

# **Take Care of America’s Veterans Act**

## **SECTION-BY-SECTION SUMMARY**

### ***Section 1: Short Title; Table of Contents.***

- Would establish the short title as the “Take Care of America’s Veterans Act”.

## **TITLE I – COMPENSATION**

### **Subtitle A – Disability Benefits and Survivor Benefits**

#### ***Sec. 101. Major Richard Star Act.***

- Would allow concurrent receipt of both disability compensation and military retired pay, regardless of VA disability rating, for Chapter 61 retirees with combat-related disabilities.
- Would preserve the choice of concurrent receipt, or CRSC, and continue the special rule that is in place today so that a Chapter 61 retiree with a combat-related disability does not receive more than a conventional retiree with the same combat-related disability.
- Rules for Chapter 61 retirees without combat-related disabilities would remain unchanged.

Based on S. 1032, the Major Richard Star Act (Sen. Richard Blumenthal, D-CT and Sen. Mike Crapo, R-ID) and H.R. 2102, the Major Richard Star Act (Rep. Gus Billirakis, R-FL-12)

#### ***Sec. 102. Love Lives On Act.***

- Would eliminate remarriage before age 55 as a disqualifying factor for the receipt of Dependency and Indemnity Compensation (DIC), allowing for surviving spouses to retain benefits regardless of when the age at which they remarry.
- Would eliminate remarriage before age 55 as a disqualifying factor for the receipt of Survivor Benefit Plan (SBP) benefits, allowing surviving spouses to retain benefits regardless of the age at which they remarry.
- Would restore eligibility for TRICARE coverage to surviving spouses whose subsequent marriage ends in death, divorce, or annulment.

Based on S. 410, the Love Lives on Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Raphael Warnock, D-GA) and H.R. 1004, the Love Lives on Act (Rep. Richard Hudson, R-NC-9)

***Sec. 103. Extension of increased dependency and indemnity compensation to surviving spouses of veterans who die from amyotrophic lateral sclerosis.***

- Would ensure surviving spouses of veterans who die from ALS receive the full DIC benefit, including the “DIC kicker” (currently \$351.02 per month), regardless of how long the veteran had the disease before death. Currently, in order to receive this full benefit, a veteran must have been rated totally service-connected disabled for at least 8 continuous years immediately preceding death, despite the average life expectancy of an individual following an ALS diagnosis being just 2 to 5 years.

Based on S. 749, the Justice for ALS Veterans Act of 2025 (Sen. Lisa Murkoski, R-AK and Sen. Chris Coons, D-DE) and H. 1685, the Justice for ALS Veterans Act of 2025 (Rep. Brian Fitzpatrick, R-PA-1)

***Sec. 104. Sharri Briley and Eric Edmunson Veterans Benefits Expansion Act of 2026.***

- Would increase the amount of DIC by an extra 1 percent per year, in addition to the annual COLA, for each of the three years following enactment for a total of 3 percent.
- Would provide a \$10,000 annual increase for veterans receiving SMC, R1, R2 and T.
- Would allow Guard and Reserve with 14 days of active-duty service to access the VA Home Loan program.
- Would increase the VA home loan refinance fee from 0.5% to 1.42% and the assumption fee from 0.5 to 1%.

Based on H.R. 6047, the Sharri Briley and Eric Edmundson Benefits Expansion Act of 2026 (Rep. Tom Barrett (R-MI-7))

***Sec. 105. Claims: prohibition on denial solely for certain reason; improved efficiency of adjudication and appeals.***

- ***To require the Department of Veterans’ Affairs to evaluate certain disability compensation claims based on the evidence of record when a claimant fails to appear for a Compensation and Pension Examination.***
  - Would ensure that VA cannot deny a claim solely because a veteran failed to appear for their compensation and pension exam. In these instances, VA would be required to evaluate the claim based on the evidence present in the file at the time of the missed exam.

- ***To improve the quality, consistency, oversight, and administration of veterans' benefits claims and appeals within the Department of Veterans' Affairs.***
  - Would require VA to enter into a contract with a third-party research institution—in conjunction with veterans' and survivors' advocates, legal experts, and veterans advocates—to study the feasibility of authorizing the Board of Veterans Appeals (the Board) to issue binding legal decisions and recommend the policies and procedures the Board should adhere to when aggregating appeals. This authority would sunset 3 years after enactment, unless renewed by Congress.
    - VA would be required to issue relevant policies and procedures within 6 months and submit them to Congress. 90 days after such submission, the Board would have the authority to aggregate appeals.
    - The study would be required to consider issues of preserving claims being ultimately decided on their individual facts and circumstances, how such a mechanism would interact with Docket order, the appropriate number of Board Judges to issue a decision for such a class, the rules for who would represent the class, and the appropriateness of opt-outs.
  - Would require the Board to identify recurring questions of law or fact that would benefit from binding guidance issued by the Board and report to Congress.
  - Would codify the Court's current authority to issue limited remands, with rules of how to do so, and authorize the Court to certify class actions that include veterans waiting for a final decision from the Board on their appeal for VA benefits.
  - Would codify current caselaw requiring VBA to comply with the Board's orders.
  - Would require VA to prescribe guidelines for how and when veterans can have their appeal advanced on the docket for urgent consideration.
  - Would require VA to better track the timeliness of claims, including claims that never received a final decision due to the veteran's death by suicide. The Board would be required to submit these reports to Congress.
  
- ***To improve quality assurance, training, accountability, and remand reduction efforts within the Department of Veterans' Affairs appeals system.***
  - Would require VA to develop procedures to ensure claims processors learn from avoidable deferrals and require claims processors be informed when the Board remands a claim where the processor failed to obtain necessary evidence.
  - Would require the Board to track reasons for remands and develop a plan to decrease unnecessary remands, and report to Congress.
  - Would require VA to identify issues that would benefit from a binding opinion from the Office of General Counsel (OGC).
  - Would require the Board to carry out a robust quality assurance program that accounts for comprehensive data and trends to ensure mistakes are corrected, and report to Congress.
  - Would require the Board to carry out a robust, evidence-based training program, and Board judges to undergo annual performance reviews.

Based on S. 1657, the Review Every Veterans Claims Act (Sen. Jim Banks, R-IN and Sen. Angus King, I-ME), S. 1992, the Veterans Appeals Efficiency Act of 2025 (Sen. Jim Banks, R-

IN and Sen. Richard Blumenthal, D-CT), H.R. 2137, the Review Every Veterans Claims Act, as amended (Rep. Morgan Luttrell, R-TX-8), H.R. 3835, the Veterans Appeals Efficiency Act (Rep. Mike Bost, R-IL-12), and H.R. 3983, the Veterans Claims Quality Improvement Act (Rep. Morgan Luttrell, R-TX-8)

***Sec. 106. Annual report on causes of death among veterans.***

- Would require VA to submit an annual report that tracks the primary and secondary cause of death among veterans, including whether that veteran died by suicide or was totally disabled.

Based on H.R. 3854, the Modernizing All Veterans and Survivors Act (Rep. David Valadao, R-CA-22) and H.R. 3627, the Justice for America’s Veterans and Survivors Act of 2025 (Rep. Edwards, R-NC-11)

***Sec. 107. Plan for use of automation tools to process claims under laws administered by the Secretary of Veterans Affairs.***

- Would require VA to develop a plan to expand automation tools beyond the Compensation Service for claims processing, interagency information sharing, and correspondence generation and analyze the viability of sharing these tools with other program offices.

Based on H.R. 3854, the Modernizing All Veterans and Survivors Act (Rep. David Valadao, R-CA-22) and H.R. 3627, the Justice for America’s Veterans and Survivors Act of 2025 (Rep. Edwards, R-NC-11)

***Sec. 108. Reforms relating to Department of Veterans’ Affairs disability ratings.***

- ***To revise the disability rating criteria for sleep apnea under the Veterans’ Affairs Schedule for Rating Disabilities.***
  - For any veteran seeking a new or revised rating for Sleep Apnea:
    - Would rate sleep apnea based on the effectiveness of medical treatment and intervention.
    - Would eliminate the current standalone 30% rating for persistent daytime hypersomnolence and replace it with a new 0% - 10% - 50% - 100% scale.
    - Would replace the current 30% rating for persistent daytime hypersomnolence with a 10% rating for mild symptoms controlled with treatment.
    - Would maintain higher ratings for severe cases, treatment-resistant cases, or cases involving end organ damage.
  - The revisions would only apply to claims filed after the date of enactment.
  - The revisions would be prohibited from being used as the basis for reducing, discontinuing, or otherwise adversely affecting compensation that was in effect on the day before the date of the enactment of this Act.

