TESTIMONY
OF
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DIRECTOR
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THE AMERICAN LEGION
BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

DECEMBER 10, 2025

EXECUTIVE SUMMARY

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Senate Discussion Draft, the Get Justice Involved Veterans BACK HOME Act (King) *Pg. 23*	Support with Amendments

The provisions of the following legislation on the agenda fall outside the scope of established resolutions of The American Legion. As a member-driven and resolution-based organization, The American Legion takes positions on legislation based on resolutions passed by membership. Therefore, we have no position on the following:

LEGISLATION	**POSITION**
S. 342, the Purple Heart Veterans Education Act (Murray)	No position
S. 668, the SAFE STEPS for Veterans Act (King)	No position
S. 2333, the Health Records Enhancement Act (Welch)	No Position
S. 2807, Restoring Eligibility Standards for Placement in Eligible Cemeteries and Tombs (RESPECT) Act (Cornyn/Hirono/Murkowski/Fettman/R. Scott/Schiff)	No Position

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Chairman Moran, Ranking Member Blumenthal and distinguished members of the Committee, on behalf of National Commander Dan Wiley, 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, servicemembers, 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. 926, the Saving Our Veterans Lives Act of 2025 (King/Sheehy)

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish a program to furnish to certain veterans items used for the secure storage of firearms, and for other purposes.

The *Saving Our Veterans Lives Act of 2025* would establish a program at the Department of Veterans Affairs (VA) to provide vouchers for firearm storage devices to veterans upon request. The current pilot program to provide firearm storage is offered only to Veteran Health Administration (VHA)-enrolled veterans who are determined to be at moderate to high risk of suicide. Unfortunately, the lockboxes are currently only available through VA Prosthetic and Sensory Aids Service, and there is no dedicated funding for the program.[1]

The proposed legislation extends eligibility to all veterans and provides lockboxes widely at VA and through firearm retailers, dramatically increasing availability. This legislation will also provide funding for a public education campaign to make veterans aware of the resources and where to find these lockboxes, and why it is so important in reducing veteran suicide.

[1] U.S. Department of Veterans Affairs. "VA Firearm Lockbox Program." VA Research Currents, September 9, 2024. Accessed November 24, 2025. https://www.research.va.gov/currents/0924-VA-Firearm-Lockbox-Program.cfm

Making this simple voucher widely available to more veterans demonstrates that suicide prevention is priority for VA and for our nation broadly, and that we are prepared to invest in programs and tools that have proven positive outcomes. The simple act of acknowledging the potential crisis that too many veterans may still face and offering a rapid solution to disrupt a critical chain of events, will definitely save lives.

Preventing veteran suicide is The American Legion's top priority. By providing veterans with an avenue for safely storing their firearms when they are in crisis, this legislation will have a direct and significant impact in preventing tragedy. The American Legion can support this bill through Resolution No: 11: *Lethal Means and Suicide Prevention*. This resolution expresses The American Legion's support of suicide prevention initiatives that do not encroach on Constitutional rights, such as voluntary firearm storage.

The American Legion supports S. 926 as currently written.

S. 1116, the Ensuring Veterans' Final Resting Place Act of 2025 (Banks/Collins/Rosen)

To amend title 38, United States Code, to authorize the provision of certain additional burial benefits for individuals for whom an urn or plaque is furnished, and for other purposes.

The *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020* authorized the Secretary of Veterans Affairs (SECVA) to reimburse the costs of commemorative plaques and urns for veterans whose cremated remains were not interred at a cemetery federally managed by VA's National Cemetery Administration (NCA). However, as currently written, if furnished with an urn or commemorative plaque, the VA is barred from later providing a headstone or gravesite marker and certain other types of burial benefits.[2]

Uninformed surviving families will not realize that, under current law, choosing a VA-reimbursed commemorative plaque and urn will later prohibit the VA from providing a government headstone or gravesite marker if ever the veteran's remains are relocated.

Proposed legislation provides the technical fix and flexibility to truly honor a surviving family's final/reunification wishes, as the family may have originally opted not to inter the remains at one of our nation's most solemn burial grounds. Surviving family members deserve to be afforded the flexibility in keeping their VA-burial and reunification options open.

Notably, as currently written, the Senate version appears to be the obsolete companion version of the House's 118th iteration. The House's 119th iteration has added additional bill language to remove the language "who dies on or after November 11, 1998" in section 2306 of title 38 USC. The American Legion recommends adopting this bill language to remove this arbitrary death date restriction so that all military families may qualify for the additional VA-covered burial options

[2] P.L. 116-315 (January 5, 2021) Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020, section. 2207 - Provision of Urns and Commemorative Plaques for Remains of Certain Veterans Whose Cremated Remains Are Not Interred in Certain Cemeteries at: https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf.

authorized under recent passage of the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020.*

The American Legion supports S. 1116 with amendments.

S. 1657, the Review Every Veteran's Claim Act (Banks/King)

To amend title 38, United States Code, to limit the authority of the Secretary of Veterans Affairs to deny the claim of a veteran for benefits under the laws administered by such Secretary on the sole basis that such veteran failed to appear for a medical examination associated with such claim, and for other purposes.

VA's duty to assist is described most simply as the Department's legal obligation to help gather evidence to support a veteran's claim for VA benefits.[3] This includes service treatment records, federal records, private medical records, lay evidence, compensation exams, and even first-hand servicemember accounts related to supporting submitted claims for benefits. Duty to assist or *The Veterans Claims Assistance Act of 2000* was signed into public law on November 9, 2000, to clarify and reaffirm the responsibility of the Secretary, and ultimately VA to make reasonable efforts to obtain medical evidence.[4]

Current law, under 38 C.F.R. § 3.655 states that if a veteran misses an examination appointment without good cause or due to illness, hospitalization, or death of an immediate family member, the claim shall be denied.[5] The narrow structure of the law does not consider the logistical challenges and complexities veterans must navigate to maintain compensation exam appointments. Veterans do not control their compensation exam schedules; the schedule is dependent on medical provider availability and overall distance from the veterans' home. Some veterans living in rural areas travel long distances to scheduled exam locations. Veterans may experience mental health conditions such as Post Traumatic Stress (PTS) or Military Sexual Trauma (MST), along with chronic pain, which can create physical challenges that make it difficult to honor appointments forcing them to cancel or miss them entirely.

A veteran's claim should not be automatically denied due to a missed compensation exam appointment. The decision to deny a claim should be based on the evaluation of all evidence gathered during development, which includes all necessary appointments and medical opinions. A rescheduled appointment is much more efficient, cost effective, and less harmful to the veteran than a reordered exam that could be scheduled out months later. This ensures timely decisions, avoids rework, and reduces opportunities for vendor overpayment. The American Legion supports

[3] U.S. Department of Veterans Affairs. "VA's Duty to Assist." VA.gov, last updated July 31, 2025. Accessed November 24, 2025. https://www.va.gov/resources/vas-duty-to-assist/

[4] United States, "Veterans Claims Assistance Act of 2000," Public Law 106-475, 106th Congress, November 9, 2000, 114 Stat. 2096 https://uscode.house.gov/statutes/pl/106/475.pdf

[5] U.S. Department of Veterans Affairs. 38 C.F.R. § 3.655 — Failure to report for Department of Veterans Affairs examination. Electronic Code of Federal Regulations, Title 38, Chapter I, Part 3, Subpart A. Accessed November 21, 2025 https://www.ecfr.gov/current/title-38/chapter-I/part-3/subpart-A/subject-group-ECFR24d035b1eee2d6f/section-3.655

the Legislation using Resolution No. 11: *Oversight of Medical Disability Examination Contract Providers*.[6]

The American Legion Supports S. 1657 as currently written.

