



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS' HEALTH CARE and BENEFITS

1st SESSION of the 118th CONGRESS

before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

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Presented by

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Director, Government Relations for Veterans' Benefits

EXECUTIVE SUMMARY

MOAA thanks the committees for always putting veterans first. You remain committed to working hard in a bipartisan and bicameral way for our nation's heroes as their staunchest advocates for health and well-being.

Once again, the committees came through in the 117th Congress, championing a record number of bills to provide health care and economic relief for veterans, their families, survivors, and caregivers. We look forward to working with you and all members of the House and Senate Committees in the 118th Congress.

MOAA is committed to working with the Department of Veterans Affairs (VA), Congress, and stakeholder groups to monitor and assist the VA in meeting the needs of veterans, caregivers, families, and survivors, and ensuring full implementation of major legislation enacted in recent years to modernize the VA across the enterprise.

MOAA's Major 2023 Legislative Veterans' Health Care Priorities

GOAL: Compel Congress and the VA to accelerate delivery of caregiving and whole health care services, and modernize Veterans Health Administration (VHA) workforce and facility infrastructure to improve veterans' access to high quality care. Specifically:

- **Home and Community-Based Services (HCBS), Long-Term Care (LTC), and Caregiver Support:** Secure funding, staff, and other resources to accelerate delivery of VHA HCBS and LTC while sustaining programs and services to meet current and future needs of veterans, their caregivers, and their families.
- **Whole Health:** Fully implement VA's Whole Health initiative and related services across VHA.
- **Women, Minority, and Underserved Veterans:** Eliminate disparities in health care delivery and research programs for women, minority, and underserved veterans. Expand access and services to ensure equitable delivery of health and benefit services among all veteran populations.
- **Workforce and Infrastructure:** Stabilize and modernize VHA's workforce and human resource support systems, and facility infrastructure, to meet current and future needs of veterans and VA staff.
- **Predictable Funding:** Preserve VHA's foundational missions (clinical, research, education, and emergency preparedness) and services through securing annual appropriations to execute at the start of each fiscal year. In February, The Independent Budget (IB) veteran service organizations (IBVSOs) published recommendations for VA's FY 2024 and FY 2025 budget. The IBVSOs, which include Disabled American Veterans (DAV), Paralyzed Veterans of America (PVA), and the Veterans of Foreign Wars (VFW), have provided their views and estimates to leaders in Congress and the VA

for decades. MOAA values our partnership with the IBVSOs and their expertise in formulating recommendations and urge Congress to give the report due consideration through the appropriations process.

- **Oversight and Accountability:** Focus on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports. Ensure recent major health care legislation is fully implemented as intended by law.

MOAA's Major 2023 Legislative Veterans' Benefits Priorities

GOAL: To support a Veterans Benefits Administration (VBA) that is effective and transparent for veterans, their families, and survivors. MOAA is focused on:

- **Toxic Exposures:** The PACT Act was an incredible collective effort, but our work is not done: Now is the time to ensure effective implementation. MOAA is focused on getting upstream of the problem and looking at ways DoD and the VA can work together to ensure we don't end up with programmatic challenges two decades from now.
- **Reserve Component and Students:** Veterans' Affairs Committee members play vital roles in ensuring we have servicemembers ready to defend our nation. Our reserve component servicemembers and GI Bill students need our support, and education benefits and consumer protections are two areas under the Veterans' Affairs Committees' jurisdiction.
- **Servicemember Consumer Protections:** SCRA and USERRA should not be subject to pre-dispute forced arbitration agreements. Additionally, Congress should work to streamline the process so activated reservists and Guardsmen receive interest rate reductions from their SCRA benefits.
- **Education:** Congress should ensure GI Bill students have their housing rates adjusted out of cycle in times of high rent prices and create GI Bill parity to ensure a day in service counts for our Reserve and National Guard servicemembers, regardless of the type of orders.
- **Disability Claims:** The practice of allowing non-accredited actors to "assist" veterans with their claims needs to be eliminated. MOAA supports a common accreditation standard for individuals who help veterans through the claims process.
- **Arlington National Cemetery:** Congress should pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order to maintain the full military honors benefit.
- **Survivors:** Congress should increase the monthly rate of Dependency and Indemnity Compensation (DIC) payable to surviving spouses, making it equal to other federal programs.

CHAIRMEN BOST AND TESTER AND RANKING MEMBERS TAKANO AND MORAN, on behalf of the Military Officers Association of America (MOAA), thank you for the opportunity to present testimony on our major legislative priorities for veterans' health care and benefits. MOAA offers our congratulations to Chairman Bost for assuming leadership of the House Veterans' Affairs Committee.

MOAA does not receive any grants or contracts from the federal government.

VETERANS' HEALTH CARE PRIORITIES

For some veterans and their families and caregivers, obtaining needed services in the VHA can be quite frustrating if not impossible. The VHA system of care is often difficult to navigate, and programs and services may not be available across the system. Unfortunately, a well-known saying, "If you've seen one VA hospital, you've seen one VA hospital," still resonates with many veterans today.

Veterans' experiences with navigating the VHA medical system, the quality of care, and health outcomes can vary significantly, particularly among vulnerable populations¹. Women, minority, or underserved veteran populations — typically racial/ethnic minority groups, but also other sociodemographic groups — are especially vulnerable.

Additionally, veterans with acute or chronic health conditions, or those in need of caregiving services at home or on a long-term basis, may find it difficult to access life-extending medical care. Program services vary greatly from VA medical center to VA medical center for a variety of reasons, such as insufficient funding or staffing shortages. In some cases, the processes for accessing these services may be too complex for individuals to navigate, or veterans and VA medical staff may be unaware of, or unfamiliar with, programs within their medical facility.

