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**STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
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Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

Thank you for inviting DAV (Disabled American Veterans) to testify at today's legislative hearing of the Senate Veterans' Affairs Committee. DAV is a Congressionally chartered non-profit veterans service organization composed of nearly one million wartime service-disabled veterans. Our single purpose is to empower veterans to lead high-quality lives with respect and dignity.

**S. 214, the Monetary Enhancement for Distinguished Active Legends Act of 2025
or the MEDAL Act of 2025**

S. 214, the MEDAL Act of 2025, increases the monthly special pension of \$1,406.73 to \$8,333.33 for living Medal of Honor recipients. This bill will also allow surviving spouses of these heroes to continue receiving the monthly special pension at the current rate, subject to periodic adjustments, for the remainder of their lives. This act serves as a recognition of gratitude for the unwavering commitment and extraordinary sacrifices made by our nation's Medal of Honor recipients and their families.

While DAV does not have a specific resolution addressing the proposed pension increase for living Medal of Honor recipients, we have no objection to the Committee's approval of this legislation.

S. 219, the Veterans Health Care Freedom Act

S. 219 establishes a three-year pilot program allowing veterans to choose their health care providers within the VA system or in the private sector. The bill aims to expand access to care by removing certain restrictions on non-VA providers and enabling veterans to seek treatment outside the VA network without meeting existing eligibility criteria.

While ensuring timely access to care is critical, DAV opposes S. 219 because it risks weakening the VA health care system, which is uniquely designed to meet the specialized needs of service-disabled veterans. Expanding private sector care without additional funding could strain VA resources, making it harder for veterans to access

integrated, high-quality services such as mental health care, prosthetics, and rehabilitation programs.

DAV supports community care when the VA cannot directly provide necessary services, but we believe the VA must remain the primary provider and coordinate care to ensure continuity, quality and oversight. Private sector providers may lack expertise in treating service-connected conditions, leading to fragmented care and inconsistent treatment standards.

Instead of diverting resources away from the VA, Congress should invest in VA infrastructure, staffing, veteran-focused research, and IT modernization to strengthen the system. DAV urges lawmakers to prioritize policies that reinforce the VA's ability to serve veterans effectively, ensuring timely access to care without compromising quality.

S. 506, the Coordinating Care for Senior Veterans and Wounded Warriors Act

S. 506, the Coordinating Care for Senior Veterans and Wounded Warriors Act, proposes a pilot program to improve health care coordination for veterans enrolled in both VA and Medicare. While the bill presents an opportunity to expand health care options, close service gaps, and improve access, several concerns must be addressed to ensure that veteran health care remains fully accountable to those it serves.

First, the VA must remain the primary entity responsible for care coordination. DAV Resolution No. 403 reinforces concerns regarding outsourcing veteran health care services, cautioning against reliance on private-sector entities to provide essential care management functions. If the VA determines contracting with private organizations is necessary, stringent oversight and performance evaluations should be implemented to ensure that care remains veteran-centric and not profit-driven.

The assignment of case managers is a crucial element of this bill. Veterans often struggle to navigate complex health care systems, and placing trained, VA-led case managers to support dual-enrolled veterans will help to improve access, efficiency, and quality of care. While the bill outlines care coordination goals, it lacks specificity on who will oversee case managers and ensure they are adequately trained to handle questions about both VA and Medicare services. We strongly suggest that VA takes direct ownership of training and supervising these case managers, ensuring they remain deeply integrated within veteran health care networks rather than functioning as third-party contractors with limited experience in VA programs and veterans' needs.

For rural and medically underserved veterans, health care expansion remains a critical issue. While S. 506 mandates implementation of the pilot in three to five Veterans Integrated Service Networks (VISNs), this limited rollout may not reach veterans who experience the greatest barriers to care. The VA must expand telehealth programs, incentivize providers to serve rural communities, and integrate community-based outreach strategies to bridge this gap. Medicare resources must be leveraged

efficiently to ensure health care access aligns with existing VA programs, rather than introducing additional bureaucratic hurdles for veterans seeking care.

Privacy concerns surrounding medical record sharing between VA and Medicare providers must also be addressed. Veterans deserve strong HIPAA protections, secure technological safeguards, and autonomy over their health data. The bill requires tracking metrics to evaluate patient satisfaction, quality of care, provider engagement, and cost efficiency.

