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**Important Bill Would Expand Residential Care Choices for All Severely Disabled Veterans**

Please Write to Your Representative Today!

On July 18, 2013, Chairman Jeff Miller, of the House Veterans' Affairs Committee, introduced H.R. 2726, the Long-Term Care Veterans Choice Act, to enhance and improve VA's existing Medical Foster Home (MFH) program.

Established in 2000, a VA-certified MFH is a private residence where a VA-approved caregiver provides 24-hour support to eligible veterans. A VA-participant home cannot accept more than three veterans, and veterans are eligible for these placements when their care would otherwise need to be met in institutional settings. The MFH program is a humane alternative to nursing home placements. Health care for these residents is supervised in the home by VA's Home-Based Primary Care program or VA spinal cord injury home care program.

Currently, the MFH program requires participating veterans to pay approximately \$1,500 to \$4,000 per month for this 24-hour caregiver supervision, including room and board. Even a veteran who is otherwise entitled to VA nursing home care at no expense must pay to reside in a VA-approved MFH.

H.R. 2726 would authorize VA to enter into a contract or other agreement with a VA-certified MFH and would pay the full cost of this residential care of service-connected veterans if they are eligible for VA-funded nursing home care. Under this bill, as a component of such care, eligible veterans would also receive VA home health services at no cost.

This is an important bill that would give priority to service-connected disabled veterans, and would give them an important alternative to nursing home care. DAV strongly supports this bill based on a long-standing national resolution approved by our members.

Please use the prepared message, or draft your own personal one, to urge your Representative in Congress to co-sponsor and support passage of this important bill, and to ask that it be brought to the House floor for a vote and enacted as soon as possible.

Thank you for all you do for veterans and their families, for your support of DAV, and for your active participation in DAV CAN.

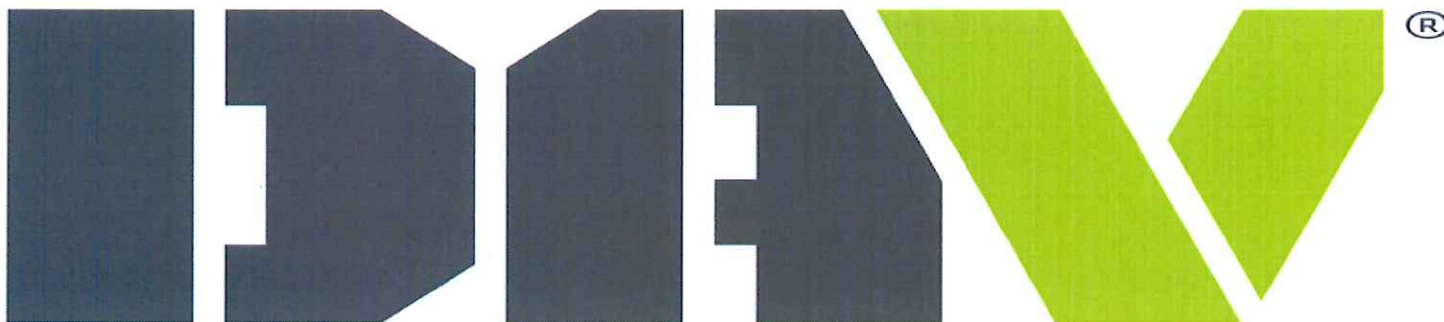
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### Without VA Lease Authority, Veterans To Be Denied Care

Please Contact Your Elected Officials Today!

The Department of Veterans Affairs (VA) plans to open 38 new community outpatient clinics, in 22 states and territories, between now and 2017. These clinics will be in leased buildings, with VA employees providing the services. This same arrangement has worked well in hundreds of existing VA clinics, nationwide.

Last year, the Congressional Budget Office (CBO), an independent arm of Congress, decided these lease contracts would become long-term debts of the federal government. In considering the first 15 leases, Congress, based on the new CBO interpretation, forced VA to find funds for all 15 leases to cover an entire 20-year leasing period, rather than provide the money for only the first year. The authorizing law only requires the first year to be funded, with future payments to be managed through the annual VA budget. Because VA could not pay the entire cost (between \$1.2 and \$1.5 billion) in the first year for 15 clinics, this new interpretation effectively stopped all VA proposed leases. This program, both new clinic leases and renewals for existing leases, is now in jeopardy.