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

To amend title 38, United States Code, to ensure veterans of secrecy oath programs receive the full benefits they have earned, and for other purposes.

The U.S. Army Chemical Corps conducted a classified Cold War program at Edgewood Arsenal primarily to research chemical warfare agents, defenses (such as protective military clothing and equipment), and pharmaceuticals.[7] After the military devised its first policies on human experiments in 1953, requiring test subjects to be provided informed consent, veterans volunteered to participate in classified studies starting in 1956.[8] By the time this program was disbanded in 1975, nearly 7,000 military personnel had been subjugated to nerve agents (including sarin, VX), tear gas, mustard gas, ketamine, hallucinogens such as LSD, and highly toxic concoctions to test various forms of a "truth serum."[9]

Fifty years later, veterans disclosed believing they were volunteering to test military equipment but "were directed instead to military research labs for human trials using chemical substances they received in gas chambers, by injection and other means."[10] Some veterans stated feeling deceived by the military, as they "thought that the Army had sent them to test equipment to better the forces."[11] This deception brings into question the validity of the informed consent claimed by the military. Veterans who developed cancer, paralysis, depression, and PTSD, have had their VA claims denied as the government never acknowledged their participation in a classified program, and are held to secrecy through a signed nondisclosure agreement (NDA).[12] Thankfully, a recent 2023 Appeals hearing found that those who participated in secrecy oath programs had their due process violated and their ability to timely file for entitled VA disability claims (in accordance with 38 USC § 5110 - VA's claims filing effective date limitations) hindered.[13]

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[6] The American Legion. Resolution No. 11 Oversight of Medical Disability Examination Contract Providers, Accessed November 21, 2025. https://archive.legion.org/node/17155

[7] Almanza, Rikki. "Vietnam-Era Veterans Seek Retroactive Benefits for Exposure to Nerve Agents and Hallucinogens in Secret Military Tests." American Legion Department of California, October 11, 2024. https://calegion.org/vietnam-era-veterans-seek-retroactive-benefits-for-exposure-to-nerve-agents-and-hallucinogens-in-secret-military-tests/; and Hersey, Linda F. "Vietnam-Era Veterans Exposed to Nerve Agents and Hallucinogens in Secret Military Tests Seek Years of Back Benefits." Stars and Stripes, October 4, 2024. https://www.stripes.com/theaters/us/2024-10-04/veterans-human-testing-disability-benefits-15404186.html.

[8] Kime, Patricia. "Vets Used in Secret Tests Make Progress in Court." Military Times, August 18, 2022. https://www.militarytimes.com/pay-benefits/military-benefits/health-care/2015/07/11/vets-used-in-secret-tests-make-progress-in-court/; and "Public Health: Edgewood/Aberdeen Experiments." U.S. Department of Veterans Affairs, Last updated April 16, 2025. https://www.publichealth.va.gov/exposures/edgewood-aberdeen/index.asp.

[9] Ibid

[10] Ibid

[11] Ibid

[12] Ibid

[13] *Taylor v. McDonough* (2023). United States Court of Appeals for Veterans Claims (CAVC) https://www.cafc.uscourts.gov/opinions-orders/19-2211.OPINION.6-15-2023_2143076.pdf

The proposed legislation would mandate SECVA notify all former participants of these classified studies of their entitled VA Benefits and services they may be eligible for. It would also codify the recent *Taylor v. McDonough* decision by establishing that, for any claim involving an NDA or secrecy oath, the effective award date must begin on the day following the veteran's discharge or separation. Veterans should never have been trapped in such a dilemma due to the classified nature of their mission or job. Servicemembers entrusted with safeguarding our military secrets must have confidence that our nation will do its utmost to remove the burden of proof to qualify for their VA entitlement programs and compensation benefits.

The American Legion can support through Resolution No. 22: *Classified Incidents for Department of Veterans Affairs Claims Purposes,* which urges the Department of Defense to confirm incidents, without disclosing their classified nature, including injuries, illnesses, toxic exposures, and other activities claimed by veterans in VA disability claims, and for VA to aggressively request such confirmations, as part of its duty to assist veterans and their dependents.

The American Legion supports S. 1665 as currently written.

S.1868, the Critical Access for Veterans Care Act (Cramer/Sheehy)

To amend title 38, United States Code, to expand access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program, and for other purposes.

A large and growing number of American veterans live in rural or highly rural areas. According to VA statistics, 2.7 million rural veterans are enrolled in VHA, and a majority of them (54%) are age 65 and over.[14] These veterans face hurdles accessing medical care, including a lack of transportation and limited specialty care providers.

This legislation seeks to radically alter VA care for rural veterans. It proposes eliminating the VA referral for community care for veterans living in areas serviced by Critical Access Hospitals. These hospitals are defined by federal statute as being their area's only provider within a 35-mile radius, have 25 or less inpatient beds, provide 24-hour emergency services, and other requirements.[15] Instead of going through the VA's community care process, veterans living in the areas serviced by these hospitals would be able to automatically opt-in to receiving care there. The hospital would be able to refer these veterans to other providers and specialists without any review or oversight of the VA. The legislation would actually put restrictions on the VA from requiring referrals or prior authorization for community care services.

While The American Legion supports improving rural veteran health care and believes that VA-managed community care is VA care, this legislation would take a substantial number of veterans out of VA-supervised programs and services. By opting into community care without oversight

[14] "Rural Veterans." Department of Veterans Affairs, March 10, 2025. https://www.ruralhealth.va.gov/aboutus/ruralvets.asp.
[15] "Critical Access Hospitals." CMS.gov. Accessed November 23, 2025. https://www.cms.gov/medicare/health-safety-standards/certification-compliance/critical-access-hospitals.

from the VA, many veterans would lose the committed support of programs, resources, and caring staff that ensure our veterans, and not profits, are the focus.

In accordance with Resolution No. 7: *Ensuring VA Remain the Center of Care*, The American Legion cannot support this legislation. This resolution states unequivocally that it is the position of The American Legion that the Veterans Health Administration should remain the center of care for American veterans.

The American Legion opposes S. 1868 as currently written.

S. 1992, Veterans Appeals Efficiency Act of 2025 (Banks/Blumenthal)

To amend title 38, United States Code, to improve the efficiency of adjudications and appeals of claims for benefits under laws administered by Secretary of Veterans Affairs, and for other purposes.