- ***To revise the disability rating criteria for tinnitus under the Veterans' Affairs Schedule for Rating Disabilities.***
  - For any veteran seeking a new or revised rating for Tinnitus:
    - Would remove most standalone 10% tinnitus ratings and, instead, generally rate tinnitus as a symptom of another underlying condition, such as hearing loss or Traumatic Brain Injury (TBI).
    - Would offer separate compensation only in limited circumstances where tinnitus cannot be attributed to another service-connected condition.
      - Would grant a 10% rating if veterans have hearing loss rated at 0%, and no other condition where hearing loss could be considered a symptom.
  - The revisions would only apply to claims filed after the date of enactment.
  - The revisions would be prohibited from being used as the basis for reducing, discontinuing, or otherwise adversely affecting compensation that was in effect on the day before the date of the enactment of this Act.

Based on a Biden-era proposed rule to alter the disability ratings for Sleep Apnea and Tinnitus to update outdated medical terminology and understanding and ensure that VA provides disability compensation to veterans with service-connected disabilities consistent with current medical advances and best practices

***Sec. 109. Improvements to temporary licensure requirements for contract health care professionals who perform medical disability examinations for the Department of Veterans' Affairs.***

- Would expand and extend VA's temporary authority for contracted health care professionals to conduct veterans' disability medical examinations, allowing a broader range of licensed medical providers to perform C&P exams, outside the State of their medical licensure, for 7 years.
- Would require VA to submit a report to Congress on how the authority is being used, including exam volume, costs, timeliness, and oversight of contracted examinations.

Based on S. 1533, to make permanent and codify the pilot program for use of contract physicians for disability examination (Sen. Jerry Moran, R-KS), S. 3703, the Rural Veterans' Improved Access to Benefits Act (Sen. Jon Husted, R-OH), and H.R. 3951, the Rural Veterans' Improved Access to Benefits Act (Rep. Juan Ciscomani, R-AZ-6)

***Sec. 110. Disability examinations: study on access in rural areas; review of training; review of inadequate or unnecessary examinations.***

- Would require VA to review and improve the clarity of the letters and notices it sends to veterans and claimants regarding benefits claims.
- Would direct VA to work with a federally funded research and development center to assess whether these communications are understandable, accessible, and effective for veterans navigating the claims process.

Based on S. 1311, the Clear Communication for Veterans' Claims Act (Sen. Jim Banks, R-IN) and H.R. 1039, the Clear Communication for Veterans' Claims Act (Rep. Tom Barrett, R-MI-7)

***Sec. 111. Improvements to processing and outreach regarding claims involving military sexual trauma.***

- Would ensure every document in VA claims or appeals furnished to military sexual trauma (MST) claimants include relevant points of contact across VA's health care and benefits systems.
- Would require MST claims to be processed by a specialized team of VBA claims processors.
- Would establish a workgroup to study, in conjunction with medical experts, the training of employees who process MST claims, the adequacy of evidentiary standards, and the quality review process of MST decisions.
- Would authorize an annual special focus review on the accuracy of MST claims for the next 5 years.
- Would require that VA post a MST performance dashboard online with data points, similar to the PACT Act dashboard.

Based on S. 1245, the Servicemembers and Veterans Empowerment and Support Act (Sen. Richard Blumenthal, D-CT)

***Sec. 112. Independent assessment of notices that the Secretary of Veterans' Affairs sends to claimants.***

- Would require VA to review and improve the clarity of the letters and notices it sends to veterans and claimants regarding benefits claims.
- Would direct VA to work with a federally funded research and development center to assess whether these communications are understandable, accessible, and effective for veterans navigating the claims process.

Based on S. 1311, the Clear Communication for Veterans' Claims Act (Sen. Jim Banks, R-IN) and H.R. 1039, the Clear Communication for Veterans' Claims Act (Rep. Tom Barrett, R-MI-7)

***Sec. 113. Independent assessment of forms that the Secretary of Veterans' Affairs sends to claimants.***

- Would require VA to contract with a nonpartisan, federally funded research entity to study, and provide recommendations for revising VA forms so that they are more understandable to veterans, survivors, and other beneficiaries.
- Would require VA to report findings to Congress and implement recommendations.

Based on H.R. 1286, the Simplifying Forms for Veterans Claims Act (Rep. Rob Bresnahan, R-PA-8)

**TITLE II – EDUCATION AND ECONOMIC OPPORTUNITY**

***Sec. 201. Vets Opportunity Act.***

- Would expand the GI Bill to include independent study programs offered via a hybrid model of online learning and in person and include oversight mechanisms and guardrails to ensure program quality.
- Would create a system that allows student veterans serving in the Guard and Reserve to receive a grade instead of an incomplete if they get called on orders.
- Would improve the administration of GI Bill benefits by ensuring veterans receive timely refunds of their Montgomery GI Bill contributions after they have exhausted their Post-9/11 GI Bill benefits to assist the 25,000 servicemembers who are currently ineligible to be reimbursed.

Based on S. 972, the Fairness in Veterans' Education Act (Sen. Jim Banks, R-IN), H.R. 1458, the VETS Opportunity Act (Rep. Juan Ciscomani, R-AZ-6), H.R. 1527, the Reforming Education for Veterans' Act (Rep. John James, R-MI-10), and H.R. 1872, the Fairness in Veterans' Education Act (Rep. Ronny Jackson, R-TX-13)

***Sec. 202. Improvements to process for making payments to automobile sellers for automobiles purchased for certain disabled veterans.***

- Would require VA to develop a plan and centralize all payments for the Adaptive Automobile Equipment (AAE) program 90 days after enactment to the VA Regional Office of each individual hospital making payments directly to the AAE providers.
- Would hold VA accountable for making these payments to AAE providers in a timely manner by requiring VA to publish the number of days that each AAE payment takes to process beyond 30-days.

Based on H.R. 7083, the CRUISE Act (Rep. Tom Barrett, R-MI-7)

***Sec. 203. Monthly housing stipend under the Post-9/11 Educational Assistance Program for individuals who pursue summer programs of education solely through distance learning.***

- Would allow student veterans attending class solely online to receive the national average monthly housing allowance during the summer term. Under current law, veterans enrolled exclusively in distance learning programs receive only receive a Monthly Housing Allowance (MHA) equal to 50 percent of the national average.

Based on H.R. 5702, the Expanding Access for Online Veteran Students Act (Rep. Juan Ciscomani, R-AZ-6) from the 118<sup>th</sup> Congress

***Sec. 204. Clarification regarding the inclusion of medically necessary automobile adaptations in Department of Veterans' Affairs definition of "medical services".***

- Would eliminate the discrepancy in the law that inadvertently omitted certain types of needed adaptive equipment for disabled veterans.

Based on S. 1726, the Automotive Support Services to Improve Safe Transportation Act of 2025 (Sen. Tommy Tuberville, R-AL and, and H.R. 1364, the Automotive Support Services to Improve Safe Transportation Act of 2025 (Rep. Tom Barrett, R-MI-7)

***Sec. 205. Digital Communications: Solid Start Program; educational assistance.***

- Would allow veterans to opt-in to receive communications from VA regarding education benefits electronically rather than on paper.

Based on S. 2101, the Delivering Digitally to Our Veterans Act of 2025 (Sen. Jim Banks, R-IN and Sen. Maizie Hirono, D-HI) and H.R. 3481, the Delivering Digitally to Our Veterans Act of 2025 (Rep. Tom Barrett, R-MI-7)

***Sec. 206. Improvements to Transition Assistance Program and Skillbridge.***

- Would improve contracting within the Transition Assistance Program (TAP) for a smoother transition and require an annual report on timeliness.
- Would require collaboration between Departments of Defense, Department of Veterans Affairs, and Department of Labor to improve the warm handover process.

