



**TESTIMONY  
OF  
COLE LYLE  
DIRECTOR  
VETERANS' AFFAIRS AND REHABILITATION DIVISION  
THE AMERICAN LEGION  
BEFORE THE  
COMMITTEE ON VETERANS' AFFAIRS  
UNITED STATES SENATE  
ON  
"PENDING AND DRAFT LEGISLATION"**

**March 11, 2024**

**EXECUTIVE SUMMARY**

<b>LEGISLATION</b>	<b>POSITION</b>
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S. 275: Veterans' ACCESS Act (Moran) <i>Pg. 5</i>	Support
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Chairman Moran, Ranking Member Blumenthal, and distinguished members of this committee, on behalf of National Commander Jim LaCoursiere Jr., and more than 1.6 million dues-paying members of The American Legion, we thank you for the opportunity to offer our testimony for the record on pending and draft 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.

First and foremost, it is vital to acknowledge that this hearing comes at a time of uncertainty and widespread change. Over the past few weeks, the veteran community has been working to navigate the potential impacts of the recent policy and personnel actions by the White House and U.S. Department of Veterans Affairs (VA). While The American Legion believes the VA should be efficient and accountable for the veterans it serves, these determinations must be done with tact and with deep consideration of potential secondary and tertiary impacts.

On March 6, 2025, Commander LaCoursiere released a statement to our 1.6 million members expressing this sentiment and inviting veterans to share how these changes are impacting their lives. During the joint session of the Senate and House Veterans' Affairs Committees, The American Legion's leadership pledged to inform the members of the committee of the feedback from the membership—both positive and negative. As of the submission of this testimony, we have received over 3,600 comments from our membership. We look forward to connecting with the committee on the results of this survey and to working together on how to best navigate these changes.

VA's spending levels and growth are designed to keep up with the ever-evolving needs of the veteran population—especially as Congress works to pass new legislation on emerging issues. If enacted, returning VA to 2019 staffing levels would call into question the Department's ability to meet the increased demand for healthcare and benefits that we see today. We, in good faith, cannot consider the proposals that we are discussing today without recognizing the glaring issue of cost and staffing demands. The American Legion remains steadfast in ensuring that the

government lives up to Lincoln's immortal promise to care for those who have borne the battle and will continue to work with the committee as these issues evolve.

### **S. 124 – Restore VA Accountability Act of 2025**

*To amend title 38, United States Code, to provide for disciplinary procedures for supervisors and managers at the Department of Veterans Affairs and to modify the procedures of personnel actions against employees of the Department, and for other purposes.*

The American Legion stands behind the efforts to pass the Restore VA Accountability Act. This bill would comprehensively reform the accountability process at the VA, making it easier for VA employees to be held accountable for performance issues or misconduct. The American Legion has been concerned about VA accountability for some time and has supported this bill in previous Congresses. The American Legion was a key supporter of the original 2017 VA Accountability and Whistleblower Protection Act,<sup>1</sup> which passed Congress with overwhelming bipartisan and stakeholder support and was signed into law by President Trump in his first term.

However, in August of 2021, the United States Court of Appeals found that the act had been misinterpreted. One of the intentions of this legislation was to mitigate the involvement of the U.S. Merit Systems Protections Board in certain decisions surrounding the employee, but the court found that there was nothing specifically written in the law to do so. This lack of clarity has allowed courts to dilute the VA secretary's authority to hold employees accountable, protect whistleblowers and keep veterans safe.<sup>2</sup>

The first applicable section of the bill would give the Secretary of Veterans affairs the explicit authority to remove, demote, or suspend supervisors for misconduct or performance issues. It explicitly spells out the procedure to prevent the bill being overturned by the courts again, to include the timing of actions, the appeals process, judicial review, investigation termination procedures, whistleblower protections, and actions to take for demoted individuals. This aligns the disciplinary procedures for midlevel managers with the one currently in place for executives, with a few changes to hasten the process.

The next section covers senior executives, largely keeping the current executive disciplinary procedure intact but making changes to shorten the process. The final section covers regular VA employees, covering factors to be considered in the disciplinary process, explicitly gives the Secretary the right to fire a regular employee without first putting them on a performance improvement plan, addresses collective bargaining rights, and more with the overall effect of reducing the amount of time and barriers to discipline regular employees. Strengthening disciplinary authority at the VA is paramount to ensuring a VA that serves all veterans with the

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<sup>1</sup> "Chairman Bost, Ranking Member Moran, Sens. Manchin and Rubio Lead Bipartisan Legislation to Restore Accountability at VA." House Committee on Veterans Affairs, June 23, 2023.