The Board of Veterans Appeals (BVA or "the Board") reviews appeals filed by veterans and dependents with adverse decisions. Appeals filed regarding decisions made before the Appeals Modernization Act (AMA) effective date of February 19, 2019, are designated "legacy" appeals. Legacy appeals following a remand by the Court of Appeals for Veterans Claims (CAVC) are allowed to keep their original place in docket order. For both legacy and AMA claims, current law and regulations place priority on the docket for veterans who are aged 75 or older, those facing serious illness, or those under serious financial hardship.

The American Legion Service Officers (VSOs) have long reported issues with BVA being excessively stringent on the interpretation and application of 38 U.S.C. § 7107, where the VSO believes the legal standard of "good cause" was met by the client, yet priority placement on the docket was denied by BVA. For instance, VSOs report that clients who were temporarily staying with friends or family after an eviction or inability to pay rent being denied priority placement. While these veterans are technically not homeless, their circumstances fall squarely within the intent of § 71017(b)(3)(B) giving priority to appellants who are experiencing financial hardship. Other examples of veterans who were denied priority placement are those with accrued medical debt for treatment of primary/secondary conditions that have yet to be adjudicated as service-connected, pushing veterans further into dire financial distress. BVA's current strict interpretation of "seriously ill or financial hardship" category has missed its mark and ignored the original reasons for allowing advancement on the docket rules. A review of current practices is overdue and necessary.

To reduce BVA's appeals backlog, this proposed legislation would require an annual progress report be delivered to Congress with the following information:

- Cases in which an adjudicator failed to comply with a relevant decision of the Board
- Cases where an Agency of Original jurisdiction (AOJ) did not satisfy the Duty to Assist (DTA) guidelines
- Number of claims filed in the National Work Queue (NWQ) still pending office assignment for adjudication
- Number of cases pending before The Board
- Number of cases afforded expeditious treatment

- Number of cases were remanded by the Court of Appeals for Veterans Claims
- Number of cases are seeking continuous pursuit

Especially for the last metric, The American Legion and other Veteran Service Organizations have long called for the VBA to improve its process to assign correct effective dates. VBA's current computer code uses the same End Product (EP) for Supplemental Claims to reopen a decision and Supplemental Claims that are continuously pursued. As a result, VBA's computer system is unable to accurately track effective dates, resulting in individual VBA adjudicators having to manually fix the effective back date. Improved metrics on the frequency of this error may help prompt VBA to adopt technological solutions. The American Legion welcomes the reporting of these metrics, as it would provide more transparency and pinpoint VBA's workflow bottlenecks. The American Legion notes that the Social Security Administration (SSA) established data reporting and analysis for its disability adjudication process in the previous decade and has reported improved consistency and quality of its case reviews. Furthermore, SSA's data-informed decisions allowed training opportunities and staff feedback which resulted in improved accuracy and helped inform agencies with differences between agency and federal court interpretation of agency policies.[16] Moreover, The American Legion notes SSA's published report on the data analysis which drove conversations on how to create more effective, efficient policies at lower cost, and we believe that similar data analysis requirements for VBA's disability claims process could drive similar benefits.

Lastly, the proposed legislation would grant the Board Chairman authority to aggregate claims involving similar factual or legal issues for quicker resolution as a collective group, rather than adjudicate each similar case individually, as BVA currently does. BVA would also be authorized to request an opinion from the VA's Office of General Counsel if an appeal or group of appeals involves a question of law that would benefit from such an opinion.

We respectfully submit our recommendation to include the following amendment:

> *Section 7104(e) of title 38 is amended by inserting after paragraph (3) the following new paragraph: "(4) for aggregate appeals described in subsection (a), any nonprofit veteran organization chartered by Congress under subtitle II of title 36, United States Code, that has filed a request with the Board to receive such notices."*

When the Board Chairman aggregates common questions of law or fact, notice should be provided to Congressionally chartered VSOs for maxim participation. In ordinary civil litigation, when a Court certifies a class, some kind of notice is generally provided to others affected by the litigation so that they may protect their interests. Even with the best of intentions, it is quite possible that a group of cases aggregated by the Board will not be representative of all veterans affected by an issue, will not contain the most relevant medical or other evidence bearing on the issue, or will not

[16] Ray, Gerald K, and Jeffrey S. Lubbers. "A Government Success Story: How Data Analysis by the Social Security Appeals Council (with a Push from the Administrative Conference of the United States) Is Transforming Social Security Disability Adjudication." The George Washington Law Review, September 2015. https://www.gwlr.org/a-government-success-story-how-data-analysis-by-the-social-security-appeals-council-with-a-push-from-the-administrative-conference-of-the-united-states-is-transforming-social-security-disability-ad/.

consider all legal provisions bearing on the issue. Accordingly, VSOs must be provided with the basic elements of due process when the Board aggregates claims: notice and the opportunity to respond. This will ensure that the outcome of the aggregation is fully informed and as relevant as possible to meet the needs of the larger veteran benefits system.

Through Resolution No. 5: *Department of Veterans Affairs Appeals Process*, The American Legion supports any legislation that calls on VA to address all claims, to include its growing inventory of appeals in an expeditious and accurate manner. Furthermore, Resolution No. 5 resolves VA to create no program that diminishes a veteran's due process rights. The American Legion supports proposed legislation with the abovementioned recommended changes.

The American Legion supports S. 1992 with amendments.

S. 2061, the Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025 (Blumenthal/Murray)

To require the Interagency Working Group on Toxic Exposure to conduct research on the diagnosis and treatment of health conditions of descendants of individuals exposed to toxic substances while serving as members of the Armed Forces, and for other purposes.

The *Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act* would commission first-of-its-kind, landmark research on birth defects among descendants of toxic-exposed veterans, enabled by the PACT Act. Veterans exposed to toxins during their military service are more likely to develop certain medical conditions, such as rare cancers, heart conditions, and chronic lung ailments, as a direct result of their toxic exposure. Descendants of these toxic-exposed veterans are also likely to experience conditions, such as spina bifida, related to their parents' or grandparents' exposure to toxic chemicals. While there has been some research on the link between birth defects and generational exposure to toxins and chemicals, there has yet to be comprehensive government-led studies into the effects of toxic exposure on descendants of toxic-exposed veterans.

The congenital effects of toxic exposure on the descendants of service members were widely unknown until a 1979 congressional hearing before the House Committee on Interstate and Foreign Commerce.[17] Since then, military families who experience serious congenital conditions have been left with fear and uncertainty as to what the long-term impacts will be, and whether they will be provided with care. In 1997, the children of Vietnam veterans who suffer from spina bifida were authorized presumptive health care, and this was expanded in 2001 to include other conditions, but only for children of female Vietnam veterans. Toxic exposure coverage for the descendants of veterans has not been expanded since this 2001 provision, despite the implementation of the PACT Act and many other scientific and legislative advancements over the years.

