KEEPING OUR PROMISE TO AMERICA'S VETERANS

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STATEMENT OF
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UNITED STATES SENATE
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Chairman Moran, Ranking Member Blumenthal and Members of the Committee:

DAV (Disabled American Veterans) is pleased to provide testimony for the record for this legislative hearing concerning pending legislation. DAV is a congressionally chartered and Department of Veterans Affairs (VA) accredited veterans service organization (VSO) dedicated to ensuring our promise is kept to America's veterans.

S. 342, the Purple Heart Veterans Education Act of 2025

Current law requires service members to complete at least six years of service and commit to an additional four years in order to transfer Post-9/11 GI Bill educational benefits to their dependents. This requirement effectively excludes many Purple Heart recipients whose service may have ended before reaching the necessary time-in-service threshold.

S. 342, the Purple Heart GI Bill Transfer Fairness Act, would remove this barrier by allowing Purple Heart recipients to transfer their unused Post-9/11 GI Bill educational benefits to their dependents, regardless of the length of their military service.

Purple Heart recipients have already made extraordinary sacrifices in service to our country. Denying them the ability to transfer earned education benefits to their spouses or children is inconsistent with the intent of the Post-9/11 GI Bill and fails to recognize the sacrifices endured by their families.

We support S. 342 in accordance with DAV Resolution No. 416, which calls for removing time restrictions to transfer Post-9/11 GI Bill benefits to eligible dependents. Passage of this legislation would honor our nation's Purple Heart recipients and ensure that their families receive the educational benefits they have rightfully earned.

S. 668, the Supporting Access to Falls Education and Prevention and Strengthening Training Efforts and Promoting Safety Initiatives (SAFE STEPS) for Veterans Act of 2025

Falls are the leading cause of fatal and nonfatal injuries for older Americans; every 19 minutes an older adult dies from a fall. Veterans often have challenges that increase their risk—such as physical disabilities, chronic health conditions, medication use, limb loss and traumatic brain injury. Through evidence-based lifestyle and clinical interventions, falls prevention programs, and clinical-community partnerships, the number of falls among veterans may be reduced.

This legislation creates an Office of Falls Prevention within the Veterans Health Administration (VHA), responsible for developing, coordinating, and overseeing evidence-based programs aimed at reducing fall-related injuries among veterans, particularly older adults, and those with mobility challenges.

This bill directs the VA to implement standardized prevention strategies across VA medical centers and community providers, collect and report data on fall incidents and provide targeted education and training for staff, caregivers and veterans themselves. It also calls for public education campaigns and the development of recommendations of best practices to prevent falls.

DAV supports S. 668 in accordance with DAV Resolution No. 653, which calls for strengthening the VA health care system and its specialized services. By focusing on proactive, preventive care, the SAFE STEPS for Veterans Act aims to improve veterans' quality of life and long-term health outcomes.

S. 926, the Saving Our Veterans Lives Act of 2025

By offering secure firearm storage options, this legislation reduces access to lethal means during moments of crisis, creating a critical time delay that can help save lives. This delay provides veterans with an opportunity to reconsider their actions, reach out for support or contact crisis resources during periods of acute risk.

The Saving Our Veterans Lives Act of 2025 aims to reduce veteran suicide by providing eligible veterans with secure firearm storage items, such as lockboxes or vouchers for lockboxes, upon request through a VA program. The high rates of veteran suicide—highlighted by the *2024 VA National Veteran Suicide Prevention Annual Report*, which reported 6,407 suicides among veterans in 2022, with firearms involved in 72% of these cases—underscores the urgent need for comprehensive mitigation measures.

The bill also includes a robust educational component, requiring the VA to distribute information and develop materials, such as information videos, on the benefits of secure firearm storage as a suicide prevention strategy. These efforts are designed to promote responsible firearm handling and storage practices, protect veterans and

their families from accidental discharges or unauthorized access and foster culture of safety within the veteran's community. Participation in the program is voluntary and should not infringe upon veterans' privacy and second amendment rights.

The Saving Our Veterans Lives Act of 2025 takes a proactive, evidence-based approach to suicide prevention by providing secure firearm storage resources, together with additional education and support to veterans, with the goal of reducing suicide risk and promoting safety for veterans and their families.

