



**TESTIMONY  
OF  
BRANDON McCLAIN  
DEPUTY DIRECTOR  
VETERANS' AFFAIRS AND REHABILITATION DIVISION  
THE AMERICAN LEGION  
BEFORE THE  
SENATE COMMITTEE ON VETERANS' AFFAIRS  
LEGISLATIVE HEARING  
ON  
"PENDING LEGISLATION"**

**APRIL 29, 2026**

**EXECUTIVE SUMMARY**

<b>LEGISLATION</b>	<b>POSITION</b>
S. 3591 Thomas M. Conway Veterans Access to Resources in the Workplace Act (King), <i>Pg. 3</i>	Support with Amendments
S. 3988 Veterans Spinal Trauma Access to New Devices (STAND) Act (Moran), <i>Pg. 4</i>	Support
S. 4043 Health Care for Homeless Veterans Act (Banks), <i>Pg. 6</i>	Support
Draft VHA Novel Therapeutics Preparedness Act (Sheehy), <i>Pg. 7</i>	Support with Amendments
S. 3286 Veterans Appeals Improvement and Modernization Act 2.0 (Cassidy), <i>Pg. 8</i>	Support with Amendments
S. 4140 To improve the Department of Veterans Affairs schedule for rating disabilities (Blumenthal), <i>Pg. 9</i>	Support
S. 3000 FRAUD in VA Disability Exams Act of 2025 (Blumenthal), <i>Pg. 10</i>	Support with Amendments
S. 3726 National Veterans Strategy Act (Moran), <i>Pg. 12</i>	Support
S. 3098 Presumptive CLARITY Act of 2025 (Blumenthal), <i>Pg. 13</i>	Support
S. 3170 Stuck on Hold Act (Kennedy), <i>Pg. 14</i>	Support
S. 3653 Veterans' Bill of Rights Act of 2026 (Blackburn), <i>Pg. 15</i>	Support with Amendments
S. 4108 Veterans Burial Benefit Correction Act (Risch), <i>Pg. 16</i>	Support
S. 1127 Dennis and Lois Krisfalusy Act (Fetterman), <i>Pg. 17</i>	Support
S. 3395 Mammography Access for Veterans Act of 2025 (Blumenthal), <i>Pg. 18</i>	Support
S. 3999 Women Veterans Specialty Care Access Act (Blackburn), <i>Pg. 19</i>	Support with Amendments
S. 3311 Veterans Affairs Peer Review Neutrality Act of 2025 (Peters), <i>Pg. 20</i>	Support
Draft Maternal Health for Veterans Act (Duckworth), <i>Pg. 21</i>	Support
S. 4197 Veterans Outdoor Rehabilitation Act (Cramer), <i>Pg. 21</i>	Support
Draft Optimizing the VA Workforce for Veterans Act (Moran), <i>Pg. 22</i>	Support
S. 3992 Joint Medical Facilities Fund Act (Banks), <i>Pg. 23</i>	Support
S. 3706 Produce Prescriptions for Veterans Act (Durbin), <i>Pg. 24</i>	Support
S. 4131 Veteran Acquired Brain Injury Caregiving Act (Cassidy), <i>Pg. 25</i>	Support with Amendments
S. 3647 Disabled Veterans Dignity Act of 2026 (Moran), <i>Pg. 27</i>	Support
S. 749 Justice for ALS Veterans Act of 2025 (Murkowski), <i>Pg. 28</i>	Support
S. 3993 Reducing Arbitrary Barriers to Apprenticeship Act (Sheehy), <i>Pg. 29</i>	Support

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Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Committee, on behalf of National Commander Dan K. 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, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 107 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. 3591 - Thomas M. Conway Veterans Access to Resources in the Workplace Act**

*To direct the Secretary of Labor, in coordination with the Secretary of Veterans Affairs, to develop a notice detailing benefits available to veterans, and to require employers to display such notice.*

In September 2025, the National Center for Veterans Analysis and Statistics reported that among the 18.3 million living veterans, only 9.2 million used at least one VA benefit in 2023, and only 6.1 million veterans are enrolled in VA healthcare, pointing to a clear gap between eligibility and access.<sup>1</sup> Since the passage of the *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* of 2022, 740,000 veterans have been enrolled in VA healthcare.<sup>2</sup> The outreach and educational campaign conducted by the Department of Veterans Affairs (VA) has been impactful, however, significant room for improvement remains to ensure the other half of our living veteran population is not missing life improving medical care.

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<sup>1</sup> National Center for Veterans Analysis and Statistics, "Use of VA Benefits and Services: 2023 (Part 1)," accessed April 14, 2026, updated September 2025, <https://www.datahub.va.gov/stories/s/Use-of-VA-Benefits-and-Services-2023-Part-1-/59yt-v847/>

<sup>2</sup> Susan Carter, "In Two Years of the Pact Act, VA Has Delivered Benefits and Health Care to Millions of Toxic-Exposed Veterans and Their Survivors," VA News, August 12, 2024, <https://news.va.gov/press-room/in-two-years-of-the-pact-act-va-has-delivered-benefits-and-health-care-to-millions-of-toxic-exposed-veterans-and-their-survivor/>.

The proposed legislation aims to increase awareness around eligible benefits, by turning the workplace and employers into crucial access points for veterans to receive credible information regarding these benefits. By increasing interagency coordination between the Department of Labor (DOL) and VA, more veterans will have access to clear information on federal VA benefits, state level benefits, application assistance, and most importantly, the veteran’s crisis line. While the two most known benefits are compensation and pension benefits and the GI Bill, many veterans are unaware of the vast number of supportive resources that are available from both the federal and state level. This includes Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), homelessness resources, Housing and Urban Development Veterans Affairs Supportive Housing (HUD/VASH), property tax deductions, and many Departments of Motor Vehicle (DMV) waivers.

The American Legion supports the proposed legislation but recommends a few minor adjustments to strengthen implementation and address current barriers to tangible access, not just to disseminate information. Those corrections include the following:

1. Include specific coordination for medium and small business, and gig economy employers like Uber, DoorDash, and other employment agencies.
2. The proposed legislation should require agencies to coordinate with Veteran Service Organization (VSOs) like The American Legion to ensure veterans are aware of individual benefits counseling, claims assistance and communal resources.
3. Require DOL to disclose compliance rates and veteran engagement statistics.
4. Incorporate QR codes linking veterans directly to applicable online portals.
5. Lower the employment threshold to 20 employees.

The American Legion can support this legislation through Resolution No. 2: Improve the Veterans Employment Initiative, which affirms the need of federal and state agencies to commit staff and resources to improve the success of veteran employment by aligning talent and occupational skills.<sup>3</sup>

## **The American Legion Supports S. 3591 with Amendments**

### **S. 3988 Veterans Spinal Trauma Access to New Devices (STAND) Act**

*To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to offer annual preventative health evaluations to veterans with a spinal cord injury or disorder and increase access to assistive technologies, and for other purposes.*

Spinal Cord Injuries and Disorders (SCI/Ds) are estimated to affect between 249,000 and 363,000 Americans, with the Department of Veteran Affairs (VA) providing such care to more than 27,000 veterans annually.<sup>4</sup> This population of veterans faces unique and compounding challenges. SCI/Ds give rise to cascading comorbidities that affect the mobility, autonomic function, pressure injuries, cardiovascular and respiratory complications, metabolic dysregulation, and mental health

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<sup>3</sup> The American Legion, “Resolution No. 2: Improve the Veterans Employment Initiative,” May 5, 2021. <https://archive.legion.org/node/3583>.

<sup>4</sup> VA Office of Research & Development, “Spinal Cord Injury,” June 6, 2024. <https://www.research.va.gov/topics/sci.cfm>.

conditions. Although VA offers annual evaluations at SCI/D centers, staffing shortages and the interpretation of Veteran Healthcare Administration (VHA) Directive 1176 as a “guide” and not a mandate, has impacted VA’s service delivery at SCI/D facilities.<sup>5</sup> In a September 2025 Senate Committee on Veterans’ Affairs hearing, Paralyzed Veterans of America (PVA) stated that “VHA inactivated nearly 500 SCI/D positions in fiscal year 2024 alone.” The persistent vacancies have shrunk the number of operational beds from 990 to 639 (64 percent capacity) across all SCI/D facilities.<sup>6</sup>

The proposed legislation codifies the requirement for VA to provide assistive technology, such as exoskeletons, neuromodulation technology, or any treatment that will increase independence and mobility at home as part of each annual SCI/D evaluation.<sup>7</sup> This legislation will also ensure veterans who suffer from spinal injuries and other diseases receive the direct care, services, and supplies required for them to become independently mobile; including effective pain management and mental health plans.

The American Legion looks forward to working with Congress and respective offices to make minor technical improvements to tie the implementation of this legislation to staffing and capacity planning:

1. Mandatory reporting should include the number of veterans who have been evaluated, as well as how many SCI/D centers have the necessary staffing levels to deliver the care. Doing so would help Congress identify potential bottlenecks in the annual review and reporting process for assistive technology approvals.
2. Congress should improve and clarify the assistive technology standards. Requirements should include timeliness standards during trial use, fitting periods, and providing appeals information when a veteran is denied assistive technology.
3. Effective implementation will require targeted outreach to veterans in VA’s SCI/D registry, supported by the VSO community to ensure these veterans are informed, engaged and not overlooked.

The American Legion can support this legislation with amendments through Resolution No. 15: Department of Veterans Affairs Prosthetic Program and Resolution No. 20: Veterans' Whole Health.<sup>8</sup> Both resolutions urge VA to continue engaging in research and innovation to ensure all veterans are provided opportunities to be independently mobile, coordinate with community care providers to implement an integrated care approach that will allow veterans to receive efficient and specialized care.

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<sup>5</sup> Veterans Health Administration (VHA), VHA Directive 1176(2), Spinal Cord Injuries and Disorders (SCI/D) System of Care, September 30, 2019, U.S. Department of Veterans Affairs

<sup>6</sup> U.S. Senate Committee on Veterans’ Affairs, “Strengthening Services for Veterans with Spinal Cord Injury and Disorder,” September 17, 2025, [https://www.veterans.senate.gov/2025/9/strengthening-services-for-veterans-with-spinal-cord-injury-and-disorder\\_pg.3](https://www.veterans.senate.gov/2025/9/strengthening-services-for-veterans-with-spinal-cord-injury-and-disorder_pg.3).