[17] U.S. House of Representatives, Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce. Involuntary Exposure to Agent Orange and Other Toxic Spraying: Hearings before the Subcommittee on Oversight and Investigations, Committee on Interstate and Foreign Commerce, House of Representatives, Ninety-Sixth Congress, First Session, June 26 and 27, 1979. Serial No. 96-139. Washington D.C.: U.S. Government Printing Office, 1980

Our knowledge of medicine and genetics has grown immensely in the last 24 years, particularly our understanding of transgenerational effects including epigenetics, or how gene expression can be affected by environmental factors.[18] The *Molly R. Loomis Research For Descendants of Toxic Exposed Veterans Act* would help offer insight into this issue by requiring the current interagency working group on toxic exposure to expand their research to include descendants of toxic exposed veterans. A study on the descendants of toxic exposure victims from our more recent conflicts would be a positive first step in extending benefits to those descendants who were affected by their parent servicemember's toxic exposure.

The American Legion Supports S. 2061 as currently written.

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

To expand presumptions of exposure by members of the Armed Forces to toxic substances, and for other purposes.

The *FORGOTTEN Veterans Act of 2025* expands presumptive radiation exposure to members of the Armed Forces who served in Nevada's Test and Training Range (NTTR) and nearby locations. Inexplicably, while former Department of Energy (DoE) employees are covered under the *Energy Employees Occupational Illness Compensation Program Act* (EEOCPA) for their radioactive exposure claims, former service members worked alongside DoE employees are left to fend for themselves. [19]

The *Radiation Exposure Compensation Act* (RECA) 42 U.S.C. § 2210 note and the EEOCPA only set aside trust funds to handle Department of Energy (DoE) employees' claims for the over 200 atmospheric nuclear weapons development tests as part of a Department of Labor's Office of Worker's Compensation program.[20] While monumental passage of the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* was an encouraging step in establishing three new radiation presumptive locations (i.e., Enewetak Atoll; Palomares, Spain; and Thule AFB, Greenland), they were all overseas cleanup sites, and domestic sites in Nevada were left out.

Nevadan legislators have introduced legislation over the years, such as the *Justice for Atomic Veterans Act of 1998* and *Recognition of Forgotten Atomic Veterans and their Surviving Spouses Act of 2005,* to address the servicemembers working at NTTR, a classified nuclear test range site. But this legislation has largely failed as veterans have faced difficulties accessing classified records to prove their presence at the site and their exposures.

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[18] Beck, D., Nilsson, E.E., Ben Maamar, M. et al. Environmental induced transgenerational inheritance impacts systems epigenetics in disease etiology. Sci Rep 12, 5452 (2022). https://doi.org/10.1038/s41598-022-09336-0

[19] U.S. Congress. Recognition of Forgotten Atomic Veterans and their Surviving Spouses Act of 2005, H.R. 4183, 109th Cong. (2005).; U.S. Congress Justice for Atomic Veterans Act of 1998, S.1385, 105th Cong. (1998)

[20] U.S. Department of Justice, Civil Division. "Radiation Exposure Compensation Act (RECA)." Last updated November 21, 2025. Accessed November 21, 2025. https://www.justice.gov/civil/reca.

The American Legion urges that new presumptive conditions and locations continue to be identified and included through the decision process established by The PACT Act. However, there are two situations where this process does not yield satisfactory results: Veteran's whose military locations and activities are classified, and exposures which affect such a small number of individuals that they are not good candidates for epidemiological research. The veterans who worked at NTTR meet both conditions, they are few and they conducted classified military activities. For this reason, bypassing the PACT Act presumptive decision process for these veterans is warranted.

A technical correction The American Legion would like addressed in markup is the removal of section 6 and 7 of S. 2220. While we fully support sections 1 to 5, sections 6 and 7 add the NTTR cohort to presumptive lists intended for post-Gulf War veterans who served overseas and were exposed to burn-pits. This cohort would be the only cohort included prior to 1990, and the only domestic cohort. In addition, Section 7 adds lipomas as service connected but only for this cohort. Cohort specific conditions are not present in either § 1119 presumptions of toxic exposure or § 1112(c)(3)(A) radiation-exposed veteran. The American Legion is supportive of adding lipoma to the radiation risk activity presumptive list under § 1112(c)(2)(V), and "Any other disease or condition for which the Secretary determines relevant" under § 1112(c)(2)(W) for continued flexibility anticipating emerging research.

Easing the burden of proof by establishing a presumptive radiation location for radiation-exposed veterans stationed at NTTR and ensuring that pertinent classified and medical information is properly tracked in ILER for VA disability claims and benefits purposes will remove the arduous appeals and litigation process. Broadening the definition of "radiation-risk activities" to beyond just "nuclear testing" by including activities such as the "development, construction, operation, or maintenance of military installations" will ensure justice for our atomic veterans and their families.

The American Legion can support through Resolution No. 41: *Radiation-Exposed Veterans* which urges Congress to designate these atomic veterans as "radiation-exposed veterans" and ensure that they are eligible for the same health care and other benefits as other servicemembers who were involved in active nuclear tests.

The American Legion supports S. 2220 with amendments.

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

To improve the emergency management capabilities of the Department of Veterans Affairs, and for other purposes.

This legislation would require the VA to produce comprehensive reports to Congress on VA's emergency management roles and the VA's regional readiness centers. It would also require the Secretary of the Department of Veterans Affairs to work with the Administrator of the Federal Emergency Management Agency (FEMA) to produce a plan on how to facilitate fuel sharing during times of emergency.

VA's Fourth Mission is to "improve the nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state, and local emergency management, public health, safety and homeland security efforts."[21] This bill would directly help that effort by improving plans between VA and FEMA and helping Congress provide better oversight over VA's Fourth Mission.

The American Legion can support this resolution through Resolution No. 188: *Department of Veterans Affairs' Role in National Emergency Preparedness*. This resolution urges VA to continue taking an active role in emergency preparedness and ensure adequate funding for VA to carry out their Fourth Mission. Keeping Congress better appraised of the program will help to improve planning and funding.

The American Legion supports S. 2264 as currently written.

S. 2309, the Veteran Burial Timeliness and Death Certificate Accountability Act (Boozman/Hassan/Cornyn)

To direct a physician or nurse practitioner employed by the Secretary of Veterans Affairs to certify the death of a veteran not later than 48 hours after such physician or nurse practitioner learns of such death, and for other purposes.

During the COVID pandemic, VA doctors who were hesitant to sign off on death certificates for natural causes cited that they were either unqualified to do so or had only seen their patient virtually through telehealth rather than in-person.[22] Furthermore, when a family turns to a county or state coroner/medical examiner, those offices often cite unfamiliarity of the veteran's medical history or the time-consuming process of securing a veteran's pertinent medical records held by VA as impediments for a timely decision. Delays could range up to six weeks to certify a natural death cause.

Delays in securing a veteran's death certificate impedes the surviving family's ability to properly plan for burial. Moreover, survivors reported being locked out of the deceased veteran's checking or savings accounts, thus delaying the ability to settle a veteran's outstanding financial obligations. Legislation is needed to clearly define the VA's medical responsibility to better support families during end-of-life planning. Veterans and their surviving families expect and deserve a more expeditious means to procure a death certificates involving a natural cause.