The three-year pilot program is required to include early assessments within the first year to ensure data-driven adjustments are applied before challenges escalate. The bill also requires that if the pilot program shows clear benefits in care coordination, reduced health care costs, and improved patient outcomes, scaling the initiative into a permanent program should be considered.

S. 506 presents an opportunity to enhance care coordination for VA and Medicare dual-enrolled veterans. We urge revisions to the bill that reinforce the VA as the primary provider of veteran health care services. VA-led case management and oversight are essential to ensuring continuity of care. Veterans must also be fully informed of all options and guided toward the best choice for their individual needs, including access to specialized, veteran-centric services.

S. 585, the Servicemember to Veteran Health Care Connection Act

DAV supports S. 585, the Servicemember to Veteran Health Care Connection Act, which advances the goals of DAV Resolution No. 68 by making it easier for all separating service members to access VA health care. This bill establishes universal pre-transition registration by automatically enrolling service members in VA 180 days before discharge. It requires proactive outreach and follow-up to assist veterans in VA enrollment and health care access.

The Servicemember to Veteran Health Care Connection Act reduces barriers to care and ensures transitioning service members receive information on critical resources, including Vet Centers and military sexual trauma counseling. DAV supports efforts to provide continuity of care through streamlined support for these vital services.

S. 599, the Driver Reimbursement for Veteran Equity (DRIVE) Act of 2025

The VA Beneficiary Travel Program seeks to ensure veterans can access needed medical care. However, the current mileage reimbursement rate of 42 cents per mile fails to cover actual travel costs, which inflation and rising fuel prices continue to increase.

S. 599, the Driver Reimbursement Increase for Veteran Equity or DRIVE Act of 2025 would align the VA mileage reimbursement rate for veterans traveling to and from VA health care facilities with the rate provided to government employees using personal

vehicles for official business, currently set at 70 cents per mile. The bill mandates the VA to process and pay mileage allowance claims within 90 days, preventing undue financial hardship from reimbursement delays. By matching veterans' reimbursement rates with federal standards, this legislation reduces financial strain on veterans and helps to eliminate potential barriers to care.

We support this legislation as it aligns with DAV Resolution No. 233, which urges the VA to adopt the General Services Administration (GSA) mileage reimbursement rate to safeguard against the depreciation of the benefit's value due to inflation. DAV urges the VA to request sufficient resources to ensure that adjustments to veterans' beneficiary travel reimbursement rates are fully supported within the program, without compromising funding for direct medical care.

S. 605, the CHAMPVA Children's Care Protection Act

Families of eligible veterans receive health insurance through Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). S. 605, the CHAMPVA Children's Care Protection Act of 2025, extends coverage for children of veterans until their 26th birthday, regardless of marital status, aligning eligibility with the Affordable Care Act (ACA) and ensuring equitable treatment for eligible children.

We support S. 605, as it aligns with DAV Resolution No. 356, which advocates for extending coverage for children of veterans under the same conditions as private health plans.

S. 635, the Veterans Homecare Choice Act of 2025

The Veterans Homecare Choice Act of 2025 (S. 635) aims to broaden access to home-care services for veterans by formally incorporating nurse registries into the Veterans Community Care Program. This legislative effort would provide veterans who live in states that require nurse registries with more flexibility in selecting qualified caregivers, ensuring they receive the personalized support they need within their own homes.

Veterans often struggle to find appropriate home-care providers, facing unnecessary delays and bureaucratic hurdles. This bill seeks to improve their access by allowing the VA to procure contracts with nurse registries, ensuring veterans can receive services from registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions, and homemakers—particularly in states where existing regulations create barriers for nurse registries. These professionals provide essential health care-related and assistive services directly to veteran patients or to support health care facilities, while complying with state licensure requirements.

However, certain provisions of this bill require further clarification. The expanded definition of "nurse registry" includes roles beyond skilled nursing, such as companions and homemakers, raising questions about appropriate oversight. It is essential to

distinguish medical care from non-medical services to ensure quality and proper regulation. The bill lacks clarity on whether nurse registries should operate solely within the Veterans Community Care Program or whether some roles, particularly non-medical ones, would be better suited under existing VA home care programs. Without clear distinctions, implementation challenges may arise, potentially affecting funding, oversight, and efficiency.