We support this commonsense bill in accordance with DAV Resolution No. 311, which calls for mental health and suicide prevention program improvements.

S. 1116, the Ensuring Veterans' Final Resting Place Act of 2025

Currently, veterans are eligible for VA burial benefits such as headstones, markers, urns or plaques, but they cannot receive both an urn or plaque and a headstone or marker for the same burial—only one form of recognition is allowed.

The Ensuring Veterans' Final Resting Place Act addresses this limitation by eliminating restrictions on receiving duplicate benefits, allowing veterans to receive both an urn or plaque and a headstone or marker. The bill applies retroactively to deaths occurring on or after January 5, 2021. This change honors their service and sacrifice while reducing the financial, emotional and logistical burdens faced by surviving families.

We support the Ensuring Veterans' Final Resting Place Act in accordance with DAV Resolution No. 631, which affirms our commitment to ensuring that every veteran receives the dignified final resting place they have earned in service to our nation.

S. 1657, the Review Every Veteran's Claim Act

This legislation addresses a significant concern in the adjudication of veterans' benefits by prohibiting the denial of claims solely because a veteran failed to attend a scheduled medical examination. Currently, under VA's duty to assist (38 U.S.C. § 5103A), the law states that VA "…shall treat an examination or opinion as being necessary to make a decision on a claim…" when the full evidentiary record "…does not contain sufficient medical evidence…to make a decision on the claim" In practice, this language often results in the Veterans Benefits Administration (VBA) denying claims when a veteran misses an examination—even when substantial supporting evidence, such as service medical records, private treatment records or lay statements, is already part of the record.

S. 1657, the Review Every Veteran's Claim Act, would amend this provision to clarify by inserting a new subsection clarifying that:

> "If a veteran fails to appear for a medical examination provided by the Secretary in conjunction with a claim for a benefit under a law administered by the Secretary, the Secretary may not deny such claim on the sole basis that such veteran failed to appear for such medical examination."

This reform would prevent automatic denials based solely on a missed examination and require the VA to evaluate all available evidence before rendering a decision.

Veterans may face unique challenges, including medical limitations, transportation barriers or unforeseen personal circumstances, that can make attending examinations difficult. Denying benefits solely for this reason undermines the fairness and compassion that should guide the VA claims process. This legislation would ensure that VA fully considers all relevant evidence—service medical records, private treatment documentation and lay statements—before making a benefits determination, helping to prevent unjust claim denials and uphold the principles of fairness, equity and respect owed to every veteran.

In alignment with DAV Resolution No. 240, we support the Review Every Veteran's Claim Act as a meaningful and necessary reform.

S. 1665, the Obligations to Aberdeen's Trusted Heroes (OATH) Act of 2025

Military members who participated in chemical weapons testing programs at the Edgewood Arsenal facility in Aberdeen, Maryland, as well as other secrecy oath programs, did so under difficult, dangerous and highly classified conditions. Due to the secrecy involved, these veterans often have a difficult time establishing service connection for VA benefits, particularly for injuries and illnesses related to toxic exposures. S. 1665, the OATH Act of 2025, would help to ensure they receive full access to all the benefits they have earned, including health care for conditions potentially related to hazardous or toxic exposures.

This legislation would assist veterans of the Edgewood Arsenal Program and other secrecy oath programs to access their earned benefits by requiring the VA to notify them of eligibility and provide clear guidance on how to claim those benefits, including information on available resources and programs. The bill's provisions would apply to all veterans who have completed or been released from secrecy oath programs and ensure that the effective date for disability compensation claims is preserved as the date of discharge or release from service.

The need for this legislation is underscored by the precedent established in *Taylor v. McDonough (64 F. 4th 1349, Fed. Cir. 2023)*, where a veteran's participation in a classified testing program at Edgewood Arsenal and resulting secrecy oath prevented them from filing for benefits for decades. The Federal Circuit ultimately held that equitable relief may apply when government actions, such as a secrecy oath, prevent a veteran from timely filing a claim.

