

STATEMENT OF
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VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE
UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

Pending Legislation

Washington, D.C.

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Chairman Moran, Ranking Member Blumenthal, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I would like to thank you for the opportunity to speak on these subjects.

S.342, Purple Heart Veterans Education Act of 2025

The VFW supports this legislation to authorize Post-9/11 GI Bill transferability for Purple Heart recipients who have been discharged or released from active duty. Under current law, only service members who are still on active duty may transfer unused education benefits to eligible dependents.

Purple Heart recipients have made extraordinary sacrifices in service to our nation. They should not be subjected to arbitrary delimiting dates or technical barriers that prevent their families from accessing earned education benefits. This proposal would correct this issue, ensuring that combat-wounded veterans would be able to provide education opportunities to their spouses and children regardless of duty status or date of discharge.

S.668, SAFE STEPS for Veterans Act of 2025

While reducing fall-related injuries among veterans is an important goal, the VFW does not believe that establishing a new Office of Falls Prevention at the Department of Veterans Affairs (VA) would be the most effective or efficient approach. The Veterans Health Administration (VHA) currently has multiple offices and teams dedicated to safety, risk prevention, and rehabilitation. Strengthening these existing programs, such as those within the prosthetics department and physical or occupational therapy, would be a more practical solution. These teams currently conduct home evaluations for adaptation programs, provide mobility and balance training, and engage directly with veterans in fall prevention efforts.

Establishing a new office could add layers of bureaucracy, increase administrative costs, and create confusion regarding roles and responsibilities across VA services. Additionally, it is unclear how many veterans would voluntarily allow home fall-risk evaluations unless they specifically request home adaptations.

Before creating a new office, the VFW recommends that Congress and VA conduct a comprehensive evaluation of current resources, staffing, and interdepartmental coordination within VHA. This would help identify gaps and strengthen collaboration within existing structures. Enhancing and integrating current efforts would improve outcomes without creating unnecessary administrative hurdles.

S.926, Saving Our Veterans Lives Act of 2025

The VFW supports this legislation to authorize VA to establish a program providing veterans with access to free lockboxes for the secure storage of firearms. According to VA's *2024 National Veteran Suicide Prevention Annual Report*, in 2022 firearms were the means in nearly 75 percent of male veteran suicides and 45 percent of female veteran suicides. The same report found that male and female veterans die by suicide at rates 70 percent and 144 percent higher, respectively, than their civilian counterparts. These data highlight the elevated risk of suicide among veterans, particularly involving firearms, which have a 90 percent fatality rate compared to less lethal means. The report also notes that many suicides result from impulsive decisions that occur in less than ten minutes. Providing a physical barrier between at-risk veterans and their firearms, such as this lockbox, would create a critical pause that could allow time for the suicidal impulse to subside without irreversible action.

The VFW appreciates the provisions that would enhance efficient, effective outreach and program implementation by authorizing VA to partner with organizations experienced in firearm safety and secure storage devices. We also strongly agree with the guardrails that would ensure the program is fully voluntary and would not impede lawful firearm ownership. The program would not require firearm registration, collect or track personally identifiable firearm-related data, or create any list of participating veterans. It would also prohibit resale of the VA-furnished lockboxes. We believe the annual congressional reporting requirement would strengthen oversight and accountability by documenting program utilization, outreach effectiveness, obstacles to participation, and recommendations for improvement.

S.1116, Ensuring Veterans' Final Resting Place Act of 2025

The VFW supports this proposal to authorize VA to provide an urn or commemorative plaque as personal property to the next of kin of a decedent who dies on or after January 5, 2021, but who is not interred in either a private cemetery or in a national, state, tribal, or county veterans cemetery. Current law prohibits additional burial benefits, including interment in a VA cemetery, for a veteran decedent after the next of kin chooses the urn or commemorative plaque option. However, qualified family members retain eligibility for burial in a VA national cemetery, which creates a situation in which the entire family would not be interred together. We agree that future interment of an urn alongside eligible family members is an appropriate option for VA to provide so survivors may choose how to best memorialize their loved ones.

