

**STATEMENT OF  
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THE AMERICAN LEGION  
BEFORE THE  
HOUSE COMMITTEE ON VETERANS AFFAIRS  
ON  
“A TIME FOR CHANGE: ASSESSING THE NEED TO MODERNIZE  
VETERAN ELIGIBILITY FOR CARE”**

**DECEMBER 2, 2020**

Chairman Takano, Ranking Member Roe, and distinguished members of the Committee on Veterans’ Affairs; on behalf of National Commander, James W. "Bill" Oxford, and our nearly two million dues-paying members, we thank you for inviting The American Legion to testify today and share our views on veteran eligibility to enroll in the Department of Veterans Affairs (VA) healthcare system and the advisability of establishing a “Commission on Eligibility” as proposed by Ranking Member Roe’s *Modernizing Veterans' Healthcare Eligibility Act*.

As the nation's largest wartime veterans service organization, The American Legion is a leading voice safeguarding veterans' hard-earned benefits and entitlements from erosion. We were founded back in 1919 with one primary purpose, to ensure that veterans who served their country and fought this nation's wars would be taken care of, especially those who were wounded or ill as a result of their service. And we have continually fought to make sure Congress appropriates the necessary funds for VA to operate and take care of veterans properly as it is obliged to do.

We strongly support the formation of an advisory commission to evaluate VA’s eligibility system and sees it as an excellent opportunity to bring responsible and necessary changes to how VA determines eligibility. We are dedicated to ensuring veterans get the VA healthcare system they deserve and that it is optimally designed to meet their needs.

## **Background**

The federal government’s role in providing healthcare to the nation’s veterans goes back to World War I. The veterans’ healthcare system was first developed in 1919 with the enactment of P.L. 65-326, which authorized the Public Health Service to provide needed care to veterans injured or sick due to military service. In 1924, with the enactment of the *World War Veterans Act*, veterans with no service-connected disability but were "financially unable to pay” for care were also given access to VA healthcare, thus creating a safety net mission.<sup>1,2</sup>

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<sup>1</sup> P.L. 68-242.

<sup>2</sup> CRS Report IF10555, [Introduction to Veterans Health Care](#).

Not all veterans are eligible to receive care and not every eligible veteran is automatically entitled to medical care from the Veterans Health Administration (VHA). The system is neither designed nor funded to care for all living veterans.<sup>3</sup> Eligibility for veterans' health care has evolved over time and Congress has often amended laws governing eligibility. The last significant eligibility amendments occurred in 1996 with the enactment of the *Veterans' Health Care Eligibility Reform Act of 1996*.<sup>4</sup> This law established broad eligibility categories and required the VHA to manage the provision of hospital care and medical services through a priority enrollment system.<sup>5</sup>

While Congress has made certain piecemeal reforms to the priority enrollment system over the last several decades, there has been no comprehensive changes to the system since 1996. In 2015, the bipartisan Commission on Care noted that “substantial changes have occurred since Congress last comprehensively examined eligibility for [VA] care” and recommended that an expert panel be convened to examine eligibility and recommend changes.<sup>6</sup> We agree wholeheartedly.

### **The Value of a “Commission on Eligibility”**

H.R. 7469, *Modernizing Veterans' Healthcare Eligibility Act*, would create a bipartisan commission to assess veterans' eligibility for care within VA and make recommendations for revising it. The commission would be fully bipartisan and comprised of 15 commissioners appointed by the President, the Majority and Minority Leaders of the Senate, and the Speaker and Minority Leader of the House of Representatives. At least six voting members would be veterans while the other members would be experts in the delivery of care in VA, in the federal government, and in the private sector.

This bill also calls for one member to represent a Veteran Service Organization (VSO). VSOs bring a wealth of expertise and experience involving veteran-related matters, and they serve as the voice for veterans in the multi-faceted veterans affairs space. VSO's are comprised of veterans who bore arms in defense of our nation. Today, these same veterans may struggle with illnesses and conditions themselves, yet they unselfishly continue to serve their country in various capacities within their community and the veteran community.

Throughout American history, Congress has found commissions to be useful in the legislative process.<sup>7</sup> By establishing a commission, Congress can provide a highly visible forum for critical issues and assemble greater expertise than may be readily available within the legislature. The complex policy issues involved here can be examined over a longer period and in greater depth. In addition, the nonpartisan or bipartisan character of the proposed commission would serve to minimize the politics of the issue, which has become charged in recent years. Finally, the changing healthcare landscape has been

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<sup>3</sup> The Journal of Law, Medicine & Ethics, Volume 36, Issue 4, Figure 1, Winter 2008.

<sup>4</sup> P.L.104-262.

<sup>5</sup> CRS Report IF10555, [Introduction to Veterans Health Care](#).

<sup>6</sup> Commission on Care Final Report, June 30, 2016, p. 168.