<sup>7</sup> U.S. Department of Veterans Affairs, Veterans Health Administration. “. VHA Directive 1176(2): Spinal Cord Injuries and Disorders System of Care, September 30, 2019, [https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=8523](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=8523)

<sup>8</sup> The American Legion, “Resolution No. 15: Department of Veterans Affairs Prosthetic Program,” May 5, 2022, <https://archive.legion.org/node/7907>; “Resolution No. 20: Veterans Whole Health.” Digital Archive, May 10, 2023, <https://archive.legion.org/node/15024>.

## **The American Legion supports S. 3988 with Amendments ~~currently written~~**

### **S. 4043 Health Care for Homeless Veterans Act**

*To amend title 38, United States Code, to make permanent the authority of the Secretary of Veterans Affairs to provide treatment and rehabilitation for seriously mentally ill and homeless veterans, and for other purposes.*

Even though meaningful progress has been made to improve homelessness, significant work remains. The most recent Point-in-Time report stated that 32,882 veterans experienced homelessness in 2023, with 19,031 experiencing sheltered homelessness, and 13,851 experiencing unsheltered homelessness.<sup>9</sup> The Department of Veterans Affairs (VA) Health Care for Homeless Veterans (HCHV) Program is a critical safety net for homeless veterans nationwide to provide outreach, clinical examinations, referrals, treatments, and case management.<sup>10</sup> Unfortunately, Congress let this program expire during the 2025 lapse in government funding, leaving the most at risk veterans without treatment, housing, or rehabilitation services. The program specifically targets veterans with serious mental illness whose needs exceed the scope and capacity of standard primary VA care services.

In March, The American Legion's National Commander Dan K. Wiley stated that it is imperative to implement policies that provide comprehensive support to at-risk and homeless veterans and their families. These policies should include access to tailored advice, counseling, and aid with navigating the complex benefits process.<sup>11</sup> Additionally, the programs offered to veterans should be consistent and not dependent on yearly or biannual reauthorization.

The proposed legislation will permanently authorize the Healthcare for Homeless Veterans Program, making the program less reliant on reauthorization, thereby ensuring the necessary authorities do not expire due to future government shutdowns. The consistency provided by this program will directly support veterans receiving care, treatment, and essential rehabilitative services.

The American Legion supports this legislation through Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans.<sup>12</sup> The resolution clearly reinforces organizational support for any legislative or administrative proposal that would provide medical, rehabilitative, and employment assistance to homeless veterans and their families.<sup>13</sup>

### **The American Legion Supports S. 4043 as Currently Written**

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<sup>9</sup> VA Homeless Programs, "Point-in-Time (Pit) Count." March 12, 2026, <https://department.va.gov/homeless/point-in-time-pit-count/>.

<sup>10</sup> VA Homeless Programs, "Health Care for Homeless Veterans Program." March 20, 2026, <https://department.va.gov/homeless/hchv/>.

<sup>11</sup> "Testimony of Dan K. Wiley national commander the American Legion before the Joint Hearing of the Committees on Veterans' Affairs United States Senate and United States House of Representatives," March 4, 2026, <https://www.veterans.senate.gov/services/files/BEE8F2E5-27F8-4510-A05C-F633DD34804E>.

<sup>12</sup> The American Legion, "Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans," August 31, 2022, <https://archive.legion.org/node/8410>

<sup>13</sup> Ibid

## **Draft VHA Novel Therapeutics Preparedness Act**

*To amend title 38, United States Code, to establish within the Veterans Health Administration an Office of Novel Therapeutics, and for other purposes.*

The suicide rate in this country remains a public health crisis, with 17.6 veterans taking their lives every day, more than 1.5 times higher than the civilian rate. Although VA has invested significant resources in suicide prevention and mental health services, these efforts have not yet produced sustained, measurable reductions in veteran suicide rates.<sup>14</sup> More than 700 million dollars are spent annually on suicide prevention efforts.<sup>15</sup> Currently, most approved treatments are limited in their outcomes due to the narrow focus on psychotherapy and pharmacological interposition. These treatments are effective for many veterans but are less effective for those with treatment-resistant post-traumatic stress (PTS), traumatic brain injury (TBI), depression, and substance use disorders.

To address these limitations, some have turned to alternative therapies, such as ketamine-based nasal spray, controlled MDMA therapy, and ibogaine. A variety of novel therapeutics are approved by the Food and Drug Administration (FDA) and for use in VA Medical Centers (VAMC).<sup>16</sup> The issue remains that VA lacks true coordinative infrastructure to evaluate and scale treatment pilot programs across its healthcare network.

The proposed legislation would address this core issue by creating the Office of Novel Therapeutics within VHA. The office's primary responsibilities include developing national clinical standards, clear eligibility guidance, safety regulations, and therapy implementation plans. A clinical testing pipeline would standardize workflow from research to practical application. Pre-selected VAMCs will be identified as national leaders and tasked with providing novel therapeutics research, implementation of best practices, and training standards for other VAMCs to model. To ensure fairness, only one facility per Veterans Integrated Service Networks (VISN) will be selected to participate.

Furthermore, this legislation requires a national workforce readiness assessment to establish a standardized framework for competency-based training and credentialing to ensure a qualified and consistent workforce capable of delivering high-quality care. Coordination between the Department of Health and Human Services (HHS), FDA, Centers for Medicare and Medical Services (CMS), the Department of Defense, and the Drug Enforcement Agency (DEA) are necessary to prevent any regulatory interference from impeding VA's ability to use, and test controlled or emerging substances. The Secretary of Veterans Affairs must submit an implementation strategy within 180 days of passage to identify employment capacity, facility needs, and ensure annual outcomes are met.

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<sup>14</sup> VA Office of Suicide Prevention, "2025 National Veteran Suicide Prevention Annual Report Part 2: Report Findings," March 2026, [https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025\\_Annual\\_Report\\_Part\\_2\\_508.pdf](https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_Annual_Report_Part_2_508.pdf).

<sup>15</sup> "U.S. Department of Veterans Affairs FY 2027 Budget Submission Budget in Brief," n.d. <https://department.va.gov/wp-content/uploads/2026/04/2027-BiB.pdf>.

<sup>16</sup> Gavin, Kara. "Ketamine Helped Many Severely Depressed Veterans, Study Shows," Michigan Medicine, January 31, 2024, <https://www.michiganmedicine.org/health-lab/ketamine-helped-many-severely-depressed-veterans-study-shows>.

The American Legion can support this legislation through Resolution No. 5: Emerging Therapies to Address Veteran Suicides and Resolution No. 13: Opioid Treatment Research to modernize VAs ability to deploy novel therapies to veterans who need it.<sup>17</sup>

## **The American Legion Supports the Draft Legislation as Currently Written**

### **S. 3286 Veterans Appeals Improvement and Modernization Act 2.0**

*To amend title 38, United States Code, to improve processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs, and for other purposes.*

The *Appeals Modernization Act* (AMA) was a monumental piece of legislation aimed at structurally overhauling VA's appeals process to provide quicker decisions for veteran claims. However, in practice, the appeals process has remained a source of frustration for veterans due to its opacity and complexity, including the persistent remand dynamic between the United States Court of Appeals for Veterans Claims (CAVC) and the Board of Veterans Appeals (BVA). A 2023 Government Accountability Office (GAO) reported that 80 percent of CAVC cases were remanded between 2019 and 2022 due to incorrect board decisions.<sup>18</sup> BVA has an obligation to remand all cases back to the Veterans Benefits Administration (VBA) when insufficient evidence, duty to assist errors, or incorrect rating decisions have been made. The denial loop of incorrect board decisions and mandatory remands has created a negative cycle of continuous remands and reconsiderations that delay benefits, prioritizes process over solutions, and creates harm within a system designed to serve veterans.

The proposed legislation is a meaningful step in the right direction to improve the appeals system that would give veterans greater flexibility to change appeals lanes; supplemental, higher level review, and board review regardless of their initial decisions. If a veteran requests a formal hearing, but can obtain favorable supplemental evidence, they should be able to choose the appeals lane that will provide the quickest outcome for their claim. The American Legion supports the AMA and believes this legislation will be a welcomed improvement in the system. However, this legislation could create challenges within the system that could harm veterans who adhered to the law and submitted supplemental evidence within the 90-day evidentiary lane requirement.

As written, this legislation could encourage veterans to implement potentially harmful appeals strategies which could move veterans who followed proper guidelines further down the docket order; delaying their claim. This practice could create unnecessary financial hardship and frustration for veterans by delaying their claim decision. To prevent the erosion of trust and ensure fairness, we recommend the following amendments to ensure favorable outcomes for all veterans:

1. Strike the entirety of section 2, subsection (3) and replace it with: The Secretary shall develop and implement a policy allowing an appellant to withdraw an appeal in the appellant's case by filing a supplemental claim to utilize the direct docket at the board,

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<sup>17</sup> The American Legion, "Resolution No. 5: Emerging Therapies to Address Veteran Suicides," October 12, 2023, <https://archive.legion.org/node/15139>; The American Legion, "Resolution No. 13: Opioid Treatment Research," October 9, 2025, <https://archive.legion.org/node/17157>.

<sup>18</sup> U.S. Government Accountability Office, "Disability Benefits: Board of Veterans' Appeals Should Address Gaps in Its Quality Assurance Process," November 29, 2023, <https://www.gao.gov/products/gao-24-106156>.

because if there is evidence that could impact the outcome of the case, that evidence should be given directly to VBA.

2. In Sec. 8., annual reporting, including BVA, should be required to show and report on the impact of court decisions and remands at the agency level. Outcomes should be analyzed and tracked for proper feedback loops.
3. Veterans should be able to pursue favorable appeal lanes, without losing continuous pursuit. The responsibility of redress should lie with VBA and not be left to an endless loop of appeals. In keeping with the spirit of AMA, a direct docket appeal can be filed and decided at the Board within 356 days.