S.1657, Review Every Veteran's Claim Act of 2025

The VFW supports this legislation to amend Title 38, United States Code, Section 5103A(d) to prevent VA from denying a disability claim solely based on missing a compensation and pension (C&P) examination. Veterans miss appointments for many reasons and would benefit from flexibility in the process. This proposal would be a positive development and should facilitate continued improvements. However, we suggest modifying the text to clarify that VA must adjudicate the claim using the evidence of record when the available information clearly establishes the existence and severity of the claimed disability and would result in a favorable outcome for the claimant. Conversely, when the existing evidence does not adequately demonstrate the claimed disability, a C&P examination must remain mandatory to ensure a fully informed decision.

The VFW has assisted countless veterans who had to reapply for benefits because they missed examination appointments. Restarting a disability claim solely for this reason is burdensome and unnecessary. In such a case, we recommend returning the claim file to the work queue with a specific flag denoting "missed medical examination." This method would enable the veteran to resume processing the claim at the point of the missed appointment instead of starting over from the beginning.

S.1665, OATH Act of 2025

The VFW supports this legislation to ensure that veterans who participated in secrecy oath programs receive their full earned VA benefits. These veterans were prohibited under penalty of court-martial or civilian prosecution from disclosing details about their service, such as locations, assignment dates, or duties. This restriction has historically prevented them from filing claims for VA disability compensation and health care for service-connected conditions, effectively excluding them from the claims process. The legislation would define the term "secrecy oath program" in United States Code for clarity, and require VA to identify affected individuals within 90 days of their release from such program and inform them of all benefits to which they are entitled. However, to ensure appropriate transparency, the legislation should provide an unclassified description of the methodology VA would use to identify the affected veterans.

Additionally, we recommend clarifying Section 4 regarding effective dates. Current language could unintentionally assign retroactive effective dates to claims, including secondary conditions, even if the condition did not exist at the time of the claimed earlier date. The legislation should explicitly address how effective dates are applied to initial and secondary claims to prevent misinterpretation.

S.1868, Critical Access for Veterans Care Act

The VFW supports this legislation to expand access to veterans to Critical Access Hospitals (CAHs) and affiliated clinics under the Veterans Community Care Program (VCCP). This legislation resolves a significant gap in the VCCP that currently places unnecessary financial and administrative burdens on veterans. Currently, when a veteran is referred to an approved Community Care Network (CCN) provider that performs procedures at an affiliated hospital not listed in the VA referral, VA often denies payment for facility charges. This legislation would

ensure that if the provider is VA-approved, the location where care is delivered is also covered. This is an essential improvement for veterans in rural and underserved areas who rely on these hospitals for procedures their clinics cannot perform. CAHs are small rural facilities certified by the Centers for Medicare and Medicaid Services that provide vital local access to care. For many veterans, these hospitals are the only accessible medical settings. Allowing these hospitals to deliver authorized services under the VCCP would expand timely access, reduce travel burdens, and strengthen continuity of care.

At the same time, the VFW would like to stress that expanded access must not come at the cost of quality control or erosion of VA's core capacity to deliver comprehensive, veteran-centered care. This legislation would improve flexibility where authorized care can be delivered while maintaining VA's oversight role. By closing administrative gaps that lead to denied claims and unexpected veteran expenses, this legislation would protect veterans from financial harm and ensure that referrals function as intended.