<sup>7</sup> CRS Report R40076, [Congressional Commissions: Overview, Structure, and Legislative Considerations](#).

significantly impacted by the COVID-19 pandemic and consideration of its impact and meaning for the VHA is needed.

Congress can and should exercise immediate action involving reforms to VA healthcare and eligibility, when possible. Setting up a multimember, bipartisan, independent structure that incorporates participation from across the veteran stakeholder community would be welcomed in this instance. For these reasons, The American Legion strongly supports establishing a bipartisan advisory commission and would welcome the opportunity to work with and on it.

### **Possible reforms to the eligibility system for VA healthcare and benefits**

The American Legion has multiple resolutions addressing possible veterans' healthcare eligibility reforms and has long advocated for improvements based on them. In the aggregate, our resolutions express that VA's current eligibility criteria are not inclusive enough for this nation's diverse veteran population, and have barred critical access to VA healthcare to any deserving veterans. For example:

#### Reinstate Enrollment of Priority Group 8g Veterans into the VA Patient Enrollment System

The American Legion believes in the quality of care at VA facilities and stands behind providing support for veterans regardless of their economic status. Over the past decade, the VA has shifted on whether to enroll veterans in Priority Groups 7 and 8. In 2003, then-VA Secretary Anthony Principi disallowed VA enrolling any additional Priority Group 8 veterans to maintain "its focus on the health care needs of its core group of veterans – those with service-connected disabilities, the indigent and those with special health care needs." In 2009, shortly after the Obama administration took office, then-VA Secretary Shinseki proposed reopening VA health enrollment to veterans without a service-connected condition in Priority Group 8. Congress directed the VA to reopen enrollment to some veterans, but only in certain circumstances. The American Legion supports conducting a feasibility study to determine the impact and cost of reinstating the enrollment of priority group 8g veterans (co-pay required). This decision could result in the gain of millions of dollars that would be used to support the delivery of healthcare to our nation's veterans.<sup>8</sup>

#### Ensure all World War II veterans are eligible for VA healthcare

The American Legion passed a resolution at its 99th National Convention calling for an amendment to the Veterans Health Care Eligibility Act of 1996 to extend an exemption from means testing to World War II Veterans. Those who made the "Greatest Generation" great are nearly gone. We can recognize these remaining heroes with actions far more meaningful than words. The *Veterans Health Care Eligibility Act of 1996* exempted all veterans of the Mexican border period and World War I from the means test required to

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<sup>8</sup> Resolution No. 2 (2016): [Reinstate Enrollment of Priority Group 8g Veterans into the Department of Veterans Affairs' Patient Enrollment System.](#)

enter the VA healthcare system. It's time to do the same for our World War II veterans and further open the VA's great system to all of our nation's remaining World War II veterans.<sup>6</sup>

### Ensure veterans receive the care they need which resulted from toxic exposures

Millions of veterans have been deployed in the Global War on Terror, and a disturbingly high percentage of them have been exposed to airborne toxic hazards during their service due to burn pits. The Department of Defense is beginning to track locations where it utilized burn pits and other toxic exposures, but this data is far from exhaustive and many years late in development. VA has not conducted sufficient studies to determine illnesses and diseases directly related to the various types of toxic chemicals, nor have they begun to develop a list of presumptive conditions. Veterans who suffer from conditions related to toxic exposure have neither the time, resources, or evidence to make their case, nor is there adequate legislation to support toxic exposure claims. This health issue is continuing to burden our nations' servicemembers and veterans socially, financially, and physically. The American Legion supports expanding eligibility for those exposed to toxic exposures and that all necessary action be taken by the federal government, both administratively and legislatively as appropriate, to ensure that veterans are properly compensated for diseases and other disabilities scientifically associated with a particular exposure.<sup>9</sup>

### **Conclusion**

Chairman Takano, Ranking Member Roe, The American Legion thanks this committee for the opportunity to express the position of nearly 2 million dues-paying veteran members of this organization. With veterans languishing behind access barriers to critical healthcare and services, it is incumbent on Congress and the veteran community to collaboratively evaluate the present eligibility system to ensure it properly supports the current needs of today's multi-generational veteran population.

After all, our purpose is to preserve and improve the VA healthcare system to ensure veterans get the care and benefits they have rightfully earned. The American Legion will continue to work to revitalize this system that not only serves the veteran population, but also has other critical roles. It is truly a national asset and one that should not only be reformed, but preserved.

For additional information regarding this testimony, please contact Mr. Jeff Steele, Legislative Associate, at [jsteele@legion.org](mailto:jsteele@legion.org) or (202) 861-2700.

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<sup>6</sup> Resolution No. 3 (2017): [WWII Veterans Hospital and Medical Eligibility](#).

<sup>9</sup> Resolution No. 118 (2016): [Environmental Exposures](#).