Introduced legislation would direct VA physicians and nurse practitioners to task of certifying and signing off a death certificate no later than 48 hours of learning of, or being notified of, the veteran's death. By clarifying roles and setting a clear timeline for obtaining a signed death

[21] "VA's Fourth Mission." The Department of Veterans Affairs. Accessed November 19, 2025. https://www.va.gov/VHAEMERGENCYMANAGEMENT/docs/4TH-MISSION_FAQs_508.pdf.

[22] Anoka County Commissioners' letter to McDonough (Jun 24, 2024) https://kstp.com/wp-content/uploads/2024/10/Draft-letter-to-VA-Secretary.pdf ; Henry, Ben. "Some Veteran Families Delayed in Getting Death Certificate; Congress Working to Get Data from VA." KSTP (KSTP-TV), October 9, 2024. Accessed November 25, 2025. https://www.kstp.com/kstp-news/top-news/some-veteran-families-delayed-in-getting-death-certificate-congress-working-to-get-data-from-va

certificate, the proposed legislation helps families access VA burial and VA survivor benefits. The American Legion can support with amendments.

As currently written, proposed legislation restricts primary care provider to be either VA Physicians or Nurse Practitioners and omits VA Physician Assistants (PAs) when many states (such as Pennsylvania, North Carolina, and Colorado) grant PAs the ability to sign death certificates under certain circumstances. The American Legion proposes the including VA Physician Assistants to sec. 3(a)(1) increasing the number of available professions able to expedite the certification of a death of a natural cause.

The American Legion Supports S. 2309 with amendments.

S. 2328, the Military Learning for Credit Act of 2025 (Coons/Ernst)

To authorize the use of veterans educational assistance for examinations and assessments to receive credit toward degrees awarded by institutions of higher learning, and for other purposes.

The *Military Learning for Credit Act* will expand the use of VA education benefits by allowing student-veterans and eligible beneficiaries to use part of their education benefits for tests and exams that count toward a college degree. This change enables beneficiaries to conserve their entitlement when they can demonstrate competency in a subject through an approved test or exam. Whereas previously, a student would use an entire semester's worth of benefits for the same outcome. Now, students have greater flexibility to complete their degrees while preserving the benefits they have earned.

The American Legion supports this legislation through Resolution No. 338: *Support Licensure and Certification of Servicemembers, Veterans, and Spouses.*

The American Legion Supports S. 2328 as currently written.

S. 2397, the Caring for our Veterans Health Act of 2025 (Ricketts/King)

To require implementation by the Under Secretary for Health of the Department of Veterans Affairs of certain recommendations relating to the provision of health care through community care providers, and for other purposes.

The *CARING for Our Veterans Health Act of 2025* requires VA to implement new guidelines ensuring that medical documents are properly tracked after community care appointments and would also measure how long it takes for veterans to get community care records. It also requires the VA to report to Congress on steps it has taken to implement these changes. These changes would help ensure that VA's standard of care and record keeping is consistent across care in VA facilities and in the community.

The American Legion can support this legislation through Resolution No. 13: *Standards and Training for Community Care Providers*. This resolution urges VA to hold community care providers to the same standards of care as treatment at VA facilities. By ensuring proper record

keeping and access by community providers, this bill helps to achieve those consistent standards across veteran care.

The American Legion supports S. 2397 as currently written.

S. 2683, the VSAFE Act of 2025 (Cornyn/Hassan/Boozman/King)

To amend title 38, United States Code, to establish in the Department of Veterans Affairs a Veterans Scam and Fraud Evasion Officer, and for other purposes.

The Federal Trade Commission (FTC) has noted an uptick in identity theft and other forms of financial crimes in the military & veteran communities, where it has received a two-fold increase in fraudulent reports.[23] In 2021, the American Association of Retired Persons (AARP) noted that the military/veteran communities were 40% more likely to lose money to fraudsters than their civilian counterparts, and that four out of five military/veteran adults were targeted by scams tied to their unique military benefits.[24]

From complex student loan scams and scholarship scams to impersonating government officials from a beneficiary agency, scammers have used increasingly unscrupulous tactics to prey on our nation's veteran population.[25] These scams are often successful with service members and veterans dealing with mental health challenges or physical injuries which can diminish their capacity to manage day-to-day finances.[26] As financial scams and identity theft become increasingly sophisticated, The American Legion urges more to be done.

This proposed legislation would create a dedicated position in VA to oversee the necessary analytical monitoring, tracking, and coordination of scam and fraud prevention efforts with other federal agencies and Veterans Service Organizations in real time. This effort will improve the overall awareness of potential scams and create much-needed protection for vulnerable veterans. The American Legion strongly supports the proposal via Resolution No. 11: *Support Veteran and Reserve Servicemember Financial Protections*. This resolution calls for sound financial protection for veterans and reserve servicemembers against unscrupulous and predatory lenders.

The American Legion supports S. 2683 as currently written.

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[23] U.S. Congress, House, Protecting Military Servicemembers and Veterans from Financial Scams and Fraud: Prepared Statement of the Federal Trade Commission Before the House Subcommittee on National Security, 117th Cong., 2d sess., July 13, 2022

[24] AARP. "AARP Survey: Veterans More Likely to Lose Money to Scams Than Civilians." *AARP Press Center*, November 9, 2021. https://press.aarp.org/2021-11-9-AARP-Survey-Veterans-More-Likely-to-Lose-Money-to-Scams-Than-Civilians.

[25] U.S. Department of Veterans Affairs. "Fraud Prevention." Accessed June 2, 2025. https://benefits.va.gov/BENEFITS/fraud-prevention.asp.

[26] "Letter to U.S. Representative Julia Brownley in Support of the Protecting Our Veterans from Financial Fraud Act, July 13, 2015." The American Legion Digital Archive, July 13, 2015. https://archive.legion.org/node/15416.

Senate Discussion Draft, the Veterans National Traumatic Brain Injury Treatment Act (Tuberville)

To require the Secretary of Veterans Affairs to implement a pilot program to furnish hyperbaric oxygen therapy to certain veterans through community care providers, and for other purposes.

Hyperbaric oxygen therapy (HBOT) is a commonly used treatment for a variety of medical issues, including more than a dozen currently approved uses. However, there are alternative proposed uses that have significant implications among an active-duty military or veteran population as treatments for PTSD, mild traumatic brain injury (mTBI), and traumatic brain injury (TBI). These applications have seen a recent groundswell of support from the operator and veteran communities, raising the visibility of using HBOT for alternative applications.[27]

In multiple randomized and controlled clinical trials, HBOT demonstrated statistically significant symptomatic improvements, Reliable Changes, or Clinically Significant Changes in patients with PTSD symptoms or diagnosed PTSD across a wide range of pressure and oxygen doses. The highest doses were associated with a severe reversible exacerbation of emotional symptoms in 30-39% of subjects. Symptomatic improvements were supported by correlative functional and microstructural imaging changes in PTSD-affected brain regions. The imaging findings and hyperbaric oxygen therapy effects indicate that PTSD can no longer be considered strictly a psychiatric disease.[28]

This legislation seeks to provide veterans who rely on the VA for their healthcare needs access to HBOT as a treatment option for PTSD and TBI symptoms. It establishes a three-year pilot program, limited to two Veterans Integrated Service Networks (VISN) nationwide, to allow VA researchers to collect clinical data within VA facilities. The bill also mandates the Comptroller General of the United States to submit an update to the GAO's December 18, 2015 report (GAO-16-154) on HBOT for treating traumatic brain injury and post-traumatic stress disorder within a year. The report is a compilation of peer reviewed and published articles regarding research on the use of HBOT, and the update would incorporate the last 10 years of peer reviewed research identifying HBOT as a treatment for TBI and PTSD.