In accordance with DAV Resolution No. 239, which calls for legislation to make it easier to establish service connection for conditions related to toxic and environmental exposures, we support S. 1665. This legislation would help ensure veterans who served under secrecy oaths, especially those potentially exposed to hazardous substances, have equal access to the benefits, health care and recognition afforded to all other veterans.

S. 1868, the Critical Access for Veterans Care Act

S. 1868, the Critical Access for Veterans Care Act of 2025, seeks to expand health care access for rural veterans by allowing them to receive care from critical access hospitals and affiliated rural health clinics without the need for prior VA authorization or referral. Unlike other parts of VA's community care program, this legislation would allow veterans to receive medical care services paid for by VA without VA's knowledge, authorization or coordination.

The bill would also create different reimbursement rates for these rural hospitals and providers compared to other community care providers. It would also establish a separate requirement that these reimbursements be paid within 60 days.

While we certainly understand and agree with the intention of the bill to expand access for veterans who live in rural areas, we have concerns about whether this legislation would achieve that purpose and how it would impact veterans who choose and rely on VA for their care. In many rural communities, VA is the only significant health care provider, particularly for specialized services, and any erosion of support for such VA facilities could reduce access for some rural veterans. Further, we are concerned about the dangers of increased fragmentation of care that could result from veterans going to both VA and non-VA providers without any coordination of their care. We also know that, on average, VA often provides higher quality care than private providers and believe that VA should be the primary provider and coordinator of care wherever feasible.

As the Committee considers S. 1868 and other legislation to expand access to care, particularly in rural areas, it is imperative that VA remain central to that strategy. The focus must always remain on providing timely, high-quality, veteran-centric, coordinated care, regardless of where veterans live.

S. 1992, the Veterans Appeals Efficiency Act of 2025

The Veterans Appeals Efficiency Act of 2025 proposes significant changes to the Board of Veterans' Appeals ("Board"), the Veterans Benefits Administration (VBA), and the Court of Appeals for Veterans Claims (CAVC). While DAV agrees with the bill's intent to modernize and improve appeals efficiency, several provisions raise concerns that could compromise veterans' rights and due process if not amended.

We strongly support the bill's emphasis on transparency and accountability. Requiring annual reports on remand processing times, motions to advance appeals and dismissals, including those resulting from suicide, will provide critical oversight and highlight inefficiencies within the system. We also support the provisions to improve claims tracking at various stages, including remanded, unassigned, expedited and supplemental claims, which could help develop a more data-driven and accountable appeals process.

However, the provision authorizing the Board Chairman to aggregate appeals with common legal or factual issues is problematic without explicit opt-out protections. While aggregation may promote consistency and reduce redundancy, veterans must retain the right to proceed independently. Without opt-out rights, claimants risk losing autonomy over their appeals, facing delays from collective proceedings, or having weaker cases undermine stronger ones. Preserving claimant choice is essential to safeguarding due process.

The bill's expansion of CAVC jurisdiction to include class certification motions prior to final agency decisions, and its codification of limited remands, also raise concerns. These changes could disrupt the administrative process, draw veterans into class actions without informed consent, and reduce the Court's flexibility to tailor justice to individual circumstances. Clear guardrails are needed to ensure that jurisdictional expansion does not compromise fairness or efficiency.

We are further concerned by the requirement that VA contract with a Federally Funded Research and Development Center (FFRDC) to study precedential authority and aggregation rules, develop recommendations to change those rules and then rapidly implement those recommendations without regular congressional review and approval. This delegation of legislative authority to a non-governmental entity without congressional oversight, which also limits any meaningful stakeholder input from VSOs, is both unnecessary and unwise. Congress can and should make these determinations in an open and transparent manner. Further, if precedential authority is granted, there must be safeguards included, such as multi-member panels, similar to the CAVC's three-judge requirement, for better accuracy and fairness.

To ensure this legislation fulfills its purpose without harming veterans' rights, DAV recommends that Congress include explicit opt-out provisions for claim aggregation, establish clear guardrails on expanded CAVC jurisdiction, require congressional review and approval of FFRDC recommendations before implementation, mandate multi-member panels for Board precedential decisions, and assess workload and staffing impacts on both the Board and the Court to prevent exacerbating existing backlogs.

