TESTIMONY
OF
MATTHEW CARDENAS
POLICY ANALYST
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

MAY 21, 2025

EXECUTIVE SUMMARY

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Chairman Moran, Ranking Member Blumenthal and distinguished members of the Committee, on behalf of National Commander Jim LaCoursiere Jr., and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 106 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

S. 214: the MEDAL Act

To amend title 38, United States Code, to increase the rate of the special pension payable to Medal of Honor recipients, and for other purposes.

Created in 1861 and 1862, respectively, the Navy and Army versions of the "Medal of Valor" or "Medal of Honor" were established to provide recognition to servicemembers who distinguished themselves "conspicuously by gallantry and intrepidity" in combat with an enemy of the United States.[1] In 1916, this nation authorized an additional, lifetime monthly "special pension" of $10/month for any Medal of Honor (MoH) recipient. It increased to $100/month in 1961 and was last raised to $1000/month in 2002. Adjusting for cost-of-living for the year 2025, this comes out to $1,712.94/month.[2]

For our nation's brave heroes, this is not enough. Although not required, many MoH recipients volunteer their time through the Congressional Medal of Honor Society's education and outreach

[1] The American Legion. "Pending Veterans Affairs Legislation." *The American Legion*, April 2016. HYPERLINK "https://www.legion.org/information-center/news/legislative/2016/april/pending-veterans-affairs-legislation"https://www.legion.org/information-center/news/legislative/2016/april/pending-veterans-affairs-legislation.

[2] Troy E. Nehls. "House Passes Nehls' Bill to Increase Pension for Medal of Honor Recipients." *Rep. Troy E. Nehls*, February 26, 2025. HYPERLINK "https://nehls.house.gov/media/press-releases/house-passes-nehls-bill-increase-pension-medal-honor-recipients"https://nehls.house.gov/media/press-releases/house-passes-nehls-bill-increase-pension-medal-honor-recipients.

initiatives. In doing so, they absorb personal travel and logistical costs to share their experiences or providing support and encouragement to veterans, or when instilling the virtues of courage, sacrifice, integrity, commitment, patriotism in the daily lives of students.[3]

This legislation proposes increasing the special pension provided to living Medal of Honor recipients from $1,406.73 to $8,333.33/month. The American Legion has long supported this issue and on May 22, 2019, submitted a Statement for Record (SFR) which included support for S. 857, the 116th Congress' version of this legislation. These heroes deserve our nation's gratitude and unwavering support. By ensuring the financial means necessary to sustain their continued public service and outreach efforts, this legislation honors their enduring contributions. The American Legion supports this legislation through Resolution No. 366: Honoring those who have Earned the Medal of Honor, which supports legislation that would expand the benefits to Medal of Honor recipients.

The American Legion supports S. 214 as currently written.

S. 219: the Veterans Health Care Freedom Act

To direct the Secretary of Veterans Affairs to carry out a pilot program to improve the ability of veterans to access medical care in medical facilities of the Department of Veterans Affairs and in the community by providing veterans the ability to choose health care providers.

The Veterans Health Care Freedom Act would offer veterans a choice between receiving their care through the VA or through the community. For a period of 4 years, inside four designated Veterans Integrated Service Network (VISN) areas, this bill would allow an enrollee to elect whether to receive care through the traditional VA, or through the Veterans Community Care Program (VCCP). Once the trial program has ended, barring no further action, this policy would become effective for all veterans under Subsection (h)(2).

Community care has been an important relief valve for VA and has a large role to play in getting veterans the care they need when they need it. However, this legislation would be a major deviation from how the Legion has typically viewed and supported the provision of veteran health care. The American Legion strongly believes that VA should remain the center of care for veterans. The overuse of VA community care providers would not only be extremely costly to the VA, but it would also be very difficult to ensure that veterans receive the same standard of care provided internally at VA facilities. According to the Congressional Budget Office, the total amount that VA has spent on community care has steadily increased, from $7.9 billion in 2014 to $18.5 billion in 2021.[4] This trend of increasing the use of community care has continued, accounting for 40 percent of the VA's total contract obligations in fiscal year 2023. [5] This is concerning as the GAO found that program staff lack clearly defined procedures on how to track and communicate

[3] "Medal of Honor: Answering Frequently Asked Questions." Congressional Medal of Honor Society, December 14, 2020. HYPERLINK "https://www.cmohs.org/news-events/blog/medal-of-honor-answering-frequently-asked-questions/"https://www.cmohs.org/news-events/blog/medal-of-honor-answering-frequently-asked-questions/.
[4] Rasmussen, Petra, and Carrie M. Farmer. "The promise and challenges of VA community care: veterans' issues in focus." *Rand Health Quarterly* 10, no. 3 (2023): 9.
[5] U.S. Government Accountability Office. *Veterans Community Care Program: VA Needs to Strengthen Contract Oversight*. Report to the Ranking Member, Committee on Veterans' Affairs, House of Representatives, August 2024. https://www.gao.gov/assets/gao-24-106390.pdf.

problems such as contractor performance and operational issues. This limits the VA's ability to respond to issues quickly and address them. [6]

In 2016, The American Legion National Commander Dale Barnett spoke to the congressionally appointed Commission on Care, saying "Veterans believe VA's problems can be fixed and trust can be restored. The quality of VA health care continues to outperform the private sector in study after study. Veterans do not want a reduction in quality. They just want reasonable access to Care." Further, The American Legion opposes this legislation via Resolution No. 7: Ensuring VA Remains the Center of Care, and Resolution No. 14: Access to Care.

The American Legion opposes S. 219 as currently written.

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

To require the Secretary of Veterans Affairs to carry out a pilot program to coordinate, navigate, and manage care and benefits for veterans enrolled in both the Medicare program and the system of annual patient enrollment of the Department of Veterans Affairs.

The Coordinating Care for Senior Veterans and Wounded Warriors Act establishes a three-year pilot program to assist veterans enrolled in Medicare with navigating VA healthcare services, including community care. This program aims to ensure seamless coordination of health records via a third-party contractor. Many veterans in rural communities lack access to VA facilities and are assigned to Patient Aligned Care Teams. However, these teams often fall short in facilitating communication between VA providers and community providers, leading to gaps in care coordination. This legislation would improve the coordination of medical care across the two healthcare systems.