<https://veterans.house.gov/news/documentsingle.aspx?DocumentID=6207#:~:text=%E2%80%9CJim%E2%80%9D%20Troiola%2C%20National%20Commander,wake%20of%20recent%20court%20rulings.>

<sup>2</sup> Dirks, Conor D. "Federal Circuit: For the Third Time, No Retroactive VA 'Accountability.'" FEDmanager, March 26, 2024. <https://www.fedmanager.com/news/federal-circuit-for-the-third-time-no-retroactive-va-accountability#:~:text=In%202017%2C%20Congress%20enacted%20the,the%20penalty%20imposed%20was%20justified.>

highest standards, and The American Legion remains committed to working with Congress to ensure veterans receive the first-class care that they deserve.

This bill should be viewed through the current environment of VA personnel issues. The American Legion supports holding VA accountable to the veterans it serves, but justification for firings should be clearly defined with appropriate methodology used to ensure there is no impact to veterans healthcare or benefits. VA should be fully staffed with competent employees in mission-critical roles.

Through Resolution [No. 3: Department of Veterans Affairs Accountability](#), The American Legion urges Congress to conduct appropriate oversight over VA personnel.

**The American Legion supports the *Restore VA Accountability Act* as currently written.**

### **S. 275 – ACCESS Act of 2025**

*To improve the provision of care services under the Veterans Community Care Program of the Department of Veterans Affairs, and for other purposes.*

In a hearing before the House Committee on Veterans' Affairs in December 2024, The American Legion testified:

“Congress’s intent with MISSION was clear. While strengthening the VA’s ability to provide direct care by improving recruiting and retention of VHA providers and addressing aging VA infrastructure through the Asset and Infrastructure Review (AIR) Commission, the VHA was directed to increase access to community providers when it could not provide care in a reasonable time and/or distance, or if access to an outside provider was in the best medical interest of the veteran. From a broad perspective, the integration of community care to supplement the VA direct-care system has been an important relief valve to ensure a scandal like [the Phoenix wait time scandal] never happens again and has played a large role in ensuring veterans get the care they need, when they need it.”<sup>3</sup>

Access standards for the VCCP are still not codified into law, leaving them able to be changed on a whim by the Executive Branch without proper input and oversight from Congress and other stakeholders. The Veterans’ Access Act contains many improvements to the VCCP program that were in a previous TAL-supported bill, the Veterans’ HEALTH Act, as well as changes to improve veteran access to in-patient mental health services.

Section 101 codifies current community care access standards into law. For example, with respect to primary care, mental health care, or extended care services, veterans must fall within a 30-minute average driving time, and specialty care within a 60-minute average driving time. This section further prohibits the VA from substituting telehealth appointments for in-person care

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<sup>3</sup> “Legion Supports Requiring VA to Establish Clear Objectives for Suicide Prevention Programs.” The American Legion, December 18, 2024. <https://www.legion.org/information-center/news/legislative/2024/december/legion-supports-requiring-va-to-establish-clear-objectives-for-suicide-prevention-programs>.

when it comes to community care eligibility, restricting the VA from resetting a veteran's wait time for community care eligibility due to a cancelled appointment.

Sections 201 through 203 define the definition of a covered treatment program and how veterans qualify. These sections also highlight requirements for the VA to standardize the mental health screening process to ensure such screenings are performed promptly on at-risk veterans. This will help to ensure significantly at-risk veterans be eligible for priority admission to residential rehabilitation, and other important improvements to the VA's mental health program. The American Legion firmly supports this section.

Sections 301 through 303 contain provisions for the VA to develop a website that allows veterans to create appointment requests, appeal denials, track referrals, and get appointment reminders—something TAL has been asking for since at least 2022 with our Access to Care resolution.<sup>4</sup> It also makes changes to the functioning of the VA's Center for Innovation for Care and Payment (CCPI), which is responsible for VCCP payments, by moving it to being directly under the Secretary of the VA instead of being a part of the Veterans Health Administration (VHA), and with its own dedicated budget, as well as other pilot programs and improvements with CCPI. Finally, it requires VA to create reports for Congress on the VHA clinical appeals process as well as a detailed report on VCCP statistics.

**The American Legion supports the *Veterans' ACCESS Act as currently written.***

### **S. 410 – Love Lives On Act of 2025**

*To amend titles 10 and 38, United States Code, to improve benefits and services for surviving spouses, and for other purposes.*

Gold Star Spouses face a heartbreaking predicament: choose love and happiness through remarriage before the age of 55 and lose critical benefits or forgo companionship to retain them. Some lost their spouses overseas in combat, terrorist attacks, or training accidents. Others succumbed to diseases from toxic exposures. Some returned home only to take their own lives in the grip of invisible wounds.

When a young widow remarries, they are not replacing what was lost. The void left behind, the empty chair at the dinner table, will never be filled. But by passing this bill, we can help them build fuller, more meaningful lives and rebuild strong family units.