Without these clinics, VA will be denying care to veterans in need, while making their health care more expensive overall. The cost to the government is far less than construction of major VA hospitals. Without the ability to lease, from a practical point of view the change in Congressional policy forces VA to buy land and build government-owned clinics, or to do nothing. At a minimum this new requirement will add years to the existing planning process, will delay or deny care for veterans, and is unacceptable to veterans who need VA health care.

VA is managing almost 900 existing community-based outpatient clinics, all established under the prior policy, and operating under leases. Veterans who receive this care are highly satisfied. In our opinion this successful arrangement should not be abandoned at the expense of 340,000 or more veterans who would be denied care.

Please use the prepared letter, or write your own letter, to urge your two Senators and Member of the House of Representatives to solve this problem, to ensure veterans receive the care they earned and deserve. Recently, the Executive Directors of the major veterans service organizations sent a letter to Congressional leaders expressing our concerns.

As always, thank you for your grassroots advocacy on behalf of injured, wounded and ill veterans, and for your support of DAV and our mission of service to veterans.

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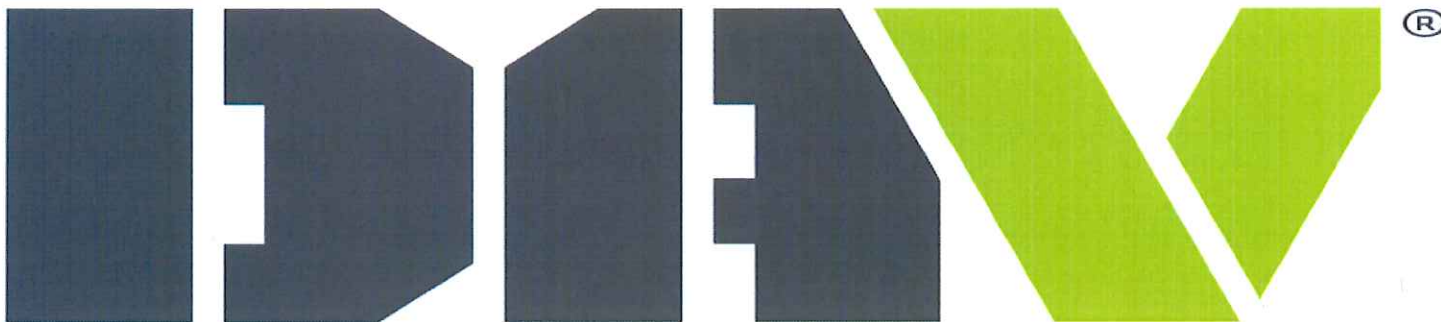
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## Action Alert

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### Important Bill to Expand Caregiver Services for All Severely Disabled Veterans

Please Write to Your Senators Today!

On April 25, 2013, Chairman of the Senate Veterans' Affairs Committee Bernie Sanders introduced S. 851, the Caregivers Expansion and Improvement Act of 2013.

This bill would expand eligibility for comprehensive benefits and services to family caregivers of all veterans who were severely injured in the line of duty while serving in the armed forces. Currently, only family caregivers of veterans severely injured on or after September 11, 2001, are eligible for these benefits and services such as: caregiver training; support groups, counseling and other support services; a monthly stipend; health coverage through CHAMPVA; respite care; mental health services and counseling related to the caregiver role and burden.

A survey by the National Alliance for Caregiving (NAC) of caregivers who are caring for veterans from combat eras dating from World War II to the more recent wars in Iraq and Afghanistan showed that the overwhelming majority of veteran caregivers are women. Twice as many veterans' caregivers said they have been caregiving for 10 or more years compared to national statistics, three times as many caregivers reported spending 40 hours a week or more providing care compared to the national total, and six out of ten caregivers of veterans surveyed are at least 50 years of age including one in eight who is 65 or older.