Although S. 1992 advances transparency and modernization in the appeals process in some respects, without revisions to protect due process and claimant autonomy, it risks undermining the very efficiencies it seeks to create. DAV cannot

support the bill in its current form, but we stand ready to work with Congress to amend it in ways that protect veterans' rights while advancing meaningful reform.

S. 2061, the Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025

For decades, countless service members have endured toxic exposures during military service, from burn pits and chemical agents to industrial contaminants. While federal research has primarily focused on the health consequences for veterans themselves, emerging scientific evidence suggests these exposures may also have intergenerational impacts, affecting the health of their descendants. Yet, the children and families of toxic-exposed veterans remain largely unstudied, without access to formal health monitoring or specialized care.

S. 2061, the Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025, seeks to close this critical gap by requiring the Interagency Working Group on Toxic Exposure that was established by the PACT Act to study, track and report on health outcomes among descendants of toxic-exposed veterans. The legislation would also establish federal task forces to foster collaboration across agencies and ensure that findings and recommendations are publicly accessible. In addition, it advances comprehensive research into generational effects, building the evidence base needed to inform care, policy and prevention strategies.

Veterans and their dependents have consistently voiced the need for these actions. Veterans want assurance that the sacrifices they made in service will not leave their children and grandchildren vulnerable to unrecognized health risks. Dependents of toxic-exposed veterans, some of whom already struggle with unexplained medical challenges, seek acknowledgement, answers and access to care informed by rigorous research. Their lived experiences highlight the urgency of expanding federal efforts beyond the individual veteran to encompass the family unit, ensuring that no generation is left behind.

We support S. 2061 in accordance with DAV Resolution No. 84, which calls for expanding research into the generational consequences of toxic exposure to understand the full scope of how these exposures affect veterans, their families, and descendants. By investing in this work, Congress can help ensure that future generations are not left without recognition, resources and hope.

S. 2220, the Fighting for the Overlooked Recognition of Groups Operating in Toxic Test Environments in Nevada (FORGOTTEN) Veterans Act of 2025

S. 2220, the FORGOTTEN Veterans Act, addresses the long-standing inequities faced by veterans who served at the Nevada Test and Training Range (NTTR) and other Department of Energy (DOE) facilities. Although exposed DOE civilian employees can already receive both free health care and financial compensation under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), the similar

exposures of service members who were stationed at NTTR have not even been formally acknowledged by VA or the Department of Defense (DOD). For decades, these service members have been denied recognition and benefits for toxic and radiological exposures sustained during their service. This legislation would correct that inequity and reflects several core recommendations outlined in the DAV–MOAA *Ending the Wait for Toxic-Exposed Veterans* report, particularly those focused on tracking and conceding toxic exposures.

The bill requires the Secretary of Defense to classify the Nevada Test and Training Range and other similar locations as toxic exposure sites and that service members stationed there had been exposed to radiation-risk activities, thereby opening the door to receive health care and benefits under VA's "Atomic veterans" programs.

Consistent with our *Ending the Wait* report recommendations, the bill also directs the DOD to enhance the Individual Longitudinal Exposure Record (ILER) to better document all toxic exposures encountered by service members, including those occurring within the United States. By doing so, comprehensive exposure information will be accessible to both DOD and VA health care providers and disability evaluators. This will strengthen continuity of care and improve claims accuracy, ensuring that service members are not left to prove individual exposures decades after their service.

In addition, the bill creates a new presumption of service connection for these veterans for lipomas and tumor related conditions, thereby streamlining the process for receiving VA benefits and health care services for affected veterans.

In alignment with DAV Resolution No. 239 and the DAV–MOAA *Ending the Wait for Toxic-Exposed Veterans* report, DAV strongly supports S. 2220. By improving the ILER program, establishing concessions of exposure, and recognizing radiation-risk activities and related health impacts, this legislation will correct longstanding inequities and honor the service of these veterans.

S. 2264, the Advancing VA's Emergency Response to (AVERT) Crises Act of 2025

The COVID-19 pandemic and recent natural disasters highlight the critical importance of VA's emergency response capabilities, particularly communication infrastructure and continuity of care protocols. It is imperative that VA is prepared to fulfill its Fourth Mission to improve the nation's preparedness for response to war, terrorism, national emergencies and natural disasters while simultaneously maintaining seamless delivery of medical services and benefits that our veterans depend on.