When the first form of Dependency and Indemnity Compensation (DIC) was established in 1780, two incomes were not necessary.<sup>5</sup> We no longer live in those times. Today, the cost of living has skyrocketed, dual-income households are the norm, and financial stability often depends on both partners contributing. Yet, Gold Star spouses are forced to choose between securing their future

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<sup>4</sup> American Legion, Resolution No. 14: Access to Care: <https://archive.legion.org/node/14052>

<sup>5</sup> Congressional Research Service. *Veterans' Benefits: Dependency and Indemnity Compensation (DIC) for Survivors*. R40757. Washington, DC: Library of Congress, 2015.  
<https://crsreports.congress.gov/product/pdf/R/R40757>.

and honoring the love they lost. Only 6.5% of DIC recipients are under the age of 55, meaning only a small fraction are affected by this restriction.<sup>6</sup> And yet, these are the very men and women we are penalizing, the ones who have sacrificed so much for this nation.

Remarriage penalties force our widows and widowers into an impossible choice between personal happiness and financial stability. It is time to change that. Through Resolution [No. 36: Prevent Gold Star Spouses Loss of Benefits](#), The American Legion has resolved to protect Gold Star Spouses from losing their benefits. They should not be punished for finding love again. They are still the surviving spouses of our fallen heroes. Their sacrifice has not diminished, and they have earned these benefits through service and loss.

**The American Legion supports the *Love Lives On Act* as currently written.**

### **S. 478 – Veterans 2<sup>nd</sup> Amendment Protection Act of 2025**

*To amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from transmitting certain information to the Department of Justice for use by the national instant criminal background check system*

The Department of Veterans Affairs (VA) Fiduciary Program was created in 1930 to help veterans with issues managing their own finances due to mental illness, age, injuries, etc.<sup>7</sup> When VA receives medical documents or court decrees showing a veteran is incapable of handling personal finance, it will propose a determination of mental incompetence. As part of the implementation process, the VA defined a “mentally incompetent person” as “one who because of injury or disease lacks the mental capacity to contract or to manage his or her own affairs, including disbursement of funds without limitation.”<sup>8</sup> This determination does not include any consideration of whether the person is considered to have a propensity for violence or is considered a threat to themselves or others.

Under the *Brady Act of 1993*, Congress authorized the Department of Justice to receive data from government agencies on any person whose receipt or possession of firearms violated the *Gun Control Act of 1968*, which prohibits certain classes of persons from purchasing or possessing firearms and ammunition. One of these classes are those who have been “adjudicated as a mental defective” or committed to a mental institution. As a result, the VA’s determination of mental incompetence of a veteran bear significant consequence.

This data is contained within the National Instant Criminal Background Check System (NICS). Once the NICS receives information from the VA about a veteran’s mental incompetency status, it can prohibit the veteran from purchasing, bearing, or even storing a gun.<sup>9</sup> Since 1998, VA has provided records to the FBI for inclusion in the NICS index on beneficiaries for whom a fiduciary has been appointed by VA on his or her behalf. According to the most recently available

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<sup>6</sup> Veterans Administration. *Data on Beneficiaries from VADIR and BIRLS*. Retrieved by Michael Gdula, August 18, 2021. Internal report, U.S. Department of Veterans Affairs

<sup>7</sup> Department of Veterans Affairs, Veterans Benefits Administration. “Fiduciary: Program Description,” last modified February 7, 2024, <https://benefits.va.gov/fiduciary/>.

<sup>8</sup> Ibid

<sup>9</sup> [18 U.S.C. § 922 \(d\) \(4\)](#)

statistics cited by Congressional Research Services, for year 2020, federal agencies have contributed 263,225 records to NICS, of which 98 percent have been submitted by the VA.<sup>10</sup> When compared to other federal agencies, this stark overrepresentation of veterans in NICS is of concern.

It is a moral injustice for veterans to lose their second amendment rights because a judge deemed a financial fiduciary was warranted. There is no connection between the ability to manage one's finances and violent ideations. The American Legion believes that this reporting mechanism violates due process and opposes any legislation that infringes on constitutional rights.

Endorsed by The American Legion through Resolution [No. 27: Amend Title 38, United States Code, to Clarify the Treatment of a Veteran as Adjudicated Mentally Incompetent for Certain Purposes](#), we support the rights of veterans who are under a fiduciary—especially when the rights are enshrined in the US Constitution.

**The American Legion supports the *Veterans 2<sup>nd</sup> Amendment Protection Act as currently written*.**

#### **S. 654 – Establishing an External Provider Scheduling Program**

*To amend title 38, United States Code, to establish an external provider scheduling program to assist the Department of Veterans Affairs in scheduling appointments for care and services under the Veterans Community Care Program, and for other purposes.*

This bill addresses a critical need within the Veterans Community Care Program (VCCP) by creating a national scheduling program aimed at reducing wait times and streamlining the appointment process for veterans seeking care from community providers. The proposed External Provider Scheduling Program will leverage technology to provide VA schedulers with real-time access to the calendars of community care providers, allowing for faster and more efficient booking of appointments.