The American Legion supported this legislation in a previous Congress. Continued support is grounded in Resolution No. 14: Access to Care, which urges VA to implement a streamlined community care referral process for veterans. This bill is further supported through Resolution No. 7: Ensuring VA Remains the Center of Care. This resolution urges the VA to maintain the community care cost and maintain the VA as the center of care for veterans.

The American Legion supports S. 506 as currently written.

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

To amend title 38, United States Code, to establish a pre-transition health care registration process to facilitate enrollment in the patient enrollment system of the Department of Veterans Affairs by members of the Armed Forces who are separating from the Armed Forces, and for other purposes.

[6] U.S. Government Accountability Office. "A Veterans' Program Meant to Help Increase Access to Health Care May Struggle to Do So." *GAO WatchBlog*, August 29, 2024. https://www.gao.gov/blog/veterans-program-meant-help-increase-access-health-care-may-struggle-do-so.

A 2020 study conducted on two million recently separated servicemembers found that individuals, particularly young males with shorter lengths of service in the Marine Corps or Army, faced a significantly higher risk of suicide following separation.[7] A recent July 2024 Government Accountability Office (GAO) report cited deficiencies in the Department of Defense (DOD) *inTransition* program, a mental health initiative designed to assist servicemembers during transition to civilian life. Notably, the GAO found that DOD was unable to successfully connect with over 70% of servicemembers who were automatically enrolled in the program.[8] DOD's failure to connect is concerning as many transitioning servicemembers may be unaware of existing medical benefits, such as the five years of cost-free VA health care available to "combat-exposed" veterans;[9] a benefit recently extended to 10 years through enactment of the *PACT Act*. Strengthening outreach and coordination during this critical transition period is essential to reducing risk and ensuring veterans receive the care and support they have earned.

S. 585 would eliminate DOD's *inTransition* screening and selection process by automatically pre-enrolling all servicemembers within 180-days of separation from military service. This automatic pre-enrollment approach would better inform separating servicemembers of their health care options under the Department of Veterans Affairs (VA), reducing barriers to access at a critical point in transition. The Federal Government has seen measurable success with automatic enrollment with other areas, such as voter registration and organ donation, that have been integrated in the application process for obtaining a driver's license.

Mandating closer collaboration between the Secretary of Veterans Affairs and Secretary of Defense provides a necessary and proactive step in addressing the veteran suicide crisis. Collaboration also ensures that recently separated servicemembers, both combat-exposed and noncombat-exposed, are not left to navigate transition and the healthcare system on their own. The American Legion's current position calls for DOD and VA to accept shared responsibility for patient care and seamless transition with no interruption in services. The American Legion can support S. 585 as currently written through Resolution No. 11: Automatic Enrollment into Veterans Affairs Health Care System which RESOLVED to automatically enroll eligible veterans into VA care, with the option to opt out, upon transition from military service to reduce barriers to care and encourage help-seeking behavior.

The American Legion Supports S. 585 as currently written.

S. 599: the DRIVE Act

To amend title 38, United States Code, to increase the mileage rate offered by the Department of Veterans Affairs through their Beneficiary Travel program for health-related travel, and for other purposes.

This legislation would require the Department of Veterans Affairs to ensure the Beneficiary Travel reimbursement rate is at least equal to the General Services Administration (GSA) rates. This

[7] Ravindran, Chandru, Sybil W. Morley, Brady M. Stephens, Ian H. Stanley, and Mark A. Reger. "Association of suicide risk with transition to civilian life among US military service members." Journal of the American Medical Association network open 3, no. 9 (2020): e2016261-e2016261

[8] U.S. Government Accountability Office. "DOD and VA Health Care: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions," July 15, 2024. https://www.gao.gov/products/gao-24-106189 .

[9] "Five Years of VA Health Care for Combat Veterans." VA News, February 26, 2008. https://news.va.gov/press-room/five-years-of-va-health-care-for-combat-veterans/ .

would help to ensure the VA's reimbursement rate keeps up with the cost of inflation and properly accounts for fluctuations in gas prices (and inflation) overtime. During The American Legion's System Worth Savings program town halls, many veterans residing in rural and ultra rural areas stated that they "must travel 3-to-4 hours" to attend their scheduled VA appointments.[10]

Moreover, with higher inflation rates and increased energy costs to deliver consumer goods, the Consumer Price Index (CPI) has been significantly higher in the post-COVID era (309.0 for year 2024 vs. 250.5 for year 2019).[11] Despite this, the VA's mileage reimbursement rate has remained unchanged since a minimum rate was established in 2010. Currently, VA reimburses beneficiary travel at $0.41 per mile while GSA reimburses beneficiary travel at a rate of $0.70 per mile.[12]

Deciding whether to put food on the table or put gas in your vehicle should never be a choice veterans have to make. But too often this is the reality some veterans face, as the VA Office of Rural Health (ORH) often cites transportation insecurity as a top five reason for rural veterans missing or cancelling scheduled appointments.[13] While The American Legion appreciates VA launching new strategies "to alleviate *[the]* long travel to VA centers by covering Uber rides for veterans through its VHA-UBER Health Connect initiative," [14] this pilot is still in its infancy, leaving many rural veterans with very expensive transportation options to make it to their VA appointments.

The American Legion supports this legislation through Resolution No. 46: Department of Veterans Affairs non-VA care programs, which RESOLVED...the Department of Veterans Affairs develop a well-defined and consistent non-VA care coordination program, policy and procedure that includes a patient-centered care strategy which takes veterans' unique medical injuries and illnesses as well as their travel and distance into account. Further support for this legislation can be found in Resolution No. 62: Veterans Transportation System and Benefits Travel which RESOLVED, That The American Legion urge the Secretary of Veterans Affairs to periodically adjust the rate to assure that the per mile reimbursement rate is increased at a reasonable and acceptable level.

The American Legion supports S. 599 as currently written.