The American Legion supports this legislation with amendments using Resolution No. 5: Department of Veterans Affairs Appeals Process, which supports VA's efforts to address all claims and appeals backlogs in an expeditious and accurate manner.<sup>19</sup>

**The American Legion supports S. 3286 with amendments.**

**Draft, A bill to improve the Department of Veterans Affairs schedule for rating disabilities**

*To amend title 38, United States Code, to improve the Department of Veterans Affairs schedule for rating disabilities, and for other purposes.*

Thousands of veterans suffer from musculoskeletal injuries, which include back injuries, joint injuries, and lower extremity injuries. Many of these service-connected conditions require long-term treatment and medication long after military service has ended. Additionally, veterans living with Post Traumatic Stress (PTS), chronic pain, insomnia, and sleep apnea rely on treatment and medical devices that improve daily functioning and quality of life. Treatments and medications help veterans manage chronic symptoms, but it does not eliminate them. Most importantly, not all injuries suffered by veterans due to military service are from combat trauma. There is natural wear and tear sustained during military service from carrying heavy weight, operating heavy machinery, and performing hours of physical training to maintain military standards.

The proposed legislation is a commonsense solution that would have a substantial impact on veterans who pursue disability compensation from these service-related injuries. Proposed legislation would codify the "Ingram rule" and allow veterans to be rated at the most severe, or unmedicated rates when a baseline and evidence in the service treatment record (STR) is established.<sup>20</sup> This change ensures veterans are not penalized for successfully managing service-connected conditions through prescribed treatment and receiving disability ratings as intended under the VA Schedule for Rating Disabilities.

The American Legion National Commander Dan Wiley issued a statement on February 18, 2026, stating, "Veterans should not be penalized for complying with treatment. Even if such treatment shows improvement in symptoms, the underlying disability does not disappear. Medication can reduce symptoms, help a veteran sleep, reduce vigilance, and even reduce the frequency of anxiety

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<sup>19</sup> The American Legion, "Resolution No. 5: Department of Veterans Affairs Appeals Process.", September 1, 2016, <https://archive.legion.org/node/279>.

<sup>20</sup> [Ingram v. Collins, 38 Vet. App. 130 \(2025\)](#).

attacks. It does not remove the underlying traumatic experience, or moral injury, and it certainly does not mean a veteran is cured with treatment.<sup>21</sup>

The American Legion supports the legislation as written with Resolution No. 33: Disability Rating Criteria. The resolution reaffirms that VA disability ratings should not be based on the effects of treatment, regardless of whether such treatment results in improved earning capacity or quality of life, because medication is not a cure.<sup>22</sup>

### **The American Legion Supports the Draft bill as Currently Written**

#### **S. 3000 Fraud Reduction and Uncovering Deception in Department of Veterans Affairs Disability Exams Act of 2025**

*To require the Secretary of Veterans Affairs to identify and report instances of disability benefit questionnaire fraud, and for other purposes.*

There is overwhelming evidence that most veterans file disability claims in good faith, and that failures within the Department of Veterans Affairs (VA) and the claims process are a result of inconsistent examinations, lengthy disability questionnaires (DBQ's), inadequate oversight, the reordering of exams, and an endless loop of remanded claims driven by decision inaccuracies. The VA claims process has grown increasingly complex and is weakened by duplicative bureaucratic processes that undermine VA's goal of efficiency. In addition to the complex nature of the claims process, a 2024 Government Accountability Office (GAO) report noted that 93 percent of all compensation and pension (C&P) exams are conducted by contractors.<sup>23</sup> This practice has led to confusion and duplicative rework, including the reordering of exams and issuance of incomplete decisions.

These aforementioned factors disrupt the workflow of veteran service representatives at regional offices. The persistent issues with DBQs have frustrated veterans and motivated them to seek relief at any cost. The frustration has created opportunity and empowered businesses operating in bad faith to engage in "DBQ mills," in which case some veterans were charged a fee to have their DBQs completed. VA's lack of oversight of these contracted examiners focuses too narrowly on timeliness and form completion, and not on the quality and adequacy of exams. To improve workflow and expedite preliminary adjudication, VA announced plans to expand its use of artificial intelligence (A.I.) technologies and requested a 10.9 percent budget increase over FY26 for AI adoption and expansion.<sup>24</sup> Furthermore, as VA noted AI's ability to detect patterns of fraud such as changes to direct deposits being used to steal veterans' while automation and AI enhance

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<sup>21</sup> The American Legion, "Legion Disagrees with New VA Rule on Medication," February 18, 2026.

<https://www.legion.org/information-center/news/veterans-benefits/2026/february/legion-disagrees-with-new-va-rule-on-medication>.

<sup>22</sup> The American Legion, "Resolution No. 33: Disability Rating Criteria," September 1, 2022,

<https://archive.legion.org/node/8419>.

<sup>23</sup> U.S. Government Accountability Office. "VA Disability Exams: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions," September 18, 2024. <https://www.gao.gov/products/gao-24-107730>.

<sup>24</sup> VA Artificial Intelligence, "Building the Future: VA's Strategy for Adopting High-Impact Artificial Intelligence to Improve Services for Veterans," January 6, 2026, <https://department.va.gov/ai/building-the-future-vas-strategy-for-adopting-high-impact-artificial-intelligence-to-improve-services-for-veterans/>.

efficiency and act as a good deterrent for fraud, there are still institutional weaknesses in examination and oversight that burden VA staff at the agency level and VSOs.<sup>25</sup>

The American Legion has a long history of advocating for an improved C&P exam process that is void of fraud and works for veterans. With the advent and widespread use of automation and A.I. technologies, The American Legion is cautious to support information technology and machine learning systems that detect fraud but do not outline clear safeguards and pathways for recourse. The American Legion recommends the following amendments to improve the proposed legislation:

1. An unmistakable evidence standard must be clearly defined on what constitutes “fraud” to safeguard against false positives. Amend Section 2 to include a definition of unmistakable evidence standards for “fraud.” While the intentional submission of illegitimate DBQs is a clear example of fraud, a clear standard would prevent private doctors or examiners who follow the law from being indiscriminately flagged or investigated for fraud. Alternatively, it can prevent veterans who receive exams that lead to high disability ratings being assessed and flagged for fraud.
2. As proposed, the legislation does not mention protections against the misuse of automation or AI; protocols should be codified to ensure that the most common rating decisions are not automatically flagged as fraud.
3. The phrase “without regard to origin” could indiscriminately target private doctors and contractors, leading to a backlog that will have effects on the backlog across the enterprise. If DBQ fraud remains a persistent problem, Congress could mandate equal DBQ standards for both VA and private examiners.
4. The legislation does not establish a time limit for conducting fraud reviews, risking claims decisions to be in limbo for unspecified amounts of time, The American Legion recommends the insertion of a finite time limit, for example, “*fraud decision must be completed within 90 days.*”
5. While the proposed legislation requires VA to notify the veteran, it is unclear if VA is required to disclose the nature of the fraud or options for redress.
6. The American Legion recommends including annual reporting practices that capture the number of fraud cases correctly detected, false positives, error rates, the number of veterans flagged, the number of cleared cases versus prosecuted, average time to close, and outcomes to ensure that implementation is fair and accurate.

The American Legion can support proposed legislation through Resolution No. 25: Code of Procedure for Accredited Representatives and Resolution No. 375: Prosecution of VA Employees Engaged in Fraudulent Practices in the Department of Veterans Affairs with amendments.<sup>26</sup> The proposed legislation should not be overcorrected in response to fraud but instead adopt a balanced approach that targets legitimate instances of fraud while ensuring veteran’s claims are not adversely affected.

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<sup>25</sup> Edward Graham, “VA’s FY27 Budget Proposal Seeks Funding for Additional AI Adoption,” Government Executive, April 8, 2026, <https://www.govexec.com/technology/2026/04/vas-fy27-budget-proposal-seeks-funding-additional-ai-adoption/412699/>.

<sup>26</sup> The American Legion, “Resolution No. 25: Code of Procedures for Accredited Representatives,” May 7, 2015, <https://archive.legion.org/node/3332>; “Resolution No. 375: Prosecution of VA Employees Engaged in Fraudulent Practices in the Department of Veterans Affairs.” September 1, 2016, <https://archive.legion.org/node/519>.

## **The American Legion Supports S. 3000 with Amendments**

### **S. 3726, the National Veterans Strategy Act**

*To amend title 38, United States Code, to require the President to define veteran success and to develop and implement a National Veterans Strategy, and for other purposes.*

The Department of Veterans Affairs (VA) is required to develop a strategic plan every four years that focuses on VA's overall operations and goals for the designated period. However, this plan has not always taken into consideration the overall well-being of veterans who swore an oath to defend this nation. In return, the country assumes a corresponding obligation; an oath to care for service members, veterans, and their families throughout the entire life cycle of a veteran. A veteran represents far more than a line item on a budget, disability compensation, or medical treatment. The financial investment in a service member, which includes months of intense technical, tactical and leadership training, should be sufficient evidence to justify a lifetime of dignity, meaningful employment, and equitable outcomes.

The significance of a national veterans' strategy would be evident if the government and VA clearly identify and improve veteran outcomes. Currently, fragmented policy prescriptions, transition programs, and unequal access to benefits, which are often determined by eligibility, only address the needs of most veterans, and can at times exclude certain veterans. The way in which the federal government and VA care for all veterans has a direct impact on national security and our ability to recruit and retain a consistent military presence around the world.

The proposed legislation would require the President to develop a national strategy every four years, in coordination with veterans, federal agencies, Veteran Service Organization (VSOs), and non-governmental organizations. The plan would identify what veteran success metrics should look like. Education statuses, employment or unemployment rates, military data, suicide rates, whole health markers, and even veteran success stories can be used to highlight best practices or inform policy improvements for veteran outcomes.

The American Legion can support this legislation through Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs, and Resolution No. 25: The American Legion Policy on Department of Veterans Affairs (VA) Consolidation Efforts.<sup>27</sup> We encourage a comprehensive approach to veteran success that incorporates broader measures beyond disability ratings and mental health outcomes. All veteran success and wellbeing should be prioritized, not just the "easy cases." History has shown that true veteran success will only come from consistent and unwavering investment, and we believe this legislation can accomplish just that.

### **The American Legion supports S. 3726 as Currently Written**

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<sup>27</sup> The American Legion, "Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs," October 9, 2025, <https://archive.legion.org/node/17164>; "Resolution No. 25: The American Legion Policy on Department of Veterans Affairs (VA) Consolidation Efforts," May 7, 2009 <https://archive.legion.org/node/3099>.

