



**TESTIMONY
OF
COLE T. LYLE
DIRECTOR
LEGISLATIVE DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
“PENDING LEGISLATION”**

MAY 20, 2026

EXECUTIVE SUMMARY

LEGISLATION	POSITION
H.R. 6733: The VISN Reform Act of 2025 (Bost), <i>Pg. 3</i>	Support with Amendments
H.R. 6580: The VA National Formulary Act of 2025 (Miller-Meeks), <i>Pg. 5</i>	Support
H.R. 6599: The Leasing and Infrastructure Act of 2025 (Smith), <i>Pg. 6</i>	Support with Amendments
H.R. 6583: The VA Research Reform Act of 2025 (Murphy), <i>Pg. 7</i>	Support with Amendments
H.R. 6549: The VA Contracting and Procurement Act (Bergman), <i>Pg. 10</i>	Support with Amendments
H.R. 6740: The VA TRUST Act (Flood), <i>Pg. 12</i>	Support
H.R. 6764: The Veterans Affairs Advisory Committee Oversight Act of 2025 (Self), <i>Pg. 13</i>	Oppose
H.R. 6904: The Veterans Readiness and Employment Improvement and Accountability Act of 2025 (Van Orden), <i>Pg. 14</i>	Oppose
H.R. 6843: Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025 (Ciscomani), <i>Pg. 16</i>	Oppose
H.R. 6833: The Acquisition Reform and Cost Assessment Act of 2025 (Barrett), <i>Pg. 17</i>	Support
H.R. 2303: Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act (McGarvey), <i>Pg. 18</i>	Support
H.R. 210: Dental Care for Veterans Act (Brownley), <i>Pg. 19</i>	Support
H.R. 5203: To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes. (Budzinski), <i>Pg. 21</i>	Support
H.R. 4114: EVEST Act (Takano), <i>Pg. 21</i>	Support
H.R. 3869: Every Veteran Housed Act (Dexter), <i>Pg. 23</i>	Support
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Discussion Draft: Justice Involved Veterans (Conaway), <i>Pg. 24</i>	Support
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Discussion Draft: TEF Assistant Secretary, <i>Pg. 27</i>	Support
Discussion Draft: Honor Vets Act (Cherfilus-McCormick), <i>Pg. 28</i>	Support
Discussion Draft: EHRM, <i>Pg. 30</i>	Support with Amendments

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

LEGISLATION	POSITION
H.R. 3183: SAFE STEPS for Veterans Act of 2025 (Budzinski)	No Position
H.R. 2722: VA Funding and Workforce Protection Act (Kennedy)	No Position

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May 20, 2026

Chairman Bost, Ranking Member Takano, 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.

H.R. 6733: The VISN Reform Act of 2025

To amend title 38, United States Code, to make certain improvements to the administration of Veterans Integrated Service Networks under laws administered by the Secretary of Veterans Affairs, and for other purposes.

The Department of Veterans Affairs (VA) is the largest integrated health care system in the United States, consisting of 1,380 healthcare facilities that serve over 9.1 million veterans.¹ The geographic makeup of the United States consistently introduces challenges that impact VA's ability to provide the best care to veterans wherever they decide to call home. For example, Veterans Integrated Service Network (VISN) 20 consists of Alaska, Idaho, Oregon, Washington state, and portions of Montana and California who have unique and distinct geographic differences that inform its care delivery to veterans. Idaho is landlocked, and parts of the state are isolated, which increases travel times for both veterans and VA staff. Washington state's coastline is made up of waterways and islands that require veterans and staff to travel via floating bridges and ferries. To accommodate these regional needs, VA relies on community-based outpatient clinics (CBOCs) and mobile units to deliver care to veterans in the state.

¹ Veterans Health Administration, "Veterans Affairs," VA.gov, June 10, 2009, <https://www.va.gov/health/aboutVHA.asp>.

The proposed legislation aims to centralize the VISN structure, codify leadership hierarchy, and establish reporting and budgeting responsibilities.

It is understandable why after years of growth and increased spending, Congress would seek to provide a solution to both mitigate excessive spending, streamline an organizational hierarchy, improve processes, and recognize VISNs to make funding and reporting obligations clearly defined. However, a reorganization of this magnitude requires more than legislative intervention. Stakeholder and veteran input should be included. Not all VISN or VA facilities can be measured equally. Aging infrastructure, wait and drive times, staffing shortages, and geographical complexity should be taken into consideration to prevent the degradation of care to the most vulnerable veterans.

Should the legislation pass, The American Legion is concerned with implementation—especially since VA unveiled its own proposed reorganization. At the end of 2025, VA briefed lawmakers on plans to significantly restructure the Veterans Health Administration (VHA). In their proposal, the VISNs are consolidated into five blocs to meet regional needs and improve communication. The American Legion supports the legislation but recommends adjustments to strengthen implementation. Those corrections include the following:

1. Amend section 7305A (b) to include “based on veteran population, rurality, and wait times. *If necessary*, “At the Secretary’s discretion a sub-region director shall be appointed by the VISN director. The sub-region director shall be responsible for the delivery of services to rural and highly rural veterans.”
2. Amend section (c) Integrated Health Care System (3) to include budget allocation adjustments that account for staff relocation to reduce geographic dispersion that may affect communication and care coordination.
3. Strike section (2)(A) that imposes a 50 full-time employee cap. Include “the Secretary may make appropriate decisions on staffing and implement a regional staffing plan to staff regions based on mission, need, geographical dispersion and veteran population.”
4. Strike section (g). The American Legion is confident the current process to select qualified VISN Directors to maintain the continuity of care in each VISN is the best route, especially during a period of reorganization. VISN directors are directly responsible for veteran health administration and should not be political appointees. As the legislation proposes, candidates will need to be vetted, hearings will have to be conducted, and confirmation delays could cause disruptions to care. VA leaders and veteran care should be guided by experienced healthcare administrators who understand the complexities of geographically specific care delivery, not appointees with no clear standards or required experience.

The American Legion contends this consolidation should be thoughtful and include safeguards, specifically for rural veterans. Also, VA has had recruitment and staffing challenges, and a consolidation not done properly could compound those challenges. Through Resolution No. 194: Department of Veterans Affairs Veteran Integrated Service Networks this legislation can be supported with amendments.²

The American Legion Supports H.R. 6733 with amendments.

² The American Legion, “Resolution No. 194: Department of Veterans Affairs Veteran Integrated Service Networks,” August 30, 2016, <https://archive.legion.org/node/402>

H.R. 6580: The VA National Formulary Act of 2025

To amend title 38, United States Code, to make certain improvements in the administration of the national formulary of the Department of Veterans Affairs, and for other purposes.

The VA National Formulary List (VANF) exists to “provide high-quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans.³ Currently, veterans who require certain pharmaceuticals not on the national formulary require special approval. VA uses approval processes at the national, VISN, and facility levels depending on the medication. As such, the approval, dispensing, and/or ability to stock nonformulary medications may vary VISN to VISN, or between facilities within the same VISN, even if the medication is on the VANF.⁴

The proposed legislation requires pharmaceutical purchasing agreements with VA to maintain greater consistency in medications and supplies included on formulary across VISNs and facilities to help standardize medication availability throughout the VA healthcare system. The legislation also calls for the nonformulary request process to be submitted electronically and integrated into the veteran's electronic health records. To improve consistency in the approval process, the proposed legislation will require all waiver applications to be routed to a centralized location for evaluation of clinical need, safety, and cost-effectiveness. Furthermore, the proposed legislation would codify a 96-hour response time, with a final appeal decision within seven days. This legislation would create a Pharmacy and Therapeutics advisory committee comprised of healthcare and pharmacoeconomic experts to conduct Food and Drug Administration (FDA) drug reviews to ensure that VA’s formulary decisions are made based on medications that are the most cost-effective while providing the best clinical outcome. Lastly a yearly report providing the reason for removing medication from the formulary list must be presented to Congress with details on the decision for the removal.

However, new requirements for electronic systems, centralized waiver reviews, annual reports, and expanded appeals would create additional resource requirements for IT demands and staff. Without sufficient appropriations, there is a risk that implementation could increase overall costs and slow patient access in some scenarios.

As veterans deserve clarity when seeking approval for potentially life-saving medication, The American Legion can support via Resolution No. 15: Department of Veterans Affairs Pharmacy Medication Dispensing Requirements, which requires for veterans enrolled in VA care to receive any medication that will improve their medical condition.⁵

The American Legion supports H.R. 6580 as written.

³ “Pharmacy Benefits Management Services.” Department. of Veterans Affairs, December 17, 2013. <https://www.pbm.va.gov/>.

⁴ Ibid

⁵ The American Legion, “Resolution No. 15: Department of Veterans Affairs Pharmacy Medication Dispensing Requirements.” August 22, 2017. <https://archive.legion.org/node/528>

H.R. 6599: The Leasing and Infrastructure Act of 2025

To amend title 38, United States Code, to establish an independent authority of the Secretary of Veterans Affairs to enter into leases for major medical facilities, and for other purposes.

