

What's at Stake for Veterans?

The complete scope of the bill at a glance — veterans' care and benefits first, then families and survivors, then the VA reforms that make it all work.

60+ **10**
BILLS AREAS

MENTAL HEALTH

9 provisions

- Standardized mental-health residential screening & admission, with a community fallback if VA can't admit in time
- Plan & pilot to improve disability-related access to residential programs for SCI veterans
- Independent study comparing VA-direct vs. community mental-health & addiction outcomes
- 3-year grants for nonprofits providing integrated therapy to veterans & families
- 3-year grant pilot providing trained service dogs to veterans with PTSD/TBI
- GAO update & VA review of HBOT research for mild TBI and PTSD
- Up to \$5M in VA grants for mild-TBI neurorehabilitation research
- Joint VA-DoD task force on blast-overpressure research & care
- Expanded VA brain-health research & VA-DoD data coordination

SUICIDE & OVERDOSE PREVENTION

4 provisions

- Extends the Fox suicide-prevention grant program 3 years with new metrics & bonus awards
- Adds suicide military-occupation data to VA-DoD research
- 1-year pilot providing free opioid-overdose rescue meds to high-risk veterans
- Waives copays for naloxone and limited (≤30-day) prescriptions

COMBAT-INJURED & DISABLED

8 provisions

- Major Richard Star Act:** Chapter 61 combat retirees receive full military retired pay *and* VA disability — no offset
- Adds \$10K special monthly compensation for the most severely disabled (R1/R2/T)
- Creates a national prosthetics formulary & modernizes procurement
- Centralizes adaptive automobile-equipment payments & adds timeliness reporting
- Fixes a statutory gap omitting certain adaptive equipment for disabled veterans
- Clarifies adaptive sports equipment & prosthetics as covered medical services
- Requires annual preventive evaluations & assistive-tech assessments for SCI veterans
- Requires a plan to improve disability-related access for SCI veterans

ACCESS TO CARE & COMMUNITY CARE

20 provisions

- Veterans ACCESS Act:** locks community-care access standards for 8 years; bars counting telehealth against eligibility
- Lets/requires VA terminate contracts with non-compliant or excluded community-care entities
- Annual public reporting of network sufficiency & payment-waiver requests
- Screens out excluded/quality-flagged providers & improves provider-data upkeep
- Standardized baseline training for direct, community & trainee providers, with tracking
- Grants VA/IG access to community-care records for audits & investigations
- Sets the community-care referral period to begin at the first appointment
- Timely notice of eligibility with written reasons & appeal instructions on denial
- Adds continuity-of-care & caregiver/attendant needs to best-interest determinations
- Requires written wait-time & drive-time options for each episode of care
- Permanently implements electronic scheduling so staff can book community care directly
- Elevates CCPI to the Secretary's office with its own budget & waiver authority
- Documentation timelines & performance measures for community-care providers
- Lets VA assign traveling physicians up to a year to serve veterans in U.S. territories
- Authorizes controlled-substance prescribing across state lines via telehealth
- Formalizes telehealth, mail-order Rx & travel benefits for veterans in the Freely Associated States
- 3-year pilot assigning case managers to veterans dual-enrolled in VA & Medicare
- 5-year pilot connecting veterans to local health & social services
- Requires a VA plan to modernize scheduling with self-service & phone support
- Plan for an online module to request appointments, track referrals & appeal denials

CLAIMS & APPEALS

9 provisions

- Bars denying a claim solely for a missed C&P exam — VA must decide on the evidence of record
- Authorizes the Board to aggregate appeals & class actions (3-year authority)
- Routes MST claims to specialized processors; adds reviews & a public MST dashboard
- Extends the community-care claim window to one year (from 180 days)
- Expands claims-processing automation & improves veteran mortality data
- Extends contracted C&P examiner authority across state lines for 7 years
- Requires clearer benefit notices & more understandable VA forms (FFRDC review)
- Ongoing assessment & reporting on the VHA clinical-appeals process
- Improves quality, consistency & oversight of claims & appeals administration

WOMEN VETERANS

3 provisions

- Requires private, accessible lactation spaces in every VA medical center
- Requires VA to evaluate menopause/mid-life research gaps & submit a strategic plan
- Identifies facility investments for long-term care, including women veterans & SCI