## **S. 3098 Presumptive Clear Legal Assessment and Review of Illnesses from Toxic Exposure Yields (CLARITY) Act of 2025**

*To amend title 38, United States Code, to require the Secretary of Veterans Affairs to publish information about conditions and cohorts the Department of Veterans Affairs is considering for purposes of establishing or removing presumptions of service connection regarding toxic exposure, and for other purposes.*

The American Legion has consistently advocated for a more transparent and inclusive process when rendering decisions on presumptive conditions. To that end, The American Legion has requested VA solicit stakeholder feedback and provide disclosure of its rationale when the Department renders a denial for a certain toxic exposure.<sup>28</sup> Veterans, their families, and surviving spouses are left in the dark for decades while the National Academy of Sciences (NASEM) concludes its epidemiological studies and findings. Most often, this process excludes veterans, family members, and even VA medical personnel directly engaged in the research, diagnosis, and treatment of conditions under review from the decision-making process.<sup>29</sup>

For example, Vietnam-era veterans who deployed to Thailand, Laos, Cambodia, Guam, and American Samoa waited nearly half a century for presumptive recognition of Agent Orange related hypertension, even when NASEM released its 2018 determination that concluded there was sufficient evidence to support a presumption; years before Congress passed the *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act* of 2022 which finally granted this presumption.<sup>30</sup> In another example, section 801 of the PACT Act authorized a study examining toxic exposure at Fort McClellan.<sup>31</sup> While the Agency for Toxic Substances and Disease Registry (ATSDR) published its findings in January 2025, few families or accredited veteran service officers (VSOs) were aware that NASEM had already held informational sessions from March 16 - April 1, 2026. There will be additional sessions on May 4 – 5, 2026 before launching its epidemiological study.<sup>32</sup> Veterans and their families deserve better outreach and a better sense of urgency in a health matter that has burdened them in many ways.

The proposed legislation would require VA to create an online information hub to disclose the status of any presumptive conditions being considered for service-connection related to toxic exposure. It would also require VA to provide anticipated time frames, periodic updates, outcomes of completed scientific studies, and a public commenting period for veteran service organizations, the public, and researchers. The proposed legislation would create greater transparency and inform

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<sup>28</sup> National Academies of Sciences Engineering and Medicine, “Improving the presumptive disability decision-making process for veterans,” The National Academies Press, January 2008, <https://www.nationalacademies.org/publications/11908>; “Legion Offers up Recommended Reforms to VA Claims Process,” The American Legion, December 9, 2020, <https://www.legion.org/information-center/news/legislative/2025/october/legion-offers-up-recommended-reforms-to-va-claims-process>.

<sup>29</sup> Ibid

<sup>30</sup> National Academies of Science Engineering and Medicine, “Veterans and Agent Orange.” November 2018, [https://nap.nationalacademies.org/resource/25137/111318\\_VAO\\_2018\\_highlights.pdf](https://nap.nationalacademies.org/resource/25137/111318_VAO_2018_highlights.pdf).

<sup>31</sup> Veterans Health Administration US Department of Veterans Affairs, Va.Gov: Veterans Affairs, “Protect your health,” April 3, 2015, <https://www.publichealth.va.gov/exposures/fort-mcclellan/>.

<sup>32</sup> National Academies of Science Engineering and Medicine, “Epidemiologic Study on the Health of Veterans Who Served at Fort McClellan, 1979-1999,” March 17, 2026, <https://www.nationalacademies.org/projects/HMD-BPH-25-03/about>.

veterans and families who have sought answers on potential toxic exposures during their military service.

The American Legion supports this legislation through Resolution No. 17: Environmental Exposure, which urges VA to expeditiously conduct peer reviews and scientific investigations through the National Academy of Sciences and closely monitor the development of all ongoing research on the long-term effects of all environmental exposures.<sup>33</sup>

### **The American Legion supports S. 3098 As Currently Written**

#### **S. 3170 Stuck on Hold Act**

*To direct the Secretary of Veterans Affairs to implement an automated system with callback functionality for each customer service telephone line of the Department of Veterans Affairs, and for other purposes.*

Currently, few relief valves exist to assist federal agencies with high call volumes. As more veterans enroll in VA care, the stress on federal agencies like the Department of Veterans Affairs (VA) has intensified. For example, in February 2026 the Office of Inspector General (OIG) reported that 13 out of 15 medical facilities reviewed lacked clear data on abandoned calls, answered calls, and average wait times, making it difficult for veterans to reach care clinics across nearly 2.1 million call attempts.<sup>34</sup> In 2024, while VA saw a five percent increase in calls answered (from 39,653,459 to 41,549,111) and a two percent decrease in call abandonment (dropped call) rates, certain VA call centers, such as the Atlanta Call Center, continued to underperform, with a call abandonment rate of 30 percent, well above the allowable five percent.<sup>35</sup>

When veterans and family members are perpetually placed on hold, the likelihood of the calls being abandoned increases, consequently leading to medical or billing issues being unresolved. The proposed legislation calls for VA to implement a process that informs callers of their estimated wait time and offers the option to receive a callback rather than remain in the queue. This system has already garnered success in the private sector and with the Internal Revenue Service (IRS). The IRS's expanded call-back option saved taxpayers 1.4 million hours of hold time, which led to the IRS receiving an overall customer service performance score of 88 percent.<sup>36</sup>

It is imperative for VA to continue modernizing in line with industry standards to better manage the high call volume at its medical call centers. VA must improve its customer service experience to ensure veterans do not become frustrated or abandon efforts to access needed care. The

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<sup>33</sup> The American Legion, "Resolution No. 17: Environmental Exposure.", October 9, 2025, <https://archive.legion.org/node/17161>.

<sup>34</sup> VA Office of Inspector General, "VHA facilities' collection and oversight of Specialty Care Call Data," February 19, 2026, <https://www.vaog.gov/reports/preliminary-result-advisory-memorandum/vha-facilities-collection-and-oversight-specialty>.

<sup>35</sup> VA Office of Inspector General, "Review of Clinical Contact Centers to assess leadership," October 8, 2025, <https://www.oversight.gov/sites/default/files/documents/reports/2025-11/VAOIG-25-00228-214%20FINAL%20updated.pdf>; "Atlanta Call Center Staffing and Operational Challenges Provide Lessons for the New VISN 7 Clinical Contact Center," January 30, 2025, <https://www.vaog.gov/reports/review/atlanta-call-center-staffing-and-operational-challenges-provide-lessons-new-visn-7>.

<sup>36</sup> U.S. Treasury, "Filing Season 2024 Report Card: IRS Builds On 2023 Progress, Delivers World Class Customer Service Thanks to Inflation Reduction Act," April 15, 2024. <https://home.treasury.gov/news/press-releases/jy2250>.

American Legion supports this legislation through Resolution No. 25: Reviews of the Department of Veterans Affairs Program.<sup>37</sup>

## **The American Legislation Supports S. 3170 As Currently Written**

### **S. 3653 Veterans' Bill of Rights Act of 2026**

*To require the Secretary of Veterans Affairs to carry out efforts to inform veterans of their rights with regards to the receipt of health care, benefits, and services furnished under provisions of law administered by the Secretary, and for other purposes.*

The American Civil Liberties Union (ACLU), along with other organizations helped develop the framework for *The Rights of Hospital Patients: the basic guide to hospital patient rights* that clarified the difference between patient “interests” worthy of consideration, and the enforceable patient “rights” protected by the law.<sup>38</sup> This framework became the foundation for accountability and patient-centered care in the country. In 2016, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law, establishing a coordinated national strategy to address the opioid crisis through prevention and public health efforts, codifying the establishment of the Office of Patient Advocacy in 2017. The office is designated to provide institutional awareness, inform patients of their rights, and address their concerns and complaints.<sup>39</sup>

Veterans have expressed concerns with VA for many years, including difficulties contacting nurses and primary care providers whose large caseloads limit timely access to care. Their experiences have been marked by frustration with appointments scheduled months out, unexpected cancellations, and delays in obtaining community care appointments. The American Legion Past National Commander James Lacoursiere Jr. provided anecdotal testimony related to this issue in a joint hearing on February 26, 2025:

*“At the VA in Portland, Oregon, Martha Nava faced repeated denials and delays for necessary medical treatments, including a three-year wait for back surgery and a mismanaged kidney procedure that led to severe complications. The patient-advocate system failed to provide her with necessary referrals, leaving her trapped in a cycle of inadequate care, prolonged suffering, and a lack of accountability.”<sup>40</sup>*

The proposed legislation would reinforce public notices, training, and accountability to ensure veterans are informed of their rights and receive timely, responsive care. This is a step in the right direction but does not address a few key fundamental issues that have plagued the Office of Patient Advocacy. A 2018 Government Accountability Office (GAO) report found inadequacies in governance and an outdated program handbook, resulting in a lack of clear guidance. GAO

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<sup>37</sup> The American Legion, “Resolution No. 25: Reviews of the Department of Veterans Affairs Program.”, October 15, 2015, <https://archive.legion.org/node/3314>

<sup>38</sup> George Annas, “The Rights of Hospital Patients: The BASIC ACLU Guide to a Hospital Patient’s Rights” The American Civil Liberties Union, January 1, 1975.

<sup>39</sup> S. 524 - Comprehensive addiction and recovery act of 2016, July 22, 2016, <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>.

<sup>40</sup> U.S. Senate Committee on Veterans’ Affairs, “Legislative Presentation of the American Legion & Multi VSOs,” July 24, 2025, <https://www.veterans.senate.gov/2025/2/legislative-presentation-of-the-american-legion-multi-vsos-minority-veterans-of-america-jewish-war-veterans-of-the-u-s-a>.

determined that lack of guidance may impede the patient advocacy program’s ability to receive and address complaints from veterans in a convenient and timely manner.<sup>41</sup>

The American Legion can support this legislation with the proposed amendments:

1. The American Legion urges Congress include an additional section that covers enforcement:
  - a. Clearly define corrective action. Require the VHA facility to enforce corrective action within a determined timeframe set by Congress.
  - b. Clearly define options for veteran redress. Provide options for expedited or escalated review of claims, administrative fee waivers, and options for appeals.
  - c. Clearly define “timely.”
  - d. Clearly define “reasonable.”
2. The American Legion urges Congress to require external audits from the Office of Inspector General (OIG).
  - a. Audits should include compliance, resolution timeliness, and staffing levels.
  - b. Audits should be public and not just rely on information from internal audits alone.
3. The legislation does not clearly define program modernization:
  - a. Clearly define guidance.
  - b. Clearly standardize standard operating procedures for all facilities. Include intake process, proper tracking of open and closed cases, and follow-up communication with veterans.