VA has long used leasing as a cheaper, cost-effective option, as VA-owned facilities are more expensive to procure and maintain. However, GAO has previously noted that VA could not accurately assess or convey to decision makers exactly how it has benefited from this flexibility. In fact, the lack of transparency has failed to affirm the need for such leases, especially when cost estimates have varied 15 percent from original estimates.⁶ In the same report, GAO reported that while VA has made progress and implemented training, management review processes, and mandatory documentation requirements, it was still too early to assess the effectiveness of these steps. For instance, GAO cited VA's prospectus-level leases under GSA's delegated authority that exceeded \$2.85 million in average annual rent costs.⁷ GAO also cited inefficient processes, which led to cost overruns and delays. Therefore, GSA rescinded the leasing authority from VA on July 24, 2014 and returned the responsibility back to GSA.⁸

By 2023, VA held 1,990 active leases nationwide, with 68 classified as major leases. With recent passage of the *PACT Act of 2022* and the resulting increase in healthcare demand and infrastructure requirements, Congress authorized VA 30 more leases, with 50 to 60 new major leases being awarded in fiscal year 2025-2026.⁹ A recent 2024 leasing report noted that enrollment in VA care increased by nearly 30 percent from the prior year and by approximately 50 percent since 2020.¹⁰ The rapid growth in utilization highlights the critical need for VA to improve its leasing process so new medical facilities can come online more quickly and efficiently while minimizing cost overruns.

The proposed legislation aims to fix these issues by improving approval and preconditions processes so that awarded projects are fully vetted and procurement-ready before acquisition begins. Specifically, the proposed legislation would grant VA independent leasing authority for major medical facilities, removing the need for GSA delegation once the prospectus is approved by Congress and transmitted to the appropriate oversight committees. Additionally, the proposal modernizes cost estimation methods to account for regional market trends, inflation, construction cost indices, labor rates, and the full life-cycle costs before Congressional prospectus submission and project award.

VA has historically relied on GSA expertise for leasing acquisition and currently does not have sufficient manpower within VA's Office of Acquisition, Logistics, and Construction (OALC) to provide proper oversight and timely execution of major lease awards. While OALC has a support

⁶ U.S. Government Accountability Office. "VA Real Property: Leasing Can Provide Flexibility to Meet Needs, but VA Should Demonstrate the Benefits," July 28, 2016. <https://www.gao.gov/products/gao-16-619>.

⁷ Ibid

⁸ "VA Supplement to the GSA Leasing Desk Guide." Department of Veterans Affairs, updated on May 20, 2024. https://www.cfm.va.gov/realProperty/VASupplementChapterDocs/Chapter_24_5_20_2024.pdf

⁹ "Consultation Plan: Proposed Program Alternative for The Major Leasing Program of The U.S. Department of Veterans Affairs." VA Office of Construction & Facilities Management, August 1, 2024. <https://www.cfm.va.gov/historic/LeasingProgramConsultationPlan.pdf>.

¹⁰ Ibid

staff of 17,000 acquisition professionals, it is unclear how many reside within the Office of Construction and Facilities Management (CFM), the subset office which is directly responsible for the planning, designing, and construction of major projects, including the securing of real property through long-term lease acquisition.¹¹

As CFM manages VA's \$22 billion major construction and leasing program, we recommend adding language to require VA to audit its current organizational structure to ensure that VA is correctly postured to provide acquisition and contracting support in its leasing operations, as well as robust oversight to meet stringent GSA and OMB guidelines. There is concern that this bill could potentially weaken congressional oversight and accountability. Even with prospectus approvals required, granting more independent authority could diminish detailed scrutiny. Past VA leasing issues including under-market land leases, cost overruns, delays, and mismanagement highlight the risks if this bill passes without strong safeguards or additional staff support.

In summary, leasing offers many advantages, including flexibility and cost savings. This proposed legislation would ease administrative hurdles by granting the Secretary independent authority to enter into major medical facility lease contracts without seeking delegation authority from the GSA Administrator. While typically not considered "construction" projects, many leases still require construction upgrades and upkeep to meet building code. Leases are still managed under VA's Office of Acquisition, Logistics, and Construction (OALC), as leases share parallel processes when conducting market value assessments, bidding and awarding construction modification projects and build-outs.¹²

As such, The American Legion can support the proposed legislation through Resolution No. 6: Department of Veterans Affairs Construction Programs.¹³ VA must modernize and make its current leasing process more accountable, transparent, and nimble to better respond to the consumer demands of a migrating veteran demographic.

The American Legion supports H.R. 6599 with amendments.

H.R. 6583: The VA Research Reform Act of 2025

To amend title 38, United States Code, to establish a centralized research data system for the Department of Veterans Affairs and to make certain improvements to processes applicable to major research projects of the Department, and for other purposes.

The VA Research Reform Act of 2025 is the first major enterprise-wide research reform since the implementation of the Office of Research & Development (ORD) in 2003.¹⁴ Research conducted

¹¹ "Biography of Michael D. Parrish: Chief Acquisition Officer, Office of Acquisition, Logistics, and Construction (OALC), April 9, 2024. <https://www.congress.gov/118/meeting/house/117066/witnesses/HHRG-118-VR11-Bio-ParrishM-20240409.pdf>; "Mission of: Acquisition, Logistics, and Construction." Department of Veterans Affairs. Last updated May 7, 2026. <https://department.va.gov/administrations-and-offices/acquisition-logistics-and-construction/>.

¹² "VA Directive 7816 - Lease and Occupancy Agreement (OA) Management Procedures." Department of Veterans Affairs, April 18, 2024. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1502&FTtype=2.

¹³ The American Legion, "Resolution No. 6 Department of Veterans Affairs Construction Programs," August 30, 2016, <https://archive.legion.org/node/280>.

¹⁴ P.L. 180-170

at VA facilities is integral to the United States' dominance in the medical field, and has led to such important advances as the pacemaker in 1960 at the Buffalo VA Hospital, and continued research on veteran illnesses through the Million Veteran Program, the world's largest databases of health and genetic information.¹⁵

The VA Research Reform Act of 2025 adjusts VA's research system in five important ways. First, by establishing a VA Centralized Research Data System, the VA will be able to follow the progress of research and identify clinical applications throughout the system, and not just at the primary research facility. Currently, each VAMC's internal research office is responsible for tracking project progress.¹⁶ Offloading this responsibility will decrease administrative burden on VAMC research offices. The database will also improve ORD's ability to coordinate with research partners and enhance its capacity to track submission deadlines, which was a weakness identified in the current system by GAO in 2024.¹⁷

Second, this bill will modernize the research proposal review and approval process by creating review standards based on patient safety, budget, impact, and other factors deemed appropriate by the secretary, including guidelines for expediting critical research. ORD has existing authority to review all new or reactivated programs, but new research proposals are generally authorized by each VA facility's Institutional Review Board (IRB), allowing local control over the approval process.¹⁸ The existing model works well for facilities with strong research support teams, but it adds administrative burden for facilities without such support. The proposed bill moves the administrative burden to designated research hubs, allowing VAMCs who are well positioned to evaluate proposals to continue to do so, while aiding facilities who are less focused on research.

Third, this bill establishes a system of VAMC research hubs to coordinate activities across medical centers, clinics, and other VA facilities conducting research. These hubs would be regional and not limited by VISN. The hubs would assist regional facilities in multiple ways, in addition to the review of proposals mentioned above, the hub would provide technical assistance to research staff and investigators, administrative assistance for reporting requirements, assistance developing proposals, recruiting veteran volunteers for clinical trials, and coordination with partners.

Fourth, the proposed legislation establishes an annual report on research performance. Transparency was identified as a common weakness of VA and Department of Defense (DOD) research by GAO in 2024, illustrating 59 percent of VA research projects and 86 percent of DoD research projects missed initial deadlines for public reporting between 2014 and 2023.¹⁹ The proposed reporting requirements include a section on the implementation of new clinical practices

¹⁵ VA Office of Research & Development, "Timeline of Accomplishments", Accessed May 6, 2026, <https://www.research.va.gov/about/history.cfm>

¹⁶ Department of Veterans Affairs Veterans Health Administration, "RESEARCH BUSINESS OPERATIONS," VHA DIRECTIVE 1200.02(1), Amended September 6, 2017

¹⁷ U.S. Government Accountability Office, "Biomedical Research: Improvements Needed to the Quality of Information About DOD and VA Contributions to Drug Development," GAO-24-107061, 9/26/2024, <https://www.gao.gov/products/gao-24-107061>

¹⁸ Department of Veterans Affairs Veterans Health Administration, "RESEARCH BUSINESS OPERATIONS," VHA DIRECTIVE 1200.02(1), Amended September 6, 2017

¹⁹ U.S. Government Accountability Office, GAO-24-107061, September 26, 2024, <https://www.gao.gov/products/gao-24-107061>

identified by research, and examples of changes in patient care driven by research. The report will greatly improve transparency of research at VA, and more importantly accelerate the adoption of groundbreaking research for the benefit of all Americans.

Finally, the bill establishes integration and interagency collaborations standards. In 2020, GAO recognized Interagency coordination as a limiting factor in the translation of research into clinical practice.²⁰ This legislation seeks to relieve that limitation.

The American Legion visited the Portland VAMC and the Puget Sound VAMC in April 2026 to identify best practices in research and clinical implementation.²¹ The Portland VAMC was identified for its strong research partnership with the Oregon Health and Science University, and the Puget Sound facility was identified for its nimble implementation of prosthetics research to clinical practice.

Both facilities credited strong internal research support teams which offload administrative burden from researchers as key to their success. The regional hub structure established by this bill would allow strong research facilities such as Portland VAMC and Puget Sound VAMC to assist regional partners in reducing administrative burden and share their best practices. These best practices will then be distributed publicly through the established annual report.