Based on H.R. 3387, the ETS Act (Rep. Derrick Van Orden, R-WI-3)

***Sec. 207. Transition Assistance Program: presentation in preseparation counseling to promote benefits available to veterans.***

- Would allow certified Veteran Service Organizations (VSOs) to give presentations during TAP classes to assist servicemembers with transitioning away from the military.
- Would require a report to Congress on the VSOs that participated in TAP classes and the number of servicemembers who attended.

Based on H.R. 1845, the TAP Promotion Act (Rep. Derrick Van Orden, R-WI-3)

***Sec 208. Elimination of requirement that on-campus educational and vocational counseling is provided by certain Department of Veterans Affairs employees.***

- Would remove the requirement for Vet Success on Campus (VSOC) counselors in the Veterans Readiness and Employment (VR&E) program to have master's degree.
- Would require VA to expand its VetSuccess on Campus program to all 50 states and U.S. territories, guaranteeing that at least one dedicated vocational rehabilitation counselor is placed in every state to help transitioning servicemembers and veterans achieve their educational and career goals.

Based on S. 610, Ensuring Vet Success on Campus Act (Sen. Richard Blumenthal, D-CT and Sen. Mike Rounds, R-SD) and H.R. 980, the Veterans Readiness and Employment Improvement Act (Rep. Derrick Van Orden, R-WI-8)

***Sec. 209. Expansion of entitlement for payment for licensing or certification tests for veterans entitled to educational assistance.***

- Would allow veterans to use GI Bill benefits to pay for approved examinations and assessments that convert military training and experience into academic credit to reduce duplicative costs and increase the speed of degree completion.

Based on S. 2328, the Military Learning for Credit Act of 2025 (Sen. Christopher Coons, D-DE and Sen. Joni Ernst, R-IA) and H.R. 4594, the Military Learning for Credit Act of 2028 (Rep. Maggie Goodlander, D-NH-2)

***Sec. 210. Increase of amount of educational assistance paid by the Secretary of Veterans Affairs for first year of a full-time program of apprenticeship or on-job training.***

- Would expand access to Post-9/11 GI Bill benefits for veterans pursuing apprenticeships and on-the-job training by providing the full MHA at the 100% level and eliminating certain work-hour requirements that can reduce benefits based on the nature of these programs.

Based on S. 3993, the Reducing Arbitrary Barriers to Apprenticeship Act of 2026 (Sen. Tim Sheehy, R-MT and Sen. Elissa Slotkin, D-MI) and H.R. 982, the Warriors to Workforce Act (Rep. Derrick Van Orden, R-WI-3)

***Sec. 211. Improving emerging technology opportunities for veterans.***

- Would expand the VET TEC program to allow providers offering training in emerging technology fields, such as artificial intelligence, semiconductor manufacturing, and other high-demand industries, to participate in the program.

Based on H.R. 7103, the Improving Emerging Tech Opportunities for Veterans Act (Rep. Abraham Hamadeh, R-AZ-8)

**TITLE III—HEALTH CARE**

***Sec 301. Extension and modification of transportation grant program of Department of Veterans Affairs.***

- Would expand eligible entities to receive highly rural transportation grants to include Indian tribes, Tribal organizations, Native Hawaiian organizations, and County veterans service organizations; allow for an additional grant of \$80,000 for grantees to purchase ADA approved vehicles; and allow counties with more than five off-road communities to receive up to \$25,000 in additional grant funding.
- Would allow grantees to serve veterans in rural areas adjacent to high rural areas when they have excess capacity and resources.

Based on S. 827, Supporting Rural Veterans Access to Healthcare Services Act (Sen. Kevin Cramer, R-ND and Sen. Angus King, I-ME)

***Sec. 302. Veteran Caregiver Reeducation, Reemployment, and Retirement Act.***

- Would expand support for former family caregivers participating in VA's Program of Comprehensive Assistance for Family Caregivers by extending health care coverage, providing bereavement and workforce transition assistance, and enhancing retirement planning and financial stability resources.

Based on S. 879, the Veteran Caregiver Reeducation, Reemployment, and Retirement Act (Sen. Jerry Moran, R-KS) and H.R. 2148, the Veteran Caregiver Reeducation, Reemployment, and Retirement Act (Rep. Joseph Morelle, D-NY-25)

***Sec. 303. Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act.***

- Would establish two VA grant programs, not to exceed \$5 million, to eligible entities including a non-profit organization, an academic institution, a non-departmental health care provider, or another entity that meet the criteria, to research, evaluate, and implement neurorehabilitation treatments for mild Traumatic Brain Injury (TBI).

Based on H.R. 6993, the BEACON Act (Rep. Jack Bergman, R-MI-1)

***Sec. 304. Department of Veterans' Affairs' assignment of traveling physicians to serve territories and possessions.***

- Would allow VA to assign traveling physicians to serve for up to 1 year to provide care for veterans residing in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, the Virgin Islands, and any other territory or possession of the U.S. and the Freely Associated States.

Based on S. 4304, the TRAVEL Act of 2026 (Sen. Sheehy, R-MT and Sen. Hirono, D-HI) and H.R. 3400, the TRAVEL Act (Rep. Kimberlyn King-Hinds, R-NMI)

***Sec. 305. Inclusion of adaptive prostheses and terminal devices for sports and other recreational activities in medical services furnished to eligible veterans by the Secretary of Veterans' Affairs.***

- Would clarify that clinically-appropriate adaptive sports equipment and prosthetics as an eligible medical service so that severely injured veterans can more easily participate in active sports.

Based on S. 3138, the Veterans SPORT Act (Sen. Jim Banks, R-IN and Sen. Angus King, I-ME) and H.R. 1971, the Veterans SPORT Act (Rep. Mariannette Miller-Meeks, R-IA-1)

***Sec. 306. Modifications to and reauthorization of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs.***

- Would extend funding for the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program for an additional 3 years.
- Would require additional program outcome metrics, mandate the use of the Patient Health Questionnaire 9 (PHQ9) or the Columbia-Suicide Severity Rating scale (C-SSRS), and ensure annual VA briefings on the Fox program.
- Would require VA to prioritize previously unfunded states for future grant awards and establish a separate performance-based bonus grant of up to \$250,000.

Based on S. 1139, the HOPE for the Heroes of 2025 (Sen. Jerry Moran, R-KS), S. 609, the BRAVE Act (Sen. Richard Blumenthal, D-CT), S. 793, a bill to amend the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 to modify and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs (Sen. Mark Warner, D-VA and Sen. John Boozman, R-AR), and H.R. 9438, the No Wrong Door for Veterans Act (Rep. Mariannette Miller-Meeks R-IA-1)

***Sec. 307. Report on the use of hyperbaric oxygen therapy.***

- Would require the Comptroller General to update a prior GAO report within one year, reviewing clinical trials on hyperbaric oxygen therapy for mTBI and PTSD.
- Would require VA to conduct a review of research on off-label use of hyperbaric oxygen therapy for PTSD and mTBI, including analysis of VA research methods and outcome measures, comparison with other federal and non-federal studies, and a market assessment of facility availability, costs, and locations.

Based on H.R. 1336, the Veterans National Traumatic Brain Injury Treatment Act (Rep. Greg Murphy R-NC-3)

***Sec. 308. Department of Veterans Affairs pilot program to provide grants to mental health care providers for the provision of mental health care for veterans.***

- Would establish a 3-year grant program to support non-profit mental health organizations that provide evidence-based integrated therapy services to veterans and their families.

Based on H.R. 2283, the RECOVER Act (Rep. Mike Bost R-IL-12)

***Sec. 309. Furnishing of certain health services to veterans in the Freely Associated States.***

- Would require VA to formalize agreements with the governments of the Freely Associated States (FAS) to expand access to health services including telehealth, mail-order prescription medications, and travel benefits for veterans residing in the FAS.

