

STATEMENT OF
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BEFORE THE
UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

Pending Legislation

Washington, D.C.

February 25, 2025

Chairman Bost, Ranking Member Takano, 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, thank you for the opportunity to provide remarks on this proposed legislation.

H.R. 472, Restore VA Accountability Act of 2025

The VFW has previously supported this legislation that would streamline authorities to suspend, demote, or fire employees of the Department of Veterans Affairs (VA) who have been determined to warrant such action. We had also supported the *Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017* (Public Law 115-41) because the VFW had seen examples of VA's inability to hold certain employees accountable. While this proposal would restore the original intent of the law that had technical gaps and was not implemented effectively, we would like to express our disappointment at how the recent dismissals of VA employees have been handled.

The VFW fully agrees that the VA Secretary should have the ability to remove bad employees from their roles, but we do not agree with using authorities this proposal would provide to arbitrarily remove competent and capable employees simply as a cost-cutting measure. Reduction in Force efforts should not be bluntly used at VA in order to satisfy an arbitrary budget goal. VA should always be fully staffed with competent and capable employees in order to serve the men and women who have earned their VA health care and benefits.

Two weeks ago, Secretary Doug Collins announced VA fired more than one thousand employees. Nowhere in his message did it explain what warranted that action. Members on this committee regularly say VA needs to weed out the bad actors, but the dismissal of more than one thousand employees was not done because it was warranted, instead it was done because it was easy. Among the employees who were let go were veterans and military spouses. Some of these firings have been rescinded because they were key positions, but that is not the case for all of the

dismissals. Before this committee advances this bill, we believe there needs to be proper oversight to ensure the men and women who serve our veterans, caregivers, and survivors are not fired arbitrarily from their crucial roles.

H.R. 740, Veterans' ACCESS Act of 2025

The VFW supports this proposal that would provide overall enhancements to the VA Community Care program. Since the passage of the *MISSION Act of 2018*, VA has not implemented this program consistently across its entire network. Veterans deserve consistency in their care, and this is a good step toward providing it. While this proposal does not address VA direct care, we would be remiss to not remind this committee that some of the reasons community care appointments and costs are increasing is because VA cannot provide many of these vital services. Care in the community is VA care, but providing resources for care *only* in the community and not also for VA direct care can lead to a less capable VA, which would be detrimental to veteran care.

Sec. 101- The VFW supports the codification of access standards for the VA Community Care Network (CCN). These access standards have been in place for years and, although they were arbitrarily adopted from old TRICARE access standards for retirees, the standards have not changed and have not been problematic for veterans since the enactment of the *MISSION Act*. The issues with CCN we have heard from our members are not due to the geographic or wait times to access this type of care. Enough time has passed since the initial implementation that we are comfortable codifying these standards.

Sec. 102 - The VFW supports this portion of the bill that would require veterans to be notified of eligibility for community care. Too many veterans need to advocate on their own to access care in the community. If this care is to be provided appropriately to veterans, then it should be transparent and accessible and not hidden behind levels of bureaucracy.

Sec. 103 - We support this provision to include a veteran's preference in the determination for community care. We understand this addition does not mean a veteran's preference is the sole factor for accessing community care, but it should be part of the consideration.

Sec. 104 - We support this provision to provide a notification of denial to veterans.

Sec. 105 - We support this provision to discuss telehealth options that are acceptable to veterans.

Sec. 106 - We support this provision to extend the deadline for payment claims of providers by an additional six months. TITLE II of this bill addresses improvements to certain VA mental health treatment programs. The VFW is pleased to see language that would improve the policies and processes that govern access to VA's Mental Health Residential Rehabilitation Treatment Program (MH RRTP) as we recognize it needs serious attention. However, we would ask the standards for accessing these programs be thoughtfully considered due to their different nature. Priority admission standards should be developed differently than routine admission standards because many of these programs, whether VA-provided or in the CCN, are not local to veterans.

MH RRTP locations are often secluded and situated in rural areas as part of the provided treatments. The fact that they are often intentionally situated away from population centers means many veterans would automatically be eligible for referral to community-based services regardless of where they live. We believe a carefully considered combination of wait times and geographic boundaries must be considered for routine admissions, rather than arbitrary calculations based on entirely different treatment programs such as standard VA mental health care.

Veterans in crisis must receive timely, quality, and consistent care that aligns with their needs while also accounting for their individual preferences where feasible. We feel the proposed 48-hour deadline for residential treatment screening and admissions decisions has the potential to save lives and mitigate instances of veterans losing trust in VA's ability to provide or facilitate care when they need it most. As we collectively look to improve help-seeking behaviors among veterans, Congress and VA must ensure resources like these are equipped to meet veterans where they are without bureaucratic hurdles or inefficiencies undermining such efforts.

