STATEMENT OF

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VETERANS OF FOREIGN WARS OF THE UNITED STATES

FOR THE RECORD

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH

WITH RESPECT TO

Pending Legislation

Washington, D.C. June 30, 2026

Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, 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 testimony regarding this pending legislation.

H.R. 4398, Veteran Burial Timeliness and Death Certificate Accountability Act

The VFW supports this legislation to require a physician or nurse practitioner employed by the Department of Veterans Affairs (VA) who served as a veteran's primary care provider to certify said veteran's death from natural causes within 48 hours of being notified of the death. This would address reported delays of up to eight weeks in VA death certification that can postpone burials and delay access to survivor and burial benefits. It also allows local coroners or medical examiners to certify the death if VA misses the deadline, and requires reporting to Congress on delayed certifications. Timely certification would help reduce unnecessary financial and emotional hardship for grieving families.

H.R. 4805, WINGS Act

The VFW supports this legislation to require VA to conduct a comprehensive, long-term study on the physical, cognitive, and psychological effects of military aviation service, focusing on the cumulative impact of G-force exposure and high-performance flight operations. Military aviators are repeatedly exposed to G-forces, pressure changes, and other physiological stressors, yet significant questions remain about the long-term neurological, cognitive, and mental health effects. The VFW appreciates that this research would help better understand the link between military aviation service and conditions such as traumatic brain injury, cognitive impairment, depression, post-traumatic stress disorder, suicide risk, and neurodegenerative conditions. Expanding research in this area may enhance prevention strategies, clinical treatment, disability evaluations, and long-term health outcomes for veterans who were military aviators.

H.R. 6038, Improving Veteran Access to Care Act

The VFW supports this legislation to require VA to establish an integrated project team to improve its health care appointment scheduling. This initiative aims to enhance efficiency, accessibility, and timeliness by modernizing the scheduling process, reducing wait times, and improving veterans' access to care. The enactment of the *Honoring our PACT Act of 2022* (Public Law 117-168) created an increased demand for VA health care and further underscores the need to improve the scheduling system.

H.R. 6835, Veterans STAND Act

The VFW supports this legislation to strengthen and standardize VA's delivery of preventive health evaluations and access to technologies for veterans with spinal cord injuries and disorders. Although VA offers many of these services through its Spinal Cord Injuries and Disorders System of Care, access and availability differ among facilities. This legislation would provide consistent annual evaluations nationwide and expand access to innovative assistive technologies that enhance mobility, independence, and quality of life. Codifying these services in statute and enhancing accountability through reporting requirements would help ensure veterans receive timely, comprehensive, and proactive care regardless of location. The VFW believes this legislation builds on VA's existing framework to modernize care, reduce preventable complications, and better support long-term health outcomes for this vulnerable population.

H.R. 9018, Fostering TRUST Act of 2026

The VFW supports this legislation to require the Secretary of VA to notify Congress when a veteran dies by suicide or attempts suicide at a VA facility or a facility participating in VA's Community Care Network. The legislation also would require that each notification include suicide prevention guidance, information on warning signs, Veterans Crisis Line resources, counseling services, and lethal means safety information, while safeguarding the privacy and dignity of veterans and their families.

The VFW remains concerned about suicide rates among veterans receiving VA health care or VA-coordinated community care. Despite significant investments in prevention programs, crisis intervention, and mental health care, veteran suicide continues to be a significant problem. While transparency is important, Congress should also ensure that oversight protects sensitive information. The VFW welcomes further discussions on implementation and reporting requirements.

Discussion Draft - to expand the eligibility of veterans with service-connected disabilities who reside in certain territories or the Freely Associated States for payments or allowances for beneficiary travel

The VFW supports this legislation to expand eligibility for VA beneficiary travel payments and allowances for veterans with service-connected disabilities who reside in U.S. territories or the Freely Associated States where no VA medical facility is available. Current law provides beneficiary travel eligibility for veterans who meet certain statutory criteria, including veterans

with service-connected disabilities rated at 30 percent or higher, veterans traveling for treatment of a service-connected condition, veterans receiving a VA pension, and veterans who meet financial need requirements. This legislation would remove the 30 percent disability rating requirement for veterans with service-connected disabilities who reside in covered jurisdictions without a VA medical facility, allowing them to receive beneficiary travel reimbursement regardless of disability rating.