Based on S. 3436, the Caring for Veterans and Strengthening National Security Act (Sen. Jerry Moran, R-KS and Sen. Brian Schatz, D-HI) and H.R. 6652, the U.S. Vets of the FAS Act (Rep. Kimberly King-Hinds R-NMI)

***Sec. 310. Modification of Precision Medicine for Veterans' Initiative; reporting on suicide by veterans and members of the Armed Forces.***

- Would expand VA research into new markers, signs, and clinical and non-clinical interventions for TBI, repetitive low-level blast exposure, dementia, and other related conditions.
- Would strengthen coordination on brain health data between VA and DOD.
- Would add military occupation data of members of the Armed Forces who attempt suicide and veterans who attempt or die by suicide.

Based on S. 800, the Precision Brain Health Research Act of 2026 (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME) and H.R. 8115, the Precision Brain Health Research Act of 2026 (Rep. Mariannette Miller-Meeks, R-IA-1)

***Sec. 311. Establishment of the Blast Overpressure Task Force of the Department of Veterans' Affairs.***

- Would establish a joint VA-DOD task force to coordinate research, improve clinical understanding of changes to blast overpressure, and ensure veterans and service members receive appropriate care and benefits.

Based on H.R. 6444, the Blast Overpressure Research and Mitigation Task Force Act (Rep. Ronny Jackson, R-TX-13)

***Sec. 312. Extension of sharing of Department of Veterans Affairs and Department of Defense Health Care Resources; resource sharing oversight and implementation plan.***

- Would extend VA–DoD health care resource-sharing authority through September 30, 2027, to support continued collaboration in the sharing of facilities, personnel, services, and other health care resources.
- Would require VA to provide written justification to Congress whenever the Department elects not to pursue a resource-sharing agreement with DOD, increasing transparency and accountability for decisions affecting VA–DoD coordination.
- Would strengthen congressional oversight by requiring VA to provide requested records, datasets, contracts, communications, and supporting materials directly to the House and Senate Committees on Veterans' Affairs, while prohibiting the withholding, alteration, delay, or interference with the transmission of information to Congress.
- Would require VA and DOD to submit a Joint Resource Sharing Implementation Plan identifying existing agreements, reimbursement methodologies, facility capacity, and opportunities to expand resource sharing between the departments.
- Would require a GAO review of the implementation, effectiveness, coordination of care, and barriers to expanding VA–DoD resource-sharing authorities.

***Sec. 313. Timely reporting of the death of a veteran.***

- Would require VA physicians or nurse practitioners to certify the death of those under their care not later than two business days after notice of death to not impede the timely processing of death benefits.
- Would allow a coroner or medical examiner within jurisdiction to certify such death if VA providers are unable to.

Based on S. 2309, the Veteran Burial Timeliness and Death Certificate Accountability Act (Sen. John Boozman, R-AR and Sen. Margaret Hassan, D-NH) and H.R. 4398, the Veteran Burial Timeliness and Death Certificate Accountability Act (Rep. Tom Emmer, R-MN-6)

***Sec. 314. Expansion of access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program.***

- Would establish a 5-year pilot program to improve care coordination for veterans in frontier states (North Dakota, South Dakota, Montana, Wyoming, and Alaska) who receive care from a critical access hospital by allowing pilot participants to receive a one-year authorization for outpatient services at participating critical access hospitals at VA's expense.
- Would require VA to develop an action plan to identify, address, and eliminate barriers to care in the community for veterans in rural areas and report to Congress.
- Would require VA to conduct outreach to veterans in rural areas about opportunities to seek care in the community and to health care facilities and providers in rural areas about opportunities to work with VA.

Based on S. 1868, the Critical Access for Veterans Care Act (Sen. Kevin Cramer, R-ND and Sen. Tim Sheehy, R-MT)

***Sec. 315. Pilot platform for services for veterans; collection from veterans of information related to social determinants of health.***

- Would require VA to conduct a 5-year pilot program at no fewer than 5 VA medical facilities to connect veterans with local health and social service providers through interoperable community integration platforms. As part of the pilot, VA would be required to collect data regarding social determinants of health, track outcomes, and report to Congress. GAO would be required to assess the pilot's effectiveness.

Based on S. 3303, the LINC VA Act (Sen. Dan Sullivan, R-AK)

***Sec. 316. Improvements to Department of Veterans Affairs prosthetic and rehabilitative items and services.***

- Would require VA to create and maintain a national formulary of approved prosthetic and rehabilitative items and services to be available at all VA medical facilities and based on best available evidence and input from veterans and the public. Clinicians would be allowed to prescribe non-formulary items when medically necessary, with monitoring, prior authorization, and open-market options when justified. As part of the formulary, VA would be required to establish a clear appeals process for veterans.
- Would modernize VA prosthetics procurement by requiring an enterprise electronic procurement system for formulary items with automated ordering, contract pricing visibility, national contract loading, and analytics to reduce open-market purchases.
- Would ensure adequate staffing in VA's Prosthetic and Sensory Aids Service, including dedicated program managers and clinical experts.

Based on S. 2981, the Veterans Prosthetics Advancement and Reform Act (Sen. Jerry Moran, R-KS and Sen. Blumenthal, D-CT) and H.R. 6549, the VA Contracting and Procurement Act (Rep. Jack Bergman, R-MI-1)

***Sec. 317. Improvement of submission of medical documentation to the Secretary of Veterans Affairs by community care providers.***

- Would require VA to ensure that each contract, agreement or other arrangement through which VA furnishes health care through community care providers includes requirements and timelines regarding the submission of medical documentation to VA following the provisions of services by the community care provider.
- Would require VA to establish goals and performance measures related to medical documentation return for VA medical facilities and community care providers and ensure communications to community providers include information regarding medical documentation return.

Based on S. 2397, the CARING for Our Veterans Health Act (Sen. Pete Ricketts, R-NE and Sen. Angus King, I-ME)

***Sec. 318. Implementation of and report on efforts of Department of Veterans Affairs to improve health care appointment scheduling.***

- Would require VA to develop and submit a plan to Congress to modernize and improve health care appointment scheduling system, including creating tools for patients and staff to view, request, fully book, cancel, or reschedule appointments, as well as providing phone-based scheduling support.

Based on S. 607, the Improving Veteran Access to Care Act (Sen Margaret Hassan, D-NH and Sen. John Boozman, R-AR)

***Sec. 319. Pilot program on coordination of care between Department of Veterans Affairs and Medicare program.***

- Would establish a VA pilot program to help coordinate, navigate, and manage care for veterans enrolled in both Medicare and the VA health care system.

Based on S. 506, the Coordinating Care for Senior Vets and Wounded Warriors Act (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME) and H.R. 668, the Coordinating Care for Senior Veterans and Wounded Warriors Act (Rep. Juan Ciscomani, R-AZ-6)

***Sec. 320. Fisher House availability.***

- Would permit service members and their families, regardless of duty status, to stay at VA Fisher Houses while receiving care at VA or non-VA facilities.

Based on S. 3119, the Fisher House Availability Act of 2026 (Sen. Jerry Moran, R-KS and Sen. Richard Blumenthal, D-CT) and H.R. 3726, the Fisher House Availability Act of 2025 (Rep. Mariannette Miller-Meeks, R-IA-1)

***Sec. 321. Agreements between medical facilities of Department of Veterans Affairs and rural medical facilities.***

- Would establish a 5-year pilot program to provide greater access to care for eligible veterans in rural areas, and reduce the costs of such care, by expanding or establishing agreements between VA medical centers and rural medical facilities related to matters including co-location, care coordination, community care, telehealth, training, and/or the leasing of space or equipment.

Based on S. 3033, the Improving Access to Care for Rural Veterans Act (Sen. Tammy Duckworth, D-IL, and Sen. Marsha Blackburn, R-TN)

***Sec. 322. Study on quality of care difference between mental health and addiction therapy care provided by health care providers of Department of Veterans' Affairs compared to non-Department providers.***

- Would require VA to enter an agreement with an independent, objective, non-VA organization to conduct a study that compares mental health and addiction treatment and outcomes across various entities between VA direct care and community care providers.