S.1992, Veterans Appeals Efficiency Act of 2025

The VFW supports this legislation to expand the authority of the Board of Veterans' Appeals (BVA) to improve the efficiency of the appeals process, reduce the backlog of appeals at BVA, and allow appellants to receive quicker decisions. Veterans can wait as long as two years for an appeal decision, depending on the docket, and some veterans wait significantly longer if they request a hearing. Unfortunately, BVA cannot reduce or eliminate its current appeals inventory of approximately 200,000 cases (as indicated in the BVA fiscal year 2024 annual report), by operating at its current rate. With a projected 100,000 new cases for 2025, faster yet accurate decisions are not possible without streamlining BVA policies and procedures. This legislation would allow for aggregation of claims enabling BVA to decide multiple claims simultaneously, accelerating the decision process. Since BVA does not currently have express authority in statute to aggregate similar claims from multiple veterans, it does not presently use this method.

This legislation would direct VA to enter into an agreement with a federally funded research and development center to assess the feasibility of giving BVA precedential authority. If supportable, this authority would reduce repetitive litigation over the same legal issues and help streamline the appeals process. Regarding the United States Court of Appeals for Veterans Claims, the legislation would expand its authority to certify class action. This expansion could systematically resolve widespread issues rather than addressing them on a case-by-case basis, providing another mechanism to streamline appeals processes and accelerate adjudication.

Furthermore, there is a lack of specific guidance when a veteran's appeal is not only eligible to advance on the docket but also when it is likely to be decided, which leads to an inconsistent appeals process. This legislation would remedy that situation by directing VA to prescribe guidelines for the advancement of a case on the docket including the type of evidence a veteran may submit with a motion to advance the case. However, the VFW recommends that any collection of data for advancement on the docket include the effect of natural disasters, as they may substantially delay the process. Recent natural disasters that resulted in BVA invoking emergency authorities caused significant delay for long docketed appeals.

The legislation's reporting regimen would enhance oversight of VA's appeals process and increase transparency. Better data tracking as described in the legislation would standardize how VA monitors its claims, which could help identify and remedy information bottlenecks. In addition, to ensure the accuracy of the data, the VFW suggests adding a subparagraph (F) to the proposed Title 38, section 5109C, to track instances in which an eligible person requests to be a substitute for a deceased claimant for the purpose of processing the claim to completion.

Lastly, this legislation would codify the Court's authority to issue limited remands to BVA and require the Court to issue procedural rules. In previous testimony, the VFW expressed that there has been a problem with too much overdevelopment of claims. In fiscal year 2024, the Court remanded 83 percent of appeals back to BVA because of legal errors in BVA-issued decisions. Limited remands occur when the Court orders BVA to address specific issues on which it erred without requiring BVA to issue a new decision on the entire, perhaps lengthy and multi-issue appeal. Limited remands increase efficiency by eliminating the need to review a second time those issues on which BVA did not previously err. Though the Court has the authority to issue limited remands, it has not codified the process in which a veteran can request a limited remand and when the Court should issue one. As a result, such actions are rare.

S.2061, Molly R. Loomis Research for Descendants of Toxic Exposed Veterans Act of 2025

The VFW supports this legislation to initiate comprehensive research into birth defects in the descendants of toxic-exposed veterans. While VA currently presumes a connection between certain toxic exposures and adverse health conditions among veterans and active duty service members, the intergenerational effects of these exposures remain largely unknown.

This proposal would build upon the foundation of the Interagency Working Group on Toxic Exposure (known hereafter as the "Working Group") established in Section 501 of the *Honoring our PACT Act of 2022* (Public Law 117-168). The Working Group would further establish task forces to collaboratively research the diagnoses and treatment of health conditions affecting the descendants of veterans exposed to toxic substances during military service.

The VFW appreciates the provisions that would enhance transparency, accountability, and oversight. In coordination with the Agency for Toxic Substances and Disease Registry, the Working Group would create and maintain a publicly accessible website detailing the agency's activities, findings, and data reviews assessing the strength of evidence linking eligible health conditions to toxic exposure activities. Furthermore, the legislation would require regular reporting to the Senate and House Committees on Veterans' Affairs, ensuring robust congressional oversight of the Working Group and its research task forces. These measures would strengthen public trust, promote scientific integrity, and help advance understanding of the long-term generational health impacts of toxic exposure in military service.