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

[10] The American Legion (2024). *System Worth Saving Team Engages with Rural Veterans and VA Staff in Montana, Returning to Pre-Pandemic Levels of Visits.* The Legion. Veterans' Healthcare News, Sep 24, 2024. https://www.legion.org/information-center/news/veterans-healthcare/2024/september/sws-visit-achieves-milestone
[11] U.S. Department of Social Security. Average CPI by Quarter and Year, last accessed Feb 9, 2025. HYPERLINK "https://www.ssa.gov/oact/STATS/cpiw.html"Consumer Price Index (CPI-W)
[12] U.S. General Services Administration. *Privately owned vehicle (POV) mileage reimbursement rates.* Dec 30, 2024. https://www.gsa.gov/travel/plan-a-trip/transportation-airfare-rates-pov-rates-etc/privately-owned-vehicle-pov-mileage-reimbursement
[13] U.S. Department of Veterans Affairs (Jan 2023), *Fact Sheet: Clinical Resource Hubs*; accessed Feb 7, 2025, HYPERLINK https://www.ruralhealth.va.gov/docs/ORH1458-002_Clinical_Resource_Hubs_508.pdf https://www.ruralhealth.va.gov/docs/ORH1458-002_Clinical_Resource_Hubs_508.pdf.
[14] Henry Howard, "Reframed SWS Visits Make Shining Debut," *The Legion*, Jan 31, 2024. https://www.legion.org/information-center/news/system-worth-saving/2024/january/reframed-sws-visits-make-shining-debut.

To amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program, and for other purposes.

Children of 100% disabled veterans qualify for a 75%/25% cost-sharing health plan known as the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). However, 38 U.S.C. §101 mandates that a dependent (other than a helpless child) covered under CHAMPVA loses eligibility when (a) the dependent turns 18, unless enrolled in an accredited school as a full-time student; (b) the dependent, who has been a fulltime student, turns 23 or loses full-time student status; or (c) the dependent marries.[15] This legislation seeks parity with DOD's TRICARE Young Adult plan (TYA), by extending coverage to age 26 regardless of marital status. Additionally, notwithstanding the subsection c(i) and (iii) of section 101(4)(a) of title 38, proposed bill language goes further to seek parity with the Patient Protection and Affordable Care Act (ACA), by also extending eligibility regardless of student status.

As such, The American Legion supports S.605 through Resolution No. 21, Expanding Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Coverage, which urges Congress to enact legislation which seeks parity between the Department of Defense and the Department of Veterans Affairs programs when providing services to widows and dependents to include making health-care coverage available for a dependent child until 26 years of age, regardless of the dependents' marital status.

The American Legion Supports S. 605 as currently written.

S.635: the Veterans Homecare Choice Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to recognize nurse registries for purposes of the Veterans Community Care Program, and for other purposes.

S. 635, The Veterans Homecare Choice Act, would recognize nurse registries as eligible providers under the Veterans Community Care Program (VCCP), allowing home health aides to furnish services to homebound veterans without requiring the caregiver to enroll with Medicare.

Home health aides are often self-employed or work with a small agency, and the administrative burden of Medicare enrollment may be unnecessary for the level of care they provide, including fall protection, medication management, mobility assistance, and other activities of daily living. The VA is well positioned to credential these care providers through the Office of Community Care and regulatory framework established under the MISSION Act. While Medicare enrollment plays a critical role in verifying the quality of many specialty services provided under VCCP, such extensive oversight is not necessary for home health support.

However, S. 635 is not limited to home health aides and does not clearly define which providers would be exempt from Medicare enrollment. If the intent of the bill is to streamline access to in-home caregivers, the current language vastly exceeds the scope by allowing any nurse registry to skip this process. Nurse Registries are not federally regulated, and their oversight varies greatly between states, with some states having robust requirements whereas others have none.

[15] U.S. Library of Congress. CRS, *Health Care for Dependents and Survivors of Veterans: Answers to Frequently Asked Questions*. April 21, 2021, https://sgp.fas.org/crs/misc/RS22483.pdf.

The Department of Veterans Affairs formally opposed this bill citing concerns that relying on state-by-state eligibility would increase administrative burden. The VA also stated that existing regulations do not unnecessarily bar home health aides from providing care to homebound veterans.[16] Moreover, the Secretary of the Veterans Affairs already has the authority, under 38 USC §1703 (c), to waive any provider, or class of provider including home health aides, from the Medicare requirement.

The American Legion unequivocally supports veterans' right to age in place and backs legislation which improves access to home care, whether such care provided by a family caregiver, traveling nurse, or home health aide. However, through Resolution No. 13: Standards and Training for Community Care Providers, whereas The Legion RESOLVED to hold community care providers to the same standards of care that it requires of VA employees, we oppose S.635 as currently written. The bill lacks the clarity needed for effective implementation and could introduce unintended consequences for the veterans it aims to help.

The American Legion opposes S. 635 as currently written.

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

To amend title 38, United States Code, to expand eligibility for Post-9/11 Educational Assistance to members of the National Guard who perform certain full-time duty, and for other purposes.

S. 649, the Guard and Reserve GI Bill Parity Act, would expand eligibility for *The Harry W. Colmery Veterans Educational Assistance Act of 2017* (Public Law 115-48), commonly known as the "Forever GI Bill," to servicemembers from the National Guard and Reserves by including most periods of activation. For National Guardsmen, any full time National Guard duty or active duty as defined in section 101 of Title 32 will be considered towards eligibility for the Forever GI Bill. Additionally, for servicemembers in the Reserve Component, any service on active duty, inactive duty training, or annual training defined in section 101 of Title 10 and various active-duty orders under Title 14 will be considered towards eligibility for the Forever GI Bill.

National Guard and Reserve servicemembers play a crucial role in defending our borders, responding to public health crises, and supporting local law enforcement. These servicemembers face unique challenges on the home front, often leaving families and civilian jobs behind for extended periods, sometimes at considerable financial loss. Despite their significant contributions, they are often denied a fundamental benefit of service that the Forever GI Bill remedies.