Another best practice identified by both VAMCs is their close relationship with research partners. A 2020 GAO report highlighted such partnerships as a critical component for VA research.²² Approximately half of VA research is funded by outside partners (extramural funding). However, only 17 VAMCs are identified as receiving significant extramural funds, while 80 VAMCs received none. Because 91 percent of extramural funding is administered by academic and nonprofit research corporations, facilities without these partnerships are drastically hindered in their ability to apply for and receive outside grants. This bill charges facilities with strong academic relationships, through the proposed model, to assist facilities in pursuing such partnerships. These partnerships will bring additional funds to VA for both research and cutting-edge care for veterans by replicating successful programs such as those at Puget Sound and Portland, consistent with recommendations identified by GAO.²³ The partnerships were also identified as important recruiting tools, allowing both facilities to hire top talent from their partners, new employees who would be familiar with VA systems early in their career.

One omission in this legislation is protection for non-clinical researchers and research funds. Researchers are hired on three-year Not To Exceed (NTE) contracts. NTE contracts are an industry standard, allowing research directors to be nimble in assigning researchers to projects. When a

²⁰ U.S. Government Accountability Office, GAO-20-211, January 23, 2020.

²¹ Steven B. Brooks, "Legion service officers praised during System Worth Saving town hall," The American Legion, April 29, 2026, <https://www.legion.org/information-center/news/veterans-healthcare/2026/april/legion-service-officers-praised-during-system-worth-saving-town-hall>; Steven B. Brooks, "System Worth Saving town hall includes in-depth conversation on mental health," The American Legion, May 1, 2026, <https://www.legion.org/information-center/news/veterans-healthcare/2026/may/system-worth-saving-town-hall-includes-in-depth-conversation-on-mental-health>

²² U.S. Government Accountability Office, "Opportunities Exist to Strengthen Partnerships and Guide Decision Making with Nonprofits and Academic Affiliates," GAO-20-579, 7/2020.

²³ Ibid

researcher is due for contract renewal during a hiring freeze, their contract is automatically terminated, regardless of the progress or funding of their research. Even research that is entirely funded by private entities and brings additional funding to VA is subject to such disruptions. In addition, partial continuing resolutions have failed to fund VHA research, interrupting critical work related to veteran care. VA identified this as the most significant impact to VHA during lapses in appropriations, affecting projects regardless of funding source.²⁴ Because this work often has direct clinical application, such disruptions can negatively affect veterans. Such protections would improve the strength of VA research, and The American Legion is happy to work with the committee to add such language to the bill.

The American Legion is also concerned with the language within section 7386, titled, “Veteran impact forecast and translation plan for major research projects required.” The section requires any research proposal to include a section that clearly identifies the forecasted impact of the research on the veteran community. Specifically, the research proposal must identify how the results will lead to “reductions in morbidity or mortality; improvements to functional status; and enhancements to the quality of life for veterans from the condition or conditions subject to the research.” We request this language is removed or amended to avoid interfering with or delaying research.

While the overall intent of the bill is to reduce oversight, improve collaboration between facilities, and increase transparency, several provisions unintentionally increase administrative burden and have the possibility of being halted due to political views. Of particular concern is the ORD override authority, implementation of high-impact research findings, and portions of the research proposal and approval process. We are confident that through collaboration with members of the Committee and VA, we can find solutions to these concerns.

Through Resolution No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs and Resolution No. 132, Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research, The American Legion supports legislation to improve VA research, including better collaboration with partners, better transparency of research results, and accelerated implementation of successful research.²⁵

The American Legion supports H.R. 6583 with amendments.

H.R. 6549: The VA Contracting and Procurement Act

To amend title 38, United States Code, to limit the obligation or expenditure of funds by the Secretary of Veterans Affairs for certain purposes.

²⁴ Department of Veterans Affairs, “Human Capital Contingency Plan,” September 2025, <https://department.va.gov/wp-content/uploads/2025/09/2026-VA-Lapse-Plan.pdf>

²⁵ The American Legion, “Resolution No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs,” August 30, 2016, <https://archive.legion.org/node/385>; The American Legion, “Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research,” August 16, 2016, <https://archive.legion.org/node/357>

Since the passage of the *PACT Act of 2022* and the *MISSION Act*, VA has seen an increase in its overall patient population size and has in turn expanded its healthcare network and service offerings significantly. However, VA's mission and cost structure are no longer aligned. Reductions in employee costs are constantly shifted to an increased growth in contractor services for automation, information technology services like the Electronic Health Record (EHR), and contract examiners. VA's growth strategy is hampered by internal rules, legal limitations and changes in philosophy, none of which have led to cost savings.

VA's FY 2024 budget request called for an increase of \$1.2 billion for implementation of the new EHR. This represents a 6 percent increase from the enacted level in 2023.²⁶ The American Legion has also noted in its 2026 legislative priorities that VA has become reliant on contracted examiners 93 percent of the time, costing about 5 billion per year.²⁷ The American Legion believes when Congress enacted the *PACT Act* and the *MISSION Act*, the goal was to expand access, eligibility, and improve health care delivery to veterans all over the country. However, the emerging patterns we see are a reduction in the federal workforce, the elimination of certain positions, and recruitment constraints due to a long hiring process and noncompetitive pay. Further, the increased reliance on contracts has reduced quality standards, and created inconsistent processes and standards because of too few options for contractor accountability. The proposed legislation intends to curtail expensive contract obligations which aggravate the collective fear of contract growth.

Section 2 of the bill would impose an extreme contract expenditure limitation on contract spending. This would strip VA of its autonomy to unilaterally enter contractual agreements that prioritize veteran healthcare first, in direct conflict with the *MISSION Act*, which was to improve community care investment. VA operates national IT systems and network infrastructure that may conflict with the contract limit. Additionally, the 50-million-dollar cap does not distinguish between mission critical operations costs, unnecessary spending, or unrestricted nonhealthcare spending like activities used in specialty healthcare for amputees. The contract cap could promote bad fiscal practices, which would force managers to issue multiple subcontracts that all require compliance and reporting standards, increasing administrative burden. Requiring yearly congressional authorization with strict waiver requirements could introduce funding delays that could impact timely decision making.

Section 2(d) imposes similar expenditure limitations on financial agreements for educational benefits. VA education benefits consist of a network of community colleges, universities, and trade partners that require spending that may exceed \$50 million. VA's FY2024 budget submission reported the education assistance program was currently serving 820,000 trainees, while Veteran Readiness and Employment (VR&E) provided benefits to over 144,000 veterans.²⁸ This education network, which requires massive IT investment and automation, would most certainly be impacted by the contract cap. A December 2025 OIG report detailed the Veterans Benefits Administration (VBA) would be transitioning to a digital GI bill platform to improve education benefits delivery.

²⁶ "U.S. Department of Veterans Affairs FY 2024 budget submission budget in brief," accessed May 7, 2026, <https://www.va.gov/budget/docs/summary/fy2024-va-budget-in-brief.pdf>, BIB-29.

²⁷ "2026 Legislative Priorities of the American Legion," The American Legion, January 1, 2026, <https://www.legion.org/advocacy/legislative/legislative-priorities>.

²⁸ Ibid

The original plan called for implementing the new platform through a contractor for 10 years at a projected cost of \$453 million. VBA has since renegotiated the contract, which doubled its original cost to \$932 million.²⁹ A contract cap and congressional authorization would most certainly delay the delivery of educational benefits for veterans. The American Legion proposes an amendment to urge Congress to implement a similar contract tier and notification system for routine and operational costs.

The American Legion recommends the following amendment for section 2:

1. Include a structured contract tier aligned with general inflation and the medical consumer price index combined with a notification requirement based on type and critical function. For example, the initial 50-million-dollar cap could be used for routine costs, while a 100-to-200-million-dollar cap could be imposed for major operational or reconstruction costs which would require specific oversight and reporting requirements.

Through Resolution No. 13: Support "Buy American" Policy within the Federal Government to Create Opportunities for Veterans, Resolution No. 22: Federal Procurements and Contracts for Veteran-Owned Business, and Resolution No. 363: Consolidation of Department of Veterans Affairs Care in the Community Program, The American Legion supports the proposed legislation with amendments.³⁰

The American Legion supports H.R. 6549 with amendments.

H.R. 6740: The VA TRUST Act

To amend title 38, United States Code, to modify pay rates for certain Senior Executive Service employees at the Department of Veterans Affairs, and for other purposes.

The Department of Veterans Affairs, like other government agencies, awards performance-based bonuses to high-level employees, including senior executive positions. These include critical skill incentive (CSI) bonuses, a new tool to help VA recruitment and retention that was authorized by the PACT Act to “provide employees a critical skill incentive based on a high-demand skill or a skill that is at a shortage.”³¹

In a 2024 VA Office of Inspector General (OIG) report, OIG found that of the \$10.8 million in CSI bonuses to senior executives, “nearly all” that were awarded to VBA and VHA executives

²⁹ “VBA Needs to Improve Oversight of the Digital GI Bill Platform,” Department of Veterans Affairs, August 28, 2024, <https://vaoig.gov/reports/audit/vba-needs-improve-oversight-digital-gi-bill-platform>.