Please use the prepared e-mail or draft your own personal e-mail to request that your Senators support this important bill and ask that it be brought to the floor for a vote and enacted as soon as possible.

Thank you for all you do for veterans and their families, and for your active participation in DAV CAN.

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Joe Chenelly and 2,025 others like this.

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- Your U.S. Senators

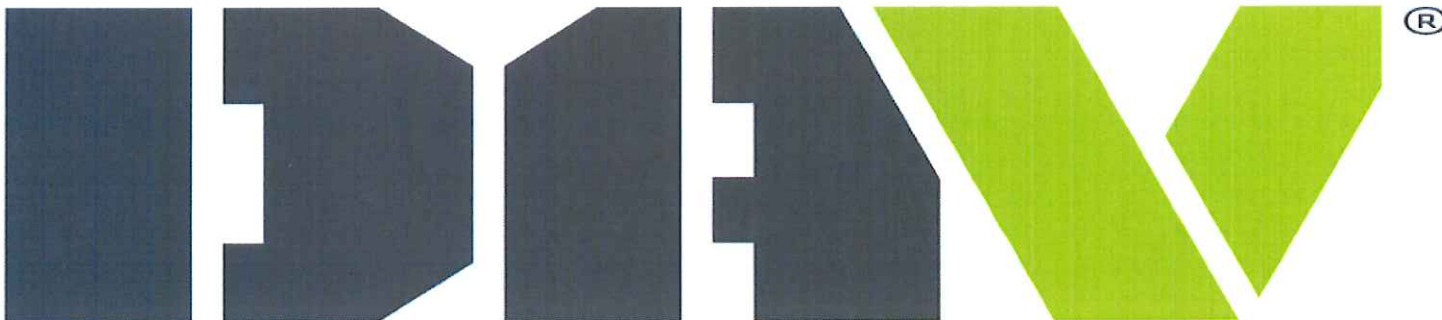
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### Support Blue Water Navy Veterans Legislation

Please Contact Your Representative Today!

H.R. 543, the Blue Water Navy Vietnam Veterans Act of 2013, was introduced on February 15, 2013, by Representative Christopher Gibson (NY). This bill would amend title 38, United States Code, to expand the presumptions for service connection relating to the exposure to herbicides containing dioxin, including Agent Orange. This legislation would extend existing eligibility to certain veterans who served in the vicinity of the Republic of Vietnam, including the inland waterways, ports, harbors, and waters offshore or territorial seas of such Republic, as well as the airspace above.

H.R. 543 currently has 98 cosponsors and has been referred to the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs.

DAV supports this legislation as it is in line with DAV Resolution No. 016, passed at our most recent National Convention, held August 4-7, 2012, in Las Vegas, Nevada. Please take a moment to send the prepared e-mail to your legislators to seek their support for this legislation, which would expand eligibility for "blue water" Navy veterans.

As always, thank you for your support.

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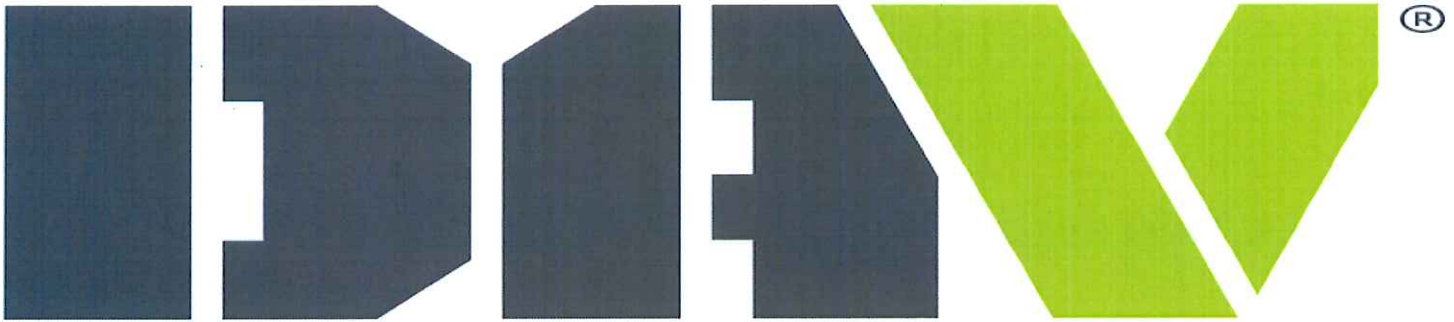
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**Important Legislation Regarding SBP/DIC Offset**

Please Contact Your Elected Officials Today!