Under current law, National Guard and Reserve servicemembers accrue GI Bill entitlements only when activated under federal orders. When activated under state orders, Guard and Reserve members do not qualify for GI Bill benefits, creating a disparity in access to these resources. This issue became particularly evident during the COVID-19 pandemic when National Guard units were activated in response to the public health emergency. In 2020, service members in the National Guard served more than 7.6 million duty days directly related to the COVID-19 pandemic,

[16] U.S. Department of Veterans Affairs. *Statement of Dr. Miguel Lapuz, Assistant Under Secretary for Health for Integrated Veteran Care, Veterans Health Administration, Department of Veterans Affairs, Before the Committee on Veterans' Affairs, U.S. Senate, July 12, 2023*. Washington, DC: U.S. Senate Committee on Veterans' Affairs. https://www.veterans.senate.gov/services/files/9017894E-0BAE-41FF-81B5-CAF50616DA4B.

more than three times as many days activated during 2019.[17] Those called under federal orders to assist with pandemic relief were eligible for GI Bill benefits, but those activated under state orders, such as those supporting governors' declarations, were not. Similarly, National Guard members who helped construct the U.S.-Mexico border wall earned GI Bill benefits, but more than 66,000 National Guard members who responded to civil rights protests in 2020 did not.[18] Even more recently, the activation in response to fires in Los Angeles involved nearly 3,000 servicemembers who were activated under Title 32; they will not be recognized for GI Bill benefits.[19] Moreover, in recent weeks, National Guard units have been activated in response to emerging domestic challenges. In New York, Guardsmen were deployed following unrest, including incidents of rioting within the state's correctional system. In New Mexico, National Guard personnel have been called upon to support law enforcement efforts in combating the growing fentanyl crisis.

The distinction between federal and state military activation orders in determining GI Bill eligibility has led to thousands of servicemembers being ineligible for GI Bill benefits. The American Legion strongly believes that "every day in uniform counts" and that National Guard and Reserve servicemembers, who serve alongside their active-duty counterparts, should receive the same benefits. That is why The American Legion supports S. 649 as currently written through Resolution No. 24: GI Bill Fairness for Activated National Guard and Reserve Servicemembers, which RESOLVED that The American Legion seek and support any legislative or administrative proposal providing Post 9/11 GI Bill eligibility for National Guard and reserve service.

The American Legion supports S. 649 as currently written.

S. 778: the Lactation Spaces for Veteran Moms Act

To amend title 38, United States Code, to require a lactation space in each medical center of the Department of Veterans Affairs.

This bill ensures that all VA medical centers have at least one designated lactation room. The designated rooms must be free from intrusion, hygienic, contain a chair and work surface, shielded from view, and must be a space other than a restroom.

The United States has 170 VA medical centers and 1,193 outpatient medical centers.[20] As of 2022, there are only 90 VA medical centers that provide lactation rooms.[21] In 2022, the Department of

[17] 2021 National Guard Bureau Posture statement, n.d. https://www.nationalguard.mil/portals/31/Documents/PostureStatements/2021 National Guard Bureau Posture Statement.pdf.

[18] Soucy, Jon. "Guard Members in 23 States, D.C. Called up in Response to Civil Unrest." National Guard, May 31, 2020. https://www.nationalguard.mil/News/Article-View/Article/2202946/guard-members-in-23-states-dc-calledup-in-response-to-civil-unrest/.

[19] Soucy, Jon. "National Guard Members Continue La Wildfire Response." National Guard, January 21, 2025. https://www.nationalguard.mil/News/Article-View/Article/4034416/national-guard-members-continue-la-wildfireresponse/#:~:text=More%20than%202%2C700%20National%20Guard,ground%20and%20in%20the%20air

[20] Veterans Health Administration. *Providing Health Care for Veterans.* Apr 22, 2025. https://www.va.gov/health/#:~:text=The%20Veterans%20Health%20Administration%20is%20America%E2%80%99s%20largest%20integrated,clinics%29%2C%20serving%209.1%20million%20enrolled%20Veterans%20each%20year.

[21] Rosen, Murkowski, Underwood Introduce Bipartisan, Bicameral Legislation to Ensure All VA Medical Centers Have Dedicated Nursing Spaces - Jacky Rosen. https://www.rosen.senate.gov/2025/03/05/rosen-murkowski-

Veterans Affairs developed a five-year plan to implement the installation of additional lactation spaces.[22]

Breastfeeding benefits both the mother and the infant. Over the years, research has shown that breastmilk improves overall health and well-being for the child from infancy through adulthood. Breastfeeding decreases the risk of type 1 diabetes, allergies, obesity, and cancers in mothers. Benefits of breastmilk include introducing antibodies to the infant's immune system that fight infection and reducing the risk of sudden infant death syndrome. In early 2022, the US had a national formula shortage, and many mothers were required to breastfeed their infants to provide adequate nutrients in lieu of purchasing formula. The VA should provide adequate space in their facilities for breastfeeding.

The American Legion urges the VA to continue prioritizing the current and future needs of women veteran population, as outlined in Resolution No. 147: Women Veterans. The American Legion also encourages the VA to develop a strategic plan that will continue to foster women veterans' access through Resolution No. 39: Women Veterans Strategic Plan. The American Legion supports the efforts that the VA is making to provide more comprehensive care for women veterans who choose to have children.

The American Legion supports S. 778 as currently written.

S. 784: the Rural Veterans Transportation to Care Act

To expand and modify the grant program of the Department of Veterans Affairs to provide innovative transportation options to veterans in highly rural areas, and for other purposes.

This bill expands the Highly Rural Transportation Grant (HRTG) grant program by eliminating a restriction that made it only available to counties with fewer than seven people per square mile; this opens eligibility to more counties nationwide. Additionally, the bill increases the maximum amount grant recipients can receive to $80,000 from a previous range of $50,000-60,000.

With nearly five million veterans living in rural areas and the veteran population increasingly migrating to these communities, The American Legion strongly supports of HRTG grants. The American Legion posts across the country actively use these grants to improve medical transportation for veterans in their areas.