³⁰ The American Legion, “Support "Buy American" Policy within the Federal Government to Create Opportunities for Veterans,” October 14, 2020. <https://archive.legion.org/node/3530>; The American Legion, “Resolution No. 22: Federal Procurements and Contracts for Veteran-Owned Business,” May 4, 2022. <https://archive.legion.org/node/7913>;

The American Legion, “Resolution No. 363: Consolidation of Department of Veterans Affairs Care in the Community Program,” August 30, 2016. <https://archive.legion.org/node/510>

³¹ Department of Veterans Affairs, “VA Notice 23-03” Washington, DC 20420. US Department of Veterans Affairs, February 17, 2023. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1422&FType=2.

were “inconsistent with PACT Act and VA policy.”³² OIG made eight recommendations, which VA implemented. However, these corrections are administrative; legislative solutions are needed to permanently correct the issue of improperly awarded bonuses.

The American Legion has spoken recently on this issue. In March 2026, The American Legion’s Legislative Director, Cole Lyle, spoke in support of the VA Bonus and Relocation Recovery Act, which would grant VA with the ability to recover improperly awarded bonuses from former employees. The American Legion agrees that bonuses should only be properly awarded and improperly awarded ones should be recovered.

The VA TRUST Act increases bonus transparency by giving greater oversight into bonuses, requiring VA to give Congress information on the accounts that VA uses to pay bonuses and salaries to Senior Executive Service (SES) employees. It also corrects a legal oversight which allows VA to adjust the pay rates of SES employees who move to a different location or position to be in line with the pay of that location and/or position.

The American Legion can support the proposed legislation through Resolution No. 22: Department of Veterans Affairs Executive Bonus Accountability.³³

The American Legion supports H.R. 6740 as written.

H.R. 6764: The Veterans Affairs Advisory Committee Oversight Act of 2025

To amend title 38, United States Code, to establish new, and terminate certain, advisory committees of the Department of Veterans Affairs.

Over the years, many advisory committees on veteran affairs have been established both by VA and Congress. Stakeholders have noted that the activity level of each committee varies, with some operating less frequently than originally intended. For example, the Veterans’ Advisory Committee on Environmental Hazards, is currently administratively inactive.³⁴ While The American Legion, Legionnaires, and veterans in general participate on some of the advisory committees, we have not had a significant stance on reforming these committees.

This bill, part of the first comprehensive VA Reauthorization series in decades, aims to update the advisory committees and simplify them. It does this by centralizing all VA advisory committees under one group for oversight. It then consolidates the advisory committees under three committees: the Veteran Health Advisory Committee, the Veterans Economic Opportunity & Transition Advisory Committee, and the Advisory Committee on Veterans Special Populations. These committees would be standardized as far as membership, frequency of meetings, reporting

³² “VA Improperly Awarded \$10.8 Million in Incentives to Central Office Senior Executives.” Department of Veterans Affairs, May 9, 2024. <https://www.vaogig.gov/reports/administrative-investigation/va-improperly-awarded-108-million-incentives-central-office>.

³³ The American Legion. “Resolution No. 22: Department of Veterans Affairs Executive Bonus Accountability.” October 8, 2025. <https://archive.legion.org/node/17166>

³⁴ “Veterans’ Advisory Committee on Environmental Hazards - Advisory Committee Management Office.” Advisory Committee Management Office, June 2, 2025. <https://department.va.gov/advisory-committee-management/2025/03/24/veterans-advisory-committee-on-environmental-hazards-statutory/>.

requirements etc., and all old VA statutory committees would cease functioning unless specifically renewed by Congress. “Legacy committees” whose work would be made redundant by the new committees, would be terminated. This would include the current advisory committees on issues such as women veterans, POWs, disability compensation, readjustment, and more.

Sunsetting existing statutory advisory committees unless explicitly reauthorized by Congress and outright eliminating other advisory committees could lead to reduced American Legion and veteran voices on VA-related matters. A large number of committee members and organizations could find themselves with a diminished voice into how VA operates. Combining the advisory committees for minority veterans, women veterans, tribal and Indian affairs, homeless veterans and others, could reduce attention on specific issues while lessening representation in VA. The same issue exists for other advisory committees that would be replaced with new overarching committees.

The American Legion opposes the proposed legislation due to its violation of Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs.³⁵

The American Legion opposes H.R. 6764 as written.

H.R. 6904: The Veterans Readiness and Employment Improvement and Accountability Act of 2025

To amend title 38, United States Code, to make certain improvements to rehabilitation programs for veterans with service-connected disabilities, to establish a new bar to certain benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes.

The VR&E program is designed to help veterans with service-connected disabilities find gainful employment through job training, education, job-seeking skill development, and coaching. In some cases, veterans are employed in jobs that exacerbate their service-connected disability, and they require job training or advanced education to change careers into a field that does not worsen their conditions. According to the Annual Benefits Report submitted by VA, over 160,000 veterans are participating in a plan of services at the end of FY 2024. Of those 160,000 veterans, 109,000 are receiving subsistence as a component of their training. 72.3 percent (79,300) of those veterans are pursuing an undergraduate degree, 18.7 percent (20,524) are pursuing a graduate degree, and roughly seven percent (7,650) are pursuing vocational, non-degree, or apprenticeship programs.³⁶ The Department of Veterans’ Affairs reports that 65 percent of veterans in the VR&E program have serious employment handicaps, meaning “there is significant impairment of a veteran's ability to prepare for, pursue, or retain employment.”³⁷ It is clear that the VR&E program is a lifeline for veterans.

³⁵ “Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs.” American Legion - Digital Archive, October 8, 2025. <https://archive.legion.org/node/17164>.

³⁶ Veterans Benefits Administration, “Annual Benefits Report Fiscal Year 2024,” “Veteran Readiness Veteran Readiness and Employment (VR&E).” April 14, 2026. <https://www.benefits.va.gov/REPORTS/abr/docs/2024-veteran-readiness-employment.pdf>.

³⁷ Ibid

The American Legion would like to commend the Committee for its efforts to address the challenges of the VR&E program. There have been several subcommittee hearings that addressed the issues facing veterans and the VR&E program, and The American Legion looks forward to continuing its work with the Committee to ensure that the VR&E program works effectively for veterans.

The American Legion has significant concerns regarding key provisions within H.R. 6904, specifically sections 2 and 9.

Section 2 increases the penalties issued for veterans convicted of violating section 111 of title 18 by rescinding their ability to use education benefits under Chapters 30, 31, 33, 35, or 36. The actions under this section of the criminal code include anyone who “forcibly assaults, resists, opposes, impedes, intimidates, or interferes with” a federal employee performing their official duties. These actions may include intimidating or spitting on a VA employee, but it could also include assault using a weapon that intends to cause death or danger. Criminal penalties for these acts range widely, from as little as a monetary fine to upwards of 20 years in federal prison. Applying one broad-sweeping punishment to all veterans convicted under this statute, while well-intended, could have unintended consequences in implementation.

Additionally, there are already punishments set in place for those who are convicted of violating section 111 of title 18. In fact, the punishments are enhanced when the victim is an employee of the Federal Government, regardless of agency or branch. In some cases, a misdemeanor could be upgraded to a felony. If the legislation is meant to protect VA employees, a better approach would include strengthening the penalties through the criminal code for those convicted of assaulting, resisting, or impeding VA employees. The American Legion opposes Section 2 as written.

The American Legion also opposes Section 9 of the proposed legislation. Section 9 seeks to remove a veteran from Total Disability based on Individual Employability (TDIU) when they become enrolled in a VR&E program. The American Legion cannot understand the justification for removing a benefit while a veteran is in the middle of a program, instead of removing the benefit upon completion. Entry into the program does not guarantee successful completion, as a veteran’s condition may become aggravated or worsen, putting the onus on the veteran to reapply for TDIU benefits.

The American Legion understands the intent of the language is to prevent so-called “double dipping,” or using two different benefits for the same purpose. But removing TDIU early is not the solution. A veteran becomes further disincentivized to seek opportunities to become employable again if they know they will have to give up the financial benefit that keeps them whole. A better solution would include a mechanism to either pause TDIU payments during a veteran’s time in the VR&E program or ending TDIU payments upon completion of a VR&E program and the veteran is gainfully employed.

The American Legion supports the provisions in the bill that assign additional accountability over the VR&E program, such as sections 4 and 5. Section 4 addresses concerns regarding the equipment payments made above \$5,000. The provision in section 4 will require the Secretary to approve payment for equipment purchases over \$5,000 and submit an annual report of the

payments approved by the Secretary. Accountability measures ensure that the funding allocated to the VR&E program is fairly distributed and that there are reasonable limitations on the amounts authorized.

The American Legion is committed to working with the Committee to refine the proposed legislation and ensure that the VR&E program operates as intended and without harm to VA employees. The American Legion opposes this legislation through Resolution No. 19: Protection of Veterans' Disability & Compensation and Resolution No. 94: Earned Military Benefits.³⁸

The American Legion opposes H.R. 6904 as written.

H.R. 6843: Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025

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

The proposed legislation seeks to address the confusing nature of the transition process and jurisdictional issues related to the transition of veterans from military service to civilian life. When a veteran attends the Transition Assistance Program (TAP), they are provided with information through a seminar-based class that takes place over the course of a week. In that time frame, veterans are presented with briefs from government agencies and non-profit organizations about the benefits that they are eligible for and how to use those earned benefits.

The Department of Defense is the primary agency of concern for TAP. However, the program requires significant support from the Department of Labor and the Department of Veterans Affairs. The fractured nature of the transition process and jurisdictional concerns leave veterans without clear guidance and direction at a time when they need it most.