The VA health care system remains relevant and important to MOAA's membership and our nation's uniformed service and veteran communities. While only a select number of health care issues are addressed in this statement, MOAA remains committed to working with the VA and Congress on these and many other important aspects of veterans' health care.

MOAA is particularly focused on ensuring recent legislation such as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT

¹ National Veteran Health Equity Report 2021 (va.gov): https://www.va.gov/HEALTHYEQUITY/docs/NVHER_2021_Report_508_Conformant.pdf.

Act)²; the MISSION Act³; laws addressing women veterans, mental health, suicide prevention, and VA electronic health record modernization; and other key bills and modernization efforts are fully implemented. We want to ensure any additional legislation does not unduly burden the VA or result in unintended consequences for veterans and their families and caregivers.

HOME AND COMMUNITY-BASED SERVICES (HCBS), LONG-TERM CARE (LTC), AND CAREGIVER SUPPORT

HCBS and LTC:

More than half of the 18 million veterans living in the U.S. are 60 years old or older⁴. VA's LTC programs serve about 440,000 veterans — 73% are 65 years and older and 20% are 85 years or older. About 85% of veterans in the program are receiving care at home⁵.

Veterans rely on VA's HCBS or LTC programs for everything from occasional help around the house to around-the clock care. Eligibility is primarily based on the extent of a service-connected disability. VA delivers 14 different types of LTC programs in both institutional settings (like community living centers or nursing homes) and non-institutional settings (like a veteran's home or through community adult day care services called HCBS). Purchasing or providing the care is placing increased demand on the department's health care system.

While the VA projected an overall decrease in enrolled veterans across all age groups in its health care system prior to the PACT Act becoming law, certain groups growing at alarming rates will require care and services.

Additionally, a September 2021 VA report to Congress on LTC projections indicated veterans over age 85 were the fastest growing veteran population in its health care system. Over the next

² MOAA - Photo Gallery: Celebrating the PACT Act's Passage Act: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/photo-gallery-celebrating-the-pact-acts-passage/>.

³ MOAA - Trump Signs MISSION Act Reforming VA Health Care: <https://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care>.

⁴ The aging veteran population: Promoting awareness to influence best practices - PubMed (nih.gov): <https://pubmed.ncbi.nlm.nih.gov/32622557/>.

⁵ MOAA - Can the VA Meet Escalating Demand for Long-Term Care?: <https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/can-the-va-meet-escalating-demand-for-long-term-care/>.

20 years, the number of veterans in that age group eligible for nursing home care will increase from 61,000 to 387,000, nearly a 535% jump⁶.

The VA acknowledged in the report the value of rebalancing LTC services and support, as well as shifting resources from nursing home care to home and community-based services.

Approximately 5% of veterans in private nursing home care (veterans must be rated with a 70% or greater service-connected disability to be eligible for VA nursing home care) paid for by the VA would qualify for assisted living care if the department had the authority to pay for the services, per the report. Paying for assisted living instead of nursing home care would save the VA more than \$69,000 per veteran per year. Authorizing such a shift of resources would not only decrease reliance on nursing home care, but also free up resources to provide for veterans in need of skilled nursing care in an institutional setting.

MOAA commends VA's continued prioritization of age-friendly care and emphasis on aging in place for veterans, as well as congressional attempts to bolster HCBS and LTC programs in the 117th Congress. However, current efforts continue to lag demand, and programs and services remain significantly limited across VHA.

The VA started its large five-year expansion plan in June 2022 to increase evidenced-based HCBS. The expansion included 203 HCBS programs, with veteran-directed care and medical foster home care to be available across all VA medical centers by Fiscal Year (FY) 2026.

Congress also included provisions in the massive 2023 Omnibus Appropriations bill⁷ to provide funding for long-term care services to homeless veterans, veterans with severe traumatic brain injuries, and veterans residing in rural areas. While the VA and Congress are clearly focused on supporting older and vulnerable veterans, it is essential for the VA to accelerate and improve upon these and other geriatric and caregiving programs for continuity and consistency of care across the VHA system of care.

Caregiver Support:

⁶ MOAA - Act Now: Ask Your Lawmakers to Support Better Long-Term Care for Veterans: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/act-now-ask-your-lawmakers-to-support-better-long-term-care-for-veterans/#:~:text=Over%20the%20next%20%20years%2C%20the%20number%20of,to%20be%20eligible%20for%20VA%20nursing%20home%20care.%29>

⁷ Majority News Release | Majority News Releases | News | United States Senate Committee on Appropriations: <https://www.appropriations.senate.gov/news/majority/chairman-patrick-leahy-d-vt-releases-fiscal-year-2023-omnibus-appropriations-bill>.

Congress directed the VA to expand veterans access to health care and caregiver support programs, including the Program of Comprehensive Assistance for Family Caregivers (PCAFC), in the 2018 MISSION Act⁸. PCAFC is a unique program focused on supporting veteran caregivers. The VA is the only health system in the country that provides comprehensive, wraparound services for caregivers of eligible veterans, to include a monthly stipend; education, financial and legal assistance; health insurance; beneficiary travel; peer support; and other resources to aid the family caregiver in caring for their loved one. Implementation problems and delays have plagued program implementation since expansion began Oct. 1, 2020.

One caregiver of a 46-year-old MOAA member and Army veteran said:

“My wife does not need a caregiver every day but when she does need a caregiver, she absolutely needs a caregiver. I was shocked to learn early last year that we were being disenrolled from the PCAFC due to a change in eligibility criteria. There was no follow on or offer of help from VA to transition to other services that would help improve my wife’s quality of life — we were left on our own to figure out next steps.”

Throughout FY 2022, the PCAFC struggled in reassessing legacy veteran caregivers to determine eligibility under the new program mandated in the MISSION Act, which resulted in high denial rates or discharges from the program. The department also had difficulty implementing program regulations consistently across VHA, and communicating eligibility and requirements to veterans and their caregivers.