The requirement that participating facilities be accredited by the Joint Commission, the Undersea and Hyperbaric Medical Society, or a similar accrediting authority lends credibility to the program and ensures the research produced meets rigorous standards. Should the findings prove positive, the data will support potential expansion of HBOT services across the VA. Funding for this legislation would come from the VA HBOT Fund within the U.S. Treasury's General Fund, consisting solely of donations made to the Secretary for the explicit purpose of supporting these services.

Section 4 of this legislation provides an amendment to Section 5503(d)(7) of title 38, United States Code, extending this subsection from expiring on November 30, 2031, to October 30, 2034. If a veteran in this subsection has neither spouse nor child and has a Medicaid plan, or a State plan for

[27] Biggs, Adam T., Lanny F. Littlejohn, and Hugh M. Dainer. "Alternative uses of hyperbaric oxygen therapy in military medicine: current positions and future directions." Military Medicine 187, no. 1-2 (2022): e40-e46.
[28] Andrews, Susan R., and Paul G. Harch. "Systematic review and dosage analysis: hyperbaric oxygen therapy efficacy in the treatment of posttraumatic stress disorder." Frontiers in Neurology 15 (2024): 1360311.

medical assistance and is receiving services from a state furnished nursing facility, then no pension in excess of $90 shall be paid to or for the veteran. The American Legion proposes the removal of this section is an unrelated issue to treating PTSD and TBI symptoms with HBOT.

For nearly a decade, The American Legion has advocated for the implementation of new and innovative treatments for TBI and PTSD. The American Legion strongly supports the main proposal within this legislation through Resolution No. 165: *Traumatic Brain Injury and Post Traumatic Stress Disorder Programs*. This resolution calls for oversight and funding for the innovative research of TBI and PTSD through HBOT.

The American Legion supports this draft with amendments.

Senate Discussion Draft, the Fisher House Availability Act (Moran)

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to make temporary lodging facilities of the Department of Veterans Affairs available for members of the Armed Forces, other individuals on active duty, and family members of such individuals on a space available basis, and for other purposes.

The Fisher House Foundation was created by Zachery and Elizabeth M. Fisher in 1990.[29] The original project cost 20 million dollars to provide temporary, comfortable homes for families of hospitalized military personnel, the most notable of which is at Walter Reed Medical Center in Bethesda, MD.[30] When one of these homes reaches capacity, the Fisher House Foundation has an additional resource called Hotels for Heroes, providing accommodations for service members, family, and close friends closer to a medical facility.[31] Taken together, these programs house 1,400 military and veteran families on a nightly basis in the U.S. and abroad.

This legislation seeks to expand this capability by making temporary lodging facilities on VA campuses available to members of the Armed Forces when the covered beneficiary must travel a significant distance to receive care at a non-VA facility. This will be given on a space-available basis. Military and veteran family members with patients that are being treated at a military or VA hospital are currently eligible to stay at a Fisher House or utilize the Hotels for Heroes program.[32]

This bill codifies this directive into law and will help to ensure the Fisher House programs are allowed to help veterans, service members, and their families as originally intended. The American Legion supports this legislation through Resolution No. 18: *Comprehensive Supports for Caregivers Support Program*.

The American Legion supports the draft legislation as currently written.

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[29] Zachary Fisher - Builder, Philanthropist, Patriot - Fisher House Foundation https://fisherhouse.org/about/our-history/zachary-fisher/.

[30] Fisher House Foundation, "Fisher House Foundation is On the Road to 100." Sept 28, 2022. https://fisherhouse.org/stories/articles/fisher-house-foundation-is-on-the-road-to-100/.

[31] Fisher House Foundation, Hotels for Heroes. https://fisherhouse.org/programs/hotel-for-heroes/.

[32] Lange, Katie, U.S. Department of Defense," Fisher Houses Offer Free Stays, Comfort to Ailing Families, Vets" May 10,2023. https://www.defense.gov/News/Feature-Stories/Story/Article/3391501/fisher-houses-offer-free-stays-comfort-to-ailing-military-families-vets/

Senate Discussion Draft, the Leveraging Integrated Networks in Communities for Veterans Act (Sullivan)

To require the Secretary of Veterans Affairs to carry out a pilot program to establish community integration network infrastructure for services for veterans, to require the collection from veterans of information related to social determinants of health, and for other purposes.

After leaving military service, veterans typically face a litany of issues in their lives as they attempt to reintegrate into the civilian population. The first issues faced after departure from active service are typically housing and employment. Veterans are often underemployed, leading to financial difficulties that result in issues with nutrition, transportation, childcare, and career development. Additionally, veterans begin to navigate a system of care to address their wounds of war, including disability assistance, treatment for MST or sexual assault, suicide prevention, medical and care needs, and legal aid. To resolve these difficulties and prevent as many of these issues from compounding as possible, a comprehensive integrated resource from VA would allow veterans to prepare for and resolve many of these issues with trusted sources of information and assistance.

This legislation seeks to establish a nationwide pilot program for an interoperable community integration network, connecting VA facilities with public-private partnerships to deliver health and social serves to veterans in need of assistance. The services would include the key social determinants of health (SDoH): nutritional assistance, housing, health care, transportation, job training, child development or care, caregiving or respite care, disability assistance, suicide prevention, sexual assault services, legal aid, transition services, and other services determined by SECVA. The intent is to leverage and enhance current technology networks, or create one through the VA's Center for Innovation for Care and Payment, to connect VA medical centers with community-based organizations, state and local agencies, health information exchanges, and housing authorities to serve veterans.

These network connections would include referral management support, capacity tracking, and outcome monitoring, while ensuring privacy protections for the veteran. The pilot program would be tested in a minimum of one facility in every VISN to ensure coverage nationwide while also coordinating with existing community networks and integrating with state Medicaid programs through guidance from the Department of Health and Human Services. A key component of this legislation is data collection, primarily through ICD-10 Z-codes and SDoH. By incorporating screening of veterans SDoH in routine medical care and tracking referral accuracy, provider response times, and initial encounter outcomes, the report to Congress three years after implementation will identify met and unmet needs and deliver the necessary information on how to improve this program. A year later, at the fourth-year mark, the GAO must conduct an independent evaluation of the program as well.

SECVA should work closely with VSOs to ensure this program can be successfully delivered to veterans. Receiving feedback throughout the pilot period and for the development of the 3-year report will ensure accurate and honest feedback from the veterans who participated. The Secretary should have the final approval authority regarding organizations involved with this program.