H.R. 6843 establishes a new administration within the Department of Veterans Affairs, the focus of which will be on the economic opportunity and transition of veterans identified in Title 10, section 1144, which governs the Transition Assistance Program. The American Legion supports the idea of reducing confusion and assigning primary responsibility to the agency most well-suited to support veterans, but in the case of reemployment, the primary agency must remain the Department of Labor.

The risk with the proposed legislation is that VA is not well-suited to address the employment concerns of veterans and transitioning service members. Specifically, the Department of Labor has the experience and resources to ensure transitioning servicemembers find gainful employment after service. Additionally, the DOL houses the Disabled Veterans Outreach Program and Local Veterans' Employment Representatives. Terminating the two programs listed above or transferring responsibility to VA would have a serious negative impact on veterans and transitioning servicemembers who are seeking employment after service by further fracturing and

³⁸ The American Legion, "Resolution No. 19: Protection of Veterans' Disability & Compensation." May 10, 2023. <https://archive.legion.org/node/15023>; "Resolution No. 94: Earned Military Benefits." August 30, 2016. <https://archive.legion.org/node/334>.

creating confusion for transitioning servicemembers about which agency they should seek out for support. Our position is clear—Transition Assistance must stay within DOL.

The American Legion opposes all legislative or administrative efforts to transfer the Veterans' Employment and Training Service from the Department of Labor to the Department of Veterans Affairs through Resolution No. 73: Oppose the Transfer of Veterans' Employment and Training to the Department of Veterans Affairs.³⁹ The American Legion commits to working with Congress to refine the language in the proposed legislation to provide meaningful support to veterans without removing or reducing accessibility to their benefits.

The American Legion opposes H.R. 6843 as written.

H.R. 6833: The Acquisition Reform and Cost Assessment (ARCA) Act of 2025

To amend title 38, United States Code, to reorganize the acquisition structure of the Department of Veterans Affairs and to establish the Director of Cost Assessment and Program Evaluation in the Department, and for other purposes.

The current acquisition structure at VA is complicated and inefficient, with responsibility spread out over multiple areas and managers. A Government Accountability Office (GAO) report released in 2021 detailed numerous problems with VA's acquisition management after already putting it on their High-Risk List in 2019.⁴⁰ The report detailed many issues with VA's acquisition system, stating that "...our ongoing work shows that the largest VA programs aren't using an existing department-wide process for major purchases—so VA leaders may not make fully informed decisions about resources(...) [VA] lacked an overarching strategy, stable leadership, and medical center buy-in"⁴¹ One of the key recommendations GAO made was for VA to "develop a comprehensive supply chain management strategy.

The American Legion has supported simplifying acquisition management in the past. In a 2017 Statement for the Record to the House of Representatives' Committee on Veterans' Affairs, The American Legion stated support for "One Operation Management Platform consisting of one resource allocation, financial, supply chain, and human resources system that are integrated seamlessly with the EHR." This legislation would help accomplish that goal by streamlining the process and management.

The Acquisition Reform and Cost Assessment (ARCA) Act of 2025 addresses the issue in several ways. First, it creates an Assistant Secretary position to oversee procurement, logistics, and innovation instead of spreading out the responsibility across the organization. It would also standardize operating procedures in those areas. Finally, it has provisions that would improve communication between VA and third-party vendors.

³⁹ The American Legion, "Resolution No. 73: Oppose the Transfer of Veterans' Employment and Training to the Department of Veterans Affairs." August 30, 2016.

⁴⁰ "HIGH-RISK SERIES: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas," Government Accountability Office. April 20, 2023. <https://files.gao.gov/reports/GAO-23-106203/index.html#appendix34>.

⁴¹ "VA Acquisition Management: Fundamental Challenges Could Hinder Supply Chain Modernization Efforts If Not Addressed." Government Accountability Office, November 18, 2021.

While we support the bill’s intent, VA acquisition issues are not just about structure. Rapid reorganization and addition of new positions, certifications, reviews, and reporting requirements would increase staffing needs, ultimately straining personnel without adequate appropriations or resource support. The bill’s broad scope could over-complicate routine decisions and might lengthen acquisition for major programs.

Through Resolution No. 136: Strategic Capital Investment Planning (SCIP) Program, The American Legion can support the proposed legislation. This resolution expresses implied support for VA’s SCIP, a program that is “intended to continue VA’s efforts to prioritize its most urgent real property priorities”⁴² and urges proper funding from Congress to carry out their recommendations. The consolidation of the VA’s acquisition program under a new dedicated Assistant Secretary will help these recommendations to be made and carried out.

The American Legion supports H.R. 6833 as written.

H.R. 2303: Board of Veterans’ Appeals Attorney Retention and Backlog Reduction Act

To amend title 38, United States Code, to reform and enhance the pay of Board of Veterans’ Appeals attorneys for recruitment and retention and to increase the decision quality and claims processing speed of the Board, and for other purposes.

VA continues to be at a disadvantage and struggled to maintain competitive salaries across the agency comparable to most private sector or civilian employers. There has always been competition, but high morale, great workplace environments, and strong healthcare and retirement benefits proved to be a worthy compromise for critical positions. In 2019, federal lawyers averaged \$116,060, and by 2023 only increased \$43,220 to \$159,280.⁴³ Lawyers have a demanding job that requires years of school, training, and expertise, particularly veterans law.

The aim of the proposed legislation is to upgrade the pay of Board of Veterans Appeals (BVA) attorneys to GS-15 which is more in line and competitive with other federal legal positions. Currently, the federal pay for a GS-15 in the Washington, DC metro area is \$167,603 at step 1 (base or entry level).⁴⁴ This proposed pay increase is a step in the right direction to assist the Government in reducing attrition, as well as supporting BVA attorneys who are vital to the claims process, representing veterans daily. Notably, the Board of Veterans’ Appeals (BVA) reduced pending appeals and issued board decisions by 32 percent in 2023 while also issuing over 70,000 AMA decisions through staffing increases and congressional investment. Intentional investment and recruitment, combined with flexible telework policies, have proven effective in reducing attrition rates. Increasing the annual salary for BVA attorneys would further strengthen BVA’s

⁴² “Gao-11-197 VA Real Property: Realignment Progressing, ...” Government Accountability Office, January 1, 2011. <https://www.gao.gov/assets/gao-11-197.pdf>.

⁴³ “Occupational Employment and Wages, May 2023; 23-1011 Lawyers,” U.S. Bureau of Labor Statistics, April 3, 2024, <https://www.bls.gov/oes/2023/may/oes231011.htm>.

⁴⁴ Federal Pay for Washington, District of Columbia, 2025, FederalPay.org, <https://www.federalpay.org/gs/2025/districtofcolumbia>

ability to attract and retain top legal talent, improve continuity, and continue reducing the appellate claims backlog.

There are no perceived challenges or risks with increasing pay, and it is expected to improve morale while potentially enhancing decision quality within the courts. Through Resolution No. 5 Department of Veteran Appeals Process, The American Legion supports the proposed legislation as written.⁴⁵ We are aligned with efforts by VA to address its appeals inventory in an accurate and expeditious manner while remaining competitive in the retention of talented lawyers and prioritizing veterans' ability to receive benefits in a timely manner.

The American Legion supports H.R. 2303 as written.

H.R. 210: Dental Care for Veterans Act

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service, and for other purposes.

VA currently provides outpatient dental treatment only to veterans who meet specific statutory and regulatory eligibility classifications under 38 U.S.C. § 1712⁴⁶ and 38 C.F.R. § 17.161.⁴⁷ These provisions serve as exceptions to VA's broader authority under section 1710 of Title 38 to furnish medical care to enrolled veterans, limiting comprehensive outpatient dental treatment to specific categories of eligible veterans. While these authorities provide coverage for certain veteran populations, eligibility for comprehensive dental care remains relatively narrow in scope. As a result, most veterans enrolled in the VA healthcare system are not eligible for comprehensive dental services despite oral health being closely tied to overall health, quality of life, and long-term medical outcomes.

Poor oral health has been increasingly associated with chronic medical conditions including cardiovascular disease, diabetes, respiratory illness, and cerebrovascular disease. VA's own Evidence Synthesis Program noted that growing evidence over the past two decades suggests periodontal disease is associated with chronic diseases such as heart disease, lung disease, stroke, and type 2 diabetes. Additionally, VA research found that periodontal treatment may improve markers of inflammation and disease severity in patients with diabetes, cardiovascular disease, and chronic obstructive pulmonary disease (COPD). Untreated dental conditions may also contribute to chronic pain, nutritional deficiencies, barriers to employment, and reduced quality of life.⁴⁸ As

⁴⁵ The American Legion, "Resolution No. 5: Department of Veterans Affairs Appeals Process," American Legion - Digital Archive, September 1, 2016, <https://archive.legion.org/node/279>.