Earlier that year, VA Secretary Denis McDonough committed to reviewing the program and offering recommendations to Congress for improving it, acknowledging PCAFC was not meeting lawmakers’ intent as described in the MISSION Act.

The VA has since been working closely and diligently with caregivers, veterans, VSOs, and other stakeholders — including lawmakers — to determine what changes the department is able to make under its current authority and what improvements will require legislative action. The VA conducted several summits and listening sessions in 2022 and continues to engage regularly

⁸ MOAA - Trump Signs MISSION Act Reforming VA Health Care: <http://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care.aspx>.

with MOAA and our VSO partners, working collaboratively to produce recommendations for program improvements.

The department has designated this fiscal year as “The Year of the Caregiver.” Officials will focus on continuing to implement the PCAFC expansion, conducting the overall program review, and making systemwide improvements, to include cases being appealed through the VHA and the VBA.

MOAA is committed to working with the VA, Congress, and stakeholder groups to monitor and assist the department in meeting the needs of caregivers and veterans to ensure the program conforms to congressional intent. Additionally, the VA must expand outreach and support to those not qualified for PCAFC and effectively direct and assist transitioning veterans and their caregivers to access the care services they need.

MOAA recommends:

- The VA and Congress commit to securing funding, staff, and other resources to accelerate delivery of VHA HCBS and LTC, and sustaining programs and services to meet current and future needs of veterans, their caregivers, and their families.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act (current House version, H.R. 542⁹; Senate version S. 141¹⁰). The bills would improve HCBS for veterans and their caregivers transitioning between VA caregiver support programs; establish a needs assessment tool; expand mental health and support services for caregivers; and enhance communication and coordination with veterans and their families and veteran service organizations like MOAA, among other improvements.
 - Expanding Veterans’ Options for Long-Term Care Act (current Senate version S. 495¹¹ and former House bill H.R. 8750¹²). This bill will require the VA to carry out a pilot program to provide assisted living services to eligible veterans to live

⁹ Text – H.R.542 – 118th Congress (2023-2024): To amend title 38, United States Code, to improve certain programs of the Department of Veterans Affairs for home and community based services for veterans, and for other purposes. | Congress.gov | Library of Congress: <https://www.congress.gov/bill/118th-congress/house-bill/542>

¹⁰ [Text - S.141 - 118th Congress \(2023-2024\): Elizabeth Dole Home Care Act | Congress.gov | Library of Congress](https://www.congress.gov/bill/118th-congress/senate-bill/141/text?r=1&q=%7B%22search%22%3A%5B%22s495%22%5D%7D)

¹¹ Text - S.495 - 118th Congress (2023-2024): A bill to require the Secretary of Veterans Affairs to carry out a pilot program to provide assisted living services for eligible veterans, and for other purposes. | Congress.gov | Library of Congress: <https://www.congress.gov/bill/118th-congress/senate-bill/495/text?s=1&r=1&q=%7B%22search%22%3A%5B%22s495%22%5D%7D>

¹² Text - H.R. 8750 - 117th Congress (2021-2022): Expanding Veterans’ Options for Long Term Care Act | Congress.gov | Library of Congress.

more independently and at lower costs to taxpayers. The VA is unable to pay room and board fees at assisted living facilities at present; the department would assess the pilot's effectiveness of paying for assisted living services and veterans' satisfaction with this long-term care option.

WHOLE HEALTH

The Whole Health Initiative¹³ is a redesign of VA's health care delivery that focuses on administering personalized veteran health plans rather than focusing on treating disease. In 2018, the initiative was launched at 36 VA medical facilities throughout the country.

Authors of a 2021 Journal of Veterans study¹⁴ of VA's implementation of the initiative wrote:

“We observed variation in the degree to which each facility was implementing Whole Health. To have cultural transformation, leadership support and resources are needed. In addition, administrative actions such as establishing national policies and procedures for stop codes, supplying templates, standardized position descriptions related to Whole Health, and the allocation of hire details will support national implementation of Whole Health across facilities. Finally, there is a need for measures to be developed nationally to systemically measure Whole Health outcomes and prioritize the experience of the Veteran into evaluation efforts.”

Additionally, MOAA believes dental health, like mental health, should be included in the VA's health system's whole health model for veterans' care.

The VA only provides dental care services to a small fraction of veterans enrolled in its health care system. These consist of veterans with a service-connected disability rated at 100%; veterans with a service-connected dental condition; former prisoners of war; and homeless veterans.

It is also widely understood that poor dental hygiene is directly linked to other chronic health care conditions like cardiovascular disease, upper respiratory disease, dementia, and diabetes.

¹³ VA News - Whole Health approach centers around what matters to You - VA News: <https://news.va.gov/71858/whole-health-approach-centers-around-matters-you/>.

¹⁴ Journal of Veterans Studies - Evaluating a Whole Health Approach to Enhance Veteran Care: Exploring the Staff Experience: <https://journal-veterans-studies.org/article/10.21061/jvs.v7i1.201/>.

Further, expanding Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) coverage has been a top priority for MOAA, The Military Coalition, and other veterans groups for much of the last decade, with the goal of securing health care for children whose veteran parents are disabled or who have died from a service-connected disability¹⁵.

COVID-19 and economic crises have brought tremendous financial uncertainty to many Americans, including veterans, their families, caregivers, and surviving family members stricken by the fallout of the pandemic.

Employer-sponsored health care plans have been required to cover adult beneficiaries' children up to age 26 with no separate premium since 2010, when the Patient Protection and Affordable Care Act (ACA) became law. A year later, Congress established the TRICARE Young Adult Program to provide health care coverage for adult children of currently serving and retired servicemembers for a monthly premium that covers all program costs.