Veterans living in U.S. territories and the Freely Associated States often face significant travel burdens that veterans in the continental United States do not. When VA care is unavailable locally, these veterans may be required to travel long distances by air or sea to access earned health care benefits. Requiring veterans with service-connected disabilities to absorb these costs simply because they live where no VA medical facility exists creates an unnecessary barrier to care.

The VFW believes travel assistance should reflect the realities of geographic isolation. Veterans with service-connected disabilities rated below 30 percent face the same travel obstacles as those with higher ratings when no local VA facility is available. This legislation appropriately addresses that inequity by ensuring that disability rating alone does not prevent eligible veterans in these jurisdictions from accessing needed VA care.

Discussion Draft – MOU with CMS

The VFW supports this legislation to direct the Secretary of VA to pursue a memorandum of understanding with the Secretary of Health and Human Services within one year of enactment. This agreement would enable reciprocal data sharing between the Veterans Health Administration (VHA) and the Centers for Medicare & Medicaid Services (CMS). Its goal is to identify veterans enrolled in both VA health care and Medicare, Medicaid, or Medicare Advantage plans to reduce duplicative, improper, or erroneous billings and payments. The legislation also requires biennial reports to Congress on the effectiveness of the agreement in improving payment integrity and reducing duplicate payments.

The VFW supports efforts to improve accountability and reduce fraud, waste, and improper payments within VA health care. Improved coordination between VA and CMS can enhance stewardship of taxpayer resources and reduce administrative inefficiencies. However, implementation must protect veterans' privacy, limit data sharing appropriately, and avoid delays or complications in veterans' access to health care.

Discussion Draft – Foreign Medical Program Integrity and Improvement Act

The VFW supports the intent of this legislation to strengthen and modernize VA's Foreign Medical Program, which reimburses eligible veterans living or traveling overseas for treatment of service-connected disabilities. The VFW supports the provisions that would enhance program integrity by strengthening fraud prevention and oversight, including prohibiting payments involving deceased veterans or providers; establishing procedures to identify, investigate, and recover fraudulent payments; creating a list of providers found to have submitted fraudulent claims; and designating a Fraud Detection and Prevention Coordinator to oversee these efforts.

These measures would help ensure taxpayer dollars are protected while preserving the integrity of a program relied upon by veterans around the world.

The VFW also supports the provisions that would authorize VA to contract with third-party administrators and implement modern information technology systems to improve claims processing. The Foreign Medical Program has long faced challenges with delayed reimbursements, inefficient claims processing, and outdated administrative systems. Modernizing the program and providing VA with additional administrative tools should improve efficiency, reduce processing times, and help ensure veterans receive timely reimbursement for covered medical care obtained overseas.

However, the VFW does not support the provision that would limit reimbursement for hospital care and medical services to the lesser of the amount billed or the applicable Medicare payment rate. Current law generally reimburses the actual billed cost of covered care. This legislation would fundamentally change the Foreign Medical Program by replacing that approach with a Medicare-based reimbursement ceiling. Because Medicare payment methodologies were developed for the domestic U.S. health care system rather than foreign health care markets, they often do not reflect the actual cost of care in foreign countries. Limiting reimbursement in this manner could shift costs to veterans, leave them responsible for substantial out-of-pocket expenses, or discourage providers from participating in the program, ultimately reducing veterans' access to care overseas. The VFW believes eligible veterans should continue to be reimbursed for the actual amount billed for medically necessary care covered under the Foreign Medical Program. Accordingly, we recommend removing the proposed reimbursement cap while retaining the bill's fraud prevention, oversight, and administrative modernization provisions.