Support for this legislation can be found in Resolution No. 62: Veterans Transportation System and Benefits Travel, which advocates for changes within the VA to accommodate veterans' changing needs, particularly regarding transportation. Additionally, Resolution No. 119: Support More Service Programs Benefitting the Rural Veteran reaffirms The American Legion's strong commitment to expanding programs that directly serve rural veteran populations. This resolution clearly states The American Legion's unequivocal support for initiatives that improve access and services for veterans living in rural communities.

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underwood-introduce-bipartisan-bicameral-legislation-to-ensure-all-va-medical-centers-have-dedicated-nursing-spaces/#:~:text=The%20bipartisan%2C%20bicameral%20Lactation%20Spaces,the%20country%20with%20such%20rooms. March 5, 2025.

[22] Congressional Budget Office. "H.R. 5738, Lactation Spaces for Veteran Moms Act." Apr 6, 2022. https://www.cbo.gov/publication/58107

The American Legion supports S. 784 as currently written.

S. 800: the Precision Brain Health Research Act

To modify the Precision Medicine for Veterans Initiative of the Department of Veterans Affairs.

The legislation calls for the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* (38. U.S.C. Public Law 116-171) to be amended by inserting "repetitive low level blast exposure, dementia, and such other brain and mental health conditions." The American Legion supports increased education and research into this emerging issue, as occupational exposure to repetitive, low-level blasts in military training and combat has been tied to sub-concussive injury and poor health outcomes for service members.[23] A variety of effects have been linked to low-level blast exposure, some more tenuously than others. These include cognitive impairments, sleep disturbances, depression, panic attacks, and posttraumatic stress disorder. However, there is a lack of published, peer-reviewed, scientific evidence linking repeated low-level military occupational blast to injury.[24]

Further, this legislation calls for the Secretary of Defense to establish a data-sharing partnership between VA and DOD. Finally, the legislation includes a big-data assessment of the clinical and non-clinical interventions that are illustrating positive outcomes for veterans. Not later than 60 days after the date of this enactment, the Secretary of Veterans Affairs will seek to enter a contact with the National Academies of Sciences, Engineering, and Medicine under the National Academies to submit a report to Congress at least every two years.

The American Legion supports this bill through Resolution No 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs which RESOLVED, The American Legion urge Congress to increase the budgets for DOD and VA to improve the research, screening, diagnosis and treatment of TBI/PTSD as well as provide oversight over DOD/VA to develop joint offices for collaboration between DOD/VA research.

The American Legion supports S. 800 as currently written.

S. 827: Supporting Rural Veterans Access to Healthcare Services Act

To extend and modify the transportation grant program of the Department of Veterans Affairs, and for other purposes.

The Rural Veterans Transportation to Care Act would reauthorize the Highly Rural Transportation Grant (HRTG) program through FY 2029. The HRTG has provided much support to veterans who

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[23] Woodall, J. L. A., J. A. Sak, K. R. Cowdrick, B. M. Bove Muñoz, J. H. McElrath, G. R. Trimpe, Y. Mei, R. L. Myhre, J. K. Rains, and C. R. Hutchinson. "Repetitive Low-Level Blast Exposure and Neurocognitive Effects in Army Ranger Mortarmen." *Military Medicine* 188, no. 3–4 (March 20, 2023): e771–e779. https://doi.org/10.1093/milmed/usab394.

[24] Samantha McBirney. "Repeated Exposure to Low-Level Military Occupational Blasts: An Overview of the Research, Critical Gaps, and Recommendations." Testimony before the Senate Armed Services Committee, Subcommittee on Military Personnel, U.S. Senate, February 28, 2024. https://www.armed-services.senate.gov/imo/media/doc/mcbirney_statement.pdf.

struggle to get to their VA medical appointments due to transportation challenges. Many American Legion posts in rural areas have applied for this grant in efforts to transport veterans to their medical appointments. Without this grant, many local veteran service organizations will not have the necessary funds to continue to provide rides for veterans to their appointments.

There are nearly 5 million veterans who live in rural areas across the country. This number makes up 35% of the veterans that are enrolled in the VA healthcare system. Many veterans living in rural areas, some elderly, ill, or disabled, may drive over an hour to get to their VA medical appointments. The time and distance to travel to VA medical facilities can be daunting for some veterans, which leads to missed appointments. HRTG provides much needed peer support for those who need a little extra help to travel to medical care.

The American Legion strongly urges Congress to continue to fund the HRTG grant through FY2029 via this legislation. Support for continued efforts to assist veterans in rural areas can be found in Resolution No. 62: Veterans Transportation System and Benefits Travel. The American Legion further supports programs that benefit rural veterans through Resolution No. 119: Support More Service Programs Benefiting the Rural Veteran. With the expanded number of veterans in rural areas using VA health care since the passage of the *PACT Act*, it is imperative that we ensure all veterans have access to the medical care that they have earned.

The American Legion supports S. 827 as currently written.

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

To expand medical, employment, and other benefits for individuals serving as family caregivers for certain veterans, and for other purposes.

The Veteran Caregiver Reeducation, Reemployment, and Retirement Act provides essential follow-on support for caregivers enrolled in the Program of Comprehensive Assistance for Family Caregivers (PCAFC). This bill recognizes the sacrifice of family caregivers, many of whom leave their careers to care for critically ill veterans and offers a path to reenter the workforce with dignity after their service.

Section 2 continues health care coverage for caregivers who lose eligibility for the program because their veteran has improved and is no longer in need of the program or has passed away. This provision allows a six-month transition period while the caregiver seeks healthcare through employment or the marketplace.

Section 3 establishes a modest stipend of $1,000 for caregivers to fund professional re-licensure of continuing education. PCAFC caregivers often provide 24-hour support for their veterans, often delivering over 80 hours per week of care.[25] This level of responsibility greatly hinders career prospects, with 16% of veteran caregivers reporting reducing their work hours or leaving the

[25] Ramchand, Rajeev, Sarah Dalton, Tamara Dubowitz, Kelly Hyde, Nipher Malika Andrew R. Morral, Elie Ohana, and Vanessa Parks. Hidden Heroes Emerging from the Shadows: America's Military and Veteran Caregivers. RRA3212-1. RAND Corporation, 2024. www.rand.org/t/RRA3212-1

workforce entirely.[26] This stipend ensures caregivers seeking gainful employment, many of whom have professional experience and public trust, are able to smoothly transition into this next chapter.