S. 2264 would require the VA to assess and report on its emergency management roles, Regional Readiness Centers and coordination with FEMA, in order to determine ways to make them more effective and efficient. By helping to improve plans for streamlining VA's emergency response capabilities, the AVERT Crises Act could better prepare the Department to protect veterans' health and safety during future emergencies while maintaining its readiness to serve the broader national interest.

In accordance with DAV Resolution No. 653, which calls for the strengthening and protection of the VA health care system, we support this legislation to reinforce VA's Fourth Mission and ensure that they are ready to step up again and answer the nation's call for help.

S. 2309, the Veteran Burial Timeliness and Death Certificate Accountability Act

Some families of deceased veterans have experienced delays in the certification of death, which can postpone burial services, impede access to survivor benefits, and add unnecessary stress. There have been reports indicating that in some cases, VA-employed physicians and nurse practitioners have faced procedural or workload barriers that have extended certification timelines, sometimes for weeks.

Recognizing these challenges, the VA issued VHA Notice 2025-03, an interim policy establishing a 48-hour certification timeline for VA-employed physicians and nurse practitioners. This policy is set to expire on June 30, 2026.

S. 2309, the Veteran Burial Timeliness and Death Certificate Accountability Act, would codify the requirement that VA primary care providers certify the deaths of veterans within 48 hours from the time they become aware of their death. If they are unable to do so, the bill authorizes a local coroner or medical examiner in the jurisdiction where the veteran died to make the death certification.

While promoting timeliness is essential, equal attention must be given to accuracy in determining cause of death. For survivors of disabled veterans who will seek to receive Dependency and Indemnity Compensation (DIC) benefits based on the veteran dying from a service-connected condition, it is of paramount importance that all contributing factors be included as a cause of death. The failure to include a service-connected condition on a death certificate can make it an immensely more challenging and time-consuming process to receive survivor benefits.

While DAV does not have a resolution specific to this proposal, and takes no position on the legislation, we urge the Committee to ensure that any efforts to speed up the process of certifying veterans' deaths do not lead to unintended consequences that instead delay the award of survivor benefits due to inaccurate or incomplete death certificates.

S. 2328, the Military Learning for Credit Act of 2025

The transition from military to civilian life often presents significant challenges, particularly in pursuing higher education and meaningful employment. Too often, veterans encounter unnecessary barriers in accessing these benefits they have earned or in receiving proper recognition of their military learning. By covering the costs of examinations such as the College Level Examination Program (CLEP), DANTES Subject Standardized Tests (DSST), the National Career Readiness Certificate (NCRC),

and institution-based portfolio assessments, this bill ensures that financial obstacles do not prevent veterans from converting their military experience into academic progress.

Under S. 2328, veterans could apply their educational assistance toward the cost of these exams, up to $500 per test. This provision would reduce both the time and expense required to complete a degree, accelerate entry into the civilian workforce, and strengthen long-term economic stability for veterans and their families. In practical terms, it means veterans can move more quickly from the classroom to careers, maximizing the return on their earned benefits.

We support this legislation in accordance with DAV Resolution No. 428, which calls for programs, policies and legislation that identify and remove barriers to employment and education for service members and veterans.

S. 2333, the Health Records Enhancement Act

Typically, when a veteran dies, their health record is considered closed and is not usually amended, even when newly discovered toxic exposures or medical conditions are identified after death, which can sometimes negatively impact the award of survivor benefits for lack of proof of service connection. S. 2333, the Health Records Enhancement Act, seeks to address this issue by requiring the DOD and the VA to permit the supplementation of deceased veterans' health records. This approach could help improve the ability of veterans' survivors to provide verified medical evidence that strengthens service-connected claims. It could also improve epidemiological research by helping to identify long-term health trends on the impact of toxic exposures across generations of veterans, as well as guide VA and the DOD in shaping future health care policy and resource allocation.

While we appreciate the intent of the legislation, DAV does not have a specific resolution related to supplementing medical records and takes no position on the legislation. We also note that if the Committee moves such legislation, it must ensure that there are adequate controls to protect the privacy and usage of veterans' medical information. These considerations will be critical to ensuring that the process is transparent, consistent, and beneficial to veterans' families and the broader veteran community.