EDUCATION, TRANSITION & CAREERS

11 provisions

- Expands the GI Bill to hybrid independent study with guardrails; protects Guard/Reserve; speeds MGIB refunds
- Provides full 100% housing allowance in the first year of apprenticeship/OJT
- Opens VET TEC to AI, semiconductor & other high-demand training providers
- Lets veterans use GI Bill benefits for tests converting military experience to academic credit
- Gives online-only student veterans the national-average housing allowance
- Maintains housing-allowance continuity during summer terms
- Improves TAP contracting & reporting; extends the transition window to 540 days
- Allows certified VSOs to present during TAP classes
- Removes the master's-degree requirement for VSOC counselors; expands VetSuccess to all states/territories
- Lets veterans opt in to electronic education-benefit communications
- Requires data on participation & completion in VHA educational-assistance programs

RURAL & UNDERSERVED VETERANS

5 provisions

- 5-year pilot giving frontier-state veterans 1-year authorizations at critical-access hospitals
- Expands highly-rural transport grants to Tribal orgs & county VSOs; adds ADA-vehicle funding
- 5-year pilot expanding VA-rural facility agreements (co-location, telehealth, leasing)
- Feasibility study on full-service VA medical centers in Alaska & Hawaii
- ATSDR literature review & 7-year health-monitoring program on toxic-exposure descendants

FAMILIES, SURVIVORS & CAREGIVERS

11 provisions

- Love Lives On Act:** removes remarriage-before-55 as a disqualifier for DIC & SBP and restores TRICARE for surviving spouses
- Raises DIC 3% over COLA across three years
- Ensures ALS surviving spouses get the full DIC kicker regardless of the 8-year rule
- Requires VA to certify death within two business days to speed burial benefits
- Extends health coverage, bereavement & workforce-transition support for former family caregivers
- Codifies VA's bowel/bladder program; lets family caregivers be trained & reimbursed
- Opens VA home loans to Guard/Reserve with 14 days of active duty
- Lets servicemembers & families use Fisher Houses regardless of duty status
- Lets eligible spouses/dependents be recognized on memorial markers regardless of death date
- Lets veterans/spouses who chose the urn benefit still be interred in a veterans cemetery
- Directs ABMC to correct inaccurate religious designations on WWI/WWII overseas markers

VA OVERSIGHT, WORKFORCE & INFRASTRUCTURE

25 provisions

- \$500M for VA OIT modernization, cybersecurity, continuity & fraud prevention
- Authorizes a \$1.8B major medical facility project in Manchester, NH
- Allows commercial construction standards to cut delays & cost
- Lets VA use partner space/parking/services to expand capacity faster
- Permanently authorizes VA acceptance of donated facilities & minor construction
- Requires a long-term infrastructure-modernization strategy
- Revises major-medical-lease procurement (GAO/OMB) with market-based cost estimates
- Creates a centralized VA acquisition office & strengthens the acquisition workforce
- Strengthens prevention/detection of capital-project waste, fraud & abuse
- Clarifies CFO authority & creates a congressional budget-information office within VA
- Requires a single recognizable VA caller-ID & call centers in every time zone
- Report on consolidating VA emergency-management functions & FEMA coordination
- Creates a 17-member MedPAC/MACPAC-style commission to advise Congress on VHA policy
- Adds state-veterans-home, nursing-home & VSO representatives to the advisory committee
- Requires a 5-year human-capital plan tied to demand & quarterly staffing data (GAO-reviewed)
- Brings VA psychologists under the same streamlined hiring statute as physicians
- Reimburses up to 50,000 clinicians/year up to \$1,000 for continuing education
- Requires a telework policy under 5 USC 6502 with budget-impact reporting
- Requires postings for all clinicians/professionals who could fill a vacancy
- Standardizes credentialing windows; allows third-party vetting & electronic signatures
- Pairs leaders at low-performing medical centers with high-performing ones
- Requires 60-day notice to Congress/employees before a RIF, with justification
- Requires risk-mitigation plans & performance metrics for VA reorganizations
- Extends VA-DoD resource-sharing authority through FY2027 with new oversight
- Names the subtitle the Veterans Infrastructure & Transformation (VITAL) Act of 2026