S.2220, FORGOTTEN Veterans Act of 2025

The VFW supports this legislation to recognize service members who served at classified locations within the Nevada Test and Training Range (NTTR) as having participated in a

radiation risk activity qualifying them for VA health care and benefits. Because the NTTR is a classified location, affected veterans have been unable to substantiate their service or exposure history.

The VFW appreciates the provision to expand the Individual Longitudinal Exposure Record to include domestic occupational and environmental hazard data. This expansion would improve claims processing related to domestic toxic exposures and research capabilities while also maintaining appropriate safeguards for classified information.

Furthermore, this legislation would establish a presumption of service connection for Department of Defense (DOD) personnel who served at shared DOD and Department of Energy (DOE) facilities, aligning their eligibility for VA benefits with those of DOE employees already covered under the *Energy Employees Occupational Illness Compensation Program Act* of 2000.

S.2264, AVERT Crises Act of 2025

The VFW supports this legislation to improve VA's emergency management capabilities. This legislation seeks to enhance VA's readiness for natural disasters, pandemics, and large-scale emergencies, as well as its role in national emergency response, known as its "Fourth Mission." Focusing on foundational groundwork for future reforms centered on analysis and reporting rather than immediate sweeping changes, the short-term costs are minimal. However, the potential long-term benefits include significant improvements in efficiency, readiness, and the continuity of care for veterans.

This legislation would require VA to compile a series of reports that would codify the roles and responsibilities of VA offices involved in emergency management; assess and document the current capabilities of VA Regional Readiness Centers to respond to various emergencies; and identify limitations in fuel and other resource-sharing agreements between VA and the Federal Emergency Management Agency. The VFW appreciates these reporting requirements and the resulting assessment of VA's emergency response capabilities. Understanding and addressing the gaps in preparedness will ensure that VA could effectively fulfill its Fourth Mission responsibilities when necessary, while simultaneously supporting veterans.

S.2309, Veteran Burial Timeliness and Death Certificate Accountability Act

The VFW supports this legislation to require the timely certification of deaths, mandating that death certificates be completed no later than 48 hours after the veteran's physician or nurse practitioner is notified. In cases in which the physician or nurse practitioner cannot comply with this requirement, the coroner or medical examiner in the jurisdiction of the death may do the certification. This legislation would remedy excessive delays, sometimes as long as eight weeks, by VA physicians signing death certificates. Survivors depend on these certifications to arrange burials and apply for survivor benefits. Delays in issuing death certificates can cause significant financial and emotional hardship for these grieving families. Additionally, we recommend including a provision that would direct the certifying official to consider the veteran's service-connected conditions when determining the cause of death. Eligibility for survivor benefits is predicated on the service-connected condition contributing to the death so this information is critical to making that determination.

To maximize the effectiveness of the new VA initiative, Congress should mandate a clearly defined project scope that specifies the target veteran population, participating sites, and anticipated outcomes. VA should also be required to collect comprehensive data from veterans and caregivers to evaluate satisfaction, access, and safety. Additionally, robust reporting and evaluation provisions in the legislation would enable Congress to monitor the program, determine its effectiveness, and make evidence-based decisions regarding its expansion or modification.

Veterans have earned their burial benefits, and this legislation aims to fulfill the promise made to them and their families. Individuals who served our country deserve to have their final rites conducted with dignity, promptness, and accuracy. The importance of this cannot be overstated. By strengthening public trust in VA, we demonstrate that the system effectively supports veterans when it matters most.

S.2328, Military Learning for Credit Act of 2025

The VFW supports this legislation to allow veterans to use their education benefits to pay for examinations and assessments that convert military experience into college credit. These include College-Level Examination Program tests, DANTES Subject Standardized Tests, the National Career Readiness Certificate, and portfolio assessments by colleges that evaluate military training or experience, in addition to similar examinations approved by VA.