⁴⁶ "38 CFR § 17.161 - Authorization of Outpatient Dental Treatment," Electronic Code of Federal Regulations, accessed May 12, 2026, <https://www.ecfr.gov/current/title-38/chapter-I/part-17/subject-group-ECFR2206d244bd95def/section-17.161>

⁴⁷ "Outpatient Dental Services and Treatment," Code of Federal Regulations, Title 38, § 17.161, Legal Information Institute, Cornell Law School, accessed May 12, 2026, <https://www.law.cornell.edu/cfr/text/38/17.161>

⁴⁸ Veazie S, Winchell K, Shaw J, et al. "Evidence Brief: Detection and Treatment of Dental Problems on Chronic Disease Outcomes." Department of Veterans Affairs, Health Services Research & Development Service, Evidence Synthesis Program, March 2021. https://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no183

a result, advocates, healthcare providers, and veteran organizations have increasingly identified limited access to dental care as one of the most significant remaining gaps within the VA healthcare system.

H.R. 210, the Dental Care for Veterans Act, would require VA to furnish dental care in the same manner as other medical services provided through the department by removing several statutory provisions that currently distinguish dental treatment from VA's broader medical care authorities. Specifically, the legislation repeals the existing eligibility framework under section 1712(a) and (b) of Title 38, which currently limits comprehensive outpatient dental treatment to specific classes of eligible veterans. Collectively, these amendments shift dental care away from the current exception-based structure and integrate dental treatment more directly within VA's general healthcare authorities. Additionally, the legislation updates VA's authority to furnish dentures and dental appliances as part of covered treatment and makes conforming amendments to remove obsolete statutory references tied to the prior dental eligibility framework.

To mitigate operational strain associated with a significant expansion of dental eligibility, Section 2(a), subsection 2 of H.R. 210 includes a phased eligibility implementation structure tied to VA healthcare enrollment priority groups under section 1705 of Title 38. Veterans already eligible for dental treatment would retain eligibility immediately upon enactment, while expanded eligibility for other enrolled veterans would be phased in over a four-year period beginning with veterans in higher-priority enrollment groups. This phased implementation structure appears intended to provide VA additional time to scale workforce capacity, infrastructure, and community care networks while prioritizing veterans with the highest levels of service-connected disability and medical need during the initial stages of implementation.

The American Legion believes H.R. 210 represents a significant step toward closing one of the most longstanding gaps in veterans' healthcare. Oral health is inseparable from overall health, and the downstream consequences of untreated dental conditions can contribute to worsening chronic disease, avoidable emergency care utilization, and a general diminished quality of life. Expanding access to preventative and restorative dental care has the potential not only to improve long term health outcomes for veterans, but also to reduce the systemic burdens associated with untreated oral disease and its comorbidities.

Importantly, the legislation recognizes operational realities associated with such a significant expansion in eligibility. The phased implementation structure provides VA with a prudent and measured framework to scale workforce capacity and leverage community care networks in a deliberate manner while prioritizing veterans with the greatest medical and service-connected needs during initial rollout. The American Legion believes that this balanced approach strengthens the long-term viability of the legislation and positions VA to responsibly expand access to comprehensive dental care for enrolled veterans.

Through Resolution No. 186: Department of Veterans Affairs Dental Care, The American Legion supports expanding veterans' access to comprehensive dental services through VA and recognizes oral healthcare as a critical component of overall health and wellness. Consistent with that resolution, The American Legion supports H.R. 210 as written.

The American Legion supports H.R. 210 as written.

H.R. 5203: To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes.

To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes.

The first 72 hours following a sexual assault are filled with shock, confusion, fear, and deep pain. It is also the most vital time frame for a victim to receive preventative care and collect evidence against their assailant. If a veteran is the victim of sexual assault, it is critical to treat them within this window, however, the veteran needs to be able to trust that the facility they use will treat their experience with respect and care.

The proposed legislation seeks to standardize the experience of a victim of acute sexual assault, regardless of where they seek care. The bill calls for standardized training for VA employees and VA police to ensure that veterans are cared for in a trauma-informed and sensitive manner. It also requires each medical facility to employ either a certified sexual assault forensic exam (SAFE) clinical provider or a sexual assault nurse examiner (SANE) to care for survivors seeking care.

The American Legion is pleased to see that the legislation addresses sexual assault as a traumatic event that requires wrap-around services. It is vital that a veteran who is sexually assaulted receive not only medical care and treatment, but also unfettered access to mental health and counseling services. Additionally, the bill requires VA to establish clear guidance for their police to document and report the assault to local law enforcement to begin the process of prosecuting the perpetrator. By approaching these traumatic events with dignity, sensitivity, and in a coordinated manner, VA demonstrates to victims that they are safe in VA's care.

H.R. 5203 is supported through Resolution No. 147: Women Veterans, where The American Legion works with VA to ensure that the needs of women veteran populations are met.⁴⁹ The legislation is further supported through Resolution No. 67: Military Sexual Trauma, which urges VA to ensure that all VA and non-VA medical centers have trained military sexual trauma personnel.⁵⁰

The American Legion supports H.R. 5203 as written.

H.R. 4114: Ensuring Veterans' Smooth Transition (EVEST) Act

To amend title 38, United States Code, to automatically enroll eligible veterans in the patient enrollment system of Department of Veterans Affairs, and for other purposes.

⁴⁹ The American Legion, "Resolution No. 147: Women Veterans," August 30, 2016, <https://archive.legion.org/node/371>;

⁵⁰ The American Legion, "Resolution No. 67: Military Sexual Trauma," August 26, 2014, <https://archive.legion.org/node/268>.

Tricare coverage ends at 11:59 PM on a service member's last duty day. Some servicemembers qualify for the Transitional Assistance Management Program (TAMP), which extends Tricare coverage for an additional 180 days for certain eligible persons, such as those involuntarily separated from Active Duty (AD) under honorable conditions, Guard/Reserve members separating after more than 30 consecutive days of AD in support of a contingency operation, those separating after involuntary retention (stop-loss) in support of a contingency operation, or those separating due to a sole survivorship discharge. After 180 days have passed, qualified veterans can enter the continued health care benefit program (CHCBP), which allows a veteran to purchase Tricare Select for 18-36 months after leaving the military.⁵¹ Despite the existence of TAMP, only a slim minority of transitioning service members qualify for this medical program. Transitioning out of the military is a challenging and overwhelming process, and it is vital that service members are given all the tools necessary to be successful after service.

Unfortunately, a 2022 report found that veterans consistently ranked navigating the complexities of DOD and VA healthcare systems as a top concern during transition.⁵² As nearly 50 percent of the veteran population is not enrolled in VA healthcare, The American Legion understands that navigating the stressors and complexities of transitioning out of military service may preclude one from fully completing enrollment into a healthcare system specifically designed to serve veterans. Because enrollment into VA healthcare is not automatic upon separation from military service, many eligible veterans may never fully access healthcare benefits for which they qualify.

Public Law No. 117-205, the *Solid Start Act of 2022*, requires VA to establish a program to assist veterans in navigating challenges when transitioning to civilian life. In the same vein, the proposed EVEST Act would remove transitional barriers by automatically enrolling eligible veterans into VA healthcare. A recent CBO score estimated that this legislation would result in 58,000 veterans being automatically enrolled each year.⁵³

Through System Worth Savings visits conducted at VA medical centers nationwide, The American Legion has consistently observed the high-quality and specialized care available within the VA healthcare system, particularly for service-connected conditions and veteran-specific medical needs. Facilitating earlier enrollment into VA may improve continuity of care, increase awareness and utilization of earned benefits, and help veterans establish long-term relationships within the VA healthcare system during the critical transition from military to civilian life.

Support for H.R. 4114, the EVEST Act, is consistent with Resolution No. 11: Automatic Enrollment into Veterans Affairs Health Care System, which urges VA to automatically enroll eligible veterans into VA healthcare. Servicemembers should not face unnecessary administrative obstacles when transitioning from military service to veteran status. Therefore, The American Legion supports H.R. 4114 as written.⁵⁴

The American Legion supports H.R. 4114 as written.

⁵¹ "Plans: Continued Health Care Benefit Program." TRICARE. June 17, 2025, <https://tricare.mil/chcbp>.

⁵² "Military Family Support Programming Survey: 2021 Results." Military Family Advisory Network. July 2022. <https://www.mfan.org/wp-content/uploads/2022/07/MFAN-Programming-Survey-Results.pdf>.

⁵³ "H.R. 4673, Ensuring Veterans' Smooth Transition Act," July 28, 2021. <https://www.cbo.gov/publication/57691>.

⁵⁴ Carter, Susan. "Following VA Improvements, 100k New Veterans Sign up for Health Care." VA News, April 6, 2026. <https://news.va.gov/press-room/following-va-improvements-100k-new-veterans-sign-up-for-health-care/>.

H.R. 3869: Every Veteran Housed Act

To amend title 38, United States Code, to expand eligibility for homelessness benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes.

Under current law, veterans who are discharged under other than honorable (OTH) conditions, not served on active duty, or who have other disqualifying periods of service are not eligible for VA homelessness benefits. This limitation causes compounding barriers for veterans with OTH discharges, some of the most vulnerable veteran populations who may also not be entitled to full education or employment benefits. Access to education, employment, and housing benefits is paramount to providing veterans with the tools to avoid homelessness.

H.R. 3869 would expand the definition of “veteran” as described in Section 2002 of Title 38 to include any veteran who did not receive a dishonorable discharge or a general court-martial sentence. Expanding eligibility for critical housing benefits would ensure that no veteran who has made the sacrifice to serve is denied the right to a safe home. The American Legion believes it is unacceptable for any veteran to experience housing instability, especially during periods of transition. The American Legion supports the proposed legislation as a meaningful step toward at-risk veteran equity and inclusion in VA homelessness programs.