On January 3, 2013, Representative Joe Wilson of South Carolina introduced H.R. 32, the Military Surviving Spouses Equity Act. On April 16, 2013, Senator Bill Nelson (FL) introduced the companion bill in the Senate, S. 734.

These bills would repeal the requirement for reduction of survivor annuities under the Survivor Benefit Plan to offset the receipt of survivors Dependency and Indemnity Compensation. This bill is in accordance with a longstanding DAV resolution, passed each year by the delegates to our National Convention. H.R. 32 has 19 cosponsors and was referred to the House Armed Services Committee on January 3, 2013. S. 734 has four cosponsors and was referred to the Senate Armed Services Committee.

Please use the prepared e-mail or draft your own to request that your Representative supports this important bill and ask that it be brought to the floor for a vote and passed as soon as possible.

Thank you for all you do for veterans and their families.

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**Important Legislation Regarding Space-Available Air Travel for Disabled Veterans**

Please Contact Your Elected Officials Today!

On January 4, 2013, Representative Gus Bilirakis of Florida introduced H.R. 164 to permit veterans who have a service-connected, total and permanent disability to travel on military aircraft in the same manner and to the same extent as retired members of the armed forces are entitled to such travel. Senator John Tester (MT) recently introduced S. 346, a companion bill to H.R. 164, and it has been referred to the Senate Committee on Armed Services.

These bills would amend title 10, United States Code, by affording priority to totally disabled veterans for transportation on scheduled and unscheduled military flights within the continental United States and on scheduled overseas flights operated by the Air Mobility Command on a space-available basis.

H.R. 164 currently has 121 cosponsors and was referred to the House Committee on Armed Services Subcommittee on Readiness. S. 346 currently has 12 cosponsors. Please use the prepared e-mail or draft your own to request that your Representative and Senators support these important bills and ask that they be brought to the floor for a vote and passed as soon as possible.

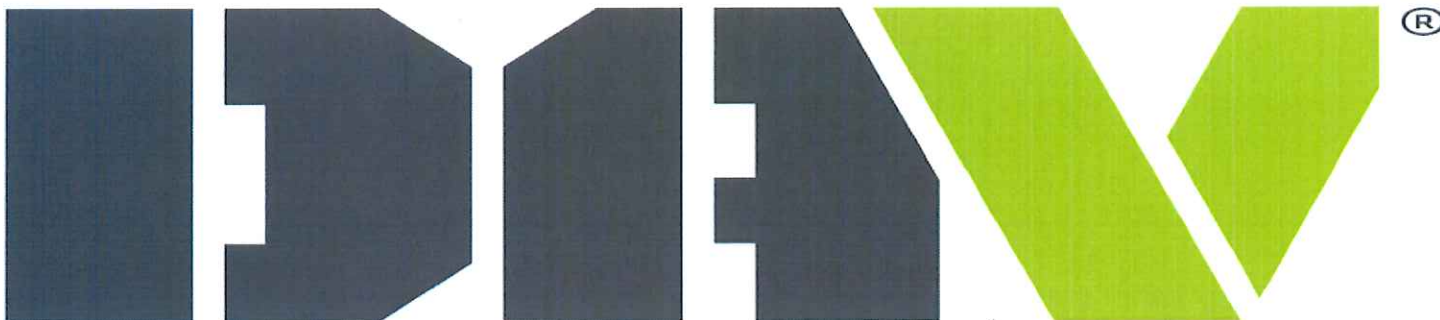
Thank you for all you do for veterans and their families.

