports Section 3 of the bill as it would expand the eligibility to DIC, health care, and housing loans for surviving spouses by lowering the age from 57 to 55 for those spouses who remarry. This legislation is in accordance with several DAV resolutions.

S. 889 would improve the Transition Assistance Program (TAP) of the Department of Defense. DAV Resolution No. 199.

S. 893, the Veterans' Compensation Cost-of-Living Adjustment Act of 2013, would provide for an increase, effective December 1, 2013, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans. DAV Resolution No. 018.

S. 927, the Veterans' Outreach Act of 2013, would improve VA's outreach efforts through award of grants to state and local government agencies, as well as private nonprofit organizations. DAV supports outreach, but we oppose funding new programs by taking away resources from existing health care or benefit programs. DAV Resolution 001.

S. 932, the Putting Veterans Funding First Act of 2013, would authorize advance appropriations for all discretionary accounts within the VA. While DAV does not have a resolution supporting the precise idea of advance appropriations for these purposes, DAV Resolution No. 216 seeks to ensure full implementation of legislation to guarantee sufficient, timely and predictable funding for VA health care. DAV and the entire veterans' service organization community strongly supported reformed appropriations

legislation for VA health care, finally enacted as Public Law 111-81, the Veterans Health Care Budget Reform and Transparency Act of 2009. DAV Resolution No. 216.

S. 935, the Quicker Veterans Benefits Delivery Act of 2013, would prohibit the Secretary of Veterans Affairs from requesting unnecessary medical examinations for veterans who have submitted sufficient medical evidence from non-VA medical professionals. DAV Resolution No. 205.

S. 939 would improve certain critical steps in the claims process dealing with issues before the Board of Veterans' Appeals. DAV Resolution No. 205.

### **Hearings**

On May 9, 2013, DAV testified before the Senate Veterans' Affairs Committee concerning 20 bills.

On May 21, 2013, DAV testified before the House Veterans' Affairs Subcommittee on Health concerning six bills.

On May 22, 2013, DAV testified before the House Veterans' Affairs Committee concerning the provisional rating initiative.

On June 12, 2013, DAV testified before the Senate Veterans' Affairs Committee concerning 38 bills.

On June 18, 2013, DAV testified before the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs concerning the claims process.

All DAV testimony can be read in full on our website, at:  
<http://www.dav.org/voters/Testimony.aspx>.

### **DAV 2013 National Convention**

As you know, the 92nd National Convention of the DAV will be held at the Hilton Orlando in Orlando, Florida, August 10-14, 2013. The Convention represents a major opportunity for our members to participate in the democratic process. In that regard, the Benefits Protection Team/Legislative Workshop will be held on Monday, August 12, at 9:00 a.m. in the Orlando B/R Room on the Lower Level. Please join us to learn about the status of the FY 2014 budget, important pending legislation, and recently enacted legislation, as well as information on improving the claims process and other key issues impacting veterans' benefits and health care. We will provide tips for being an effective veterans' advocate at home and on the Hill and how to stay informed of hot-button issues. Following the legislative seminar will be the Service and Legislative Seminar, which will begin at 10:00 a.m. in the same room. Officials from the VA and key staff

members from the House and Senate Veterans' Affairs Committees will provide valuable information and answer questions regarding all aspects of VA benefits and services.

### **Conclusion**

To ensure enactment of the legislation we support, our DAV and Auxiliary members must become active members of DAV's grassroots Commander's Action Network (DAV CAN). All of us must do our part to let our elected officials know about our support for legislation that helps empower, wounded, ill and injured veterans to lead high-quality lives with respect and dignity. Early in 2013 DAV expanded the DAV CAN to include all of our members who have provided DAV their email addresses in the past. In stimulating this activity, we hope to dramatically increase participation in the DAV CAN by grassroots members to help support DAV's case to Congress on issues important to DAV and to you.

Please make a pledge to redouble your efforts to communicate our issues to your elected officials through the DAV CAN and in your own personal efforts at home. Your efforts and actions, including attendance at our National Convention and Mid-Winter Conference, are keys to our success as an organization of advocacy. To join DAV CAN now, go to: <http://www.dav.org/voters/JoinCAN.aspx>.

Thank you for again for your continuing support for DAV's programs of service to America's wounded, injured and ill heroes. I hope to see many of you in Orlando for DAV's National Convention.



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