Unfortunately, adult children of veterans were not offered a similar option through CHAMPVA, as intended by the ACA. Instead, these young adults remain stuck with outdated CHAMPVA regulations, which provide health care coverage up to the age of 18 (or age 23 for beneficiaries enrolled as full-time students). Coverage ends for these young adults once they marry or are no longer enrolled as a full-time student.

MOAA recommends:

- Fully implement VA's Whole Health initiative and related services across VHA by supporting recommendations in the Journal of Veterans Studies report.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Veterans Dental Care Eligibility Expansion and Enhancement Act and the Dental Care for Veterans Act (H.R. 914¹⁶ and S. 3017¹⁷). These bills expand dental coverage and services for veterans currently not eligible for receiving this type of care through the VA.

¹⁵ MOAA - MOAA Joins Forces to Ensure Health Care for Children of Disabled Veterans: <https://www.moaa.org/content/publications-and-media/news-articles/2021-news-articles/advocacy/moaa-joins-forces-to-ensure-health-care-for-children-of-disabled-veterans/>.

¹⁶ Text - [H.R. 914 - 117th Congress \(2021-2022\): Dental Care for Veterans Act | Congress.gov | Library of Congress](#).

¹⁷ Text - [S. 3017 - 117th Congress \(2021-2022\): Veterans Dental Care Eligibility Expansion and Enhancement Act | Congress.gov | Library of Congress](#).

- CHAMPVA Children’s Care Protection Act of 2021 (H.R. 1801¹⁸ and S. 727¹⁹). This measure would increase the maximum age for children eligible for medical care under the CHAMPVA program.

WOMEN, MINORITY, AND UNDERSERVED VETERANS

Today, women serve in uniform at record rates, representing more than 16% of the active-duty population. The department expects women health care enrollees to grow from the current 10% to as high as 19% by 2025. The VA has a comprehensive primary care strategy model it has successfully implemented; however, administrative, operational, governance, and organizational gaps prevent women from accessing the quality health care and services they need.

A 66-year-old Air Force veteran told MOAA:

“I’ve seen so many positive changes in VA health care and of the quality of my care in the almost 20 years I’ve used the system. I love my VA provider and the special care my VA medical center provides for women veterans. If I could change one thing, the coordination and delivery of care between VA and community care providers, especially with mammography screening and record keeping, is still very problematic.”

Additionally, according to Government Accountability Office (GAO), the VA has taken steps to reduce disparities in health care outcomes linked to race and ethnicity but lacks the mechanisms to measure progress and ensure accountability²⁰.

Both VHA and VBA continue to break down barriers preventing veterans from accessing their earned services and benefits. The VA also has established a Diversity and Inclusion Strategic Plan²¹ to grow a diverse workforce and cultivate an inclusive work environment more reflective of the veterans it serves.

¹⁸ Text - [H.R. 1801 - 117th Congress \(2021-2022\): CHAMPVA Children's Care Protection Act of 2021 | Congress.gov | Library of Congress](#).

¹⁹ Text - [S. 727 - 117th Congress \(2021-2022\): CHAMPVA Children's Care Protection Act of 2021 | Congress.gov | Library of Congress](#).

²⁰ Dec. 2019 GAO Report - <https://www.gao.gov/assets/710/703145.pdf>

²¹ VA Diversity and Inclusion Strategic Plan FY21-22 - <https://www.va.gov/ORMDI/docs/StrategicPlan.pdf>.

However, the VA, like many health care systems in the country, struggles to collect quality data on race, ethnicity, and gender. The pandemic has placed a spotlight on the barriers and disparities facing women, minority, and underserved veterans seeking access to VA health care and services. The VA must take immediate corrective action to prioritize data collection across the enterprise to improve health care and patient outcomes for veterans.

MOAA recommends:

- Eliminate health disparities in health care delivery and research programs for women, minority, and underserved veterans, and expand access and services to ensure equitable delivery of health and benefit services among all veteran populations.
- Accelerate initiatives to fully embrace a culture of equity, diversity, and inclusion with respect to all veterans to assure they are valued, respected, and recognized for their service and contributions.
- Establish a joint congressional task force to represent the interest of women, minority, and underserved and vulnerable populations.
- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Servicemember and Veterans Empowerment and Support Act (S. 3025²² and H.R. 5666²³). The bill expands health care and benefits from the VA for military sexual trauma.
 - Women Veterans TRUST Act (H.R. 344)²⁴. The bill requires the VA conduct an analysis of the need for women-specific programs that treat and rehabilitate women veterans with drug and alcohol dependency and carry out a pilot on such programs.

WORKFORCE AND INFRASTRUCTURE

The signing of the PACT Act means the expansion of benefits and health care for 3.5 million veterans ... and more stress on VA's workforce. The VA has indicated they need expanded authority to raise pay caps for medical center directors, physicians and other health care professionals.

²² Text - [S. 3025 - 117th Congress \(2021-2022\): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress.](#)

²³ Text - [H.R. 5666 - 117th Congress \(2021-2022\): Servicemembers and Veterans Empowerment and Support Act of 2021 | Congress.gov | Library of Congress.](#)

²⁴ Text - [H.R.344 - 117th Congress \(2021-2022\): Women Veterans TRUST Act | Congress.gov | Library of Congress.](#)

The VA needs timely and predictable funding to implement this historic legislation. Continuing resolutions impede the department's ability to implement this law and other critical legislation passed in recent years — legislation allowing the VA to modernize its health care and benefit systems to deliver the life-saving services and benefits veterans, servicemembers, their families, caregivers, and survivors depend on.

Medical and support staff are the backbone of the VHA system. Surveys continue to show veterans prefer their care from the VA, with trust in the system on the rise. It is essential our country prioritizes its investment in VHA foundational missions.