S. 2397, the Coordinating and Aligning Records to Improve and Normalize Governance (CARING) for our Veterans Health Act of 2025

As more veterans receive care through the Veterans Community Care Program (VCCP), a persistent challenge remains: inconsistent and delayed transfer of medical records between community care providers and VA. This gap puts veterans at risk, as VA providers often lack the timely information needed for informed decisions—leading to duplicative tests, medication errors and disrupted continuity of care.

S. 2397, the CARING for Our Veterans Health Act, could help address these critical deficiencies by requiring the VA to develop standardized guidance and reporting requirements for obtaining medical documentation from community care providers after veterans receive referred services. The bill would also require VA to set and monitor training goals for community care providers to help ensure completion of all required courses.

In line with DAV Resolution No. 5, which calls for seamless access to veterans' medical records between VA, DOD and community care through full implementation of a secure, interoperable electronic health record system, DAV supports this legislation that could help ensure better care coordination for veterans using VA and community care providers.

S. 2683, the Veterans Scam and Fraud Evasion (VSAFE) Act

Veterans are frequent targets of scams and fraud by criminals going after their earned benefits, financial resources and personal information. According to consumer complaints reported to the Federal Trade Commission (FTC) and published in the 2024 *Consumer Sentinel Network Data Book*, veterans suffered an estimated $419 million in fraud-related losses in 2024 alone.

While multiple agencies, including the VA, currently work to address fraud, these efforts are often fragmented and lack centralized coordination. S. 2683, the VSAFE Act, seeks to change that by establishing a Veterans Scam and Fraud Evasion Officer within the VA. This new position would lead all fraud prevention initiatives, ensuring a cohesive strategy and providing veterans with consistent, reliable guidance on how to identify, report and avoid scams. The Officer's responsibilities would also coordinate closely with the Inspector General and other federal agencies to ensure a unified federal approach to fraud prevention for veterans.

Consistent with DAV Resolution No. 632, we strongly support Section 2 of S. 2683 to help to defend veterans and their benefits from those who seek to exploit them. Section 3 would extend the reduction of VA pension payments for veterans in nursing homes, presumably to achieve savings and comply with congressional "pay-as-you-go" (PAYGO) rules and statutes. DAV has a resolution calling for all VA health care services, benefits and programs to be exempt from PAYGO and we do not support this provision.

S.2737, the Veterans National Traumatic Brain Injury Treatment Act

S. 2737, the Veterans National Traumatic Brain Injury Treatment Act, proposes a pilot program offering hyperbaric oxygen therapy (HBOT) to veterans with traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD) through approved community providers. The program would operate in two Veterans Integrated Service Networks (VISNs) but would be funded solely by private donations. HBOT facilities participating in the pilot would need to meet recognized accreditation standards, such as those of the

Joint Commission or the Undersea and Hyperbaric Medical Society, ensuring veterans receive this care in safe, clinically validated settings. The bill also requires the Government Accountability Office (GAO) to review and reassess HBOT based on new HBOT trials conducted by VA, DOD and private entities since publication of GAO's 2015 HBOT report.

VA's mental health care guidelines currently prioritize psychotherapy and rehabilitation as first-line treatments for TBI and PTSD, yet many veterans continue to experience persistent symptoms despite standard care. However, a randomized, clinical trial involving veterans with treatment-resistant PTSD found that HBOT significantly reduced PTSD symptoms and improved brain connectivity on functional MRI, with a substantial portion of participants achieving remission, representing the most rigorous and promising evidence to date supporting HBOT as a potential non-pharmacological treatment for PTSD.

DAV Resolution No. 93 calls on VA conduct robust research to evaluate the effectiveness of HBOT for treatment resistant TBI and PTSD. While we appreciate the intention of this legislation to offer additional treatment options for veterans suffering from TBI and PTSD, we continue to believe that HBOT, like every treatment and therapy that VA provides, should have conclusive evidence of its safety and efficacy for each usage based on thorough research. We also have questions about whether VA should rely on private funding sources for specific treatments or medicines and the precedent this could set. For these reasons, we do not support the legislation as drafted.