Recently, The American Legion's Health Policy team received numerous complaints regarding the VA's ability to work with community care providers. For example, one of our members was left in limbo for months, awaiting follow-on care after reconstructive surgery, while others complained about difficulties with obtaining community care referrals. Another veteran explained how they had been left for years with partially completed reconstructive surgery. After a double mastectomy, her completion of care always seemed to wait on one more phone call or appointment that was just around the corner but never seemed to materialize. The team likewise recently spoke to another Legion member who had been waiting months to get a community care

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<sup>10</sup> FBI Criminal Justice Information Services Division, National Instant Criminal Background Check System (NICS), Active Entries in the NICS Indices as of January 3, 2023, <https://www.fbi.gov/file-repository/active-entries-in-the-nics-indices-by-state.pdf/view>. Last Accessed January 17, 2025; U.S. Congressional Research Service, "Gun Control, Veterans' Benefits, and Mental Incompetency Determinations" #R47626 (Washington, DC, 2023), Accessed January 12, 2025, <https://crsreports.congress.gov/product/pdf/R/R47626>.



appointment for a urologist after having surgery at the VA on her kidney that resulted in a perforation. Veterans waiting months or even years to get care with an outside provider after qualifying, something The American Legion hears about constantly, is simply unacceptable. The American Legion understands the intent to streamline scheduling for appointments through technological integration in light of VA's recent announcement to pursue a faster schedule on EHRM deployment and personnel actions. However, as VA's history of developing new technology platforms is not good, and The American Legion recommends using a third-party platform to implement this bill, if passed.

Through Resolution [No. 14: Access to Care](#), The American Legion supports initiatives that streamline care services to veterans and their families.

**The American Legion supports the legislation as currently written.**

#### **Draft Legislation – Representing VA with Accuracy (REP VA) Act**

*To amend title 38, United States Code, to require the Secretary of Veterans Affairs to improve telephone communication by the Department of Veterans Affairs, and for other purposes.*

This bill seeks to improve communication between the VA and veterans. It would require the VA to establish a dedicated number for calls from the VA about services or benefits that would be clearly labeled on caller ID as being from the VA. In addition, this legislation would also require the VA to set up at least one dedicated call center for questions related to appointments and referrals in each American time zone, to include Alaska and Hawaii.

Having a dedicated line that is clearly identified on caller ID will help prevent confusion about calls from the VA and veterans ignoring them thinking they are scams, telemarketers, bill collectors, etc. New VA call centers would help veterans get their questions answered easily and efficiently and help them navigate their health care appointments.

Based upon Resolution [No. 7: Ensuring VA Remain the Center of Care](#), The American Legion urges Congress to enact legislation that ensures the VHA remains at the center of care and is disseminating reliable information.

**The American Legion supports the *REP VA Act* as currently written.**

#### **Draft Legislation – Veterans' Claims Act**

*To amend title 38, United States Code, to reinstate criminal penalties for persons charging veterans unauthorized fees relating to claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.*

The American Legion strongly supports Section 2, as it reinstates penalties for charging veterans unauthorized fees, except those provided in sections 5904 or 1984 of title 38. This includes any

person or organization that, “directly or indirectly solicits, contracts for, charges, or receives, or attempts to solicit, contract for, charge, or receive, any fee or compensation with respect to the preparation, presentation, or prosecution of any claim for benefits under the laws administered by the Secretary shall be fined as provided in title 18, or imprisoned not more than one year, or both.”

Section 3(a) calls for a new process that would require the VA Secretary to recognize a claims agent or attorney “on a conditional and temporary basis for a one-year period,” if the VA cannot verify whether an individual meets the qualifications in the application within a 180-day window after the application was received. Such conditional approval would be extended for additional one-year periods “until the date on which the Secretary can verify” whether the applicant satisfies VA requirements.

The existing American Legion resolution opposes legal status to individuals or organizations before completing the VA accreditation process to assist veterans and families. The current process exists to protect veterans from receiving assistance from under-qualified or insufficiently trained individuals; and it also protects veterans from predators who had previous criminal background. Veterans and families are not benefited from an automated or fast-track accreditation process, as there are thousands of currently accredited representatives from service organizations like The American Legion that offer the same representation free of charge, or they can seek out thousands of more VA-accredited attorneys and claims agents.

This section also includes an enforcement clause for anyone who “violates any law or regulation administered by the Secretary” while under a period of conditional and temporary recognition. Should Congress decide to adopt the proposed system of temporary/conditional recognition for claims agents, The American Legion strongly recommends adoption of the enforcement measures included in this discussion draft.