Lastly, the VFW would like to see improvements to the program as outlined in H.R.467, *Foreign Medical Program Modernization Act of 2025*. It addresses several issues experienced by our members abroad and would improve consistency in care and minimize fraud.

Discussion Draft - VHA OPEN Policies Act

The VFW supports this legislation to require the Under Secretary for Health to make all national VHA policies publicly available on an accessible VA website. Within 90 days of enactment, VA must publish all national directives, handbooks, memoranda, guidance documents, and procedure guides needed to understand VHA policy and program implementation. The legislation also requires newly issued or revised national policies to be posted online within 30 days, increasing transparency and ensuring timely access for veterans, caregivers, Veterans Service Organizations (VSOs), and other stakeholders.

The VFW has consistently advocated for greater transparency and accountability within VA. Public access to national VHA policies would help veterans understand health care decisions, enhance VSOs' ability to advocate for veterans, and strengthen congressional oversight. The VFW urges VA to keep published policies current, searchable, and accessible, while safeguarding information that could compromise security or patient privacy.

Publishing a comprehensive list of all Department policies would significantly advance transparency. Providing clear and complete guidance empowers individuals. VA should make all policies and benefits information publicly available in plain language so veterans and their families can easily understand them. VA should ensure all public-facing documents, including fact sheets and regulations, are available in common languages and presented clearly as required by the *Veterans and Family Information Act* (Public Law 117-62).

Discussion Draft - VA Health Care Capacity Assessment Act

The VFW appreciates the intent of this legislation, which would require VA to submit a comprehensive report to Congress, within 180 days of enactment and every two years thereafter, assessing staffing and functional capability at each VA medical facility. While comprehensive assessments of staffing, clinic capacity, workload, wait times, and succession planning are valuable for identifying barriers to care and guiding resource allocation, accountability and transparency remain essential to ensure VA can meet veterans' health care needs.

However, under the *VA MISSION Act of 2018* (Public Law 115-182), VA is already required to publish reports on staffing data on its website quarterly, which is timelier than the proposed biannual reporting, and to provide annual updates to Congress on efforts to achieve full staffing and improve onboarding timelines. The VFW believes strengthening and fully utilizing these existing reporting requirements may be more effective than creating an additional reporting mandate, while continuing to focus on strategies to recruit, retain, and support the health care professionals needed to serve veterans.

Discussion Draft - VHA Personnel Transparency and Accountability Act

The VFW supports this legislation to amend the *VA MISSION Act of 2018*, requiring VA to publish more detailed and frequent information on VHA staffing levels and vacancies. We have consistently raised concerns about staffing shortages across the VA health care system, especially in rural areas and high-demand specialties. Increased transparency on workforce vacancies would help Congress and stakeholders assess how staffing challenges impact veterans' access to care and hold VA accountable for filling critical positions.

Timely, detailed vacancy data would help identify staffing challenges affecting veterans' access to care and support effective congressional oversight. However, reporting must be paired with strong strategies to recruit, retain, and support the health care professionals needed to serve veterans.

Discussion Draft - National Task Force on Youth Caregivers of Veterans Act

The VFW supports legislation to establish a National Task Force on Caregiving Youth within VA. This task force would assess and address the needs of children and adolescents under the age of 18 who provide unpaid care to veterans and service members with disabilities, illnesses, or injuries. It would include representatives from the Departments of Veterans Affairs, Health and Human Services, Education, and Defense, and would conduct a national study, consult stakeholders, develop policy recommendations, and report annually to Congress for five years.

The VFW has consistently supported veterans' caregivers and recognizes that family members, including children, play a vital role in helping veterans remain safely at home and maintain their quality of life. Although the legislation does not create direct services, it is an important first step in understanding the unique challenges youth caregivers face and identifying ways to improve support through evidence-based policy. The VFW encourages Congress to ensure the task force's recommendations result in meaningful action, not just additional reporting.

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 2026, 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.