To that end, we would like this committee to consider including a provision that also prohibits barriers to accessing the breadth of community-based residential treatment programs that are available and commonly tailored to veterans. One VFW member recently sought but ultimately gave up on receiving residential mental health care through VA because the program the provider determined would best meet the care needs was in the wrong network. Other available programs that met treatment needs and preferences like gender-specific programming were similarly out of network.

With rare exceptions, veterans referred to residential treatment via CCN are able to access only programs that are physically located within their respective jurisdictions, each of which is managed by either Optum Serve or TriWest Healthcare Alliance. While this structure works relatively well for common needs like orthopedics and diabetes care, the same cannot be said for mental health and substance use disorder (SUD) programs that are limited in number, highly specialized, and variable in terms of medical expertise and treatment methods. Arbitrarily restricting program access based on administrator network boundaries limits VA's ability to coordinate timely and appropriate residential mental health and SUD care for veterans. While this is not in statute, it is in practice at VA and needs to be rectified.

Sec. 301 - The VFW generally supports the idea of this provision but would recommend instructing VA, to the extent possible, to purchase an existing platform instead of building its own. The existing language in this proposal directs VA to develop and implement a plan to establish an online interactive self-service module. However, VA is historically inept at developing its own IT platforms and a self-service module would be a great improvement for VA care, as long as it is done properly.

We support this proposal, and the community care provisions in the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* because community care is a program that needs improvements. We would be remiss to not mention the underlying cause of some community care problems is VA's current inability to perform some of this care. VA direct care and community care can complement each other to provide a full suite of services for

veterans. Often CCN is used to relieve the burden of care VA cannot directly provide. But only providing additional resources to the community care portion of VA care will continue to exacerbate the problems with VA internal capacity. We urge this committee to not only fund community care improvements but also continue to improve direct VA care so this “pressure relief valve” is not overused.

H.R. 1041, Veterans 2nd Amendment Protection Act

The VFW supports this proposal to protect Second Amendment rights for veterans and to establish due process for those who have been assigned fiduciaries by VA before referring them to the National Instant Criminal Background Check System (NICS). We supported this bill over fifteen years ago when this issue was brought to the VFW’s attention and will continue to support this proposal until it is passed into law.

The VFW hears from veterans that a negative consequence of VA’s current practice is that they are hesitant to seek mental health care because they fear their firearms will be taken away. This has created a significant stigma surrounding mental health and has created a barrier to care for many. This perception is difficult to change. The VFW continues to encourage veterans to use their earned VA health care, including the world-class, veteran-specific mental health services that VA provides. The VFW has also been involved in numerous efforts to reduce veteran suicide, including urging that veterans in distress temporarily give their firearms to a trusted friend or consider using trigger locks to lessen the ease of using a firearm to harm themselves. The VFW also believes in looking at the economic factors veterans face that can put them at risk for death by suicide, as we know suicide is not solely a mental health or firearm issue.

Few veterans that the VFW represents in the VA disability claims process are assigned a fiduciary, and of those it is very rare that our accredited representatives are asked to assist in appealing the decision. Even though we understand the issue of fiduciaries likely affects a small percentage of veterans, we argue that every veteran deserves protection of their constitutional rights.

H.R. XXX To amend title 38, United States Code, to prohibit the Secretary of Veterans Affairs from transmitting certain information to the Department of Justice for use by the national instant criminal background check system

The VFW does not support this legislation. As written, the bill does not contain safeguards to reasonably ensure that beneficiaries with VA-assigned fiduciaries are not a danger to self or others prior to removal from NICS.

Between January 1, 2009, and March 14, 2024, VA referred more than 258,000 incompetent veteran beneficiaries for inclusion in the NICS index. Of this number, nearly 40 percent of these veterans were diagnosed with serious conditions like dementia or schizophrenia. Accordingly, automatic and unconditional NICS removal of beneficiaries with VA-fiduciaries could include people whose underlying injury or disease may indicate a heightened threat of harming themselves or others. We ask this committee to carefully restore veterans’ rights while not inadvertently causing them harm.

H.R. XXX, Student Veteran Benefit Restoration Act of 2025

The VFW supports this legislation to protect student veterans and their earned education benefits from schools that commit fraud. Instances of fraud could include United States Code, Title 38, Section 3696 violations of substantial misrepresentation through advertising, marketing, recruiting, and enrollment practices. It would also include programs without approval by a State Approving Agency (SAA) and schools found guilty of fraud by a court of competent jurisdiction.

This legislation would require VA to restore the education entitlements to the student, and the school would be required to repay VA the associated funds it had received. As written and if passed into law, the protections would apply to future violations of fraud. We recommend including retroactive restoration of education entitlements for students who could be affected prior to enactment.

We also recommend that the provision regarding programs not approved by SAAs be clarified. Currently, schools without SAA approval do not receive VA education funding. However, if clarified this could be a useful protection to students who are unable to complete their programs if SAA approval were removed due to fraud after they had begun.

Chairman Bost, Ranking Member Takano, thank you for the opportunity to present our views today. I am prepared to answer any questions you may have.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2025, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.