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## Action Alert

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### VA Halts Further Clinic Leases: Future Care to be Denied

Federal law requires the Department of Veterans Affairs (VA) to obtain Congressional approval for a commercial lease of a future VA medical facility if the estimated first-year lease cost exceeds \$1 million. This policy has been in place for more than a decade. Dozens of leases for VA-operated community-based outpatient clinics have been approved under this procedure. Using a leasing authority rather than constructing VA-owned facilities allows VA to quickly establish convenient primary care facilities for veterans in communities where they live. Veterans who use these community clinics report high satisfaction with their care and the convenience they offer.

In 2012, in evaluating 15 proposed VA leases that each exceed the \$1 million threshold, the Congressional Budget Office (CBO) concluded that Congressional rules require that funds to offset *the entire 20-year prospective lease cost* would need to be included either in the VA budget, or would be taken from funding of ongoing veterans programs—all in the first year of each lease. CBO indicated this policy also would apply to renewals of existing VA leases. This CBO decision multiplied VA's costs for these proposed 15 leases by 20-fold, for a total need of \$1.2-\$1.5 billion in Fiscal Year (FY) 2013. Since funds of this magnitude could not be diverted from other VA accounts for this surprising new requirement and aren't covered in the budget request that had been submitted to Congress, these 15 leases were dropped from further Congressional consideration last year.

In VA's current planning, including 15 new community-based outpatient clinics located in California, Connecticut, Florida, Georgia, Hawaii, Kansas, Louisiana (2 sites), Massachusetts, New Jersey, New Mexico, Puerto Rico, Texas (2 sites), and South Carolina, VA also projects a need to lease or renew existing leases for 23 more community-based health care facilities through FY 2017 to provide care for more than 340,000 veterans across 22 states and US territories.

Unless CBO changes its policy or Congress acts to overturn this CBO decision with legislation or makes a change in House Rules in current funding policy, most if not all these leases are in jeopardy. Veterans consequently will be denied access to VA health care in these locations.

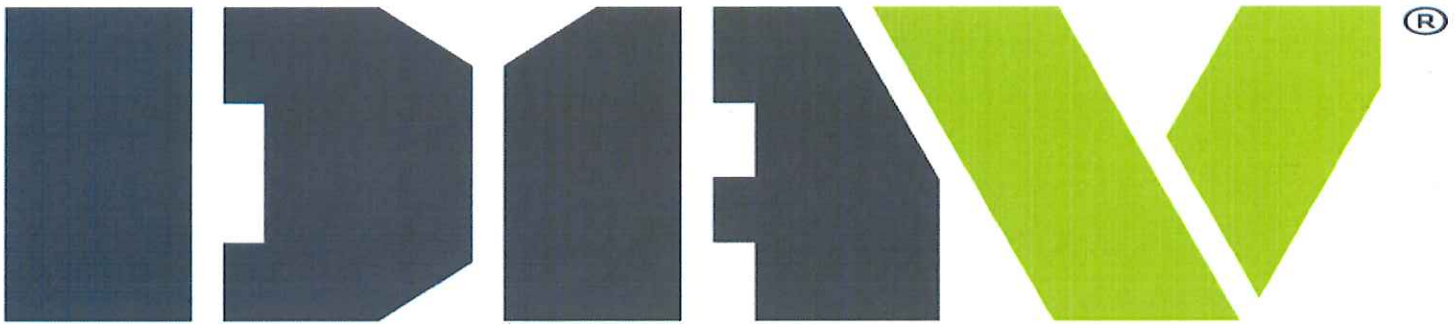
Please use the prepared electronic letter provided in this alert, or write your own letter, to express to your Senators and Representatives your concerns about this unfair policy that will negatively impact availability of services to wounded, injured and ill veterans. Unless a change is made, VA will be forced to buy land and construct government-owned clinics, or more

likely will require veterans who need VA care to travel longer distances to receive it. VA-built clinics would be more expensive, would take much longer to approve and activate, and would reduce VA's flexibility to place and move facilities based on the changing needs of the veteran population. Forcing veterans to unnecessarily travel for care would increase inconvenience and add additional costs.