The American Legion can support this legislation with amendments through Resolution No. 14: access to care, and Resolution No. 123: Increase the Transparency of the Veterans Benefits Administration's Claim Processing.<sup>42</sup>

### **The American Legion supports S. 3653 with Amendments.**

#### **S. 4108 Veteran Burial Benefit Correction Act**

*To amend title 38, United States Code, to increase burial and funeral expenses paid by the Secretary of Veterans Affairs in the case of death from a service-connected disability, and for other purposes.*

Since the Department of Veterans Affairs (VA) burial allowance limit for service-connected death was increased to \$2,000 in 2001, the Consumer Price Index (CPI) has increased by 109 percent (more than doubled).<sup>43</sup> During this time period, Congress passed the Burial Rights for America’s Veterans’ Efforts (BRAVE) Act through H.R. 7105, Veterans Health Care and Benefits

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<sup>41</sup> Government Accountability Office, “VA Health Care: Improved Guidance and Oversight Needed for the Patient Advocacy Program,” April 12, 2018, <https://www.gao.gov/products/gao-18-356>.

<sup>42</sup> The American Legion, “Resolution No.14: Access to care,” October 13, 2022 <https://archive.legion.org/node/14052>; “Resolution No.123: Increase the Transparency of the Veterans Benefits Administration's Claim Processing,” September 1, 2016, <https://archive.legion.org/node/349>

<sup>43</sup> 38 USC 2307: Death from service-connected disability; U.S. Bureau of Labor Statistics, “Funeral expenses in U.S. city average, all urban consumers, not seasonally adjusted,” series CUUR0000SEGD02 [from Dec 2001 – Feb 2026], accessed March 23, 2026. <https://data.bls.gov/timeseries/CUUR0000SEGD02>.

Improvement Act of 2020, which established inflationary adjustments for non-service-connected deaths.<sup>44</sup>

When the *BRAVE Act* was introduced in 2018, The American Legion stated the need for burial allowances for service-connected deaths to be tied directly to inflation.<sup>45</sup> Former American Legion National Commander Brett Riestad stated, “All veterans who have honorably served our nation should be provided adequate funeral benefits and that those benefits should be indexed for inflation. It is our nation’s responsibility to ensure that the families and loved ones of our veterans are financially supported in their time of mourning.”<sup>46</sup>

The proposed legislation would correct this inequity by increasing the service-connected burial allowance to \$3,000 and ensure parity by incorporating continuous CPI adjustments over time. The American Legion can support through Resolution No. 181: National Cemetery Administration, which resolves for VA to annually adjust burial allowances and burial plot allowance for inflation by tying the increased allowances to the Consumer Price Index.<sup>47</sup>

**The American Legion supports S.4108 as currently written.**

### **S. 1127 Dennis and Lois Krisfalusy Act**

*To amend title 38, United States Code, to expand eligibility for memorial headstones and markers furnished by the Secretary of Veterans Affairs to certain individuals who died before November 11, 1998.*

In 1988, Congress passed the *Veterans Program Enhancement Act* to allow for the issuance of a marker or headstone for spouses whose remains are unrecoverable, buried or lost at sea, donated to science, or cremated without interment if the death occurred after November 11, 1988.<sup>48</sup> The law, however, does not apply to those who died prior to November 11, 1988—leaving out cohorts from older conflicts.

The proposed legislation would remove this arbitrary rule, allowing spouses, surviving spouses, and dependents of veterans whose death occurred before this cutoff date to be recognized equally. This ensures equal recognition across all eras of service, allowing families from conflicts such as the Korean and Vietnam wars to request reunification and be recognized alongside the buried veteran. By addressing this gap in benefits, Congress honors the sacrifice, service, and final wishes of military spouses and dependents.

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<sup>44</sup> National Funeral Directors Association, “BRAVE Act becomes law: what’s next?” January 11, 2021 at <https://nfdanews.org/news/in-the-news/nfdanews/id/5553/brave-act-becomes-law-whats-next>.

<sup>45</sup> Statement of Chanin Nuntavong, Director National VA&R Division The American Legion Before The Committee on Veterans’ Affairs U.S. Senate on H.R. 299; S. 3184; H.R. 5418; S. 1596; S. 2881; S. 1952; S. 1990; S. 2485; S. 2748; S. 514; And All Subsequential Draft Bills (August 1, 2018) at <https://www.veterans.senate.gov/services/files/A1A6C982-E42B-4C13-95C7-3C24D86C8822>

<sup>46</sup> The American Legion, <https://www.facebook.com/the.american.legion/posts/we-are-pleased-to-support-the-burial-rights-for-americas-veterans-efforts-brave-/10157046728348698/>

<sup>47</sup> The American Legion, “Resolution No.181: National Cemetery Administration,” September 1, 2016, <https://archive.legion.org/node/394>.

<sup>48</sup> P.L. 105-368, Sec. 401(a)(3)

The American Legion can support this legislation under Resolution No. 377: Veteran Quality of Life, which urges Congress to promote, restore, or preserve benefits for veterans and their dependents, including honoring final resting places with lasting tributes that commemorate their service.<sup>49</sup>

## **The American Legion supports S. 1127 as Currently Written**

### **S. 3395 Mammography Access for Veterans Act of 2025**

*To expand the telescreening mammography pilot program of the Department of Veterans Affairs, and for other purposes*

Although the military has not grown in size, proportionally, the representation of women in both active duty and reserve components continues to increase. A December 2022 press release from the Department of Defense noted that in 2021, women made up 17.3 percent of active-duty ranks, and 21.4 percent of the National Guard and reserve components.<sup>50</sup>

The proposed legislation will expand access to mammograms for all veterans by meeting them where they are. This will be particularly beneficial for veterans living in rural communities by providing additional screening resources, such as mobile mammography and telehealth options.

As the number of women in the military continues to rise, the Department of Veterans Affairs Medical Centers (VAMC) must ensure healthcare delivery reflects the needs and service-connected disabilities of the growing women veteran population. The Department of Veterans Affairs' (VA) own research shows that women veterans are more susceptible to developing cancer than their civilian counterparts, with breast cancer being the most common diagnosis.<sup>51</sup> VA is outperforming civilian medical facilities in cancer screening. Data shows that 87 percent of women veterans enrolled in VA care are receiving mammograms.<sup>52</sup> While progress and screening rates remain consistent, barriers and equitable treatment persist for some who face longer wait times, a lack of providers, or a lack of in-house services used to detect breast cancer.<sup>53</sup>

Early detection is vital in the fight to cure breast cancer. Unfortunately, many states with VA medical centers, such as Alaska, Connecticut, Montana, and Nebraska, do not offer in-house mammography, making early detection a challenge for those in rural communities. During The American Legion's System Worth Saving (SWS) visit to these facilities, national staff discovered the VAMCs visited lacked on-site mammography programs, which required them to obtain referrals to off-site facilities. In Connecticut, the West Haven VAMC created a "mammography

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<sup>49</sup> The American Legion, "Resolution No. 377: Veteran Quality of Life," September 1, 2016, <https://archive.legion.org/node/520>.

<sup>50</sup> U.S. Department of Defense, "Department of Defense Releases Annual Demographics Report - Upward Trend in Number of Women," December 14, 2022. <https://www.war.gov/News/Releases/Release/article/3246268/departments-of-defense-releases-annual-demographics-report-upward-trend-in-numbe/>.

<sup>49</sup> Hazra, Aditi, Karen M Goldstein, Susan E Waltz, Akiko Chiba, Sarah V Colonna, Michael J Kelley, Haley A Moss, and Leah L Zullig. "Summary and Roadmap of Breast Cancer Research in the Veterans Affairs." *Military medicine*, January 16, 2025. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12153773/>

<sup>52</sup> Ibid

<sup>53</sup> Ibid

team” in lieu of an on-site mammography center. The mammography team is responsible for all scheduling, coordination, and tracking of mammograms for the Connecticut veteran population. Meanwhile, during The American Legion’s New Orleans SWS town hall, a veteran expressed her concern about the mammography unit being removed from her VAMC.

The American Legion can support this legislation through Resolution No. 147: Women Veterans<sup>54</sup> and Resolution No. 37: Improvements to Department of Veterans Affairs Women Veterans Programs.<sup>55</sup> We encourage VA to ensure that the needs of current and future women veteran populations are met, and that the VA increases diagnostic capabilities for conditions that are prevalent within the cohort.

### **The American Legion supports S. 3395 as currently written**

#### **S. 3999, Women Veterans Specialty Care Access Act**

*To require the Secretary of Veterans Affairs to ensure that women veterans may schedule appointments for women’s specialty care under the laws administered by the Secretary without requiring a referral, and for other purposes.*

In 2000, women veterans made up four percent of the veteran population. By 2040, VA projects that women will make up 18 percent of the existing veteran population.<sup>56</sup> Historically, VAMCs had a predominantly male-centered care model designed to meet the care needs of a majority male veteran population. As a result, women are unable to receive comprehensive care that meets their needs.

The proposed legislation will allow women veterans to schedule a specialty care visit without having to go through their primary care provider for a referral. Removing the step of going through the primary care provider to obtain a referral increases access to vital and often time-sensitive care.

Women veterans have gender-specific medical care needs and are at higher risk for medical conditions like Post Traumatic Stress (PTS), military sexual trauma (MST), infertility, substance abuse, breast cancer, musculoskeletal conditions, and cardiovascular disease. PTS has a prevalence rate of 13 percent in women veterans compared to six percent in the general civilian population.<sup>57</sup> Many women have experienced worsened health outcomes due to prolonged wait times for appointments.<sup>58</sup>

The American Legion has seen the ramifications of delayed access to care. In Minnesota, a veteran met with an American Legion service officer to receive assistance with accessing care. The

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<sup>54</sup> The American Legion, “Resolution No. 147: Women Veterans” September 1, 2016, <https://archive.legion.org/node/371> .

<sup>55</sup> The American Legion, “Resolution No. 37: Improvements to Department of Veterans Affairs Women Veterans Programs,” September 1, 2016, <https://archive.legion.org/node/298>.