Based on S. 702, the Veterans Mental Health and Addiction Therapy Quality of Care Act (Sen. John Cornyn, R-TX and Sen. Margaret Hassan, D-NH) and H.R. 2426, the Veterans Mental Health and Addiction Therapy of Care Act (Rep. Pat Fallon, R-TX-4)

***Sec. 323. Lactation spaces in medical centers of the Department of Veterans Affairs.***

- Would require VA to fulfill federal requirements to provide, in every VA medical center, a clean, private, and wheelchair-accessible space (other than a bathroom) for breastfeeding mothers.

Based on S. 778, the Lactation Spaces for Veteran Moms Act (Sen. Jackie Rosen, D-NV and Lisa Murkowski, R-AK) and H.R. 1646, the Lactation Spaces for Veteran Moms Act (Rep. Lauren Underwood, (D-IL-14)

***Sec. 324. Research related to menopause, perimenopause, and mid-life women's health: report; plan.***

- Would require VA to evaluate research on menopause, perimenopause, and mid-life health among servicewomen and women veterans; identify gaps in research, training, and treatment, and submit a strategic plan to Congress with recommendations to improve such care.

Based on S. 1320, the Servicewomen and Veterans Menopause Research Act (Sen. Patty Murray, D-WA and Sen. Joni Ernst, R-IA)

***Sec. 325. Pilot program on provision of opioid rescue medications to veterans.***

- Would require VA to conduct a one-year pilot program to provide opioid overdose rescue medications to veterans at no cost, with priority given to high-risk areas. The pilot would allow distribution based on self-attested veteran status, require VA to provide information on treatment and support services, and protect veterans' personal information.

Based on S. 3758, the End Veterans Overdose Act of 2026 (Sen. Jeanne Shaheen, D-NH and Sen. Mike Crapo, R-ID)

***Sec. 326. Establishment of Veterans' Health Administration Policy Advisory Commission.***

- Would establish a 17-member independent commission of medical experts - modeled after Medicaid and CHIP Payment and Access Commission (MACPAC) and Medicare Payment Advisory Commission (MedPAC) - to report to Congress and recommend policies related to the Veterans Health Administration.

Based on S. 787, the VetPAC Act of 2025 (Sen. Bill Cassidy, R-LA and Sen. Mazie Hirono, D-HI)

***Sec. 327. Access to health care.***

- Would require VA to connect MST benefits recipients to the relevant resources in the VA healthcare system, including MST coordinators, to inform them of available counseling, support services, and other resources.

Based on S. 1245, the Servicemembers and Veterans Empowerment and Support Act (Sen. Richard Blumenthal, D-CT and Sen. Lisa Murkowski, R-AK)

***Sec. 328. Research on health conditions of descendants of toxic-exposed veterans.***

- Would require VA to enter into a contract or agreement with the Agency for Toxic Substances and Disease Registry (ATSDR) to conduct a literature review on the health effects of toxic-exposed veterans and identify any gaps in knowledge or research. VA must maintain a publicly available report, for 7 years, subject to reauthorization, with the findings of the literature review and ongoing research and activities.
- Would authorize a health monitoring program for 7 years, subject to re-authorization, to assist in identifying potential patterns or signals, supporting public health surveillance, and facilitating epidemiologic and clinical research related to birth defects.

Based on S. 2061, Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act (Sen. Richard Blumenthal, D-CT)

***Sec. 329. Veterans Spinal Trauma Access to New Devices Act.***

- Would require VA to conduct annual preventative health evaluations to veterans with spinal cord injuries and assess them for eligibility for assistive mobility or neuromodulation technology, such as exoskeleton mobility devices or transcutaneous spinal stimulation, respectively.

Based on S. 3988, the Veterans STAND Act (Sen. Jerry Moran, R-KS) and H.R. 6835, the STAND Act (Rep. Jack Bergman, R-MI-1)

***Sec. 330. Department of Veterans Affairs pilot program to award grants for the provision of services dogs to veterans.***

- Would establish a 3-year pilot program to award grants to nonprofit organizations to provide trained service dogs to eligible veterans with PTSD, TBI, and other conditions.

Based on S. 1441, the SAVES Act (Sen. Tom Tillis, R-NC and Sen. Richard Blumenthal, D-CT) and H.R. 2605, the SAVES Act (Rep. Morgan Luttrell, R-TX-8)

***Sec. 331. Authorization of major medical facility project of Department of Veterans Affairs for fiscal year 2027 in Manchester, New Hampshire.***

- Would authorize \$1.18 billion for major medical facility project in Manchester, New Hampshire.
- Would allow VA to waive requirements in current law for the Army Corps of Engineers to assist the Department in this project if doing so would reduce the cost and expedite the timeline of completing the project and notice is provided to Congress.
- Would require VA to provide the House and Senate Committees on Veterans' Affairs with timely access to all information, records, documents, data, analyses, communications, contracts, agreements, project schedules, cost estimates, memoranda, briefings, reports, and other materials relating to major medical facility projects and prohibit the withholding of information solely on the basis that the information is predecisional, deliberative, advisory, procurement-sensitive, or subject to an internal Department policy or directive.

***Sec. 332. Bowel and bladder care program of Department of Veterans Affairs.***

- Would codify VA's bowel and bladder program for veterans with spinal cord injuries or disorders and require VA to establish processes to reimburse and train family members and caregivers who provide bowel and bladder care in the program.
- Would ensure a covered veteran who has been medically determined to require bowel and bladder care for three years or more is considered permanently in need of such services unless a medical provider determines they no longer need it.
- Would clarify that family members and individually-employed caregivers providing bowel and bladder care under this program are not considered vendors or contractors.

Based on S. 3647, the Disabled Veterans Dignity Act of 2026 (Sen. Jerry Moran, R-KS)

#### **TITLE IV- ORGANIZATION**

***Sec. 401. Authorization of appropriations to the Office of Information and Technology of the Department of Veterans Affairs for certain purposes.***

- Would provide \$500 million for fiscal year 2026, available through September 30, 2031, for VA's Office of Information Technology to support targeted information technology modernization, cybersecurity, continuity, logistics, communications, digitization, and fraud prevention activities.
- Would strengthen VA's Fourth Mission readiness by modernizing enterprise logistics, supply chain visibility, cybersecurity, resilient communications, and digital records systems needed to sustain care during emergencies, cyber disruptions, medical surges, and other degraded operating environments.

***Sec. 402. Establishment of Under Secretary for Management and Chief Financial Officer.***

- Would strengthen financial accountability at VA by clarifying that the Chief Financial Officer is responsible for advising the Secretary on financial management, formulating and executing VA's budget, overseeing VA's finances and providing Congress with accurate budget and financial information upon request.
- Would create a Budget and Appropriations Office within VA's Office of Budget to provide Congress with timely, certified budget and financial information, while also requiring certain VA financial officials to report directly to the Chief Financial Officer

Based on H.R. 7683, the VA Fiscal Management Modernization Act (Rep. Jack Bergman, R-MI-1)

***Sec. 403. Department of Veterans Affairs acquisition reform and cost assessment.***

- Would overhaul VA acquisition by creating a centralized Office of Acquisition led by a dedicated Assistant Secretary, consolidating procurement, logistics, supply chain, and major acquisition program management under clear lines of authority.
- Would strengthen oversight of major VA acquisitions by requiring qualified program managers, independent verification and validation, independent cost estimates, and standardized requirements development before major programs move forward.
- Would improve VA acquisition accountability by expanding the acquisition workforce pipeline, requiring outside review of VA's acquisition process, and strengthening financial transparency through clearer Chief Financial Officer authority and certified budget information for Congress.

Based on S. 1591, the ARCA Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Richard Blumenthal, D-CT) and H.R. 6833, the Acquisition Reform and Cost Assessment (ARCA) Act of 2025 (Rep. Tom Barrett, R-MI-7)

***Sec. 404. Improvement of telephone communication by Department of Veterans Affairs.***

- Would require VA to use a single recognizable phone number when calling veterans and establish call centers in every U.S. time zone to improve communication and appointment scheduling.