Veterans bring valuable skills and knowledge from their military service. This proposal recognizes that the unique experience obtained through defending our nation should equate to transferable credits or advanced standing credits in the pursuit of higher education. This legislation would serve as a means to accelerate academic progress, reduce out-of-pocket costs, and transition more efficiently into civilian careers. This coincides with the VFW's goal of expanding use of GI Bill benefits and improved access to academic credit for prior learning.

S.2333, Health Records Enhancement Act

The VFW supports this legislation to permit a designated individual to add supplementary information to a decedent's medical record. Under this legislation, the Secretaries of Defense and Veterans Affairs would jointly develop a process to identify this individual—an immediate family member or another adult specifically authorized for this purpose. This person would be permitted to add information to the medical record but not delete or alter existing information.

Allowing these contributions would help complete the medical record with first-hand observations of the veteran's condition and response to treatment during the final days. A more comprehensive record would enhance understanding of patient outcomes, support research, and help identify trends that could improve future health care delivery.

S.2397, CARING for Our Veterans Health Act of 2025

The VFW supports this legislation to implement improvements to health care delivery through

VA's community care providers. It would direct VA to develop guidelines to help its medical centers obtain final medical documentation after veterans receive services from community providers following a referral. This legislation would also mandate the establishment of clear goals and performance metrics to ensure the collection of both initial and final medical documentation from these providers.

Overall, this legislation represents a positive and necessary step toward improving the quality of care for veterans. Enhancing the coordination and accuracy of medical documentation would support better continuity of care. By including measurable goals and mandatory training, the legislation would promote accountability and consistency among care providers, reducing variability in service quality. Additionally, the requirement for regular reporting to Congress introduces transparency, allowing for oversight and fostering public trust. If implemented effectively, the legislation could significantly enhance the experience and outcomes for veterans receiving health care within the VA system and through community providers.

S.2683, VSAFE Act of 2025

The VFW supports this legislation to require VA to establish a Veterans Scam and Fraud Evasion Officer position. Scammers frequently target veterans due to their presumed benefits, service history, and public recognition. The August 2023 *VA Fraud Prevention Kit* cited a 2021 American Association of Retired Persons study that found 78 percent of veterans were targeted by scams exploiting their military service. The scope of the problem is significant. According to the *Consumer Sentinel Network Data Book 2023*, published by the Federal Trade Commission in February 2024, more than 150,000 veterans and military retirees reported fraud in 2023 with losses exceeding \$350 million.

In response, VA launched its VSAFE webpage and a companion fraud hotline in 2024. This legislation would codify these initiatives and consolidate all VA fraud prevention efforts under the Veterans Scam and Fraud Evasion Officer. This person would serve as the central point of contact for fraud prevention, information sharing, and response coordination, while collaborating with other federal agencies to advance a whole-of-government strategy against veteran-targeted fraud. Additionally, this person would engage with Veterans Service Organizations and government partners to identify emerging scam risks and strengthen protections for veterans.

S.2737, Veterans National Traumatic Brain Injury Treatment Act

The VFW supports this legislation to improve access to care for veterans with complex traumatic brain injury (TBI) through a pilot program offering hyperbaric oxygen therapy (HBOT). Our organization remains committed to exploring alternative treatments for post-traumatic stress disorder (PTSD) and TBI, especially for veterans who have not had success with standard therapies. We further acknowledge that VA continues to lead in adopting emerging technologies and innovative care models.

We also emphasize the importance of such a program being implemented responsibly. Clear, evidence-based clinical standards and strong VA oversight are necessary to ensure that alternative therapies such as HBOT are safe, effective, and well-coordinated within a veteran's broader treatment plan.