The legislation also prevents any accredited parties from charging veterans who file for presumptive service-connection or presumptive toxic exposure claims, as well as individuals who represented veterans filing initial claims cannot submit subsequent appeals. Current laws prohibit accredited individuals from charging any initial claims, including presumptive claims, but allow them to charge veterans for filing an appeal after veterans receive their initial VA rating decision. We believe no one should charge veterans for filing their first original claims, including any presumptive service-connection claims.

Section 3(c) of this draft bill includes an assessment fee charged from the accredited attorneys and agents in the amount of 5 percent of retroactive payment, with an \$100 cap. The provision prohibits accredited individuals from obtaining reimbursement for this assessment fee. The assessment fee collected will fund any administrative expenses for the veterans’ benefits programs. The American Legion supports a fully funded VA not at the cost of veterans’ benefits. Therefore, we support the assessment fee that could offset some expenses at the Veterans Benefits Administration.

Section 3(d) provides that fees charged to veterans and families by the accredited attorneys and claims agents must be reasonable. The provision listed some fees that are “unreasonable and excessive,” including 1) fees more than 20 percent of past-due benefits; 2) fees based on future

increases; 3) fees generated due to the delay on part of the agent or attorney; 4) any ancillary cost etc.

This section would also allow a veteran to terminate a claims agent prior to a decision being rendered by the VA to the claimant, which is like the protection veterans have with accredited claims agents and attorneys. This would prohibit bad for-profit actors from seeking fees for work they did not perform. Furthermore, it would restrict claims companies from paying medical groups for appointments when the companies have a “business relationship.” The American Legion supports these provisions but believes the definition of “business relationship” needs to be more clearly defined to prevent circumvention of congressional intent during the regulatory process.

Additionally, Section 3(d) also mandates that any agent or attorney must notify veterans and families that there are free services available to them from veteran service organizations as well. Lastly, the attorneys and agents will be paid directly by the VA if the fee agreement does not exceed 20 percent of any past-due benefits. The American Legion supports this provision as it is within current statute under Section 5904 of the United States Code.

**This draft legislation contains both provisions The American Legion would support and oppose based on our current resolution. Therefore, The American Legion has no official position but recommends changes.**

### **S. 5269 – VetPAC Act of 2025**

*To amend title 38, United States Code to establish a commission to review operations at the Veterans Health Administration and submit to Congress reports with respect to that review, and for other purposes.*

This legislation calls for the establishment of a Veterans Health Administration Policy Advisory Commission which will be composed of 17 members appointed by the Comptroller General of the United States, of which, not fewer than two shall be veterans. To be eligible, individuals must have expertise in operating or advising large medical systems. This includes quality of care issues, staffing issues, information technology, artificial intelligence, medical supply chains, procurement of medical supplies, medical facility construction or leasing, medical facility architecture or engineering, medical research, and managed care plans and networks. Individuals will be selected from backgrounds that reflect the broad diversity of veteran health care. This includes nonprofits health systems, public and private health systems, and care provided by the Department of Veterans Affairs and the Department of Defense.

The duties of the Commission will include reviewing the operations at the Veterans Health Administration, preparing reports for Congress which include recommendations. Areas of interest include IT infrastructure including EHRM, referrals to the Veterans Community Care Program, access and wait times of primary and specialty care providers, patient satisfaction, training for health care providers, long-term budgetary analysis, medical supply procurement, internal and external research, and hospital construction, leasing, and capital investments. The Commission will then submit an annual report to Congress containing the results and recommendations from the review

This bill also seeks to improve congressional oversight of the VA, delivery of services to veterans, and improve the balance of power between congress and the executive by commissioning additional subject matter experts reportable to congress. The American Legion supports this intention, but as a resolution-based organization views this as an internal matter for Congress and, except for providing consultation, we do not directly support or oppose such matters.

**The American Legion has no position on the *VetPAC Act*.**

### **Draft Legislation – Veterans Mental Health and Addiction Therapy Quality of Care Act**

*To require a study on the quality-of-care difference between mental health and addiction therapy care provided by health care providers of the Department of Veterans Affairs compared to non-Department providers, and for other purposes.*

The American Legion’s number one priority is Winning the War Within. Winning the War Within is an all of the above approach to improving mental healthcare within the VA and the community.

There is no time to waste as research conducted by America’s Warrior Partnership and Duke University in 2022 suggests as many as 24 veterans a day die on average from suicide. The VA has the moral obligation to ensure that the care they provide is effective.

The Veterans Mental Health and Addiction Therapy Quality of Care Act mandates an independent study to compare the effectiveness of mental health and addiction therapy care across various treatment modalities, including telehealth, inpatient, intensive outpatient, outpatient, and residential care. It will assess health outcomes, the use of evidence-based practices, patient satisfaction, and care coordination between VA and non-VA providers. Additionally, the study will identify gaps in integrated care for veterans with co-occurring conditions and examine the timeliness of initiating services.