Based on S. 831, the REP VA Act (Sen. Dan Sullivan, R-AK and Sen. Maizie Hironi, D-HI)

***Sec. 405. Advancing Department of Veterans Affairs emergency response to crisis.***

- Would require VA to consult with external agencies and submit a report to Congress outlining the roles and responsibilities of all offices in VA involved with emergency management, recommendations for improving the structure and alignment of such offices, and an analysis of the feasibility/advisability of consolidating them into one centralized emergency management office.
- Would require VA to consult with the Federal Emergency Management Agency (FEMA) and report to Congress on the current limitations and future coordination of fuel and resource sharing.

Based on S. 2264, the AVERT Crises Act (Sen. Richard Blumenthal, D-CT and Sen. Maizie Hirono, D-HI)

***Sec. 406. Membership of Department of Veterans Affairs Geriatrics and Gerontology Advisory Committee.***

- Would include an individual who has served veterans in State veterans' homes on the Geriatrics and Gerontology Advisory Committee at VA, as well as an individual who holds a professional license in nursing home administration, and an individual who represents a national veteran's service organization.

Based on H.R. 785, the Representing our Seniors at VA Act (Rep. Jen Kiggans, R-VA-2)

***Sec. 407. Scheduling of appointments under the Veterans Community Care Program.***

- Would require VA to permanently implement an electronic scheduling process through which VA employees can schedule appointments with VA and community care providers.
- Would require the electronic scheduling process to allow VA schedulers to view, search, and sort available appointments by type of care, location, and date, helping staff identify timely appointment options for veterans.
- Would require the electronic scheduling process to allow VA schedulers to book community care appointments and transmit referral and authorization documents directly to non-Department providers and perform other functions determined necessary by VA.

Based on S. 654, the Veterans Community Care External Provider Scheduling Program Act (Sen. Jerry Moran, R-KS and Sen. Richard Blumenthal, D-CT) and H.R. 3482, the Veterans Community Care Scheduling Improvement Act (Rep. Barrett, R-MI-7)

## TITLE V – MEMORIAL AFFAIRS

### ***Sec. 501. Expansion of eligibility for Department of Veterans Affairs memorial headstone or marker for certain individuals.***

- Would allow eligible spouses and dependent children to be memorialized in national, State, or tribal veterans' cemeteries with a VA memorial headstone or marker regardless of date of death.

Based on S. 1127, the Dennis and Lois Krisfalusy Act (Sen. Jim Banks, R-IN and John Fetterman, D-PA) and H.R. 1344, the Dennis and Lois Krisfalusy Act (Rep. Guy Reschenthaler, R-PA-14)

### ***Sec. 502. Department of Veterans Affairs provision of additional burial benefits when an urn or commemorative plaque is furnished.***

- Would authorize VA to inter a veteran, dependent, or spouse who previously chose the Urn benefit, in a veterans cemetery so long as they are eligible for burial with another qualifying person (such as the veteran, spouse, or dependent) and are interred in the same gravesite at the same time. Under current law, if a qualifying person chooses the Urn benefit, they forfeit their opportunity for burial in a veterans cemetery—regardless of their spouse or child's burial eligibility. This would apply to all qualifying deaths occurring on or after January 5, 2021.

Based on S. 1116, the Ensuring Veterans' Final Resting Place Act of 2025 (Sen. Jim Banks, R-IN and Sen. Susan Collins, R-ME) and H.R. 647, the Ensuring Veterans' Final Resting Place Act of 2025 (Rep. Rudy Yakym, R-IN-2)

### ***Sec. 503. Fallen servicemembers religious heritage restoration program.***

- Would direct the American Battle Monuments Commission (ABMC) to establish a Fallen Servicemembers Religion Heritage Restoration program and contract with a qualified non-profit to identify WWI and WWII-era American-Jewish servicemembers buried in U.S. military cemeteries overseas whose grave markers inaccurately represent their religion and heritage and contact their surviving family members to correct those errors.

Based on S. 1318, the Fallen Servicemembers Religious Heritage Restoration Act (Sen. Jerry Moran, R-KS, and Sen. Jacky Rosen, D-NV)) and H.R. 2701, the Fallen Servicemembers Religious Heritage Restoration Act (Rep. Debbie Wasserman-Schultz, D-FL-25)

## TITLE VI – VETERANS’ ASSURING CRITICAL CARE EXPANSIONS TO SUPPORT SERVICEMEMBERS

### Subtitle A—Improvement of Veterans Community Care Program

#### *Sec. 601. Codification of requirements for eligibility standards for access to community care from Department of Veterans Affairs.*

- Would prevent VA from changing the current community care access standards for eight years and from changing such standards after that date without Congressional notification and approval.
- Would establish permanent access standards for mental health residential rehabilitation treatment programs that require VA to ensure that veterans are screened within 48 hours and admitted to a program within 48 hours of such screening, if deemed eligible for priority admission.
- Would ensure access standards apply to all care and services within VA’s medical benefits package and to all veteran patients, whether new or established.
- Would expand the group of stakeholders that VA is required to consult with when reviewing, and reporting on, the access standards every three years.
- Would prevent VA from taking the availability of a telehealth appointment into consideration when determining whether a veteran meets the access standards.
- Would require that, if VA cancels an appointment at a VA medical facility for a reason other than the request of the veteran or the failure of a veteran to appear, the veteran’s wait time calculation for purposes of determining community care eligibility under the wait time access standard will start on the date of request for the original, canceled appointment.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans’ ACCESS Act (Rep. Mike Bost, R-IL-12)

#### *Sec. 602. Requirement that Secretary notify veterans of eligibility for care or denial of request for care under Veterans’ Community Care Program.*

- Would require VA to inform veterans of the eligibility for community care in a timely manner and, if VA denies a request by a veteran to receive community care, require VA provides that veteran, in a timely manner, with the reason for the denial and instructions for how to appeal the denial.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans’ ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 603. Consideration under Veterans Community Care Program of continuity of care and need for caregiver or attendant.***

- Would expand the list of things VA must take into consideration when a veteran and their provider are considering whether it is in the best medical interest of a veteran to seek care in the community to include continuity of care, including if a veteran has an established relationship with a provider and/or would abstain from seeking care if required to seek services at a VA medical facility, and whether the veteran requires the assistance of a caregiver or attendant when seeking care.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 604. Discussion of telehealth options under Veterans Community Care Program.***

- Would require VA to discuss telehealth with veterans as an option for care, both in the VA healthcare system and in the community, if telehealth is available, appropriate, and acceptable to the veteran.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 605. Extension of deadline for submittal of claims by health care entities and providers under prompt payment standard.***

- Would allow community care providers to submit claims for reimbursement for community care services up to a year after the date of service, rather than 180 days in accordance with industry standards.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 606. Audit of representative sample of veterans receiving care and services under Veterans Community Care Program.***

- Would require VA to improve data collection regarding community care by conducting regular audits and reporting to Congress. Such audits are required to include: information regarding the number of veterans in a representative sample who are eligible for community care and informed of such eligibility; the reasons for such eligibility; the number of eligible veterans who opt to seek, or not seek, community care; the timeliness of community care referrals; and, information regarding appeals of community care denials.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 607. Information on wait time and drive time options for receipt of care by veterans.***

- Would require VA to inform veterans in writing, for each episode of care provided by VA, current wait time and drive time options for such episode of care.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 608. Establishment of period during which a referral under Veterans Community Care Program remains valid.***

- Would stipulate that the period for a veteran's referral for community care under the Veterans Community Care Program begins on the day that the veteran has the first appointment with the community provider.