S. 2807, the Restoring Eligibility Standards for Placement in Eligible Cemeteries and Tombs (RESPECT) Act

National cemeteries are sacred grounds where veterans and their families rightly expect dignity, honor and respect for their service to our nation. S. 2807, the RESPECT Act, would amend current statutory language about how certain interment restrictions apply to veterans convicted of sex offenses by changing the applicability date for VA to reconsider such decisions from December 20, 2013, to on or after June 18, 1973.

DAV has no resolution specific to S. 2807 and does not take a position on this legislation.

S. 3033, the Improving Access to Care for Rural Veterans Act

S. 3033, the Improving Access to Care for Rural Veterans Act, would require VA health care facilities in rural areas to expand the number of partnerships they have with non-VA medical facilities. These partnerships could include agreements for telehealth, co-location or leasing of space and equipment, training, care coordination, emergency services—including transportation—and other services deemed appropriate. The legislation requires all existing and new VA facilities to have at least one partnership within three years of enactment of the law unless granted a waiver. The intent of this

legislation is clear: to expand access to care for veterans in rural communities while potentially reducing costs and strengthening local health care infrastructure.

Rural veterans face unique and persistent barriers to care. Long travel distances, limited provider availability and fewer specialty services often result in delayed treatment, poorer health outcomes and increased isolation. These challenges can also disproportionately affect tribal communities, women veterans and other underserved populations. By leveraging local resources and minimizing duplication, this bill would help ensure that veterans in remote and medically underserved areas receive the timely equitable, and veteran-centered care they have earned.

We support this bill in line with DAV Resolution No. 129, which calls for stronger access to care for veterans in rural and underserved communities. By fostering local partnerships, expanding telehealth and improving coordination, this legislation could help reduce barriers and ensure more timely care.

S. 3119, the Fisher House Availability Act

S. 3119 would expand eligibility to permit active-duty service members, other individuals on active duty and their family members to stay in VA temporary lodging facilities—particularly Fisher Houses—on a space-available basis when they must travel significant distances to receive medical care. The Fisher House program's core mission is to provide free, temporary lodging for the families and caregivers of veterans receiving medical care at VA or DOD medical facilities. This mission is vital to ensuring that veterans and their loved ones have the support they need during treatment and recovery.

Although we have no resolution related to this proposal, and take no position on the legislation, DAV supports the intent of expanding lodging support to active-duty service members and their families while maintaining veterans and their caregivers as the primary beneficiaries of the Fisher House program.

Draft bill, Leveraging Integrated Networks in Communities (LINC) for Veterans Act

The draft bill, Leveraging Integrated Networks in Communities (LINC) for Veterans Act, would require VA to establish a pilot program at one VA health care facility in each Veterans Integrated Service Network (VISN) to build interoperable community integration networks that connect veterans to non-VA health and social services—including housing, transportation, mental health care, job training and legal aid—through coordinated public-private partnerships. Additionally, it would mandate routine screening for social determinants of health using standardized tools, track referral outcomes and promote collaboration with Medicaid and existing networks.

DAV has no resolution specific to this proposal and takes no position on the legislation. We appreciate the bill's intent to expand access for veterans to a full spectrum of health, economic, and social services, however we have questions about

whether this proposal is the most efficient and effective way to use VA's limited resources to achieve this goal. Veterans who are enrolled in the VA health care system already have integrated access to a host of additional VA services and benefits that can improve their physical, mental, social, and economic health. These "wrap-around" services are a cornerstone of VA's holistic approach to improving the lives of the men and women who served, as well as their families, caregivers, and survivors. The Committee should consider whether requiring VA to take on the additional responsibility of re-creating its integrated programs, services, and benefits outside of VA could potentially detract from VA's core missions, and whether the time and resources required would be better invested in expanding VA's own programs, especially in rural and frontier communities.