Through American Legion Resolution [No. 18: Mental Health Programs for Justice-Involved Veterans](#) and Resolution [No. 1: Be the One Mental Wellness Committee](#), we urge Congress to support veterans suffering with mental health challenges and addiction.

**The American Legion supports the *Veterans Mental Health and Addiction Therapy Quality of Care Act* as currently written.**

### **S. 201 – ACES Act of 2025**

*To amend title 38, To provide for a study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality of cancer among individuals who served as active duty aircrew in the Armed Forces, and for other purposes.*

The American Legion has supported toxic-exposed veterans since 1921, when we first provided claims services to victims of mustard gas.<sup>11</sup> That commitment continues today with our unequivocal support for the ACES Act.

The most significant contribution of the PACT Act was establishing a framework for the VA and Congress to investigate and determine future toxic exposure presumptions. In 2024, the VA made remarkable progress by expanding the list of presumptive conditions and affected locations across the armed services. However, the VA is constrained by capacity and cannot complete this mission alone.

The ACES Act will supplement the VA's capacity by providing the resources to partner with the National Academies of Sciences, Engineering, and Medicine (NASEM) to study cancer prevalence and mortality among individuals who served as active-duty aircrew in fixed-wing aircraft across the Army, Navy, Air Force, and Marine Corps to better understand the risks facing aircrew, identify opportunities for further research, and improve care for veterans.

Section 201 is needed now more than ever, as our brothers and sisters in the veteran service organization community have seen a significant number of claims from air crew suffering from the cancers listed in this bill. While anecdotal evidence alone is not sufficient to establish presumption, we applaud Congress for taking the necessary steps to gather the data needed to do so, ensuring that those who protect our skies receive the care and support they deserve.

Endorsed by The American Legion through Resolution [No. 118: Environmental Exposures](#), we urge Congress to continue research into toxic exposures and their impact on veteran's physical and mental health.

**The American Legion supports the ACES Act as currently written.**

### **S. 607 – Improving Veteran Access to Care Act of 2025**

*To require the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments for health care from the Department of Veterans Affairs, and for other purposes.*

This legislation calls for the Secretary of Veterans Affairs to establish an integrated project team to improve the process for scheduling appointments in a timely manner. This includes focusing efforts to immediately improve delivery of care, access to care, customer experience and service, and the efficiency of the delivery of care. The objectives of this team will include the development of a scheduling system that enables both personnel and patients to view available appointments and fully schedule appointments for all care furnished by the Department. This includes primary care and all forms of specialty care.

Section 2(d) of the bill calls for the integrated project team to coordinate with the Electronic Health Record Modernization (EHRM) Program to ensure a smooth transition from military

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<sup>11</sup> "Some Ancient and Modern History," *The American Legion Weekly* 3, no. 22 (June 3, 1921): 10, <https://archive.legion.org/node/1293>

service to veteran healthcare. This has long been a priority for The American Legion and our support for veterans in transition remains steadfast

Endorsed by The American Legion through Resolution [No. 14: Access to Care](#), we urge Congress to ensure veterans can make appointments in a timely manner and are fully informed of their care options—both in the direct VHA system and within their community.

**The American Legion supports the *Improving Veteran Access to Care Act as currently written.***

### **S. 610 – Ensuring VetSuccess On Campus Act of 2025**

*To expand the VetSuccess on Campus program of the Department of Veterans Affairs, and for other purposes.*

The Veterans Readiness and Employment (VR&E) program as it is known today predates the VA and the GI Bill with its establishment in the Soldiers Act of 1918. This program was created to assist disabled veterans in finding gainful employment. Although much has changed within the program, the original intent of serving disabled veterans and assisting them in finding gainful employment still stands. For a veteran to be eligible today, the veteran must have at least a 10 percent service-connected disability (SCD) rating with a serious employment handicap and have not received a dishonorable discharge or must have a 20 percent SCD rating without a dishonorable discharge.<sup>12</sup>

According to the VA, there are currently 125,000 veterans receiving a broad range of rehabilitative services from the VA in FY2022, with over 47,000 veterans divided amongst three separate cohorts. Of those 47,000, 13 percent are enrolled in an institute of higher learning. Overall, mental health conditions accounted for nearly 50 percent of enrollees. From the perspective of an investment from the federal government, having a Vocational Rehabilitation Coordinator (VRC) on campus will assist more enrolled veterans in maneuvering through the issues with the VA and the institute. The VRC will also be able to assist veterans utilizing the GI Bill or dependents utilizing the GI Bill or Chapter 35 benefits on campus.