<sup>56</sup> US Department of Veterans Affairs, Veterans Health Administration. “Women Veterans Health Care: Facts and Statistics,” March 28, 2022. <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>.

<sup>57</sup> VA National Center for PTSD, “How Common is PTSD in Veterans?” March 26, 2025. [https://www.ptsd.va.gov/understand/common/common\\_veterans.asp](https://www.ptsd.va.gov/understand/common/common_veterans.asp)

<sup>58</sup> Dr. Kulleni Gebreyes, et al, “What’s Causing Us Women to Skip or Delay Medical Care?” Deloitte Insights, December 24, 2025. <https://www.deloitte.com/us/en/insights/industry/health-care/why-women-skip-or-delay-health-care.html>.

veteran, in her late 20s, had an abnormal pap smear and repeatedly informed her VA care providers that she was experiencing pain unrelated to her menstrual cycle. After four months without appropriate action, her primary care provider approved a community care referral. During her appointment, a cyst was discovered blocking her Fallopian tube and surrounding tissue. The delay in care resulted in the surgical removal of her tubes, preventing her from giving birth. Self-scheduling could have prevented this outcome and would provide women veterans the ability to schedule in-network VA appointments, reducing preventable delays in care.

The American Legion believes that timely access to care is paramount but recognizes that regional differences have a significant impact on how that care is delivered. If a VAMC lacks adequate staffing to facilitate care coordination, increased scheduling demand may create bottlenecks and further delay care. Additionally, VA should provide greater clarity on implementation and ensure consistency across VISNs. The American Legion recommends including language to ensure facilities have adequate staffing and reporting requirements to measure the utilization of gender-specific services.

The American Legion can support this legislation through Resolution No. 147: Women Veterans, which urges VA to ensure the needs of current and future women veterans are met. It also calls on VA to provide full comprehensive health services for women veterans, including expanding treatment areas and diagnostic capabilities for women's health issues, improving coordination of maternity care, and increasing the availability of female therapists to treat Post-Traumatic Stress Disorder related to combat and MST.<sup>59</sup>

### **The American Legion supports S. 3999 with amendments.**

#### **S. 3311 Veterans Affairs Peer Review Neutrality Act of 2025**

*To amend title 38, United States Code, to eliminate conflicts of interest in peer review for quality management of care conducted by the Veterans Health Administration, and for other purposes.*

The Department of Veterans Affairs currently offers tools to allow facilities to use external neutral peer reviews through the external peer review program (EPRP). This program highlights areas in the facility that need the most improvement. The VA uses RAND Corporation's Quality Tools and the External Peer Review Program (EPRP) to monitor clinical conditions, preventative processes of conditions such as diabetes, hypertension, cancer screening, and tobacco cessation.

VA medical centers need clear guidelines and procedures to ensure an effective, unbiased peer review program through standardized processes. Procedures need to be implemented across all VA medical facilities to ensure that peer reviews are conducted by medical professionals who practice in the same scope as the medical professional being reviewed, to provide accurate, knowledgeable feedback and support.

The proposed legislation is designed to eliminate conflict of interest in peer reviews conducted in VHA hospitals. These reviews are used to evaluate patient care as part of VHA's broader quality management system. This legislation also prohibits certain staff from reviewing a case if they were

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<sup>59</sup> The American Legion, "Resolution No. 147: Women Veterans," September 1, 2016  
<https://archive.legion.org/node/371>

directly involved in the patient’s care or are unable to provide an objective, accurate, and informed assessment.

The American Legion supports the legislation through Resolution No. 20: Improved Oversight Accountability and Transparency of the Department of Veterans Affairs.<sup>60</sup>

### **The American Legion Supports S. 3311 As Currently Written**

#### **Draft Maternal Health for Veterans Act**

*To require additional support for maternity health care and coordination programs of the Department of Veterans Affairs, and for other purposes.*

Women veterans face many obstacles that extend beyond access to proper obstetric care, including elevated rates of maternal health disparities and homelessness, which can negatively impact pregnancy outcomes.<sup>61</sup> The need for continued support for enhanced maternity care coordination is paramount to assist women through the circumstances that prevent timely care throughout their pregnancy.

The proposed legislation will increase access to maternity care coordinators and improve maternal health outcomes by providing actionable data to inform improvements. It also strengthens program oversight to address disparities in maternal health and other challenges with maternal healthcare.

Maternal health has historically been underfunded, and improved data on birth outcomes and pregnancy-related complications would help Congress make informed policy decisions.

The American Legion supports this legislation through Resolution No. 147: *Women Veterans*, which calls for VA to provide full comprehensive health services for women veterans, including, but not limited to, increasing treatment areas and diagnostic capabilities for female veteran health issues and improved coordination of maternity care.

### **The American Legion supports this Draft Legislation as Currently Written**

#### **S. 4197 the Veterans Outdoor Rehabilitation Act**

*To require the Secretary of Veterans Affairs to establish a program under which the Secretary shall award grants to certain State entities to expand access to structured outdoor recreation programs for veterans that enhance veteran wellness, and for other purposes.*

As a result of their military service to our country and the cumulative stresses of military life, including deployments, veterans experience post-traumatic stress (PTS) at around a 16 percent higher rate than their civilian counterparts. According to the National Institutes of Health (NIH),

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<sup>60</sup> The American Legion, “Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs,” October 9, 2025. <https://archive.legion.org/node/17164>,

<sup>61</sup> U.S. Senator Tammy Duckworth of Illinois, “Duckworth’s Bipartisan Protecting Moms Who Served Act Signed into Law,” November 30, 2021. <https://www.duckworth.senate.gov/news/press-releases/duckworths-bipartisan-protecting-moms-who-served-act-signed-into-law>.

over one million veterans have a service-connected disability related to PTS.<sup>62</sup> PTS can lead to poorer health outcomes, increased health care costs and utilization, and higher rates of substance abuse and suicide. Studies have found that veterans with PTS have a 50 percent greater risk of diabetes, heart disease, and higher rates of chronic pain.<sup>63</sup>

Helping veterans living with PTS has been at the forefront of The American Legion's work. Our flagship *Be the One* initiative promotes peer support as the main deterrent to veteran suicide, commonly associated with PTS symptoms.<sup>64</sup> The American Legion also promotes and supports many PTS-specific programs, including Give an Hour, which connect veterans with mental health providers who provide free PTS support to veterans. VA's Center for Women Veterans offers women-focused mental health support, including services through Vet Centers, and alternative recovery programs such as Boulder Crest Retreat, which emphasizes social and recreational activities.<sup>65</sup>

The proposed legislation seeks to provide additional tools to treat PTS, creating a state grant program for veteran agencies and organizations to offer outdoor recreational activities. States would be encouraged to partner with federal agencies such as the National Forest Service, to expand access to such organizations. Each state that applies would receive at least \$200,000 in funding, which would require a detailed plan for fund distribution, data collection methods, and program certification. Additional requirements include the submission of mandatory reports to VA that include funded activities, the number of veteran participants, frequency of participation, demographic information, and changes in participant engagement and well-being.

The American Legion can support this legislation through Resolution No. 115: Outdoor and Adaptive Sports Programs for Veterans.<sup>66</sup>

### **The American Legion supports S. 4197 as Currently Written.**

#### **Draft, the Optimizing the VA Workforce for Veterans Act**

*To amend title 38, United States Code, to require the Secretary of Veterans Affairs to develop a five-year human capital plan to support the mission and responsibilities of the Department of Veterans Affairs and to require the Secretary provide notice before carrying out a reduction in force, and for other purposes.*

The proposed legislation aims to alleviate staffing concerns by requiring the Secretary of Veterans Affairs to submit a five-year strategic human capital plan to Congress with updates to be renewed every five years thereafter. Relevant stakeholders such as VSOs would be included in the

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<sup>62</sup> Tormechi Chambliss, Jung-Lung Hsu, and Mei-Lan Chen, "Post-Traumatic Stress Disorder in Veterans: A Concept Analysis," Behavioral sciences (Basel, Switzerland), June 7, 2024, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11200391/>.

<sup>63</sup> VA National Center for PTSD, "Trauma, PTSD, and Physical Health," August 16, 2018, [https://www.ptsd.va.gov/professional/treat/cooccurring/ptsd\\_physical\\_health.asp](https://www.ptsd.va.gov/professional/treat/cooccurring/ptsd_physical_health.asp).

<sup>64</sup> "Be the One." The American Legion. Accessed April 7, 2026. <https://www.legion.org/advocacy/be-the-one>

<sup>65</sup> The American Legion, "PTSD Resources," Accessed April 7, 2026. <https://www.legion.org/member-services/veterans-services/veterans-health/health-conditions/ptsd-resources>.

<sup>66</sup> The American Legion, "Resolution No. 115: Outdoor and Adaptive Sports Programs for Veterans," August 28, 2018, <https://archive.legion.org/node/599>.

development of the plan, including a workforce analysis with staffing levels needed to deliver high quality and accessible care.

The legislation also includes notification requirements for the Secretary regarding any reductions in force with a 60-day notice. The notice should include the total number of affected employees, the offices affected, and the justification for the reduction and how it aligns with VAs mission and planned budgetary effects.

After the most recent VA staffing changes in early 2025, The American Legion National Commander James LaCoursiere released a public statement in July of that year, stating:

*“While we recognize the need for responsible fiscal management and streamlining within the department, our top priority remains ensuring that veterans continue to receive the timely, high-quality, and cost-effective health care they have earned. We commend VA leadership for conducting this assessment in a reasonable, deliberate manner, guided by analysis across the enterprise in consultation with Legionnaires and input from major stakeholders. This approach was critical to making informed decisions that should ensure delivery of health care and benefits to veterans is not compromised.”<sup>67</sup>*

The American Legion has maintained its position that VA should protect critical healthcare staff during planned workforce reductions to avoid disrupting veteran healthcare. VA has made this commitment to Legion staff and to every veteran who relies on this care.