To address these concerns, the Committee should refine the language in the bill to clearly define the scope and regulation of nurse registries, ensuring alignment with existing VA home care initiatives. Establishing a structured oversight mechanism will help maintain consistency in service quality. The VA must implement accountability measures to track provider performance and safeguard veterans' access to reliable care.

Veterans need seamless, high-quality home care options that respect their individual needs while maintaining strong oversight and efficiency. By refining this legislation, we can ensure that nurse registries serve their intended purpose without creating administrative confusion or unintended gaps in care. We urge the Committee to work closely with the bill's sponsors to refine these provisions and ensure clarity in implementation.

S. 649, the Guard and Reserve GI Bill Parity Act

Since the establishment of the GI Bill in 1944, these programs have played a role in assisting service members with their transition to civilian life. Active duty members receive full GI Bill benefits for their service, while National Guard and Reserve members—who train, deploy, and respond to emergencies—have different eligibility criteria.

S. 649, the Guard and Reserve GI Bill Parity Act of 2025, would adjust Post-9/11 GI Bill eligibility for National Guard and Reservists to account for every day spent in uniform under Titles 10 or 32. This includes operations, training, military schooling, weekend drills, annual training, and responses to national disasters or emergencies. The bill identifies full-time National Guard duty and certain federal duty statuses for Reservists in determining eligibility for GI Bill benefits.

DAV does not have a resolution on this issue and takes no position on the bill.

S. 778, the Lactation Spaces for Veteran Moms Act

As more women veterans utilize VA health care, the VA must ensure its facilities remain safe, welcoming, and accessible to all veterans. This effort includes providing private, convenient, and hygienic lactation stations that women can easily and safely access while receiving the health care they need and have earned.

S. 778, the Lactation Spaces for Veteran Moms Act, requires each VA Medical Center to establish a dedicated lactation space for nursing veterans. These spaces should remain hygienic, shielded from view, free from intrusion, and be easily accessible, ensuring veteran mothers have a comfortable and dignified environment to nurse.

We support this bill as it aligns with DAV Resolution No. 39, which urges the VA to enhance medical services and benefits for women veterans and address their unique health care needs.

S. 784, the Rural Veterans Transportation to Care Act

Currently, 2.7 million veterans live in rural areas and many face barriers to accessing VA health care. Limited transportation options are a key factor and often prevent veterans from receiving timely medical treatment.

S. 784, the Rural Veterans Transportation to Care Act, would expand eligibility for the VA's Highly Rural Transportation Grant (HRTG) Program to include county veterans service organizations and tribal organizations, broadening the scope of entities that could receive funding to support veteran transportation services. The bill would increase the maximum grant funding available for the purchase of Americans with Disabilities Act (ADA)-compliant vehicles, ensuring veterans with mobility challenges access safe and reliable transportation.

DAV supports the Rural Veterans Transportation to Care Act as it aligns with DAV Resolution No. 177, which urges the VA to expand transportation systems through affiliates and local community partnerships to include ADA-compliant modes of transportation.

S. 800, the Precision Brain Health Research Act of 2025

S. 800, the Precision Brain Health Research Act of 2025, seeks to amend the Precision Medicine for Veterans Initiative of the VA to identify and research critical brain health and mental wellness concerns among veterans affected by repetitive low-level blast exposures, dementia, and other brain and mental health conditions sustained during service. Research indicates that even mild traumatic brain injury (TBI) can have long-term mental health and medical consequences, including an increased risk of dementia. Symptoms are often comorbid with post-traumatic stress disorder (PTSD), depression, and post-traumatic visual syndrome, further complicating diagnosis and treatment.

The bill would require a collaborative data-sharing platform between the VA and the Department of Defense (DOD). This platform would serve as a central repository for research data, ensuring secure storage and accessibility for future studies aimed at advancing veterans' brain and mental health programs.

While we support S. 800 in accordance with DAV Resolution No. 278, which advocates for a robust VA rehabilitative and research program for veterans with TBI, we also recognize the importance of providing researchers with the flexibility needed to innovate and adapt. To address concerns about potential overreach, we recommend broadening the research scope to allow exploration of additional related areas and innovative treatment methods. Implementing flexible funding allocation for exploratory studies and pilot projects is also crucial. Establishing a mechanism for periodic review and adjustment of research directives based on new findings and technological advancements will ensure the initiative remains relevant and effective.