Based on H.R. 1972, the START Act (Rep. Mariannette Miller-Meeks, R-IA-1)

***Sec. 609. Updates to contracting requirements under Veterans Community Care Program.***

- Would authorize VA to terminate contracts with a community care entity if the entity fails to comply with the relevant requirements in law, regulation, or contract, to include those regarding access, quality, training, and medical documentation, or if VA determines termination is reasonable based on the health care needs of veterans or the coverage of existing contracts or sharing agreements.
- Would require VA to terminate contracts with a community care entity if the entity is excluded from participation in other Federal health care programs, has been convicted of a felony or other serious offense, or is identified as an excluded source on the System for Award Management.
- Would authorize VA, in limited circumstances, to issue waivers of certain requirements of this section and to list entities ineligible to enter into community care contracts with VA on a publicly available website.
- Would require any VA community care contract or agreement to include notices and requirements pertaining to compliance with Federal laws, accreditation, and licensure.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 610. Publication of community care network sufficiency and payment waiver requests and approvals.***

- Would require VA, on an annual basis, to publish information regarding community care network sufficiency and payment waiver requests, approvals, and denials on a publicly accessible, and user-friendly website.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 611. Requirements relating to quality of community care providers.***

- Would establish certain requirements pertaining to the quality of providers in VA's community care network, to include a requirement for Third Party Administrators to make sure VA community care providers are not included on the list of excluded providers developed by the Office of Inspector General of the Department of Health and Human Services and a requirement for VA to develop a process to ensure providers who have been fired, retired, or resigned from VA employment due to quality of care issues are not participating providers in VA's community care network.
- Would require VA to develop a process to ensure that certain information on community care providers – to include contact information and whether the provider is currently accepting new patients - is more regularly updated by Third Party Administrators.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 612. Provider training.***

- Would require VA to develop, implement, and report to Congress with a comprehensive plan to better align training and incentive requirements for direct care providers, community care providers, and VA residents and trainees.
- Would require VA to establish standardized baseline training requirements to ensure consistency in the quality of care furnished from direct care providers, community care providers, and VA residents and trainees and establish tracking mechanisms, to include a mechanism to track, report, and address non-compliance.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 613. Oversight authority over community care.***

- Would require VA to include provisions in all community care contracts or agreements to allow access by government officials – including the VA Office of the Inspector General - to records, materials, documents, data, and personnel necessary to conduct relevant audits, inspections, evaluations, and investigations. VA would be required to include information regarding this requirement in community care provider handbooks.
- Would direct VA to establish standard contract language to carry out the requirements of this section in consultation with the VA Inspector General.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

**Subtitle B—Mental Health Treatment Programs**

***Sec. 621. Veteran participation in certain mental health programs.***

- Would require VA to establish a standardized clinical screening process to determine, based on clinical need, if a veteran meets criteria for priority or routine admission to a mental health residential rehabilitation treatment program.

- Would require VA, when placing a veteran into mental health residential rehabilitation treatment program, to consider input from such veteran regarding (1) geographic placement (including proximity to the veteran’s current residence), (2) program specialty, subtype, and treatment track and, (3), the maximization of such veteran’s proximity to social support systems.
- Would stipulate that, if VA is unable to admit an eligible veteran to a mental health residential rehabilitation treatment program within the new access standards established in section 101 of the bill, that VA give the veteran the option of receiving such care at a community facility that: (1) can admit such veteran within the relevant time frames; (2) is party to a contract/agreement with VA or enters into a contract/agreement with VA; (3) is licensed by a State; (4) is accredited by the Commission on Accreditation of Rehabilitation Facilities or the Joint Commission; and (5) provides evidence-based treatment.
- Would make a number of improvements with respect to performance and oversight of mental health residential treatment programs in VA’s direct care system and in the community, to include: the development and tracking of performance metrics, quality of care measures, availability, wait times, and clinical appeals; and requirements related to care coordination, follow-up care, training, transportation assistance, data collection, fee schedule and payment rates; and reporting to Congress.
- Would require a third-party assessment and a report from the Government Accountability Office report on various aspects of mental health residential rehabilitation treatment programs in VA medical facilities and in the community.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans’ ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 622. Access to mental health residential rehabilitation treatment programs for veterans with spinal cord injury or disorder.***

- Would require VA to develop and submit a plan to Congress on ensuring disability-related access to mental health residential rehabilitation treatment programs for veterans with spinal cord injury or disorder and require a pilot program on disability-related access to such programs for veterans with spinal cord injury or disorder.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans’ ACCESS Act (Rep. Mike Bost, R-IL-12)

**Subtitle C—Staffing Matters**

***Sec. 631. Treatment of psychologists.***

- Would make it easier for VA to recruit and retain psychologists by bringing them under the same hiring statute as physicians (including psychiatrists), dentists, podiatrists, chiropractors, optometrists, registered nurses, physician assistants, and expanded-function dental auxiliaries.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 632. Mentorship program for executive leadership teams at medical centers of the Department of Veterans Affairs.***

- Would establish a program to connect executive leaders at poor performing VA medical centers with executive leaders at high performing VA medical centers to facilitate the sharing of best practices and leadership experiences.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 633. Requirement for equivalent role postings for vacant positions at Department of Veterans Affairs.***

- Would require VA, whenever possible and practicable, to issue postings for all possible clinicians or professionals who could fill a position when a posting for a vacant positions is created.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 634. Improvements to Department of Veterans Affairs hiring processes.***

- Would require VA to establish a standardized approval process for filling vacant positions that includes a standardized approval window for each approval step.
- Would authorize VA to use third party contractors to conduct drug testing, background checks, and other vetting procedures if the contractor provides equal or higher standards for quality and timeliness.
- Would authorize to allow electronic signatures on any hiring, recruitment, retention, or other employment documents once a standardized process for electronic signature usage is established.
- Would require VA, to the extent practicable, to establish an employee community building program to connect employees in similar positions.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 635. Department of Veterans Affairs telework policy.***

- Would require VA to establish a telework policy in accordance with section 6502 of title 5 USC and report to Congress on the budgetary impact of such policy.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 636. Expansion of reimbursement of continuing professional education expenses.***

- Would authorize VA to reimburse not more than 50,000 individuals each year for continuing professional education expenses. Full-time physicians, dentists, podiatrists, chiropractors, optometrists, psychologists, registered nurses, or physician assistants would be eligible for not more than \$1,000 per year for such expenses and VA would be authorized to provide full-time licensed practical or vocational nurses, medical technologists, pharmacists, pharmacy technicians, diagnostic radiologic technologists, or social workers not more than \$1,000 per year for such expenses.
- Would require VA to give priority to individuals providing direct patient care when reimbursing individuals for continuing professional education expenses.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 637. Department of Veterans Affairs personnel transparency.***

- Would require VA staffing data to be updated not less frequently than each quarter to account for delays in data processing to reflect the most recently available data.
- Would require that VA report on positions that are undergoing a recruitment action as opposed to reporting on all vacancies each quarter.
- Would require that VA report on the number of positions vacated each quarter that are not planning to be filled.
- Would require VA to report to Congress annually on actions to achieve full staffing capacity and improve the onboard timeline for new hires as well as the amount of additional funds necessary to achieve full staffing capacity.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

***Sec. 638. Modification of authority of licensure of health care professionals providing treatment via telemedicine.***

- Would authorize VA health care providers to prescribe controlled substances across state lines and in the Freely Associated States via telehealth under certain circumstances.

Based on H.R. 1107, the Protecting Veteran Access to Telemedicine Services Act of 2025 (Rep. Steve Womack, R-AR-3)

***Sec. 639. Provision of data on educational assistance programs of Veterans Health Administration.***

- Would require VA to provide data - including the number of active participants, the number of participants completing service requirements, and the number of participants that leave the program early - for various educational assistance programs.

Based on S. 3466, the HONOR Act (Sen. Richard Blumenthal, D-CT)

## Subtitle D—Optimization of Workforce

### *Sec. 641. Department of Veterans Affairs strategic human capital plan.*

- Would require VA to develop, submit to Congress, and annually update a strategic human capital plan to support the mission and responsibilities of the Department. The plan would be required to demonstrate how staffing levels align with the current and future projected demand for benefits and services administered by the Department, disaggregated for each component by facility location, facility type, region, administration, program office, and the type of benefit or service. GAO would be tasked with reviewing the plan.

Based on S. 4400, the Optimizing the VA Workforce for Veterans Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME)

### *Sec. 642. Department of Veterans Affairs reduction in force notice requirement.*

- Would require VA to provide a detailed notification to Congress and any impacted employees with at least 60 days' notice before conducting a reduction in force (RIF). The notice would be required to explain how the new staffing levels resulting from the RIF align with the current and future projected demand for benefits and services administered by the Department, disaggregated for each component by facility location, facility type, region, administration, program office, and the type of benefit or service.