S.2807, RESPECT Act of 2025

The VFW supports this legislation to close a gap in current law preventing the disinterment of certain sex offenders interred before 2013. This legislation would authorize federal officials to reconsider interment decisions made on or after June 18, 1973, for individuals credibly accused of sex offenses buried in cemeteries managed by the National Cemetery Administration or at Arlington National Cemetery.

Under current law, reconsideration is limited to interments after December 2013. This legislation would ensure consistent policy irrespective of the interment date. It would also address survivors' concerns about their loved ones resting alongside individuals who would otherwise be disinterred if not for the pre-2013 technicality.

Draft Legislation, Fisher House Availability Act

The VFW supports this legislation to require VA to expand eligibility for use of temporary lodging facilities, such as Fisher Houses, on a space-available basis to certain TRICARE beneficiaries. Fisher Houses provide no-cost temporary lodging for families of veterans receiving treatment at VA medical centers. This expansion is needed because many service members and military families lack affordable lodging when they must travel long distances for specialized medical care. VA Fisher Houses mainly serve veterans and their families. However, active duty personnel, especially National Guard and Reserve members or those treated at VA facilities due to proximity, often cannot access this support.

We ask lawmakers to support this effort by ensuring service members, their families, and active duty individuals can use these facilities when space is available. This would reduce financial hardship, support care continuity, improve readiness, and strengthen family support, especially in rural areas where medical services are far and lodging is the main barrier.

Draft Legislation, Leveraging Integrated Networks in Communities for Veterans Act

The VFW supports this proposed legislation to require VA to establish a community integration network pilot program to provide a coordinated, holistic suite of services for veterans. Instead of researching separate, stove-piped programs, veterans would be able to access the network and build a package of services in one stop tailored to the veteran's needs. Under the pilot, VA would select at least one facility in each Veterans Integrated Service Network in which to implement an interoperable technology network to connect public and private service providers. Services could include housing, health care, nutritional support, job training, transportation, child care, caregiving, disability claims assistance, suicide prevention, sexual assault treatment, legal services, and other veteran-centered support.

The program would ensure compliance with federal and state privacy laws, effectively manage referrals and outcomes, integrate standardized social determinant risk assessments into routine VA care, and coordinate with existing community networks and Medicaid programs. Reporting and oversight provisions would track improvements or deterioration in veterans' health outcomes and access to services. Assuming timely and effective implementation, the VFW believes this

coordinated approach would benefit veterans by informing them of what is available and providing easy access to a variety of services.

Draft Legislation, SERVE Act

The VFW supports this legislation to improve collaboration and resource sharing between DOD and VA to expand health care access for veterans, particularly those living near military medical treatment facilities. This initiative would enable veterans, especially those in rural or underserved areas, to utilize nearby military medical facilities, which would help reduce travel time and minimize appointment delays. Leveraging DOD facilities with unused capacity would minimize waste and optimize government health care resources. This approach would encourage the integration of systems, cross-credentialing of staff, and joint training, ultimately promoting a continuity of care for both active duty personnel and veterans.

This legislation would enhance transparency by providing public reports on VA-DOD sharing agreements and establishing oversight through coordinated action plans and performance monitoring. Although successful implementation would require careful management of funding, staffing, and data integration, this proposal represents a significant step toward ensuring that no available federal health care capacity goes unused when it can be utilized to help veterans in need.

Draft Legislation, Improving Access to Care for Rural Veterans Act

The VFW supports this legislation to establish partnerships between VA medical facilities and rural hospitals to improve health care access for veterans residing in rural areas. The proposal would require each VA medical facility to establish a partnership with at least one hospital located in a designated rural area. We recommend that the term “rural” be clearly defined within the legislation to ensure that partnerships are formed with hospitals that genuinely serve rural or underserved veteran populations, aligning with the legislation's intent.