Sections 4 and 5 require follow-up reports to assess the effectiveness of transitional and reemployment support and to identify additional interventions to improve the caregiver program.

Although there is no formal Congressional Budget Office (CBO) score for this legislation, these provisions are likely to modestly increase the PCAFC expenditures. More importantly, it may increase enrollment by reducing financial hurdles for professionals considering the program.

According to the CBO, CHAMPVA coverage for caregivers cost approximately $2,700 per year in 2017,[27] or about $1,350 for a six-month extension. If extended to all 57,000 caregivers enrolled in PCAFC, this would represent a meaningful expansion to the program.[28] However, without additional VA data on caregiver turnover and healthcare utilization, a precise cost estimate of this expansion is not possible.

In contrast, we can assess the value of PCAFC relative to institutional care. The PCAFC, including stipends and caregiver healthcare, cost an average of $18,300 per year for 2015 and 2017 according to the CBO.[29,30] While this data is dated, there is no evidence recent changes to the program via the *Elizabeth Dole 21st Century Healthcare and Benefits Improvement Act* and the *MISSION Act* have raised costs to a level comparable to institutional settings. By comparison, in 2017 VA reimbursed State Veterans Homes at a rate of $397 per day for severely disabled veterans,[31] which cost the VA $145,000 per veteran, per year. That same year, the average daily cost of VA-operated nursing homes was $1,222, or $445,000 per veteran annually.[32]

While not direct comparisons, PCAFC is more cost effective than institutional care and veterans prefer it. Enhancing the program's attractiveness to licensed professionals by covering modest cost of re-credentialing will help more veterans remain at home at a fraction of the cost of institutionalization in long-term facilities.

This legislation is a fiscally prudent investment in veteran health and caregiver reintegration, and it honors the service and sacrifice of both veterans and those who care for them.

The American Legion supports S. 879 as currently written.

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[26] Ibid

[27] Congressional Budget Office, *Cost Estimate for S. 2921, Veterans First Act* (Washington, DC: Congressional Budget Office, October 24, 2016), accessed May 16, 2025, https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/s2921.pdf

[28] U.S. Department of Veterans Affairs, *2023 Annual Report: Caregiver Support Program* (Washington, DC: U.S. Department of Veterans Affairs, 2024), accessed May 16, 2025, HYPERLINK "https://www.caregiver.va.gov/docs/2024/CSP_Annual_Report_2023-Final.pdf"https://www.caregiver.va.gov/docs/2024/CSP_Annual_Report_2023-Final.pdf.

[29] Congressional Budget Office, *Cost Estimate for H.R. 5674, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018* (Washington, DC: Congressional Budget Office, May 14, 2018), accessed May 16, 2025, https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr5674.pdf

[30] Congressional Budget Office, *Cost Estimate for S. 2921, Veterans First Act* (Washington, DC: Congressional Budget Office, October 24, 2016), accessed May 16, 2025, https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/s2921.pdf

[31] Congressional Budget Office, *Cost Estimate for H.R. 5674, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018* (Washington, DC: Congressional Budget Office, May 14, 2018), accessed May 16, 2025, https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr5674.pdf.

[32] U.S. Department of Veterans Affairs, *HERC Inpatient Average Cost Data*, Health Economics Resource Center, accessed May 16, 2025, https://www.herc.research.va.gov/include/page.asp?id=inpatient

S. 1318: A bill to direct ABMC to establish a program to identify American-Jewish servicemembers buried in United States military cemeteries overseas under markers that incorrectly represent their religion and heritage

To direct the American Battle Monuments Commission to establish a program to identify American-Jewish servicemembers buried in United States military cemeteries overseas under markers that incorrectly represent their religion and heritage, and for other purposes.

For over a century, The American Legion has stood in unwavering defense of the men and women who served and sacrificed in our nation's armed forces. Our dedication to preserving the memory and integrity of our fallen heroes is enshrined in our founding pillars and remains steadfast today.

S. 1318 exemplifies that same commitment. The bill directs the American Battle Monuments Commission to establish a 10-year initiative—the Fallen Servicemembers Religious Heritage Restoration Program—to identify American-Jewish servicemembers who were killed during World War I and World War II and mistakenly interred under Latin Crosses in overseas U.S. military cemeteries. This program will ensure that these servicemembers are accurately honored under the religious symbol that reflects their faith, the Star of David.

It is estimated that approximately 900 American-Jewish servicemembers are among those whose graves that do not reflect their religious heritage. This is not merely a matter of symbolism. It is a matter of dignity, accuracy, and respect—for the servicemembers themselves, for their families, and for the history we leave to future generations.

These cemeteries are not only sacred ground; they are also places of pilgrimage. With over two million visitors each year, overseas cemeteries continue to serve as solemn reminders of the price of freedom. It is imperative that they reflect the truth of those who lie in repose there—men and women of diverse backgrounds united in the defense of liberty.

The American Legion has long championed the preservation of religious expression in military memorials. Through Resolution No. 11: Support and Defend Veteran and Military Memorials, The Legion affirms its strong support for memorials that include religious symbols—be they Latin Crosses, Stars of David, Crescents, or others—as essential to honoring the personal faith and sacrifice of the individual veteran.

The American Legion supports S. 1318 as currently written.

S. 1320: the Servicewomen and Veterans Menopause Research Act

To direct the Secretary of Defense and the Secretary of Veterans Affairs to take certain steps regarding research related to menopause, perimenopause, or mid-life women's health, and for other purposes.

This bill will require both the DOD and VA to research the many aspects of menopause, including environmental effects, treatment, combat roles, and treatment availability. The VA has taken steps

to enhance gender-specific and sensitive services through the Office of Women's Health to effectively care for the unique needs of women veterans. Almost half of women veterans enrolled in VA care are between the ages of 45 and 64 years old, making this middle age group the largest group of women enrolled in VA healthcare.[33] Women who fall into this age group are likely peri-menopausal or experiencing the conditions and symptoms of menopause. Women in the midlife age group are more likely than men to suffer from chronic pain.[34] The symptoms of menopause are often exacerbated in women veterans due to their military experiences that have led to other physical and mental health conditions.