Draft bill, the Sharing Essential Resources for Veterans Everywhere (SERVE) Act

The draft bill, Sharing Essential Resources for Veterans Everywhere (SERVE) Act, seeks to improve veterans' access to health care by better utilizing military medical treatment facilities (MTFs) with excess capacity and strengthening coordination between the VA and the DOD. This proposed legislation would require the development and implementation of action plans for DOD MTFs and nearby VA medical facilities to allow enrolled veterans to receive care at MTFs. The action plans would include cross-credentialing of providers, expedited base access for VA beneficiaries, integrated IT systems, and designated coordinators to manage implementation. The bill would designate DOD providers as preferred providers within the VA community care network. It also calls on VA to allow veterans to receive certain medical services at MTFs without any VA referral or preauthorization, although it provides no specific language about what services would be included.

DAV supports most provisions of the SERVE Act as it aligns with DAV Resolution No. 650 and others that seek to expand access, timeliness and quality of VA health care, including non-VA options when VA care is not accessible. We particularly support the bill's designation of DOD providers as "preferred providers" in VA's community care program, because they will generally have greater expertise and cultural competency treating former service members. We do have concerns about removing VA's role in referring and pre-authorizing enrolled veterans care at DOD and other non-VA facilities and recommend that the Committee further refine and clarify that provision. While VA has sensibly begun to allow veterans to schedule certain routine medical services, such as vision or hearing exams, without a primary care provider referral or pre-authorization, VA must remain the overall coordinator of an enrolled veteran's care to avoid negative health outcomes that result from fragmented care.

The bill also includes a provision in subsection 2(i) that would extend the reduction of VA pension payments for veterans in nursing homes, presumably to achieve savings and comply with congressional "pay-as-you-go" (PAYGO) rules and statutes. DAV has a resolution calling for all VA health care services, benefits and programs to be exempt from PAYGO and we do not support this provision.

Draft bill, the Commission on Equity and Reconciliation in the Uniformed Services Act

This draft bill, the Commission on Equity and Reconciliation in the Uniformed Services Act, would create an independent Commission on Equity and Reconciliation in the Uniformed Services tasked with documenting historical discriminatory practices and holding public hearings. The Commission would gather testimony from affected service members, veterans, their families and subject-matter experts, with particular attention to veteran services, health care access and benefits for those impacted by past discriminatory policies.

DAV has no resolution specific to this proposal and takes no position on the legislation. However, we do recognize that there have been disparities in access and outcomes for historically under-represented and underserved subgroups of veterans, including racial and ethnic minorities; LGBTQ+ individuals; women; and those living in rural, remote or medically underserved communities. We continue to call on VA to support efforts to develop and implement sustainable programs and accountability measures aimed at eliminating health and service inequities to ensure equitable access, treatment and outcomes for all veterans.

Draft Bill, the Get Justice-Involved Veterans BACK HOME Act

The draft bill, Get Justice-Involved Veterans Behavioral Assistance and Care for Key Health Outcomes to Maintain Empowerment (BACK HOME) Act, would authorize a pilot program to deliver tele-mental health services or mobile mental health units to veterans in correctional facilities, prioritizing veterans with service-connected PTSD, TBI or military sexual trauma. Additionally, the bill would require VA coordination with federal and state agencies, establish dedicated provider hubs, prohibit disability claims evaluations during treatment, mandate separate housing units for veterans in federal prisons to support rehabilitation and peer connection and ensure automatic resumption of VA benefits post-incarceration.

Although DAV does not have a resolution specific to this proposal, and takes no position on the bill, we support the intent of the legislation. VA research indicates that veterans with PTSD are approximately 60% more likely to experience justice-system involvement compared to their peers without the condition. Similarly, veterans with traumatic brain injuries—one of the signature wounds of the post-9/11 conflicts—face an elevated risk of criminal justice involvement, underscoring the complex intersection between combat-related injuries and post-service legal challenges. Despite their service, justice-involved veterans often lack access to coordinated care, benefits and reentry support, contributing to higher rates of recidivism and poorer health outcomes.

As the Committee considers this legislation, it will be important to consider the administrative and logistical challenges of having VA provide services at state and federal prisons, including the overlapping authorities and responsibilities. In this regard,

leveraging the use of advance communications technologies could be critical to expanding access to VA mental health services for veterans during incarceration.

In closing, Mr. Chairman, we thank you for the opportunity to submit a statement for the record on the bills being considered by the Committee.