By incorporating these recommendations, S. 800 can maintain its focus on improving veteran care while empowering researchers to adapt and innovate in response to emerging challenges and opportunities.

S. 827, the Supporting Rural Veterans Access to Healthcare Services Act

S. 827, the Supporting Rural Veterans Access to Healthcare Services Act, seeks to enhance the VA transportation grant program to better serve veterans in rural communities, where limited access to health care often presents a significant challenge. The bill expands eligibility to tribal and Native Hawaiian organizations and increases grant funding to improve transportation services in underserved areas.

Reliable transportation enables rural veterans to access timely medical care, ensuring they receive the treatment they need, have earned, and deserve. By strengthening the VA transportation system through affiliates and local community partnerships, this legislation would help to remove barriers to care and advance health equity for veterans in remote locations.

Aligned with DAV Resolution No. 177, we support this bill to expand transportation resources, recognizing that improved access leads to better health outcomes and overall well-being for rural veterans.

S. 879, the Veteran Caregiver Reeducation, Reemployment and Retirement Act

Family caregivers make significant personal and financial sacrifices to provide essential care for veterans with service-connected injuries and illnesses. Many lose income, face financial strain, endure emotional and physical stress, and struggle with reduced retirement savings as they dedicate themselves to supporting their loved ones.

S. 879, the Veteran Caregiver Reeducation, Reemployment, and Retirement Act, seeks to expand support for veterans' family caregivers by extending medical care coverage; providing employment assistance; enhancing caregiver services; offering bereavement counseling; mandating studies on caregiver support; and exploring retirement options for caregivers. By recognizing the critical role of family caregivers, this bill directly addresses their challenges and ensures they receive the resources and support to facilitate a smoother transition as they move out of their caregiving roles.

Aligned with DAV Resolution No. 343, we support this legislation as it would strengthen and expand comprehensive services for caregivers of severely wounded, injured and ill veterans from all eras.

S. 1318, the Fallen Servicemembers Religious Heritage Restoration Act

S. 1318, the Fallen Servicemembers Religious Heritage Restoration Act, requires the American Battle Monuments Commission to identify and research graves incorrectly marked. The commission partners along with non-profit organizations would locate affected graves, notify descendants, and ensure corrections are made to accurately reflect religious heritage.

This legislation takes a meaningful step toward accurately honoring these fallen service members, allowing families to find comfort in seeing their heritage properly memorialized. While we have no specific resolution, DAV has no concerns about this legislation to remark these grave sites.

S. 1320, the Servicewomen and Veterans Menopause Research Act

Perimenopause and menopause represent a major health transition that can have profound effects on physical and mental well-being, yet its impact on service women and veterans remains understudied and often overlooked in military and veteran health care planning. Service-related exposures—such as burn pits, toxic chemicals, and prolonged high-stress environments—can exacerbate menopause-related symptoms, leading to increased risks of cardiovascular disease, osteoporosis, and psychological distress. Despite these concerns, women veterans frequently struggle to find specialized care that adequately addresses their unique medical needs.

S. 1320, the Servicewomen and Veterans Menopause Research Act, takes necessary steps to bridge this gap by directing the VA and DoD to evaluate existing research, identify key areas requiring further study, and assess the quality of health care provider training related to menopause treatment. The bill establishes a framework for developing targeted research initiatives aimed at improving health care outcomes and providing evidence-based care for women veterans.

Women in the military often experience premature menopause due to service-related stress, which doubles the risk of depression and suicide among veterans. DAV's report, *Women Veterans: The Journey to Mental Wellness*, highlights significant gaps in research on menopause's impact and urges improved care for veterans. DAV supports S. 1320, as it aligns with DAV Resolution No. 32, which calls for research into menopause and its impact on the mental health and overall well-being of women veterans.

S. 1383, the Veterans Accessibility Act

S. 1383, the Veterans Accessibility Advisory Committee Act, would establish the Veterans Advisory Committee on Equal Access within the VA to enhance accessibility for individuals with disabilities. Comprising veterans, experts, and service organization representatives, the committee will advise the VA Secretary, ensure compliance with accessibility laws, and submit regular recommendations to improve access to VA facilities, services, and benefits. The committee would be required to meet at least twice a year and dissolve after 10 years. The bill mandates the consolidation or elimination of inactive advisory committees within the VA to improve efficiency.