MOAA is appreciative of the VA secretary's prioritization of human infrastructure²⁵ and the importance and urgency placed on investing in VA's incredible workforce, as well as plans for making the department a model employer where employees will want to work.

To be successful, the VA must have the necessary funding and resources immediately so the department can set a clear path to stabilization and modernization of its human resource systems.

MOAA urges Congress to monitor and act when necessary to ensure the department can strike the right balance between delivering VA and community care, and to make certain VHA remains the primary coordinator for delivering veterans' health care.

The VA must modernize its infrastructure if it is going to meet the needs of veterans in the coming years and decades. The median VHA facility is nearly 60 years old, per the VA, compared to 8.5 years for a private sector hospital. Nearly 7 in 10 VA hospitals (69%) are over 50 years old²⁶.

Further, the VA's Electronic Health Record Modernization (EHRM) project has been plagued with ongoing problems and setbacks²⁷ dating back to its initial launch in October 2020 at Mann-Grandstaff VA Medical Center in Spokane, Wash. Lingering issues related to patient safety, training, employee morale, and a myriad of other deployment problems still exist, though some

²⁵ February 2022: Secretary McDonough's Human Infrastructure plan - Vantage Point: <https://blogs.va.gov/VAntage/100113/february-2022-secretary-mcdonoughs-human-infrastructure-plan/>.

²⁶ MOAA - What Does the VA Facility Realignment Plan Mean for Veterans' Health Care?: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/what-does-the-va-facility-realignment-plan-mean-for-veterans-health-care/>.

²⁷ MOAA - Glitches Continue to Plague VA's Electronic Health Record System Rollout: <https://www.moaa.org/content/publications-and-media/news-articles/2022-news-articles/advocacy/glitches-continue-to-plague-vas-electronic-health-record-system-rollout/>.

progress has been made. Some of these problems are related to VA’s outdated facility infrastructure.

The VA Office of Inspector General has released a series of concerning reports, including deficiencies in how the department reports physical infrastructure costs. A May 2021 report²⁸ noted that the VA “did not include cost estimates for upgrading physical infrastructure in the program’s life cycle cost estimates in congressionally mandated reports.”

Like Congress, MOAA and veterans want the VA to get this project right, but also want to see more visible progress and transparency from the VA going forward. As such, close oversight and ongoing assessment will be required.

MOAA recommends:

- Stabilize and modernize VHA’s workforce and human resource support systems, along with its facility infrastructure, to meet current and future needs of veterans and VA staff.
- Provide VA the authority to raise pay caps for medical center directors, physicians and other health care professionals as well as the additional tools to implement the secretary’s Human Infrastructure Plan.
- Congress and the VA preserve VA’s foundational missions (clinical, research, education, and emergency preparedness) and services through the securing of annual appropriations to execute at the start of each fiscal year.
- Congress and the VA focus on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports, and ensuring recent major legislation is fully implemented as intended by law.

VETERANS’ BENEFITS PRIORITIES

TOXIC EXPOSURES

We accomplished something incredible with the PACT Act, but our work is not done: Now is the time to ensure effective implementation. MOAA is focused on eliminating remaining challenges for veterans that were not addressed by the PACT Act and getting upstream of future problems

²⁸ Deficiencies in Reporting Reliable Physical Infrastructure Cost Estimates for the Electronic Health Record Modernization Program: <https://www.va.gov/oig/publications/report-summary.asp?id=4940>.

by looking at ways DoD and the VA can work together to ensure we don't end up in a similar situation two decades from now.

PACT Act Implementation

Veterans deserve a VA that aggressively responds to toxic exposures, but for far too long, that has not been the case. When in doubt, the needs of veterans should be the ultimate driver of service-connected health conditions and benefits, not the system.

The VA's response and outreach following the passage of the PACT Act highlights a change in tone which leaves MOAA cautiously optimistic. MOAA is closely monitoring how the VA promulgates regulations for the processes to examine future conditions, review pertinent research, and make decisions for new presumptive conditions related to toxic exposures. These regulations will set a standard for how veterans exposed to toxins are treated going forward.

The initial workload increases as reported by the VA show over 260,000 PACT Act-related claims, and projected claims are not expected to stop anytime soon. We applaud VA's outreach efforts to help veterans become aware of the expansion of care and benefits, and now urge Congress to help the department with the infrastructure and workforce needs to support the VBA and VHA side.

GAO Report on Time-Limited Presumptives

While we make strides in some areas, we simultaneously find gaps in others. The core purpose of a presumptive condition is to help fill evidentiary gaps in a veteran's record that are impossible for them to fill on their own. If Congress or the VA has created such a presumption, we must monitor whether it is working as intended. Unfortunately, reports offering oversight of existing presumptives are not required.

One such example came less than a month after the PACT Act was signed into law. On Sept. 1, the GAO released a report examining the claims of three presumptive conditions that cause nerve damage, skin cysts, and blistering²⁹. These conditions must have manifested within one year of service in Vietnam for a connection to be presumed between the veterans' conditions and the exposure. GAO found only 8% of the claims for early-onset peripheral neuropathy (nerve

²⁹ Clearer Claims Processing Guidance Needed for Selected Agent Orange Conditions: <https://www.gao.gov/products/gao-22-105191>

damage), chloracne, and porphyria cutanea tarda (skin blisters) were granted by the VA^{30 31}. The VA has agreed with GAO's recommendation from the report, and Congress should follow up to ensure the department enacts it.

But this example raises a greater question: Is this the intent for Congress when they pass these presumptive conditions? An 8% grant rate? MOAA certainly hopes not and recommends Congress add strict reporting requirements to ensure effective oversight on the grant rates of presumptive conditions. If Congress or the VA adds a presumption, we should check and make sure it is working.