As always, DAV appreciates your grassroots advocacy in the DAV Commander's Action Network (DAV CAN) and your support for wounded, injured and ill veterans who need VA care.

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### Support Legislation Regarding CHAMPVA

Please Write Your Senator Today

On February 14, 2013, Senators Jon Tester and Patty Murray introduced S. 325, which would increase the age limit to age 26 for veterans' children to get health coverage under the Veterans Affairs' Department's Civilian Health and Medical Program, known as CHAMPVA, bringing it in line with the Affordable Care Act. Representatives Mike Michaud and Tim Walz also introduced H.R. 288 on January 15, 2013, which would similarly increase the age limit to 26.

Under the Affordable Care Act, Congress and the Administration made a decision to cover every adult child on their parents' policies until they reach age 26, *except* for those who could be covered under CHAMPVA. This situation is unacceptable.

To address this inequity, National Convention delegates representing the 1.2 million members of the DAV endorsed National Resolution 222 supporting legislation to extend the eligibility of a qualifying veteran's child for CHAMPVA coverage to age 26 under the same conditions of adult children covered by private health plans.

DAV believes young adult dependents of severely disabled veterans and survivors of veterans who paid the ultimate sacrifice for our nation should not be penalized or otherwise not allowed to enjoy the same rights and privileges as other citizens of a grateful nation.

Please use the prepared e-mail, or draft your own message, to request that your elected representatives support this important bill and ask that it be brought to the floor for a vote and passed as soon as possible.

Like

Bill Novak and 13 others like this.

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## Action Alert

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### Annual Cost-of-Living Adjustment

Bills Introduced that Would Provide Annual and Automatic COLA

Rep. John Runyan (NJ) introduced similar bills, H.R. 569 and H.R. 570, that, if enacted into law would affect cost-of-living adjustments (COLA) in VA compensation and pension benefit payments. H.R. 569 would increase effective on December 1, 2013, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation (DIC) for the survivors of certain disabled veterans. H.R. 570 would provide for automatic annual COLA adjustments each year on December 1st in the rates of disability compensation and the rates of DIC for survivors.

Both bills contain provisions that would round down less than whole dollar amounts of COLA increases to the next lower dollar. DAV and other veterans service organizations strongly oppose this rounding-down feature which, for over twenty years, has reduced compensation and pension payments by millions of dollars – all at the expense of disabled veterans and their families. While DAV supports the overall purposes of these bills to provide COLA increases, applying a rounding-down policy to disabled veterans' payments is wrong and should be halted.

H.R. 569 currently has 5 cosponsors and H.R. 570 has 2 cosponsors; both bills were referred to the House Committee on Veterans' Affairs. Please use the prepared electronic letter or draft your own to urge your Representative to cosponsor these important bills, to remove the objectionable language that would round down COLA payments, and to bring these bills to the floor of the House for a vote as soon as possible.

As always, we appreciate your support of DAV and your grassroots activism in participating in DAV CAN, the Commander's Action Network. Your advocacy helps make DAV a highly influential and persuasive organization in Washington.

Thank you for all you do for America's veterans and their families

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- Your U.S. House Representative

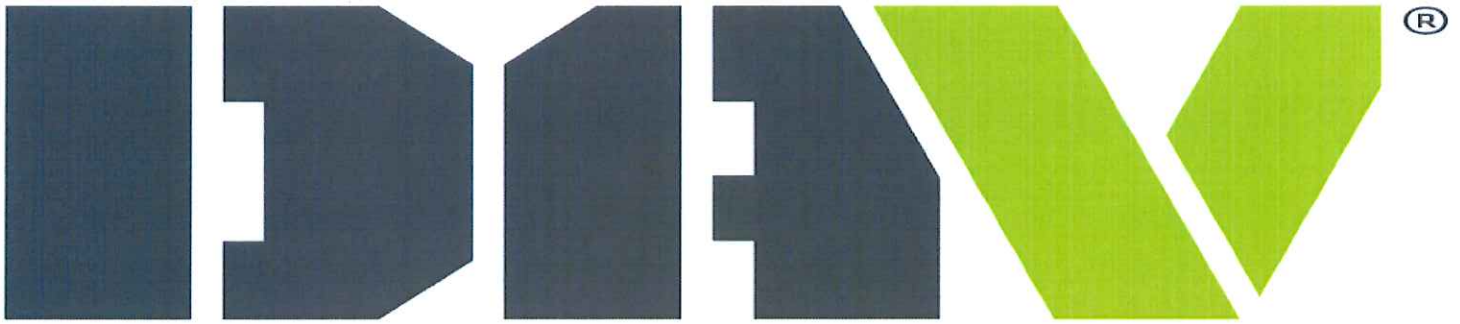
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### VA Benefits for Survivors of Military Sexual Trauma