The American Legion supported the Women Veteran Care and Research Improvement Act, which called for research into the care and treatment of women veterans and fully supports age-inclusive research. VA must ensure that women veterans, the fastest growing demographic in the veteran community, have an optimal quality of life.

The American Legion applauds VA's effort on this issue, but there is room for improvement. Support for Servicewomen and Veterans Menopause Research Act can be found in Resolution No. 147: Women Veterans. This resolution urges the VA to conduct long-term studies on the effects of combat on women veterans.

The American Legion supports S. 1320 as currently written.

S. 1383: the Veterans Accessibility Advisory Committee Act

To establish the Veterans Advisory Committee on Equal Access, and for other purposes.

The Department of Veterans Affairs (VA) is the largest integrated medical system in the world, serving over nine million veterans every year.[35] However, veterans face accessibility challenges including physical access to medical centers, transportation barriers such as long drive times, a lack of wheelchair-compatible vehicles, and navigating VA's benefit system.[36] S. 1383 will establish an advisory committee made up of 15 members to include veterans, VA employees and experts which will meet at least twice a year to address multiple accessibility issues.[37]

Many wheelchair-bound veterans continue to face significant challenges in accessing their VA medical appointments due to physical barriers at VA facilities such as narrow doorways, inoperable elevators, or inadequately designed sidewalks and curbs. VA continues to address these issues and has made many improvements in access to care through innovative efforts such as UberHealth. This program partners with Uber to provide rides for veterans to get to their VA

[33] Women Veterans Report," n.d., accessed May 19, 2025, https://www.va.gov/vetdata/docs/specialreports/women_veterans_2015_final.pdf.
[34] Mayo Clinic. *Perimenopause.* n.d., accessed May 19, 2025, https://www.mayoclinic.org/diseases-conditions/perimenopause/symptoms-causes/syc-20354666
[35] Vankar, Preeti, 'Veterans health care system in the U.S.-statics and facts". December 18,2023. https://www.statista.com/topics/10813/veteran-health-care-system-in-the-united-states/.
[36] Casey, Bob, and Rick Scott. "Casey, Scott Introduce Bill to Ensure VA Services Are Accessible for Veterans with Disabilities." *Senator Bob Casey*, August 2, 2023. https://www.casey.senate.gov/news/releases/casey-scott-introduce-bill-to-ensure-va-services-are-accessible-for-veterans-with-disabilities.
[37] RAND Corporation. "Veterans' Barriers to Care." Last modified May 1, 2023. https://www.rand.org/health-care/projects/navigating-mental-health-care-for-veterans/barriers-to-care.html.

medical appointments, but services may fall short for veterans who require specialized wheelchair-accessible transport. Many of these veterans depend on medical transportation companies that offer wheelchair access, or VSOs for transportation to their medical appointments. However, these options are not always available or sufficient, and do not fully resolve the broader accessibility gaps that persist in the system. [38] [39]

As VA eligibility has expanded under the *MISSION, COMPACT*, and *PACT Acts*, Community Care has grown by approximately 20% annually since 2019.[40] While 51% of Community Care consultations result from excessive drive times,[41] all veterans receiving care through community providers deserve the same level of accessibility as they would at official VA facilities. This bill empowers the VA to enforce consistent compliance with existing laws at VA facilities and community partners, ensuring that all veterans have equitable and reasonable access to care as required by law.

The American Legion supports S. 1383 which aims to help veterans overcome barriers within the VA system, including access to electronic information, facility accessibility, service accessibility and benefits navigation. Support is grounded through Resolution No. 14: Access to Care, which outlines congressional actions to strengthen programs that will assist veterans with receiving care that fulfills the Legion's commitment of service to the community, state, and nation. The American Legion believes that the VA Health Care system offers "The Best Care Anywhere" to our nation's veterans and great benefits to those who served. We believe that veterans should be able to receive care in a timely manner and many veterans do not have access to VA facilities and must access their care in their communities.

The American Legion Supports S. 1383 as currently written.

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

To require the Secretary of Veterans Affairs to award grants to nonprofit entities to assist such entities in carrying out programs to provide service dogs to eligible veterans, and for other purposes.

The Department of Veterans Affairs (VA) has provided service dogs to veterans since 1958, with the program originally created to support blind veterans. [42] The program has been expanded over time to provide service dogs to veterans with a wide variety of other physical and mental disabilities. The VA has designated organizations to provide service dogs for veterans, and with

[38] U.S. Department of Veterans Affairs. "DAV Vans: Transportation for Veterans." Last modified April 4, 2024. https://www.va.gov/washington-dc-health-care/dav-vans-transportation-for-veterans/.
[39] Ibid
[40] "Women Veteran Task Force | House Committee on Veterans Affairs." 2023. House.gov. 2023. https://veterans.house.gov/resources-for-veterans/women-veteran-task-force.htm.
[41] Ibid
[42] Richard Weinmeyer, " Service Dogs for Veterans with Post Traumatic Stress Disorder," AMA Journal of Ethics Health Law, June 2015, Accessed April 13, 2023, https://journalofethics.ama-assn.org/article/service-dogs-veterans-posttraumatic-stress-disorder/2015-06.

an average two-year turnaround to train a new service dog, many of these organizations have long wait lists of veterans needing support.[43]

A recent VA study has demonstrated that veterans who receive a service dog have an average 3.7-point drop in PTSD symptoms, less suicidal ideation, and overall improved mental health compared to veterans with emotional support dogs.[44] Further, veterans with service dogs are documented to have lower depression, higher quality of life, and increased social functioning than veterans on the waiting list for service dogs.[45] This is a widely successful treatment and support program.