This legislation would expand the current VetSuccess On Campus program by nearly 43 percent when enacted fully. Additionally, this legislation would enhance support for veterans utilizing their benefits and would assist veterans in the process of obtaining gainful employment prior to or following graduation. Finally, this program would allow for these VRCs to relieve some of the current workload from the VRCs based out of the regional office, allowing for better quality appointments and output.

Based upon Resolution [No. 345: Support for Vocational Rehabilitation and Employment Program Hiring More Counselors and Employment Coordinators](#), The American Legion urges Congress to ensure that veterans who seek educational opportunities are offered robust resources and understand their opportunities post-graduation.

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<sup>12</sup> Granato, Peter. “Celebrating VR&E-the Precursor to the G.I. Bill.” VA News, June 26, 2024. <https://news.va.gov/132502/celebrating-vre-the-precursor-to-the-g-i-bill/#:~:text=The%20program%20was%20consolidated%20into,to%20cabinet%20status%20in%201988.>

**The American Legion supports the *Ensuring VetSuccess on Campus Act* as currently written.**

### **S. 611 – Caring for Survivors Act of 2025**

*To amend title 38, United States Code, to improve and to expand eligibility for dependency and indemnity compensation paid to certain survivors of certain veterans, and for other purposes.*

The amount of Survivors' Disability and Indemnity Compensation (DIC) paid to surviving spouses, dependent children, or parents of servicemembers who died in the line of duty (or veterans who passed away due to service-connected causes) was established in 1993. Since then, it has only received minor updates.

Currently, the compensation amount for surviving spouses is \$1,653.07 per month,<sup>13</sup> while surviving dependent children receive \$573.20 per month.<sup>14</sup> Unfortunately, for veterans who die from non-service-connected injuries or illnesses, their surviving family members are only eligible for DIC if the veteran was rated as totally disabled for at least 10 years before their death. Once this requirement is met, the surviving spouse becomes eligible for the \$1,653.07 monthly benefit. However, this amount represents only 43% of the veteran's previous Permanent and Total disability compensation, leading to a significant drop in household income. Moreover, it falls below the industry standard for survivor benefits and lags other federal programs, such as the Federal Employees' Compensation Program, which provides 55% of the pension amount.<sup>15</sup>

The second section of the bill sets the DIC payment to 55% of a Permanent and Total disability rating. This mirrors the standard set by the Office of Personnel management for non-military employees.

A 2009 Government Accountability Office (GAO) study found that comparable federal survivor benefits are between 17% and 307% higher than DIC payments.<sup>16</sup> This disparity is not just a matter of numbers, it has devastating real-life consequences for military families. As one military spouse put it:

*"If [my disabled veteran husband] dies, I pray to GOD it's from the DoD. If it's from his military service, [my benefits] will be a third as much, and I'll have to sell the house."*<sup>17</sup>

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<sup>13</sup> U.S. Department of Veterans Affairs. "Survivor Rates for VA Dependency and Indemnity Compensation (DIC)." U.S. Department of Veterans Affairs. <https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/>

<sup>14</sup> Ibid

<sup>15</sup> U.S. Office of Personnel Management. "How Is the Amount of My Benefits as a Surviving Spouse Determined?" U.S. Office of Personnel Management. Accessed 3/5/2025. <https://www.opm.gov/frequently-asked-questions/retire-faq/post-retirement/how-is-the-amount-of-my-benefits-as-a-surviving-spouse-determined/>

<sup>16</sup> U.S. Government Accountability Office. *Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard*. GAO-10-62. Washington, DC: U.S. Government Accountability Office, 2009. <https://www.gao.gov/assets/gao-10-62.pdf>

<sup>17</sup> Anonymous military spouse, July 10, 2024



No spouse should have to hope that their loved one dies under one federal program rather than another just to keep a roof over their head. Yet, this is the harsh reality for many surviving families who are forced to navigate an unfair system that undervalues their sacrifice. Worse still, if a veteran dies from a non-service-connected condition before reaching the 10-year mark for total disability status, their surviving family members receive no benefits at all.

This bill also expands eligibility for DIC by replacing the 10-year rule with a graduated scale of benefits, starting at 50% of full compensation after five years and increasing to 100% at 10 years. This proposed change acknowledges the severe comorbidities our catastrophically disabled veterans face.

Through Resolution [No. 48: Dependency and Indemnity Compensation for Surviving Spouses](#), we urge Congress to support survivors and their families through DIC and other services offered through the VA.