MOAA and DAV Forthcoming Toxic Exposures Report

In 2020, to increase our understanding on presumptions related to toxic exposures, MOAA and Disabled American Veterans (DAV) started a collaborative project taking a bottom-up review of toxic exposure presumptions. The progress, and then ultimate success, of the PACT Act led us to delay the release and refocus the report.

Our report, "A Post-PACT Blueprint – Eliminating the Toxic Exposure Barriers for Veterans" will offer findings and recommendations to build on the PACT Act and focus on how we can ensure we never have to pass a bill of this magnitude again. The PACT Act was a resounding legislative success, and while the PACT Act was comprehensive, it was not complete.

Our report will be released in the coming months, and we hope to have the opportunity to brief you, your staff, and our fellow veterans' groups on what we see as the path ahead for toxic exposures.

One of the striking insights from our work was that it takes the VA an average of three decades to acknowledge toxic exposures. This is not a formal concession, which could help veterans in their claims – this is simply saying an exposure *may* have happened. Delaying acknowledgement slows every other aspect of toxic exposure presumptions to the detriment of harmed veterans and their families. There are many exposures conceded by DoD that have yet to be acknowledged by the VA; we look forward to continuing this discussion on how to continue to grow post-PACT.

³⁰ 38 USC 1112:

<https://uscode.house.gov/view.xhtml?req=peripheral+neuropathy&f=treesort&fg=true&num=0&hl=true&edition=prelim&granuleId=USC-prelim-title38-section1112>

³¹ 38 USC 1116:

<https://uscode.house.gov/view.xhtml?req=peripheral+neuropathy&f=treesort&fg=true&num=1&hl=true&edition=prelim&granuleId=USC-prelim-title38-section1116>

MOAA recommends:

- Fully fund the PACT Act.
- Ensure the VA implements the recommendations in GAO report 22-105191, “VA Disability: Clearer Claims Processing Guidance Needed for Selected Agent Orange Conditions.”
- Require regular, public reporting on the grant rate for all presumptives related to toxic exposures so Congress can ensure they are working as intended for veterans.

SUPPORTING OUR RESERVE COMPONENT AND STUDENTS

The Veterans’ Affairs Committees play a vital role in ensuring we have servicemembers ready to defend our nation. During the peak of the COVID-19 pandemic in 2020, the National Guard saw activation levels not seen since World War II³². While 2022 showed a decrease compared to these record highs, the strain is showing on the reserve component. Recruiting numbers for five of the six reserve component branches fell short of goals in 2022 (only the Marine Corps Reserve hit its recruiting numbers)³³. This is a continuation of a long trend.

In the past seven years, the reserve component on balance met its recruiting goals just half the time: The Marine Corps Reserve has met its goal each year, followed by the Air Reserve (five times), Air National Guard (four times), Army National Guard and Navy Reserve (twice each), and Army Reserve (once).

Date	Army NG % of Goal	Army Reserve % of Goal	Navy Reserve % of Goal	USMC Reserve % of Goal	Air NG % of Goal	Air Reserve % of Goal
8/31/22 (Sept. not published)	65.0%	61.9%	75.6%	108.0%	68.5%	77.3%
9/30/21	80.7%	73.6%	87.6%	105.0%	104.1%	104.6%
9/30/20	90.1%	86.2%	97.0%	101.1%	103.4%	98.4%
9/30/19	100.2%	98.1%	90.8%	100.0%	112.0%	135.7%
9/30/18	78.1%	72.6%	94.4%	100.0%	91.7%	136.2%
9/30/17	85.7%	92.2%	100.5%	100.0%	97.1%	140.7%
9/30/16	105.2%	101.1%	100.3%	100.8%	105.9%	131.3%

³² Federal News Network - Army National Guard once again seeing less demand as COVID enters new phase: <https://federalnewsnetwork.com/defense-main/2022/02/army-national-guard-once-again-seeing-less-demand-as-covid-enters-new-phase/>

³³ Recruiting and Retention Press Releases -- Fiscal Year 2022: <https://prhome.defense.gov/M-RA/Inside-M-RA/MPP/PR/>

June 30, 2023, will mark the 50-year anniversary of the all-volunteer force, and signs are pointing to the fact that it is in trouble, especially the reserve component. Our reserve component servicemembers need our support, and two essential areas that fall under the Veterans' Affairs Committees' jurisdiction are education benefits and servicemember consumer protections.

Servicemember Consumer Protections

Along with improving education benefits, it is past time to conduct a review of the consumer protections and rights that fall under Title 38. The Servicemembers Civil Relief Act (SCRA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) are vital for all servicemembers, especially those in the reserve component. As we call on our troops more and more, we need to ensure their rights are not being infringed when activated. We see many provisions introduced each year through the National Defense Authorization Act process to help strengthen and modernize SCRA/USERRA, but these provisions ultimately are stripped out. We recommend the committee hold a hearing on SCRA and USERRA as part of a concerted effort to improve these protections and ensure they are working as intended.

There are several areas where MOAA sees specific opportunities to enhance SCRA and USERRA. First, the practice of forced arbitration must end. Troops should not have to sign their rights away with a contract of any kind prior to a dispute arising. If they want to go through the arbitration process after the issue arises, that is their prerogative, but these protections are far too important to have them signed away in the fine print of a contract.

Next, the Consumer Financial Protection Bureau (CFPB) released a report, "Protecting Those Who Protect Us: Evidence of Activated Guard and Reserve Servicemembers' Usage of Credit Protections Under the Servicemembers Civil Relief Act," on the effectiveness of SCRA interest rate reductions for activated members of the reserve component³⁴. The report found very few eligible Guard and Reserve members received rate reductions. Only 10% of eligible auto loans and 6% of personal loans received lower rates, costing servicemembers \$100 million between 2007 and 2018.