Furthermore, the current language states that each partnership “may include” activities such as shared telehealth services, co-located clinics, joint training, and coordinated emergency care. To ensure consistency and measurable outcomes across the VA system, we recommend this language be revised to state that each partnership “shall include” at least one of the following: agreements for telehealth service provision; co-location or leasing of space or equipment; training programs, care coordination, emergency services and transport; or other activities deemed appropriate to improve access and continuity of care for veterans.

The legislation’s inclusion of clear timelines, oversight requirements, and biennial reporting would foster accountability and continuous improvement. However, successful implementation would require adequate funding, workforce capacity, and systemwide coordination to address infrastructure and resource challenges.

Draft Legislation, Commission on Equity and Reconciliation in the Uniformed Services Act

This proposal would establish a Commission on Equity and Reconciliation in the Uniformed

Services to investigate and address the impacts of DOD and VA policies affecting LGBTQ+ service members and veterans, recommend remedies, and educate the public on institutionalized discrimination. The VFW does not have a position on most provisions within Sections 2 through 7 of this proposed legislation, including the Commission's establishment and duties, membership, powers, administration, termination, and funding, as these topics fall outside the scope of the VFW's member-driven resolutions.

The VFW supports certain provisions within this proposal that address discharge upgrades and redress for denied health care and benefits. Specifically, the VFW supports Section 2[b][1][B] to direct the Commission to document how VA policies have affected eligibility for, and access to, benefits for service members discharged due to sexual orientation or gender identity, Section 2[b][9] to examine the impacts of denied medically necessary health care on service members and veterans, and Section 2[b][14] to recommend appropriate remedies to address the Commission's findings.

The VFW also supports specific remedies outlined in the proposal. This includes Section 2[14][C] to restore gender-affirming services and care within DOD and VA for service members, veterans, and other beneficiaries. These services had previously been provided by both departments, and we do not support reducing or eliminating the full suite of care for service members and veterans. For those who were actively receiving treatments, the elimination of their medical services has been detrimental to many, impacting their health, wellbeing, and ability to serve at their full potential.

The VFW also supports Section 2[14][D] to streamline discharge upgrades and amendments to military records, including improving transparency and accessibility for affected individuals. We support Section 2[14][G] to expand health care and other resources to meet the needs of LGBTQ+ patients, including improved data collection, mental health counseling, and other medical services; and Sec. 2[14][H] to review burial rights denied to service members and veterans prematurely discharged under prior DOD policies.

Draft, Get Justice Involved Veterans BACK HOME Act

The VFW supports the intent of this proposal to expand VA mental health services for incarcerated veterans. It would require VA to conduct a pilot program to provide mental health care in correctional facilities, prioritizing those with a service-connected disability for PTSD, TBI, or military sexual trauma (MST). It requires VA to deliver services through telemental health or mobile units, establish dedicated veteran housing units in federal prisons where feasible, and automatically resume compensation payments upon release. It would also amend section 10132 of Title 34 to collect data pertaining to incarcerated veterans for an annual report to Congress.

The VFW has concerns about two provisions. First, Section 2(e)(2), Treatment and Assessment, states that "a health care provider providing mental health care under the pilot program shall provide treatment and assessment of medical conditions and is not to provide assessment or evaluation of current or future disability claims." This conflicts with the VFW's long-standing position that VA health care providers should be allowed to provide medical nexus opinions and supporting documentation for disability claims, as they have direct contact with the veterans they

treat. As written, this provision could inadvertently discourage or prevent incarcerated veterans from filing disability compensation claims.

Second, the VFW recommends revising the language in Section 2(a) that would prioritize treatment for PTSD or MST. We recommend that the text refer more broadly to veterans with mental health conditions, since the Veterans Affairs Schedule for Rating Disabilities does not currently differentiate between types of mental health conditions, except for eating disorders. Moreover, MST is not itself a mental health condition, rather VA recognizes conditions that result from MST.

Chairman Moran and Ranking Member Blumenthal, this concludes my testimony. I am prepared to answer any questions you or members of the committee may have.