The American Legion can support this legislation through Resolution No. 7: Ensuring VA Remain the Center of Care and Resolution No. 115: Department of Veterans Affairs Recruitment and Retention.<sup>68</sup>

### **The American Legion supports the draft legislation as written.**

#### **S. 3992, the Joint Medical Facilities Fund Act**

*To amend title 10, United States Code, to codify authority for the Joint Medical Facility Fund of the Department of Defense and the Department of Veterans Affairs, and for other purposes.*

Since 1987, the Department of Veterans Affairs (VA) facilities have partnered with Department of Defense (DOD) facilities like Albuquerque, New Mexico’s VA system, and nearby Kirtland Air Force Base. These partnerships have allowed for sharing resources such as lab tests, emergency care, and surgical facilities.<sup>69</sup> Joint agreements are aimed at increasing access to care and reducing costs for the government. In 2019, this concept was strengthened when the Lovell Federal Health

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<sup>67</sup> The American Legion, “National Commander Lacoursiere: Quality of Veterans’ Health Care Remains ‘Top Priority,’” July 9, 2025. <https://www.legion.org/information-center/news/commander/2025/july/national-commander-lacoursiere-quality-of-veterans-health-care-remains-top-priority>.

<sup>68</sup> The American Legion, “Resolution No. 7: Ensuring VA Remain the Center of Care,” October 11, 2023, <https://archive.legion.org/node/15141>; The American Legion, “Resolution No. 115: Department of Veterans Affairs Recruitment and Retention,” August 30, 2016, <https://archive.legion.org/node/342>,

<sup>69</sup> National Academies Press, “Department of Veterans Affairs/Department of Defense Joint Ventures: Brief Histories and Lessons Learned.” U.S. National Library of Medicine, December 28, 2012. <https://www.ncbi.nlm.nih.gov/books/NBK241293/>.

Care Center (Lovell FHCC) was placed under the management of the Defense Health Agency (DHA), further integrating VA-DOD resources. Lovell FHCC is the first fully integrated VA-DOD facility, where providers and patients engage in a unified environment that improves coordination and shares the costs of operating a large facility.<sup>70</sup> Since the start of the program, VA and DOD have expanded these agreements, with 185 as of April 2025.<sup>71</sup>

The proposed resolution seeks to increase the number of joint facilities by creating a “Joint Medical Facility Fund” managed by VA. It would be funded by VA and DOD resources, which include medical collections for services provided at their facilities, and would cover operational costs, maintenance, equipment, and construction projects. DOD and VA leadership would regularly review funding to ensure that it is facilitating the missions of both VA and DOD. Within 180 days of enactment, the Secretary of Veterans Affairs and Secretary of Defense would be required to submit a report identifying which facilities would work best as joint facilities.<sup>72</sup> Currently, both VA and DOD have a “Joint Incentive Fund,” created in 2010, to which both departments are required to contribute a minimum of \$15 million a year.

The American Legion can support this legislation through Resolution No. 46: Department of Veterans Affairs (VA) non-VA care programs.<sup>73</sup> This resolution states that VA develop a well-defined, consistent non-VA care coordination strategy that considers factors like veteran travel time, develop non-VA contracts to ensure top-of-the-line care, allow quick and easy records sharing between VA and non-VA facilities, and standardize and improve non-VA care through VA.

**The American Legion supports this legislation as written.**

### **S. 3706 the Produce Prescriptions for Veterans Act**

*To amend title 38, United States Code, to authorize the provision of produce prescriptions to veterans, and for other purposes.*

The Department of Veterans Affairs (VA), in tandem with The Rockefeller Foundation, has been piloting a “produce prescriptions” program called *Food is Medicine* at two VA facilities. Produce prescription programs provide participants with monthly stipends of funds that can only be used to purchase fruits and vegetables. Participants are also provided with nutrition coaching and education. At the Houston VA Medical Center, the program has approximately 250 participants.<sup>74</sup>

The proposed legislation seeks to codify this pilot program, making it a permanent part of VA healthcare. The legislation would authorize VA providers to write “produce prescriptions,” which

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<sup>70</sup> Chicago Lovell FHC, “About Us,” Accessed April 1, 2026. <https://www.va.gov/lovell-federal-health-care-va/about-us/>.

<sup>71</sup> U.S. Government Accountability Office, “VA and DOD Health Care: Agreements to Share Services and Other Resources Should Be Evaluated,” July 8, 2025. <https://www.gao.gov/products/gao-25-107497>.

<sup>72</sup> S.3992 - Joint Medical Facilities Fund Act of 2026, March 18, 2026. [https://www.senate.gov/legislative/LIS/roll\\_call\\_votes/vote1192/vote\\_119\\_2\\_00058.htm](https://www.senate.gov/legislative/LIS/roll_call_votes/vote1192/vote_119_2_00058.htm).

<sup>73</sup> The American Legion, “Resolution No. 46: Department of Veterans Affairs (VA) Non-VA Care Programs,” October 17, 2022. <https://archive.legion.org/node/3193>.

<sup>74</sup> Dyman, Maureen, “Pilot Produce Prescription Changing Veteran Lives for the Better.” U.S. Department of Veterans Affairs, May 23, 2024. <https://www.va.gov/houston-health-care/stories/pilot-produce-prescription-changing-veteran-lives-for-the-better/>.

allow patients to get vouchers or debit cards used to purchase fruits and vegetables at little to no cost.

The American Legion regularly releases articles promoting better nutrition for a healthy life. Past Commander Jennifer Campbell of the California Legion’s 24th District and Hollywood Post 43; a nutrition expert, wrote in an article, stating, “High-quality foods – rich in nutrients, minimally processed and free from excessive additives – support optimal bodily function and promote longevity. Conversely, low-quality foods that are highly processed and nutrient-poor contribute to health issues over time.”<sup>75</sup>

The American Legion can support this legislation through Resolution No. 20: Veterans' Whole Health.<sup>76</sup> The American Legion urges VA to coordinate with providers to provide a “more integrated care approach that will merge all ancillary medical care and complement the veteran’s medical needs, allowing them to receive efficient and specialized care.”<sup>77</sup>

**The American Legion supports S. 3706 as written.**

**DRAFT, Veteran Acquired Brain Injury Caregiving Act**

*To require the Secretary of Veterans Affairs to carry out a pilot program to use amounts under the Veteran-Directed Care program to provide care to veterans with acquired brain injury, and for other purposes.*

The Veteran Directed Care (VDC) program, administered by the Veterans Health Administration (VHA), allows veterans or their caregivers with fiduciary responsibility to pay for caregiving services. The program provides veterans with the flexibility to decide their own care plan and determine for themselves which services are best suited to assist with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). Eligible services range from assistance bathing to lawn and home maintenance, with the explicit goal of allowing the veteran to live in their home or preferred domicile.<sup>78</sup>

VDC is a vital program providing veterans with the resources they need to stay independent and live on their own terms. By empowering disabled veterans and their family caregivers, VDC prevents unwanted institutionalization and strengthens a veteran’s ties to the community. VDC reduces VA costs to taxpayers by limiting the total cost of care for each beneficiary.<sup>79</sup> The program is not perfect and, to prevent fraud, waste, and abuse, suffers from complex bureaucratic hurdles which the veteran or their caregiver are forced to navigate. The forms and oversight required of VDC recipients are complex, even by VA standards. To reduce that burden, the veteran may

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<sup>75</sup> Campbell, Jennifer. “How Food Quality Affects Your Health.” The American Legion, December 31, 2024. <https://www.legion.org/information-center/news/news/2024/december/how-food-quality-affects-your-health>.

<sup>76</sup> The American Legion, “Resolution No. 20: Veterans’ Whole Health,” May 10, 2023. <https://archive.legion.org/node/15024>.

<sup>77</sup> Ibid

<sup>78</sup> Administration for Community Living, Veteran Directed Care: Veteran Handbook — Developing My Spending Plan. Accessed April 6, 2026. [https://nwd.acl.gov/pdf/VDC\\_Veteran\\_Handbook\\_Developing%20My%20Spending%20Plan.pdf](https://nwd.acl.gov/pdf/VDC_Veteran_Handbook_Developing%20My%20Spending%20Plan.pdf)

<sup>79</sup> 38 U.S. Code § 1720C (d)(1)

choose to work with an approved VDC provider to manage which services they employ,<sup>80</sup> though an approved provider's availability is dependent on where the veteran lives. Some classes of providers are pre-approved through legislation,<sup>81</sup> but these providers are focused on geriatric care and may not be age-appropriate for younger veterans with acquired brain injuries. Providers not pre-approved can face a lengthy verification process and result in delayed care for veterans.

The Veteran Acquired Brain Injury Caregiving Act is intended to reduce the barriers between veterans with acquired brain injuries and their care providers—a goal The American Legion shares. This is accomplished through the establishment of a pilot program which distributes funds directly to “mission driven” non-profit organizations which deliver care to veterans with acquired brain injuries. However, the program as defined is not consistent with current VDC authorization language. Further, VA already exercises the authority to enter agreements with non-governmental VDC providers per title 38 §1720L(a)(2)(D).

The draft language refers to the phrase “acquired brain injury,” but does not define the phrase further. An acquired brain injury ranges anywhere from a concussion sustained in a car accident to a stroke, both of which have vastly different caregiving needs. The American Legion believes the draft legislation must further define “acquired brain injury” to better target the desired veteran demographic.

The discussion of VDC policy should also acknowledge the Program of Comprehensive Assistance for Family Caregivers (PCAFC), a related VA caregiver program. While VDC allows veterans to direct funds to caregivers, including their own family, PCAFC provides direct payments and medical training to their family caregivers. In 2020 PCAFC eligibility criteria was narrowed to require additional hands-on assistance which is not present in the governing 2018 MISSION Act legislation. This has led critically ill veterans to be denied access to the program on their deathbeds. In 2025, VA took no action beyond issuing waivers to select cohorts who are already in the program. With PCAFC failing to provide access to veterans, The American Legion and other Veteran Service Organizations have begun to redirect veterans to VDC in anticipation of unjustified PCAFC denials. Although VDC is not a perfect substitute, it is a critical option for our most vulnerable veterans.

To address these concerns and expand the impact of the legislation, The American Legion recommends the following amendments:

1. Define “acquired brain injury” to align with 42 U.S. Code § 280b-1c or other appropriate section.
2. Change the payment mechanism from providing eligible entities directly with funds, to allowing the non-profits to contract through VDC under 38 U.S. Code § 1720L(b)(2).
3. In addition to the listed eligibility requirements, require the organization to be a specified health care provider under 38 U.S. Code § 1703(c).