Based on S. 4400, the Optimizing the VA Workforce for Veterans Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME)

### *Sec. 643. Detailed plans and justifications for reorganization of offices.*

- Would require VA to provide additional details to Congress as part of their ongoing organizational restructuring of the Department, to include a risk mitigation plan and a description of what results-based performance metrics VA will use to determine success.

Based on S. 4400, the Optimizing the VA Workforce for Veterans Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME)

### *Sec. 644. Rule of construction.*

- Would stipulate that the provisions of this subtitle go into effect on the date of enactment.

Based on S. 4400, the Optimizing the VA Workforce for Veterans Act of 2025 (Sen. Jerry Moran, R-KS and Sen. Angus King, I-ME)

## Subtitle E—Veterans Infrastructure and Transformation

### ***Sec. 651. Short title.***

- Would establish the short title of this subtitle as the “Veterans Infrastructure and Transformation Act of 2026” or the “VITAL Act of 2026”.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

### ***Sec. 652. Modification of authority for sharing of health-care resources of Department of Veterans Affairs to include flexible space utilization and streamlined service agreements.***

- Would give VA more flexibility to use existing space, parking, and common services from affiliated institutions or other partners to expand care capacity faster.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

### ***Sec. 653. Use of commercial construction and facilities code and standards.***

- Would allow VA to use proven commercial construction standards, rather than only VA-specific Federal standards, to help reduce delays, lower costs, and speed up delivery of modern facilities for veterans.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

### ***Sec. 654. Feasibility study for full-service hospital of Department of Veterans Affairs in certain States.***

- Would require VA to assess the feasibility and advisability of establishing full-service VA medical centers in Alaska and Hawaii.

### ***Sec. 655. Report on strategic plan for infrastructure and capital assets of Department of Veterans Affairs.***

- Would require VA to produce a long-term infrastructure strategy that identifies how the Department will modernize aging facilities, reduce emergency repair costs, and prevent facility failures that disrupt care and benefits for veterans.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

### ***Sec. 656. Permanent extension of pilot program on acceptance by the Department of Veterans Affairs of donated facilities and related improvements.***

- Would permanently authorize VA accept donated facilities and related improvements under the Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2017.

- Would modify the acceptance criteria to allow donations that align with needs identified in VA capital planning documents, facility master plans, annual capital needs inventories, or any component or phase of such needs.

Based on H.R. 217, the CHIP IN Act of 2025 (Rep. Don Bacon, R-NE-2)

***Sec. 657. Authority to accept donations of construction services, minor construction or nonrecurring maintenance projects, and targeted contributions.***

- Would authorize VA to accept donations covering all or part of the cost of minor construction projects, nonrecurring maintenance projects, and related construction services.
- Would require donated projects or services to align with VA capital planning needs and to accelerate project completion, reduce VA costs, improve facility condition, or otherwise benefit veterans.

Based on H.R. 217, the CHIP IN Act of 2025 (Rep. Don Bacon, R-NE-2)

***Sec. 658. Report on use of additional authorities relating to recruitment and retention of personnel.***

- Would require VA to explain how it will strengthen its acquisition workforce so the Department has the personnel and expertise needed to deliver major construction, leasing, and infrastructure projects on time and on budget.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

***Sec. 659. Reports on key capital asset investments, activities, and performance of Department of Veterans Affairs.***

- Would increase transparency regarding VA’s construction, leasing, and infrastructure portfolio by requiring regular reporting on project costs, delays, cancellations, performance, and progress toward capital asset management goals.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

***Sec. 660. Development of streamlined procurement model; report.***

- Would require VA - in consultation with GAO, the Office of Management and Budget, and private sector stakeholders – to develop a revised process for procuring major medical facility leases, and report to Congress.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

***Sec. 661. Submission and notification of cost estimates for medical facility leases.***

- Would require VA to include market-based and full life-cycle estimates in the President's budget request materials to provide a realistic cost estimate for major medical facility leases when requesting Congressional authorization and funding.
- Would require VA to notify Congress and submit a plan when lease bids come in more than 10% above authorized amounts, allowing VA to come back to Congress to request more funds if necessary.

Based on H.R. 6599, the Leasing and Infrastructure Act of 2025 (Rep. Jason Smith, R-MO-4)

***Sec. 662. Report on capital asset and information technology needs of the research and development program of Department of Veterans Affairs.***

- Would require VA to identify the facilities, renovations, leases, and information technology investments needed to keep VA's research program modern, functional, and capable of supporting cutting-edge veteran health care.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

***Sec. 663. Improving prevention, detection, and reporting of waste, fraud, and abuse in Department of Veterans Affairs capital asset projects and activities.***

- Would require VA to strengthen oversight of construction and infrastructure projects by identifying better ways to prevent, detect, and report waste, fraud, and abuse before taxpayer dollars are lost.

Based on S. 6988, the VITAL Act of 2025 (Sen. Jerry Moran, R-KS)

***Sec. 664. Report on long-term care physical infrastructure needs of Department of Veterans Affairs.***

- Would require VA to identify the facility investments needed to meet growing long-term care demands, including for women veterans, veterans with spinal cord injuries, traumatic brain injuries, memory loss, behavioral health needs, and other specialized populations.

## Subtitle F—Other Health Care Matters

### ***Sec. 671. Prescription, delivery, distribution, and dispensation of controlled substance medications by covered health care professionals of Department of Veterans Affairs via telemedicine.***

- Would allow VA providers to prescribe, on a short-term basis, controlled substances via telemedicine in limited circumstances to include if the provider is appropriately licensed and credentialed, if the provider can determine that the veteran patient was seen in-person within the last two years by a VA, DOD, or community care provider, and if the provider can review data from the relevant prescription drug monitoring program.
- Would require VA to use the authority in this section to prevent interruptions to patient care, not as a replacement for in-person care.

Based on H.R. 1107, the Protecting Veteran Access to Telemedicine Services Act of 2025 (Rep. Steve Womack, R-AR-3)

### ***Sec. 672. Copayments for limited supplies of medications.***

- Would authorize VA to waive copays when providing limited supply of certain controlled substances and opioid overdose reversal drugs (such as naloxone) to veterans and when providing limited prescriptions of no more than 30 days.

Based on H.R. 1107, the Protecting Veteran Access to Telemedicine Services Act of 2025 (Rep. Steve Womack, R-AR-3)

### ***Sec. 673. Plan on establishment of interactive, online self-service module for care.***

- Would require VA to develop, implement, and report to Congress on an interactive, online, self-service module to allow veterans to request appointments, track referrals, appeal denials for care, and receive appointment reminders for care delivered both in VA medical facilities and through community care.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

### ***Sec. 674. Modification of requirements for Center for Innovation for Care and Payment of the Department of Veterans Affairs and transfer of authority.***

- Would modify the requirements for the VA Center for Innovation for Care and Payment (CCPI), to include: elevating CCPI to the Secretary's office and stipulating that it have its own budget; expanding CCPI's mandate to conduct pilot programs and request Congressional waivers of authority; expanding the internal and external entities CCPI is required to consult with; and requiring a Congressional and GAO report.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 675. Report on improvements to clinical appeals process.***

- Would require VA to assess, on an ongoing basis, the timeliness, transparency, objectivity, consistency, and fairness of the VHA clinical appeals process. VA would be required to consult with VSOs, veterans, caregivers, VA staff, and other stakeholders when conducting the assessment of the clinical appeals process and to report to Congress on the administrative and legislative actions, if any, that are needed to improve the clinical appeals process.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)

***Sec. 676. Plan on increasing accessibility of care for veterans with spinal cord injury or disorder.***

- Would require VA to consult with stakeholders including veterans service organizations to submit a plan to Congress on improving disability-related access to care from VA facilities and through VA community care providers for veterans with spinal cord injury or disorder.

Based on S. 275, the Veterans ACCESS Act (Sen. Jerry Moran, R-KS) and H.R. 740, the Veterans' ACCESS Act (Rep. Mike Bost, R-IL-12)