Our support for this legislation is provided by Resolution No. 8: *Implementation of the Assessing Circumstances and Offering Resources for Needs Program of the Department of Veterans Affairs*. The American Legion strongly urges Congress to implement the proposed legislation with appropriate guard rails to ensure that organizations listed and used through referral services do so in a manner that protects a veteran's privacy, security, and best interests. The added language should mirror a similar program that the VA already has in place that,

> "aims to: 1) systematically screen veterans for health-related social needs in nine domains (food, housing, utilities, transportation, education, employment, legal, social isolation/loneliness and digital needs); 2) provide clinical care teams real-time information about veterans' unmet needs; and 3) address identified needs through the provision of resources and referrals, including offering resource guides, support navigating resources, and/or referrals to social work or other relevant VHA and non-VHA services."[33]

The American Legion supports this draft with amendments.

Senate Discussion Draft, the SERVE Act (Moran)

To improve the availability of care for veterans from facilities and providers of the Department of Defense, and for other purposes

Since 1982, the DOD and the VA have been authorized to share resources.[34] Currently, the Departments have over 185 shared agreements.[35] One such agreement is that veterans may receive care at DOD facilities for the following specialties: surgery, orthopedics and mental health. The SERVE Act will provide additional access of care for veterans by mainstreaming other types of healthcare that may also be received at healthcare facilities run by DOD. This agreement offers significant cost savings and reduces the need for sending veterans into the community for care. Although these sharing agreements are in place, DOD and VA do not have a performance management system that would monitor the use of the agreements. It must be noted that a recent 2025 GAO report recommended a systemic process to implement new and expanded joint sharing agreements.[36]

Sharing agreements offer cost savings for both DOD and VA. Between 2020 and 2024, VA's healthcare budget increased by 50%; while during the same period, the DOD's healthcare budget increased by 17%. According to 38 U.S. Code 8111- Sharing of Department of Veterans Affairs and Department of Defense health care resources, the DOD-VA Health Care Sharing incentive

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[33] "Resolution No. 8: Implementation of the Assessing Circumstances and Offering Resources for Needs Program of the Department of Veterans Affairs." The American Legion Resolutions Archive, n.d. https://archive.legion.org/node/17152.

[34] U.S. Department of Defense, Department of Defense-Department of Veterans Affairs Health Care Collaboration (presentation, Health.mil, August 20,2015), https://health.mil/Reference-Center/Presentations/2-15/08/Department-of-Defence-Department-Of-Veteran--Affairs-Health-Care- Collaborations.

[35] Government Accountability Office. VA and DOD Health Care: Agreements to Share Services and Other Resources Should Be Evaluated. GAO-25-107497. Washington: Government Accountability Office, June 30,2025. GAO-25-107497, VA AND DOD HEALTH CARE: Agreements to Share Services and Other Resources Should be Evaluated, https://www.gao.gov/assets/gao-25-107497.pdf.

[36] Ibid

fund is jointly administered by the Secretary of Veteran's Affairs and the Secretary of Defense, and requires each department to contribute a minimum of $15,000,000 each.[37] However, this joint incentive program is scheduled to terminate on September 30, 2026, thus necessitating for more permanent legislative fixes.

There are many retired veterans who already qualify for care at both DOD and VA facilities. DOD facilities are geared towards maintaining military readiness, while VA's goal is to provide quality care for veterans.[38] Moreover, there are many medical specialties provided at VA which are often beneficial to medical retirees. The American Legion believes that sharing agreements between the VA and DOD increase access to specialized services for veterans. Support for this legislation is found in Resolution No. 14: *Access to Care*. Veterans deserve access to specialized care, and military installations are a perfect component of this care for the veteran community because they know the needs of people who have served.

The American Legion supports this draft as currently written.

Senate Discussion Draft, the Improving Access to Care for Rural Veterans Act (Duckworth/Blackburn)

To require the Secretary of Veterans Affairs to establish partnerships between medical facilities of the Department of Veterans Affairs and rural hospitals, and for other purposes.

There are more than 4.7 million veterans that live in rural areas across the country.[39] Rural veterans account for 35% of the veterans that are enrolled in the VA healthcare system.[40] Often, veterans living in rural areas are forced to drive hours just to get to their VA medical appointments. The time and distance to VA medical facilities leads to missed appointments, potentially undiagnosed conditions, and issues in treating chronic conditions that many veterans face while living in rural areas.

The American Legion developed the System Worth Saving Program in 2003 and made it a permanent program through resolution the following year. For the past two decades, The American Legion has conducted visits to VA medical centers and outpatient clinics to identify best practices and areas of improvement. According to a 2024 System Worth Savings Report from Raymond G. Murphy Veterans Hospital in Albuquerque, New Mexico, the executive leadership team on at least two occasions proposed initiatives to better support rural veterans in the hospital's catchment area, some of whom reside as far as seven to eight hours from the nearest VA Medical Center.

[37] 38 U.S. Code 8111-Sharing of Department of Veterans Affairs and Department of Defense health care resources
[38] The American Legion, "Statement of Steve Robertson" Armed Services Subcommittee on Military Personnel. U.S. House of Representatives on VA-DOD Health Care Sharing". https://archive.legion.org/node/7417.
[39] Press Release, "Sen. Ossoff Leading Bipartisan Push to Strengthen Health Care Services for Veterans in Rural Georgia", June 22,2022, https://www.ossoff.senate.gov/press-releases/sen-ossoff-leading-bipartisan-push-to-strengthen-health-care-services-for-veterans-in-rural-georgia%EF%BF%BC/
[40] The American Legion, "$600,000 VA Transportation grant helps Legion Post serve rural veterans", November 10, 2020, https://www.legion.org/information-center/news/veterans-healthcare/2020/november/600000-va-transportation-grant-helps-legion-post-serve-rural-veterans

One proposal would use remote Community Based Outpatient Clinics for high need specialty care such as oncology, dermatology, pulmonology, and ophthalmology as these were identified as most in need for the veterans in rural areas. Additionally, the hospital has explored the possibility of standing up their own transportation program to take veterans to their specialty care appointments, but staffing shortages were a constant issue with the program.[41] However, without legislation authorizing appropriations for these services, the effort remains only a proposal. This legislation would help launch these programs and generate positive data needed to support potential expansion.

The draft legislation will establish partnerships between VA and rural hospitals, allowing for the rural sites to be designated as VA-authorized care sites. Their collaboration will allow VA's reach to be extended to the veterans under their care in rural and highly rural communities while also assisting with the capabilities and capacities of these medical facilities. Additionally, if a facility is unable to create a partnership or if it is simply not needed or necessary, the SECVA can establish a waiver for up to five years.

The American Legion strongly urges Congress to require the establishment of partnerships in these rural communities through the Department of Veterans Affairs. The American Legion supports programs that benefit rural populations through Resolution No. 22*: Public/Private Partnership with the Department of Veterans Affairs to Expand Reach with Local Hospitals* and Resolution No. 119: *Support More Service Programs Benefiting the Rural Veteran*. With the growing number of veterans using VA health care, we must ensure that all veterans have access to the medical care that they have earned.