There has been clear progress towards ending veteran homelessness in the United States. That progress can be partially attributed to the care that VA homelessness counselors and staff provide for homeless and at-risk veterans. Veterans with other than honorable discharges are not always afforded the benefits that their peers receive, despite suffering from the same conditions. This cohort of veterans are also more likely to be disenchanting with the VA system and therefore are more difficult to locate and support. Regardless, veterans who have other than honorable discharges still raised their right hand and volunteered to risk their life for our country, and a grateful nation should not forget that.

Ending veteran homelessness has consistently been a top legislative priority for the American Legion. The American Legion supports the proposed legislation using Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans.⁵⁵ Resolution No. 15 emphasizes the Legion’s belief in expansive solutions to veteran homelessness and affirms our commitment to the provisions of H.R. 3869.

The American Legion supports H.R. 3869 as written.

H.R. 1391: Student Veteran Benefit Restoration Act

To amend title 38, United States Code, to provide restoration of entitlement to educational assistance to individuals defrauded by educational institutions receiving payment on behalf of such individuals under the laws administered by the Secretary of Veterans Affairs and to provide repayment of funds to the Secretary from such educational institutions, and for other purposes.

⁵⁵ The American Legion, “Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans,” August 30, 2022, <https://archive.legion.org/node/8410>; “Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans,” August 30, 2022, <https://archive.legion.org/node/8410>.

The Student Veteran Benefit Restoration Act would provide a means for veterans who have been scammed or defrauded by an institution of higher learning to restore their Post 9/11 GI Bill eligibility for the months they spent in the fraudulent program.

The American Legion participated in two roundtables hosted by the House and Senate Veterans Affairs Committees during which the topic focused on scams and fraudulent actions directed at veterans. During the Senate roundtable, Veteran Service Organizations heard directly from veterans who had been defrauded by higher education programs at colleges and universities. Students who have been defrauded by such institutions have no avenue for relief and often, it is too late for the veteran to use their remaining entitlement to complete a program at a new institution.

Fraudulent institutions prey on veterans knowing that the lack of awareness puts them at a significant disadvantage, so transitioning veterans are often targeted for that reason. The American Legion has long advocated for oversight of institutions of higher learning and has supported legislation that holds universities and colleges accountable. The American Legion will continue working with Congress, the Department of Veterans Affairs, and other Veteran Service Organizations to address this critical issue until our nation's veterans can trust they will not be taken advantage of when using the benefits they earned through honorable service to this country.

However, the bill only encompasses future violations. It should also include a mechanism for retroactive, time-based restoration for veterans already harmed in order to fully address existing cases.

The American Legion can support the legislation, in part, through Resolution No. 304: Support Accountability for Institutions of Higher Learning.⁵⁶ The proposed legislation reflects the intent of Resolution No. 304 but goes a step further by providing avenues for restoration of GI Bill benefits. Our Legionnaires have clearly expressed support for this additional step, and therefore The American Legion strongly supports the legislation.

The American Legion supports H.R. 1391 with amendments.

Discussion Draft: Get Justice-Involved Veterans BACK HOME Act

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

As the law is currently written, VA is prohibited from providing medical services to incarcerated veterans, since they are considered to be under the primary supervision of another governmental agency (in this case, the Department of Corrections). The combined effects of service-connected conditions such as PTSD and traumatic environment of prisons increase the need for reliable mental healthcare for incarcerated veterans, who experience increased rates of suicide. Additionally, veteran disability compensation payouts are reduced while a veteran is incarcerated, creating an additional barrier to successful transition out of incarceration. Overpayment of

⁵⁶ The American Legion, "Resolution No. 304: Support Accountability for Institutions of Higher Learning." August 30, 2016. <https://archive.legion.org/node/459>

disability compensation during a veteran's incarceration also leaves veterans with unmanageable debt to repay upon their release. Finally, there is no standard definition or process for identifying veterans in correctional facilities, which makes tracking veterans in need of assistance extremely difficult.

The proposed legislation requires VA to provide mental healthcare to incarcerated veterans, with an emphasis on those with a service-connected disability related to PTSD, TBI, or MST. Mental healthcare would be administered through telehealth, mobile health units through the VA Vet Centers, and directly through VA, rather than through community care. Further, correctional facilities would establish veteran-specific housing blocks or programs that cater to veterans' experiences. The bill also proposes that veterans whose disability compensation payouts were reduced during incarceration have their original entitlements restored upon release. Lastly, the bill requires the Department of Justice's Bureau of Justice Statistics to conduct annual surveys of the veteran population in prison to better understand the population's trends.

Ensuring mental healthcare for incarcerated veterans would close the gap in care and protect some of the most vulnerable veterans from compounding trauma. Improving the quality and accessibility to care would support better reentry outcomes, strengthen a veterans' stability as they seek employment and housing after release from prison, and help reduce recidivism and suicide.

Veteran-centered community created by housing blocks and programming would further support justice-involved veterans' needs for sense of purpose and belonging. Prisons are home to over two dozen American Legion posts across the United States. The accountability and camaraderie fostered by these posts prevents recidivism and suicide and their structure would be mirrored by the proposed legislation.

Establishing a survey to identify and track incarcerated veterans would revolutionize support for justice-involved veterans, as there is currently no standard identification system in place. Information on the justice-involved veteran population would allow government agencies, VSOs, and other stakeholders to provide more informed and effective interventions and support.

Veterans who go through the criminal justice system are often those who have unfavorable discharge statuses and are distrustful of VA and the Federal Government; even if they are still eligible for VA benefits. This is why it is vital that incarcerated veterans are accounted for. In a recent visit, The American Legion learned that the Seattle Regional Office works with the Washington Corrections Center and the Washington Corrections Center for Women to identify veterans during processing and provide them with appropriate, trauma-informed resources. Washington State's model should be adopted at the Federal level in order to better identify veterans regardless of whether they utilize VA services, provide appropriate resources, and assist with benefits access. The American Legion proposes adding an amendment to include the following language:

1. Direct the Department of Justice and/or Federal Bureau of Prisons to identify veteran status upon intake and coordinate with the Department of Veterans Affairs to provide the following:

- a. Coordination and tracking of veterans nationwide, especially those who do not utilize the VA system or hold negative perceptions due to an unfavorable discharge status, and,
- b. Access to veteran treatment courts.

The American Legion's mission to Be The One to end veteran suicide represents the heart of our organization's identity. The Get Justice-Involved Veterans BACK HOME Act would specifically support the American Legion's goal of creating mental health initiatives designed for justice-involved veterans outlined in Resolution No. 18: Mental Health Programs for Justice-Involved Veterans.⁵⁷

The American Legion supports the draft legislation with amendments.

Discussion Draft: Toxic Exposure Advisory Committee Establishment Act

To amend title 38, United States Code, to establish the Advisory Committee on Toxic Exposure of the Department of Veterans Affairs.

This legislation establishes a Federal Advisory Committee on Toxic Exposure of the Department of Veterans Affairs that is comprised of representatives of veterans' service organizations, Congress, VA, and subject matter experts in fields related to toxic exposure and public health. The committee would provide a proactive mechanism for identifying potential toxic exposure incidents affecting service members, veterans, and their dependents, not included or recognized under existing presumptions for service-connected disabilities. Additionally, the creation of the committee allows for an external body to review the Individual Longitudinal Exposure Record (ILER) for accuracy and accountability. The committee would also have independent oversight to recommend a formal review of any health effects related to an exposure event to VA, the House Committee on Veterans' Affairs, and the Senate Committee on Veterans' Affairs.

The American Legion has advocated for toxic-exposed veterans since 1921, when we provided legal services to veterans exposed to mustard gas in WWI.⁵⁸ These veterans were publicly maligned for not assisting with the post-war effort while struggling with chronic fatigue and respiratory distress. To better meet the needs of toxic-exposed veterans, The American Legion has advised VA and Congress on ways to improve care and strengthen coordination for these veterans. With the support of this committee, the time from initial exposure to recognition of hazards associated with said exposure, and treatment of exposure to those affected would improve drastically.

The committee would provide an important voice for the veteran and medical community with regards to toxic exposure policy, and will have the authority to provide official recommendations. The recent removal of male breast cancer presumption highlights the need for further oversight of

⁵⁷ The American Legion, "Resolution No. 18: Mental Health Programs for Justice-Involved Veterans." October 12, 2022. <https://archive.legion.org/node/14056>

⁵⁸ The American Legion Weekly, Volume 3, No. 22, "Some Ancient and Modern History," June 3, 1921, <https://archive.legion.org/node/1293>

the Secretary’s authority to remove presumptive conditions by changing definitions. To prevent future downgrades, we recommend the following amendment:

1. Insert the following language to § 459(b):
 - a. 1) The Secretary shall consult with, and seek the advice of, the Committee with respect to actions which remove presumptions —
 - i) under section 1171 of this title; or
 - ii) from cohorts or demographics by administrative action which modifies the definition of such presumptions, cohorts, or demographics, including but not limited to duty date, duty location, gender, and classification of illness.

Through Resolution No. 17: Environmental Exposure, The American Legion supports the establishment of an advisory committee responsible for advising the VA, determining health conditions that result from toxic exposure, and to study and evaluate cases of exposure.⁵⁹

The American Legion supports the draft legislation with amendments.