³⁴ Protecting Those Who Protect Us: Evidence of activated Guard and Reserve servicemembers' usage of credit protections under the Servicemembers Civil Relief Act: <https://www.consumerfinance.gov/data-research/research-reports/evidence-of-servicemembers-usage-of-credit-protections-under-scra/>

The cost of service is the personal risk – the time away from family and friends. We should not add unnecessary financial sacrifice on top of this. MOAA recommends Congress work closely with the CFPB, DoD, and relevant stakeholders to implement recommendations from this report.

Whenever possible, we should not be placing the administrative burden on those we are asking to risk their lives on our behalf. When less than 10% of troops are receiving a benefit meant to help them during service, we must reexamine how we implement that benefit.

GI Bill Parity

MOAA supports the principle that every day of service should count toward earned education and other benefits, regardless of a servicemember's type of orders. Unfortunately, that is not the case for our Reserve and National Guard servicemembers. MOAA supports GI Bill parity for the reserve component to ensure recognition of their hard work. We appreciate the work done by lawmakers and staff to try and get this across the finish line last year – let's pick up where we left off and get this passed into law.

Out-of-Cycle Adjustments to Monthly Housing Allowance

The Post-9/11 GI Bill is a tremendous benefit for recruiting servicemembers, and the Monthly Housing Allowance (MHA) provides essential support to help offset the cost of education. Congress dealt with many pandemic-caused disruptions to students and codified several authorities to give the VA Secretary future flexibility if in-person education is disrupted. These are positive steps for students; now, we must examine the effect of rising housing costs.

The MHA is based on DoD calculations, but MHA adjustment is delayed by eight months after the rates take effect for servicemembers. The most recent timeline:

- Summer 2021: DoD conducts housing survey.
- December 2021: DoD announces housing rates to be effective in January.
- August 2022: VA MHA rates go into effect for eligible GI Bill student.

This means students are receiving an MHA rate one year behind local housing prices. The delay for servicemembers is extremely challenging and exacerbates the already tough financial constraints faced by students.

To help combat the rise in housing prices, DoD was given the authority by Congress to adjust Basic Allowance for Housing (BAH) rates in markets where rental costs rose more than 20%.

DoD executed this authority in 28 Military Housing Areas affected by drastic price increases³⁵. However, no authorities were added for the VA Secretary to assist GI Bill students.

A GI Bill student is paid an MHA at the rate of BAH for an E-5 with dependents. Here's an example: In Helena, Montana, a location where BAH was adjusted by the DoD, GI Bill students did not get additional relief:

- In January 2021, the DoD rate for an E-5 with dependents in Helena was \$1,065/month. GI Bill students began receiving that rate in August of that year. For the spring and summer semesters, they received the 2020 rate of \$951/month.
- In January 2022, DoD's monthly rate for servicemembers rose to \$1,233. GI Bill students received that rate in August 2022. But in October, DoD responded to the spike in rental prices by raising the rate to \$1,524/month. There was no adjustment for GI Bill students.
- The DoD rate for an E-5 with dependents remained flat for 2023, but GI Bill students will go for nearly a year until the \$1,524 rate takes effect.
- When DoD made the changes in October 2022, servicemembers in Helena received a 23.6% increase in their housing allowance to combat the drastic price increases. However, there is not mechanism for the VA to adjust this to help GI Bill students at local universities for another eight months.

MOAA recommends:

- The 118th Congress pass provisions contained in MOAA-backed legislation from the 117th Congress, to include:
 - Guard and Reserve GI Bill Parity Act of 2021 (H.R. 1836³⁶). This bill expands eligibility for Post-9/11 GI Bill educational assistance and addresses other VA programs and benefits. Specifically, the bill expands the type of duty that is eligible for such educational assistance.
 - Justice for Servicemembers Act (H.R. 2196³⁷). This bill prohibits a pre-dispute arbitration agreement from being valid or enforceable if it requires arbitration of a dispute related to the employment or reemployment rights of a uniformed servicemember.
- Give the VA Secretary the authority to provide out-of-cycle increases for eligible GI Bill students when DoD adjusts housing allowance rates to offer servicemembers relief from

³⁵ Defense Secretary Memo "Taking Care of Our Service Members and Families": <https://media.defense.gov/2022/Sep/22/2003083398/-1/-1/0/TAKING-CARE-OF-OUR-SERVICE-MEMBERS-AND-FAMILIES.PDF>

³⁶ Text - [H.R. 1836 - 117th Congress \(2021-2022\): Guard and Reserve GI Bill Parity Act of 2021 | Congress.gov | Library of Congress.](#)

³⁷ Text - [H.R. 2196 - 117th Congress \(2021-2022\): Justice for Servicemembers Act | Congress.gov | Library of Congress.](#)

rising prices, the VA Secretary must be given the authority to provide out of cycle increases for eligible GI Bill students.

- Hold a committee hearing on SCRA and USERRA to enhance these protections and rights.
- Work with DoD and stakeholders to implement the recommendations in the CFPB’s SCRA report.

PREDATORY CLAIMS COMPANIES

The VA has made great strides with its Benefits Delivery at Discharge (BDD) and Solid Start programs. A straightforward path from service to the VA is essential for building trust, and in having those who served recommend the next generation do the same. While bad actors seeking to profit off the service of others may threaten the working model, and there is overall room for improvement, this structure has overwhelmingly benefited veterans and the VA.

The grey area where we see many non-accredited actors “assisting” or “coaching” veterans must be eliminated. The “claims sharks” take advantage of their knowledge and familiarity with search engine optimization, rather than using highly trained staff who will put a veteran’s best interest first. If these organizations truly seek to assist veterans, they should be required to conform their practices to the existing structure and follow existing laws.