The American Legion supports this draft as currently written.

Senate Discussion Draft, the Commission on Equity and Reconciliation in the Uniformed Services Act (Blumenthal)

To establish the Commission on Equity and Reconciliation in the Uniformed Services.

The proposed legislation will establish a commission tasked with the identification and compilation of DoD's historic policies concerning the policing of sexual orientation and gender identity within the uniformed services from World War II to present. Additionally, proposed legislation would require factsheets and examination of ramifications of such targeted policies onto the military LGBTQ+ community, such as the physical, mental, and financial tolls.

Members of the LGBTQ+ community have a long history of facing discrimination within the service. Famously, the Don't Ask Don't Tell (DADT) policy administratively service separated those 'outed' with an Other-than-Honorable (vs. Honorable) discharge.[42] Not only were their military careers abruptly cut short, but their discharge status barred them from obtaining VA benefits that they had earned.

[41] System Worth Saving - Raymond G. Murphy VAMC, n.d. https://www.legion.org/systemworthsaving/reports.
[42] American Legion, National Headquarters (Washington, DC), Statement of Tiffany Ellett, Deputy Director of Health Policy, National Veterans Affairs and Rehabilitation Division, The American Legion before the Subcommittee on Oversight & Investigations, Committee on Veterans' Affairs, United States House of Representatives on "Legislative Hearing," March 30, 2022, https://archive.legion.org/node/14853.

While the veteran LGBTQ+ community has won some recent victories such as in 2021, where those discharged under DADT were made eligible for VA benefits, or the recent January 2025 class action to remove any reference of being discharged under DADT in official discharge papers, more is required to ensure servicemembers are made whole.[43] The proposed legislation will devise a 15-person commission, to be dissolved 90 days after delivering a report on recommendations to better streamline and make more transparent each service branch's Military Correction Review Boards (MCRBs), proposals to better compensate for lost time and lost professional opportunities, possible backpay, and means to reinstate gender affirming care at VA, among other matters.

Through the years, The American Legion has supported equity for all LGBTQ+ veterans. During the 2020 legislative address to Congress, then-National Commander Oxford affirmed VA's need to ensure equitable care for LGBTQ+ veterans.[44] As proposed legislation seeks to remedy past discriminatory policies onto the LGBTQ+ community, The American Legion can support through resolution No. 10: *Care for the Lesbian, Gay, Bisexual, Transgender, Queer+ (LGBTQ+) Veteran Community.*

The American Legion supports this draft as currently written.

Senate Discussion Draft, the Get Justice Involved Veterans BACK HOME Act (King)

To improve the provision of services from the Department of Veterans Affairs to incarcerated veterans, and for other purposes.

The proposed legislation seeks to address several issues facing justice-involved veterans: healthcare, disability compensation, and tracking veteran status in correctional facilities. As the law is currently written, VA is prohibited from providing medical services to incarcerated veterans, as they are considered to be under the primary custody of another governmental agency, such as the Bureau of Prisons (BOP). The combined effects of service-connected conditions like PTSD and traumatic conditions in prisons increase the need for reliable healthcare for incarcerated veterans, who are particularly vulnerable to suicide. Additionally, as housing, clothing, meals and healthcare are all provided through the Federal, state, or local penal institution or correctional facility while incarcerated, a veteran's monthly disability compensation undergoes apportionment, which creates financial stressors and additional barriers to being able to transition successfully post incarceration. Finally, there is no standard definition or process for identifying veterans in correctional facilities, which makes tracking veterans in need of assistance extremely difficult.

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[43] Wolf, Mackenzie. "A Victory for LGBTQ+ Veterans Discharged under 'Don't Ask, Don't Tell.'" The American Legion, September 13, 2021. https://www.legion.org/information-center/news/veterans-benefits/2021/september/a-victory-for-lgbtq-veterans-discharged-under-dont-ask-dont-tell; and Almanza, Rikki. "Pentagon Reaches Settlement That Could Restore Benefits to LGBTQ+ Veterans Discharged under 'Don't Ask, Don't Tell.'" American Legion Department of California, January 9, 2025. https://calegion.org/pentagon-settlement-could-restore-benefits-to-lgbtq-veterans-discharged-under-dont-ask-dont-tell/.

[44] Raughter, John. "Oxford Presents American Legion Legislative Agenda to Congress." The American Legion, March 12, 2020. https://www.legion.org/information-center/news/commander/2020/march/oxford-presents-american-legion-legislative-agenda-to-congress.

This legislation would mandate VA to provide mental healthcare to incarcerated veterans currently under the Federal, state, or local penal institution or correctional facility's purview, with an emphasis on those with a service-connected disability related to PTSD, TBI, or MST. Care would be administered through telehealth, mobile health units through the VA/Vet Centers, and through the VA directly. Additionally, the bill allows the Secretary of Veterans Affairs to make the determination regarding mental health services through other means.

The bill also proposes that veterans whose disability compensation payouts are reduced during incarceration have their original entitlements restored upon release. Apportionment (for felony convictions) is automatically reduced to the 10% or 5% monthly VA disability rating when disabled veterans are incarcerated for more than 60 days. Disability payments are not reduced for recipients participating in work release programs, residing in halfway houses (also known as "residential re-entry centers"), or under community control. Reinstating original benefits would ensure that no justice-involved veteran continues to pay for their offenses after their sentence ends.

There are currently 107,400 veterans incarcerated in a state or federal facility, with one in five federally incarcerated veterans having been exposed to combat.[45] Moreover, as veterans diagnosed with PTSD or TBI are 61% and 59% more likely, respectively, to have entanglements with the legal system and become justice-involved, ensuring access to VA-led mental health support in the earlier phase of incarceration is imperative more than ever.[46] As noted within a 2021 GAO report, veterans who are successfully linked with a VA Veteran Justice Officer (VJO) specialist for both VA and non-VA services (e.g., substance use treatment, mental health services, housing support) demonstrate better social and mental health outcomes, stable housing, and had lower recidivism rates.[47] This proposed legislation calls for better processes to identify veterans in correctional facilities, for earlier access to mental health support, and streamlining of follow-on support such as legal and housing.

The American Legion supports proposed legislation through Resolution No. 18: *Mental Health Programs for Justice-Involved Veterans*, which supports legislation that establishes or funds programs or initiatives directed at providing mental health services for justice-involved veterans.

The American Legion supports this draft 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.

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[45] "Fact Sheet: Access to Justice Is Access for Veterans." DOJ: Office for Access to Justice, February 22, 2025. https://www.justice.gov/atj/fact-sheet-access-justice-access-veterans.

[46] Ibid

[47] "Veterans Justice Outreach Program: Further Actions to Identify and Address Barriers to Participation Would Promote Access to Services," Government Accountability Office (GAO), Report #GAO-21-564 September 14, 2021. https://www.gao.gov/assets/d21564.pdf .

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.