While DAV has no specific resolution calling for the establishment of a Veterans Accessibility Advisory Committee, we have numerous resolutions that call for ensuring that veterans have access to VA services and benefits and therefore are pleased to support the bill.

S. 1441, the Service Dogs Assisting Veterans (SAVES) Act

S. 1441, the Service Dogs Assisting Veterans (SAVES) Act, establishes a five-year pilot program directing the VA to award grants to nonprofit organizations that provide trained service dogs to veterans at no cost. The bill ensures proper care for these service animals through veterinary insurance coverage.

Service dogs play a vital role in enhancing veterans' quality of life, independence, and overall well-being. These highly trained animals provide essential support for veterans facing physical and mental health challenges, helping them regain confidence and stability in daily life.

DAV supports S. 1441, the SAVES Act. This bill is aligned with DAV Resolution No. 590, which recognizes the rehabilitation support service dogs provide service-disabled veterans and calls for consistent benefits for prescribed service dogs.

S. 1533, the VA License Portability Act

The VA conducts over one million disability examinations annually through VHA employees and Veterans Benefits Administration (VBA)-contracted examiners. License portability enables examiners to work across state lines, expanding codifying access through telehealth and mobile clinics. In 2020, Public Law 116–315 temporarily granted portability to non-physician contractors, while VBA physicians have had permanent portability since 2016, and VHA examiners since 2018 for telehealth.

S. 1533, the License Portability Act, would permanently authorize contract physicians to conduct disability examinations nationwide, streamline medical evidence submission, and ensure that VA covers related expenses. The bill requires a three-year congressional report evaluating the program's cost and effectiveness.

DAV supports S. 1533 as it would expand access to disability examinations, help simplify claims processing, and strengthen license portability to improve efficiency in alignment with DAV Resolution No. 306, which advocates for the efficiency and accuracy of disability examinations, and emphasizes the importance of modernizing the system to ensure timely and fair adjudications for veterans.

To strengthen S. 1533, the mechanism for submitting new and material medical evidence must be clearly defined to ensure timely and accurate consideration in veterans' claims. Currently, the bill requires the VA to establish a process for contract examiners to transmit evidence introduced during examinations. However, without a well-structured and efficient system, delays in processing claims and inconsistent assessments could occur.

Implementing this mechanism requires significant investment in technology and training. Contract examiners must have a streamlined, standardized method to submit medical evidence so it can be properly integrated into VA records without causing disruptions or administrative bottlenecks. The VA must ensure that examiners understand the criteria for new and material evidence, preventing unnecessary submissions and optimizing the claims process.

S. 1543, the Veterans Opportunity Act of 2025

S. 1543 would establish the Veterans Economic Opportunity and Transition Administration within the VA to consolidate vocational rehabilitation, education, housing and transition programs for better oversight and efficiency.

These programs currently compete for resources within VBA and are often overshadowed by compensation and pension services. The bill would require a Senate-confirmed Under Secretary to provide leadership and accountability. The legislation requires annual reports to Congress tracking claims, outcomes, staffing, and expenditures to ensure transparency. It would also protect labor rights, guaranteeing VA employees retain their bargaining agreements during the transition. Before services are transferred, the VA Secretary must certify that the transition will not negatively affect veterans. If delayed, the Secretary must submit a report to Congress explaining the reasons and the estimated date when the certification will be made.

DAV supports S. 1543, the Veterans Opportunity Act, in accordance with DAV Resolution No. 382, which directs Congress to establish an Economic Opportunity Administration within the VA. This bill would strengthen oversight, streamline assistance, and help ensure veterans receive the support they need for a successful transition to civilian life. DAV Resolution No. 372, also supports these reforms, advocating for stronger oversight and veteran service organization involvement in TAP to improve transition success.

S. 1591, the Acquisition Reform and Cost Assessment (ARCA) Act of 2025

S. 1591, the Acquisition Reform and Cost Assessment (ARCA) Act of 2025, aims to restructure the acquisition process within the VA and establish a Director of Cost Assessment and Program Evaluation within the department. The focus of the bill is to help streamline procurement operations, hold major acquisition programs accountable, and facilitate the rapid adoption of medical technologies through advance market commitments.

We recognize the importance of effective oversight and responsible resource management. However, DAV has no resolution specific to this proposed acquisition restructuring effort and takes no position on the bill.

Mr. Chairman, this concludes my testimony. I would be pleased to answer questions you or members of the Committee may have.