In 2021, the American Legion testified in support of the PAWS for Veterans Therapy Act.[46] This bill awards grants to nonprofit organizations to provide veterans with puppies and the training for them to become therapeutic service dogs, very similarly to the SAVES Act. The American Legion supports the SAVES Act of through Resolution 134: Service Dogs for Injured Service Personnel and Veterans with Mental Health Conditions, as it provides an alternative treatment for veterans returning home from deployment with a traumatic brain injury and/or PTSD. Many individuals suffering from PTSD and other mental health disorders refuse to seek treatment because of the stigma surrounding mental health. The American Legion also supports this bill through Resolution No. 262: Department of Veterans Affairs Provide Service Dog Allowance.

The American Legion supports connecting veterans in need of a service or guide dogs. Service animals are just as vital to veterans with physical and mental impairments as prosthetic body parts.

The American Legion Supports S. 1441 as currently written.

S. 1533: the VA License Portability Act

To amend title 38, United States Code, to make permanent and codify the pilot program for use of contract physicians for disability examinations, and for other purposes.

The Government Accountability Office (GAO) noted in July 2023 that VA has migrated its workload from almost a 1:1 ratio of VHA-employed to VBA-contracted medical disability examiners in 2017, to a nearly 3:1 ratio (or 1,100,000-to-335,000) in the year 2021, with the majority of the disability claims exams assigned to VA-contracted examiners.[47]

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[43] "How Long Does It Take to Train a Service Dog?" K-9 Culture dog Training, September 27, 2022, https://www.k-9culture.com/post/how-long-does-it-take-to-train-a-service-dog.

[44] National Academies of Sciences, Engineering, and Medicine. 2021. *Letter Report on Review of Department of Veterans Affairs Monograph on Potential Therapeutic Effects of Service and Emotional Support Dogs on Veterans with Post Traumatic Stress Disorder*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26039.

[45] O'Haire, M.E. & Rodriguez, K.E. (2018). *Preliminary Efficacy of Service Dogs as a Complementary Treatment for Posttraumatic Stress Disorder in Military Members and Veterans*. Journal of Consulting and Clinical Psychology. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5788288/

[46] U.S. Senate Committee on Veterans' Affairs. *Hearing on Pending Legislation,* Jun 23, 2021. https://www.veterans.senate.gov/2021/6/hearing-on-pending-legislation-6-23-2021

[47] U.S. Government Accountability Officer (GAO*), VA Disability Exams: Opportunities Remain to Improve Program Planning and Oversight,* GAO-23-106939 (Washington, DC, 2023), accessed September 13, 2023, https://www.congress.gov/118/meeting/house/116269/witnesses/HHRG-118-VR09-Wstate-CurdaE-20230727.pdf

With the influx of new disability claims from recent passage of *PACT Act* legislation, VA announced back in July 2023 that 401,107 new filed claims concerning toxic exposures are still pending examination review and processing.[48] With contracted VA-vendors playing a significant role in augmenting VHA workforce to help clear VBA claims backlog, now is not the time to allow a statutory sunset clause to go into effect. Contracted vendors have played an integral role allowing VA to improve its various performance metrics.

As noted in its FY23 report, VBA's ability to process compensation claims within a "125-days goal" metric dipped from 75% in FY20 to 65.5% in FY21. Its goal metric for FY23 is 50%, which underscores the new caseload realities when grappling with the influx of PACT Act-related claims.[49] Congress should not restrict VHA/VBA's capacity to authorize VA-contracted vendors to initiate medical exams across state lines.

The American Legion supports this legislation through Resolution No. 14: Quality Assurance for Department of Veterans Affairs (VA) Contracted Compensation and Pension (C&P) Examinations, which urges Congress to pass legislation that will ensure the quality and timeliness of C&P examinations performed by VA contractors, and ensure that they provide veterans with professional, high-quality service. We further support this bill through Resolution No. 118: Environmental Exposures, which RESOLVED that veterans reporting to VA medical care facilities claiming exposure to such environmental hazards be provided examinations and treatment which are thorough and appropriate.[50]

The American Legion supports S. 1533 as currently written.

S. 1543: the Veterans' Education, Transition and Opportunity Prioritization Plan Act

To amend title 38, United States Code, to establish in the Department of Veterans Affairs the Veterans Economic Opportunity and Transition Administration, and for other purposes.

The *Veterans Opportunity Act of 2025* would create the Veterans Economic Opportunity and Transition Administration (alongside the Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration) to manage these economic opportunity programs more effectively. The new Administration within VA would be headed by an Under Secretary for Veterans Economic Opportunity and Transition, nominated solely on the basis of expertise in economic opportunity programs and information technology, through a commission process similar to what is used to nominate the Under Secretary for Benefits and Under Secretary for Health. In order to establish the new Administration, the Secretary would submit a plan to Congress within 180 days and then certify that VA is ready to create the new Administration and doing so would not negatively affect services to veterans. Congress's intent is that the creation of the new Administration would not increase or decrease overall VA spending or staffing. The legislation would merely transfer functions from VBA to the new Administration.

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[48] Martin Caraway, "Q3 PACT Act Offsite slides *Planning for Success"* (presentation, 3rd Quarter *PACT Act* Offsite VSO conference in Boston, MA July 15-16, 2023).
[49] U.S. Department of Veterans Affairs, *FY 2023 Annual Performance Plan/FY 2021 Report* (APP& R), Washington, DC, 2023), accessed September 13, 2023, va-annual-performance-plan-and-report-2021-2023.pdf.
[50] The American Legion Resolution No. 14 (2021): "https://archive.legion.org/node/3595"Quality Assurance for Department of Veterans Affairs (VA) Contracted Compensation and Pension (C&P) Examinations; The American Legion Resolution No. 118 (2016): Environmental Exposures.

The provisions of this bill fall outside the scope of established resolutions of The American Legion. As a large member-driven and resolution-based organization, The American Legion takes positions on legislation based on resolutions passed by membership. With no current resolutions addressing the provisions of the legislation, The American Legion is researching the material and working with our membership to determine the course of action which best serves veterans.

The American Legion has no position on S. 1543 as currently written.

CONCLUSION

Chairman Moran, Ranking Member Blumenthal and distinguished members of the Committee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation.

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Julia Mathis, Legislative Director, at jmathis@legion.org