MOAA backs the GUARD VA Benefits Act and the common standard it brings to everyone who helps veterans file claims. We must pass this bill and work together to simplify and streamline the claims process, not turn it into a system where predatory companies are siphoning off veterans hard-earned benefits.

MOAA recommends Congress:

- Reintroduce and pass the GUARD VA Benefits Act from the 117th Congress (H.R. 8736 ³⁸/S. 5089 ³⁹). This bill imposes criminal penalties and/or fines on individuals for directly or indirectly soliciting, contracting for, charging, or receiving any unauthorized fee or compensation with respect to the preparation, presentation, or prosecution of any claim for VA benefits. Attempted commission of such offenses is also punishable by fine or imprisonment.

³⁸ Text - [H.R. 8736 - 117th Congress \(2021-2022\): GUARD VA Benefits Act | Congress.gov | Library of Congress.](#)

³⁹ Text - [S. 5039 - 117th Congress \(2021-2022\): GUARD VA Benefits Act | Congress.gov | Library of Congress.](#)

ARLINGTON NATIONAL CEMETERY

Transformation of a VA National Cemetery into the next Arlington National Cemetery (ANC) that affords full military honors is a MOAA priority.

Older veterans, dependents, and surviving spouses are frustrated with understanding the difference between VA- and DoD-run cemeteries. They struggle to understand proposed eligibility reductions at ANC that will change plans for many elderly veterans and make most woman veterans ineligible.

DoD interpreted the FY 2019 National Defense Authorization Act as a directive to reduce eligibility for ANC in order to keep it operational. Without congressional intervention, the change in eligibility puts the burden of a solution on currently eligible servicemembers and their families — including those who have long had ANC as their plan for final rest.

The proposed eligibility reduction for ANC won't prevent the cemetery from reaching capacity, but it will reduce an important uniformed service benefit. This plan “kicks the can down the road” and leaves the problem for future leaders to solve. With current eligibility standards, ANC is not projected to reach capacity until sometime after 2060, affording time to find an enduring solution.

The eligibility reduction communicates a poor message to those who have served and those who are serving. It will take Congress to preserve this honor for those who are currently eligible. When published, the proposed eligibility changes will limit interment to those with the Purple Heart or Silver Star and above. This change is discriminatory against past, present, and future servicemembers who face danger at sea, in the air, in space, operating strategic nuclear forces, or fighting a pandemic at a medical facility. The proposal also will render countless Vietnam-era veterans and nearly all woman veterans ineligible.

There are 155 VA-run National Cemeteries, with many adjacent to military installations. Transforming an existing National Cemetery into the next ANC that affords full military honors will preserve this benefit and honor the intent for our veterans.

MOAA recommends:

- Congress, with support from the VA and DoD, pass legislation to transform a VA-run cemetery into the next Arlington National Cemetery as it reaches capacity in order to maintain the full military honors benefit.

SURVIVORS

Financial benefits have not kept pace with similar federal programs. The Caring for Survivors Act (H.R. 3402 ⁴⁰/ S. 976 ⁴¹) would raise DIC to the same levels as other federal survivor programs. It would boost DIC to 55% of the compensation of a 100% disabled veteran, up from the current 43%.

The bill also would reform the “10-year rule,” which prohibits survivors from receiving DIC benefits if a 100% disabled servicemember dies of a non-service-connected injury less than 10 years after receiving that rating. The bill would allow beneficiaries to receive a portion of DIC after five years, with that amount gradually rising until full compensation at the 10-year mark.

MOAA recommends:

- Pass The *Caring for Survivors Act* from the 117th Congress. This bill increases the monthly rate of dependency and indemnity compensation payable to surviving spouses through the VA. The bill also adjusts the amount payable to surviving spouses and children of veterans who were rated as totally disabled for a period of less than 10 years before their death.

CONCLUSION

On behalf of our 350,000 members and all veterans, servicemembers, their families, and survivors MOAA represents, we offer our heartfelt appreciation for the leadership and arduous work of each Member of the Committees. You honor their service and sacrifice by passing meaningful legislation. We look forward to working with you and the VA to better the lives of those who serve this country faithfully. Through our collective resolve, we assure those in the veteran and uniformed service communities we will Never Stop Serving them.

⁴⁰ Text - [H.R. 3402 - 117th Congress \(2021-2022\): Caring for Survivors Act of 2021 | Congress.gov | Library of Congress.](#)

⁴¹ Text - [S. 976 - 117th Congress \(2021-2022\): Caring for Survivors Act of 2021 | Congress.gov | Library of Congress.](#)

Biography of Cory Titus

Director, Government Relations for Veterans' Benefits and Guard/Reserve Affairs

Cory Titus separated from the Army in 2017 after seven years of active duty service. He served as an Infantry and Signal Officer in leadership and staff positions all over the world. His assignments included Fort Benning, Ga.; the Republic of Korea; Fort Knox, Ky.; Afghanistan; Fort Gordon, Ga.; and Fort Detrick, Md.

Titus' final assignment was as a Company Commander for Headquarters and Headquarters Company, 21st Signal Brigade, where he oversaw a communications team that provided signal support to the Secret Service guarding the candidates for the 2016 presidential election.

Titus is a Minnesota native and has a Bachelor of Arts degree in international studies from the University of Saint Thomas in Saint Paul, Minn., and a master's degree in Social Entrepreneurship from George Mason University. He is the co-author of *The Servicemember's Financial Planning Guide*, a book to help servicemember use their military planning skills toward developing their financial future.

He joined MOAA in January 2019 as an intern and joined the Government Relations team full time as an Associate Director for Currently Serving and Retired Affairs in June 2019. He serves as the co-chair for The Military Coalition (TMC) Personnel Committee and the Tax and Social Security Committee.