The American Legion can support this draft legislation through Resolution No. 20: Home and Community-Based Services and Veteran Choice to Age in Place.<sup>82</sup> The American Legion remains

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<sup>80</sup> Administration for Community Living, *Becoming a Veteran-Directed Care (VDC) Provider*, October 13, 2020. [https://nwd.acl.gov/pdf/Becoming%20a%20VDC%20Provider\\_Final\\_508.pdf](https://nwd.acl.gov/pdf/Becoming%20a%20VDC%20Provider_Final_508.pdf)

<sup>81</sup> 38 U.S. Code § 1720L (a)(2)

<sup>82</sup> The American Legion, “Resolution No. 20: Home and Community-Based Services and Veteran Choice to Age In Place,” October 7, 2021. <https://archive.legion.org/node/3579>

eager to collaborate with the committee and involved lawmakers to address concerns regarding both VDC and PCAFC, including revising the draft legislation to address the gap more effectively in age-appropriate neurological care.

**The American Legion supports the draft legislation with amendments.**

**S. 3647, Disabled Veterans Dignity Act of 2026**

*To require the Secretary of Veterans Affairs to establish a program to address bowel and bladder care needs for veterans with spinal cord injuries and disorders, and for other purposes.*

Tasked with the care of over 27,000 veterans living with spinal cord injuries and disorders (SCI/D), the VA is the world's largest healthcare system providing ongoing life-long care specializing in this field.<sup>83</sup> Service members and veterans receiving treatment for traumatic brain injuries, spinal cord injuries, or other neurogenic service-connected conditions also have brain messaging impairments, which lead to the loss and proper function of bowel and bladder control.

Neurogenic bladder and bowel dysfunction could consequently lead to incontinence, defined as the loss of voluntary control over urinary and bowel function. While acute incontinence can be psychologically damaging, lead to social embarrassment, and result in infection, the inability to properly discharge on demand can lead to other medical complications, such as waste retention, which can be fatal.<sup>84</sup>

VA developed the Bowel and Bladder (B&B) program to reimburse family members, friends, or caregivers providing incontinence care and urinary catheterization services in the home. This reimbursement program aims to allow veterans living with SCI/D to remain in the community rather than placed in institutionalized nursing home care. Bowel and bladder care is a specialty care service that requires regular attention, even if a veteran is otherwise healthy and independent. Granting access to bowel and bladder care in one's home minimizes costly hospitalizations and honors independence and dignity.

The Disabled Veterans Dignity Act of 2026 will restore the dignity of veterans who have sacrificed their bodies in service to a grateful nation. VA developed the B&B program out of necessity, but without full authorization from Congress, the program has been unable to flourish. The proposed legislation codifies and modernizes the program by requiring better coordination of care within VA to eliminate duplicative efforts, establishing a more clinically focused application and assessment process, creating a formal denial and review process at local SCI/D medical centers, and developing standardized training for caregivers. A clearly defined tiered stipend schedule based on intensity of care provided by local home health agencies or family caregivers will give veterans and their families the peace of mind they deserve.

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<sup>83</sup> Office of Research & Development, Department of Veterans Affairs, "VA research on Spinal Cord Injury," June 6, 2024, <https://www.research.va.gov/topics/sci.cfm>

<sup>84</sup> Yale Medicine, "Urinary Retention," Yale School of Medicine, accessed April 9, 2026, <https://www.yalemedicine.org/conditions/urinary-retention>

By codifying a program to provide veterans with neurogenic bladder and bowel conditions the tools necessary to remain in their communities, the proposed legislation is supported by The American Legion through Resolution No. 24: Comprehensive Supports for Caregiver Support Program, which calls on VA to provide more robust and accessible home and community-based supports to alleviate the physical and mental strains of caregiving.

**The American Legion strongly supports S. 3647 as written.**

**S. 749, Justice for ALS Veterans Act of 2025**

*To amend title 38, United States Code, to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis, regardless of how long the veterans had such disease prior to death.*

VA's Dependency and Indemnity Compensation (DIC) is tax-free monetary compensation awarded to the surviving spouse of a veteran who died because of a service-related injury. As of 2026, the DIC rate for a surviving spouse is \$1,699 per month.<sup>85</sup> The monthly amount is increased by \$361 if, at the time of death, the veteran was "in receipt of or entitled to receive compensation for a service-connected disability that was rated totally disabling for a continuous period of at least eight years immediately preceding death."<sup>86</sup> The Justice for ALS Veterans Act removes the eight-year provision required to receive additional compensation for families of veterans with Amyotrophic Lateral Sclerosis, or ALS, as it is a highly aggressive degenerative disease where many veterans do not reach the eight-year mark to qualify for this clause.

Due to the debilitating and progressive nature of the disease, families must make additional sacrifices to care for their loved ones. A 2024 RAND study found military and veteran caregivers incur an estimated \$8,583 in annual out-of-pocket costs associated with their caregiving responsibilities, while forgoing an average of \$4,522 in annual household income.<sup>87</sup> In addition to the direct costs of caregiving, 14 percent of veteran caregivers are forced to leave their employment to care for their veteran.<sup>88</sup> The Justice for ALS Veterans Act recognizes the sacrifices families make are not determined by arbitrary timelines and will ensure that families qualify for the additional DIC compensation intended to compensate families for the hardships and sacrifices which come with serious long-term illnesses.

While this bill focuses on making surviving families who have cared for ALS veterans whole, an ALS diagnosis is not the only circumstance where families must step in and help care for an ill veteran and absorb long term financial impacts. It would be prudent for the committee to include a report that directs VA to identify circumstances like service-connected ALS which create additional caregiving burdens on families. The American Legion recognizes the unique circumstances of veterans with ALS and their families but cautions against using diagnosis alone

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<sup>85</sup> 38 U.S. Code § 1311 - Dependency and Indemnity Compensation to a Surviving Spouse. Legal Information Institute, January 1, 1993. <https://www.law.cornell.edu/uscode/text/38/1311>.

<sup>86</sup> Ibid

<sup>87</sup> Ramchand, Rajeev, Sarah Dalton, Tamara Dubowitz, Kelly Hyde, Nipher Malika, Andrew R. Morral, Elie Ohana, Vanessa Parks, Terry L. Schell, Gretchen Swabe, Thomas E. Trail, and Kayla M. Williams. America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows. Santa Monica, CA: RAND Corporation, 2024.

<sup>88</sup> Ibid

as eligibility for future expansions of this benefit. Eligibility based on functional impairment and the extent of caregiving provided would be more equitable for surviving families. Just as length of illness does not equate severity, neither does diagnosis. Such a needs-based evaluation can use existing VA infrastructure such as Aid and Attendance Special Monthly Compensation (SMC-R) or Program of Comprehensive Assistance for Family Caregivers (PCAFC) eligibility, even if such eligibility is evaluated posthumously. The American Legion would be happy to work with the committee on such language.

The American Legion supports this legislation using Resolution No. 19: Ensuring Parity for Survivor Dependency and Indemnity Compensation and supports the reevaluation of eligibility for Dependency and Indemnity Compensation to ensure equitable access of supplemental payments for all survivors.<sup>89</sup>

### **The American Legion supports H.R. 1685 as currently written.**

#### **S. 3993 Reducing Arbitrary Barriers to Apprenticeship Act of 2026**

*To amend title 38, United States Code, and title 10, United States Code, to eliminate those provisions relating to veterans' educational assistance that disadvantage eligible individuals who choose to pursue programs of apprenticeship or other on-job training instead of a four-year college degree, and for other purposes.*

Veterans face significant challenges as they transition from military service to civilian careers. One barrier is the difference in the monthly housing allowance for degree-seeking students in college versus those in apprenticeship programs.

Currently, veterans using the GI Bill for an apprenticeship program are only provided 100 percent of their monthly housing allowance (MHA) for the first six months of the program. After the first six months, the MHA is reduced by 20 percent at six-month intervals.<sup>90</sup> This reduction in income makes a smooth transition even more difficult for veterans.

As veterans attend the Transition Assistance Program and evaluate their future, they may be discouraged from exploring technical careers because of this reduction in MHA benefit. At the same time, a veteran may be artificially incentivized to attend a degree-seeking program if the MHA is higher and more consistent.

The proposed legislation offers a commonsense fix to ensure parity between degree-seeking students and veterans in the trades. More specifically, the GI Bill provides full MHA plus tuition and fees for degree-seeking students. Degree-seeking students receive, on average, \$2,338 per month in MHA alone for in-person classes. In comparison, a veteran in an apprenticeship program would receive their MHA at a stepped-down rate over the course of their program. For example, a veteran receiving \$2,338 per month at the start of their program would be reduced to \$1,870 per month for the next six months. The difference is stark, and it does not even consider the additional costs the Yellow Ribbon Program could incur on the cost of tuition for degree-seeking veterans.

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<sup>89</sup> The American Legion, "Resolution No. 19: Ensuring Parity for Survivor Dependency and Indemnity Compensation," October 9, 2025. <https://archive.legion.org/node/17163>

<sup>90</sup> "Post-9/11 GI Bill (Chapter 33) Rates." Veterans Affairs. Accessed April 13, 2026. <https://www.va.gov/education/benefit-rates/post-9-11-gi-bill-rates/>.

The proposed bill would correct this disparity and increase the total MHA for a veteran in an apprenticeship program to match their peers in degree-seeking programs.

The American Legion supports this legislation through Resolution No: 318: Ensuring the Quality of Servicemember and Veteran Student's Education at Institutions of Higher Education<sup>91</sup> and Resolution No. 25 Support and Expand Apprenticeship Opportunities for Servicemembers, and through these resolutions, we will continue to advocate for improving the GI Bill's relevance in our modern economy.<sup>92</sup>

### **The American Legion Supports S. 3993 as Currently Written**

#### **CONCLUSION**

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

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Cole T. Lyle, Legislative Director, at [clyle@legion.org](mailto:clyle@legion.org).

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<sup>91</sup> The American Legion Resolution No. 318: Ensuring the Quality of Servicemember and Veteran Student's Education at Institutions of Higher Education, 2016. <https://archive.legion.org/node/470>.

<sup>92</sup> The American Legion Resolution No. 25: Support and Expand Apprenticeship Opportunities for Servicemembers, 2018. <https://archive.legion.org/node/3437>.