Bills Introduced that Would Simplify Resolution of Claims

Senator John Tester (MT) and Representative Chellie Pingree (ME) recently introduced companion bills in the Senate (S. 294) and House (H.R. 671), respectively. If these bills are enacted into law, they would lower the burden of proof in establishing a link between military sexual trauma (MST) and a veteran's subsequent mental health condition, making it easier for survivors of MST to be awarded disability compensation benefits from the Department of Veterans Affairs (VA).

In 2010, VA eased its rules for disability determinations for *combat-related* post-traumatic stress disorder (PTSD) in veterans, but excluded from these new rules claims of PTSD submitted by veterans who had experienced MST. Veterans with PTSD claims based on MST are required to demonstrate three key elements of disability for purposes of VA compensation: diagnosis by a qualified mental health professional; existence of a documented "stressor" sufficient to cause PTSD; and, establishment of a direct relationship (called "nexus") between the diagnosis of PTSD and the stressor event. Since the vast majority of MST incidents are not documented, these veterans' claims are routinely denied because no documentation exists to establish proof that a stressor event or incident occurred.

These new bills would require VA to set more simplified standards in PTSD disability determinations for veterans who experienced MST. DAV supports enactment of these bills on the strength of DAV National Resolution 204, adopted by delegates to our 2012 National Convention, calling for VA to adopt the same standards for MST claims as it had done for combat PTSD claims.

We ask that you write your Representatives and Senators to urge them to co-sponsor and vote to enact these important bills. Please use the suggested letter in this electronic alert, or write your own letter, to urge Congress to take action immediately on this important matter.

As long as VA maintains unequal standards such as in this case of MST claims versus combat claims, disabled veterans will be denied rightful benefits. As always, DAV thanks you for your grassroots advocacy in the DAV Commander's Action Network (DAV CAN) and on behalf of wounded and injured veterans.

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### Important Legislation on Concurrent Receipt

Please Contact Your Representative Today

On January 15, 2013, Rep. Gus Bilirakis (FL) introduced H.R. 303, the Retired Pay Restoration Act. This bill would end the unfair policy of forcing many military longevity retirees to forfeit some of their retired pay in order to receive equal amounts of disability compensation from the Department of Veterans Affairs (VA). The effect of this policy means military retirees are paying for their own disability with their military retired pay. This unfair policy has adversely impacted disabled veterans and their families for more than a century, but was partially repealed by Congress in 2004. Under current law disabled veterans with 20-plus years of active military service who are also in receipt of a VA disability determination of 50 percent or higher may retain both military retirement pay and their VA compensation.

In line with Disabled American Veterans (DAV) resolution 019, H.R. 303 would end the longstanding and unfair practice of the government's withholding of military longevity retired pay in exchange for VA disability compensation, regardless of disability rating. DAV believes what is unfair for a veteran rated 50 percent disabled or higher by the VA is equally unfair for a disabled veteran rated 40 percent disabled or lower. Disabled military longevity retirees should not be penalized by the government for any reason.

Currently, H.R. 303 has bipartisan support. This legislation was referred to the House Committee on Armed Services, and in addition to the Committee on Veterans' Affairs for a period to be determined by the Speaker of the House. Please use the prepared e-mail, or draft your own message, to request that your Representative support this important bill and ask that it be brought to the floor for a vote and passed as soon as possible.

Thank you for all that you do for veterans and their families. We need your grassroots action to gain Congressional enactment of this important legislation.

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