**The American Legion supports the *Caring for Survivors Act* as currently written.**

### **Draft Legislation – Servicemembers and Veterans Empowerment and Support (SAVES) Act**

*To amend title 38, United States Code, to expand health care and benefits from the Department of Veterans Affairs for military sexual trauma, and for other purposes.*

The Military Sexual Trauma (MST) Claims Coordination Act (Pub. L. 117-303) was signed into law in December 2022. The intended letter of the law was to improve claims coordination between the Veterans Health Administration (VHA) and the Veterans Benefits Administration (VBA). The VA was mandated to implement within 18 months or no later than June 27, 2024, however it was announced it would be further delayed until January 2025.<sup>18</sup>

Currently, MST claims are among the most denied claims within VBA because of a lack of evidence (military and non-military), duty to assist, and the incorrect processing of claims. This most notably includes miscommunication problems between the Compensation Services, the Office of Field Operations, and Regional Offices.<sup>19</sup> Many survivors lack traditional military records documenting their assault, leading to wrongful denials under the unimproved claims process. The VA classifies MST as a subset of posttraumatic stress disorder (PTSD) but the denial rate of these claims (57%) due to incorrect processing members is alarming compared to the latter.<sup>20</sup> During a 2024 System Worth Saving (SWS) town hall hosted by the American Legion Post 1 in Phoenix, many veterans expressed their concern with the poor communication

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<sup>18</sup> Disability Assistance and Memorial Affairs (DAMA) subcommittee [VA Committee Leaders Request Answers from VA on Support for Veterans Who Experienced Military Sexual Trauma](#) | House Committee on Veterans Affairs

<sup>19</sup> Ibid

<sup>20</sup> VA OIG Report on MST, p10 [Improvements Still Needed in Processing Military Sexual Trauma Claims](#)



and lack of updates. A veteran was quoted as saying they had not received any VA correspondence for eight months and had been waiting for over 250 days.<sup>21</sup>

This legislation broadens access to disability and healthcare benefits for survivors by explicitly defining MST for claims processing, and improving the adjudication process, enabling survivors to use nonmilitary sources as supplementary evidence. Additionally, it guarantees that survivors receive appropriate and timely trauma informed care, while offering comprehensive coverage to ensure that former reserve members who experienced MST during service can receive access to care. This legislation will impact all VA Regional Offices and VA Medical Centers to streamline claims and access to care and close the gaps in benefits eligibility and prevent wrongful claim denials.

The SAVES Act intends to correct the long standing and well documented claims deficiencies in VA's MST claims process and removes barriers to care and compensation. It is a step in the right direction to ensure that veterans do not face additional trauma when seeking benefits for the injustices they endured.

Based on Resolution [No. 18: Veteran Military Sexual Trauma \(MST\) Claims Training](#), Resolution [No. 1: Be The One Mental Wellness Committee](#), and Resolution [No. 67: Military Sexual Trauma](#), The American Legion strongly supports survivors of MST and urges Congress to ensure that their claims are processed in a timely, equitable, and respectful manner.

**The American Legion supports the *SAVES Act* as currently written.**

### **Draft Legislation – Veteran Fraud Reimbursement Act (VFRA)**

*To amend title 38, United States Code, to improve the repayment by the Secretary of Veterans Affairs of benefits misused by a fiduciary, and for other purposes.*

The American Legion strongly supports the VA's Fiduciary Program, which serves a critical role in safeguarding the financial well-being of our nation's veterans and beneficiaries who, due to injury, illness, or advanced age, are unable to manage their own financial affairs. The VA makes these determinations only after receiving credible medical evidence or following a ruling from a court of competent jurisdiction. This program ensures that vulnerable veterans receive the support and protection they deserve.

Unfortunately, like other fiduciary programs, there are instances of fraud and abuse. And for many years, the VA failed to timely reimburse the defrauded victims. For example, a 2021 VA Office of Inspector General (VA OIG) reported instances of year long wait times prior to the VA getting its act together.

The lack of proper oversight of VA-assigned fiduciaries and lack of timeliness to expeditiously recoup these benefits place undue financial strains on the veteran or survivor, as immediate financial relief for defrauded victims and their families is still required.

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<sup>21</sup> System Worth Saving (SWS) Town Hall [MST survivor finds hope at Legion SWS town hall | The American Legion](#)

The VFRA will provide this relief by empowering the VBA to promptly reimburse victims of fraud. In addition, VBA will conduct a statistically valid analysis of the misuse cases to determine the rate and nature of negligence on the part of the VBA. Moreover, the negligence determination would ultimately become a part of a quality assurance measure conducted after the affected veteran had been reimbursed.

**The American Legion supports the *Veteran Fraud Reimbursement Act* 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 your legislation.

The legislation discussed today will no doubt improve the lives of countless veterans across the country. From the SAVES Act to the Restore VA Accountability Act, these bills will improve the VA and help fulfill President Lincoln's promise.

As stated in previous testimony, The American Legion stands ready to work with the Committee on recent developing changes and we look forward to sharing the feedback we receive from our membership. For 106 years, The American Legion has never shied away from the responsibility of being a voice for veterans, and we will not start now.

Questions concerning this testimony can be directed to Julia Mathis, Legislative Director, at [jmathis@legion.org](mailto:jmathis@legion.org).