Discussion Draft: TEF Assistant Secretary

To amend title 38, United States Code, to establish the Office for Toxic Exposure Implementation and Oversight of the Department of Veterans Affairs and an Assistant Secretary of Veterans Affairs for Toxic Exposure Coordination.

The proposed legislation establishes an Office for Toxic Exposure Implementation and Oversight (OTEIO) and an Assistant Secretary who leads the office and is charged with coordinating all efforts within the VA concerning toxic exposure.

VA and Congress have failed to support veterans exposed to deadly toxins in a timely fashion, taking 39 years from the development of Agent Orange to the first legislation covering veterans for the deadly effects of the substance.⁶⁰ For veterans working at nuclear test sites during World War II, the presumption process took 46 years.⁶¹

The process to determine presumptive conditions caused by toxic exposure was greatly improved in 2022 with the passage of the *PACT ACT*. The *PACT ACT* provided structured guidelines to VA for determining presumptive conditions, often referred to as the Presumptive Decision Process (PDP), including identifying research partners at the National Academies of Science Engineering and Medicine (NASEM).

⁵⁹ The American Legion, “No. 17: Environmental Exposure,” October 8, 2025, <https://archive.legion.org/node/17161>

⁶⁰ P.L. 98-542

⁶¹ P.L. 100-321

As of May 2026, 2,433,377 *PACT Act* Claims have been approved, representing 1,925,612 veterans and survivors, and 6,767,689 Toxic Exposure Screenings have been conducted.⁶² This is an incredible undertaking affecting all corners of the VA—from treatment at CBOCs, coordination with community care, conducting toxic exposure screenings, military environmental exposures assessments, compensation and pension exams, research conducted at VA facilities, survivor benefits, and of course, burial benefits. Currently, this undertaking is coordinated by the Office of Enterprise Integration (OEI).⁶³

Staff at OEI are responsible for VA governance, strategic planning, risk management, data analytics, interagency collaboration, and other administrative, management, and strategic duties.⁶⁴ These duties are focused on the management of VA, and not healthcare delivery. Due to the complexity of the issue, the tasks detailed in this legislation would be better conducted by an office focused solely on toxic exposure policy and coordination.

OTEIO would be focused on promoting veteran health. Historically, positions which are responsible for healthcare decisions are not political. For this reason, we request an amendment to strike section 2(c) of the draft legislation, along with replacing all instances of “Assistant Secretary” with “Director.” While the Secretary will still have oversight over the appointment of the position, OTEIO would better serve veterans as completely apolitical.

Through Resolution No. 17: Environmental Exposure, The American Legion supports legislation which ensures that veterans are properly compensated for diseases and other disabilities scientifically associated with environmental exposures.⁶⁵ The draft legislation will improve the VA’s ability to manage toxic exposure policy and provide a point of contact for veterans and their representatives.

The American Legion supports the draft legislation with amendments.

Discussion Draft: HONOR VETS Act

To amend title 38, United States Code, to provide for training requirements for non-Department of Veterans Affairs medical providers who provide care or services under the Veterans Community Care Program, and for other purposes.

Since passage of the *MISSION Act of 2018*, VA’s Community Care Program (CCP) has grown substantially, with millions of veterans receiving portions of their healthcare from non-VA providers in their local communities when VA cannot directly furnish the care needed. As VA’s reliance on community-based providers has expanded, concerns have also emerged regarding

⁶² Department of Veterans Affairs, “VA PACT ACT PERFORMANCE DASHBOARD,” April 24, 2026, https://department.va.gov/pactdata/wp-content/uploads/sites/18/2026/04/VA-PACT-Act-Dashboard-Issue-55_041726_v2-508-1.pdf

⁶³ Department of Veterans Affairs, “FY 2026 Budget Submission: Budget in Brief”, May 2025, <https://department.va.gov/wp-content/uploads/2025/06/2026-Budget-in-Brief.pdf>

⁶⁴ Department of Veterans Affairs, “Administrations and Offices: Enterprise Integration,” Accessed October 16th, 2025, <https://department.va.gov/administrations-and-offices/enterprise-integration/>

⁶⁵ The American Legion, “No. 17: Environmental Exposure,” October 8, 2025, <https://archive.legion.org/node/17161>

provider oversight and consistency in veteran-specific training and competency across the broader community care network. VA currently offers educational and training resources for community providers on issues such as military cultural competency, suicide prevention, opioid safety, and veteran-centered care.⁶⁶

However, a recent GAO report found that while VA identified multiple core trainings for community providers, only opioid safety training was consistently required, and VA lacked standardized enforcement mechanisms for noncompliance. The report further found that approximately two percent of community providers with behavioral health referrals between fiscal years 2021 and 2023 had completed one or more of VA’s core veteran-focused training courses. Additionally, GAO noted that although VA maintained data related to provider training completion within existing systems, VA did not routinely analyze or use that information to monitor compliance or assess broader provider competency across the CCP. GAO also found that community care contractors were not contractually required to monitor completion of these trainings and that VA had generally not enforced existing opioid training requirements due to concerns regarding network adequacy and provider availability. As a result, GAO recommended that VA strengthen oversight and improve monitoring of veteran-focused training requirements across the network.⁶⁷

Effectively, the Health Oversight for Network Operators Rendering Veterans’ Essential Treatment and Services (HONOR VETS) Act elevates several existing VA community care training recommendations and administrative expectations into federal statute by amending section 1703 of Title 38 to require participating non-VA providers to complete veteran focused training as a condition of furnishing care through the CCP. Specifically, the legislation requires training related to opioid safety for veterans with chronic pain, suicide prevention through lethal means safety and safety planning, suicide evaluation and management, and veteran-centered care perspectives. Existing community care providers would be required to complete the training within 180 days of enactment, while newly participating providers would have 180 days from the date they first begin furnishing care through the program.

The legislation would also establish clear statutory oversight and enforcement mechanisms that do not currently exist in a standardized form across VA’s community care network. Under the bill, VA would be required to monitor provider completion of required trainings, maintain that information within provider management systems and publicly accessible provider directories, and implement escalating penalties for continued noncompliance. Providers who fail to complete the required training would first receive written notice and an opportunity to cure the deficiency before facing temporary suspension and eventual removal from eligibility to participate in CCP, creating a phased penalty structure that allows time for correction of deficiencies. Collectively, these provisions are intended to ensure that veteran-focused training requirements function as enforceable standards for participation rather than voluntary educational recommendations.

⁶⁶ “Community Provider Education and Training,” U.S. Department of Veterans Affairs, accessed May 12, 2026, .

⁶⁷ U.S. Government Accountability Office, *VA Community Care: Improvements Needed to Ensure Community Provider Competency and Veteran Safety*, GAO-25-106910, 2025, <https://files.gao.gov/reports/GAO-25-106910/index.html>.

Through Resolution No. 13: Standards and Training for Community Care Providers, The American Legion supports requiring community care providers to meet standards comparable to those required of VA providers, including training related to military culture, suicide awareness and prevention, and lethal means safety.⁶⁸ As veterans increasingly receive healthcare through VA's Community Care Program, ensuring participating providers possess baseline familiarity with veteran-specific healthcare concerns is critical to maintaining quality, continuity, and veteran-centered care. Therefore, The American Legion supports the HONOR VETS Act as written.

The American Legion supports the draft legislation as written.

Discussion Draft: EHRM

To provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs, and for other purposes.

The American Legion visited Chicago Lovell FHCC in August of 2025 to see how the facility has functioned with the new electronic health record system. Initial observations were positive, with marked improvement compared to previous deployments. Facility staff reported zero instances of critical harm, and no veterans' healthcare had been seriously affected. Staff reported VA had provided ample staff to assist with the rollout, in addition to large numbers of employees from Oracle spending significant time at the facility to assist. All departments reported being generally happy with the new software, and the facility has since been able to go back to near-normal staffing levels. The American Legion is hopeful Lovell FHCC's successes can be duplicated in the current accelerated deployment.

The American Legion is supportive of many provisions in this bill. It emphasizes interoperability, standardization, and legacy system support during transition. It attacks historical pain points in the EHRM process, including governance fragmentation and lack of metrics.

It also increases congressional oversight by requiring extensive reports and independent verification and validation. However, The Legion believes some of these requirements – specifically Sections 202(a)(2)(b) and 203(a)(2) - are too onerous and could slow down the process of accelerated implementation, which is necessary to ensure full deployment will not take decades. These provisions, if enacted, could cause VA's deployment process to be significantly slowed, or cancelled, by burdensome, decentralized verification from facility leadership.

The deployment at Lovell FHCC and more recent sites have been an overall success, with VA and Oracle seemingly learning the hard lessons from past failures. Of course, The American Legion supports safeguards to ensure those mistakes are never repeated.

While The American Legion supports the intent of the draft text, we will not support those specific provisions and recommend their removal before advancing in the legislative process.

⁶⁸ The American Legion, Resolution No. 13: Standards and Training for Community Care Providers, National Executive Committee, Indianapolis, Indiana, May 4-5, 2022, <https://archive.legion.org/node/7905>.

Our position is governed by Resolution No. 14: Electronic Health Record. This resolution urges VA to implement a modern electronic health record that is integrated with DoD systems. It also asks that personal information be protected, and that Congress and VHA provide proper oversight into the project.

The American Legion supports the draft legislation with amendments.

CONCLUSION

Chairman Bost, Ranking Member Takano, 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 Bailey Bishop, Deputy Legislative Director, at b.bishop@legion.org.