



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

for

VETERANS HEALTH CARE and BENEFITS

2nd SESSION of the 118th CONGRESS

before the

SENATE and HOUSE VETERANS' AFFAIRS COMMITTEES

March 13, 2024

Presented by

CDR René A. Campos, USN-Ret

Senior Director, Government Relations

EXECUTIVE SUMMARY

MOAA appreciates the Senate and House Veterans' Affairs Committees' (SVAC and HVAC) recognition of the value of these joint hearings and the opportunities they present for veterans and military service organizations (VSOs/MSOs) to work collaboratively with members to improve the lives of our nation's servicemembers, retirees, and veterans, as well as their families, caregivers, and survivors. How we support and care for our all-volunteer force, both during and after service, holds meaningful influence over recruiting and retention, and ultimately our national security.

The first session of the 118th Congress was disappointing for MOAA members and the veteran community, with fewer than 30 bills becoming law — the lowest number in decades¹ — and no full-year spending package for the Department of Veterans Affairs (VA). Six months into fiscal year (FY) 2024, there have been numerous hearings and a growing backlog of bills awaiting floor time, but little clarity as to what veterans' legislation actually will become law this year. MOAA and other veterans organizations worked nonstop to keep pressure on lawmakers and will continue to press this year to ensure important bills don't languish.

While MOAA's priorities for veterans have remained consistent throughout the 118th Congress, our immediate goal is ensuring the 2023 end-of-year veterans' package, now called the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, becomes law early this year. MOAA urges the committees to finish their negotiations on the package, which includes many of our priorities listed below, then focus on its enactment so they can move on to other important legislation.

MOAA 2024 LEGISLATIVE PRIORITIES

Veterans Health Care

- **Goal:** To compel Congress and the VA to accelerate delivery of caregiving and whole health care services, and to modernize the Veterans Health Administration (VHA) workforce and facility infrastructure to improve veterans' access to high quality care.
- **Legislation:**
 - *Expanding Veterans' Options for Long Term Care Act*² — Allows the VA to carry out a pilot program to provide assisted living services to eligible veterans.
 - *Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act* (Elizabeth Dole Home Care Act)³ — Improves VA home and community-based services for veterans and support to family caregivers.
 - *Veteran Caregiver Application and Appeals Reform (CARE) Act*⁴ — Modifies the Program of Comprehensive Assistance for Family Caregivers (PCAFC) to improve

¹ *Capitol Hill stunner: 2023 led to fewest laws in decades:* <https://www.axios.com/2023/12/19/118-congress-bills-least-unproductive-chart>.

² S. 495 / H.R. 1815: <https://www.congress.gov/bill/118th-congress/senate-bill/495>.

³ S. 141 / H.R. 542: <https://www.congress.gov/bill/118th-congress/senate-bill/141>.

⁴ S. 1792 / H.R. 4518: <https://www.congress.gov/bill/118th-congress/senate-bill/1792>.

transparency and access to services for caregivers of veterans, and aid in navigating VHA health care programs and services.

- *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (S. 3885) — Studies the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts, and provides employment benefits, transition assistance, and extends CHAMPVA health care coverage for primary caregivers.
- *Improving Whole Health for Veterans with Chronic Conditions Act*⁵ — Improves health care services (including dental care) for veterans with diabetes and heart disease.
- *CHAMPVA Children's Care Protection Act*⁶ — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the Department of Defense's (DoD) TRICARE program.
- *Servicemembers and Veterans Empowerment and Support Act*⁷ — Expands health care and benefits for survivors of military sexual trauma.

Veterans Benefits

- **Goal:** To support a Veterans Benefits Administration (VBA) that is effective and transparent for veterans, their families, and survivors.
- **Legislation:**
 - *Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act*⁸ — Imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.
 - *TAP Promotion Act*⁹ — Requires VSO involvement with the Transition Assistance Program.
 - *Major Richard Star Act*¹⁰ — Provides concurrent receipt of retired pay and VA disability for those injured in combat and forced to retire before 20 years of service.
 - *Caring for Survivors Act*¹¹ — Improves and expands eligibility for Dependency and Indemnity Compensation (DIC) to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.
 - *Love Lives On Act*¹² — Reverses penalties faced by surviving military spouses who remarry prior to age 55.

⁵ S. 1954 / H.R. 4150: <https://www.congress.gov/bill/118th-congress/senate-bill/1954>.

⁶ S. 1119 / H.R. 2414: <https://www.congress.gov/bill/118th-congress/senate-bill/1119>.

⁷ S. 1028 / H.R. 2441: <https://www.congress.gov/bill/118th-congress/senate-bill/1028>.

⁸ S. 740 / H.R. 1139: <https://www.congress.gov/bill/118th-congress/senate-bill/740>.

⁹ S. 2888 / H.R. 3933: <https://www.congress.gov/bill/118th-congress/senate-bill/2888>.

¹⁰ S. 344: <https://www.congress.gov/bill/118th-congress/senate-bill/344>

¹¹ S. 414 / H.R. 1083: <https://www.congress.gov/bill/118th-congress/senate-bill/414>.

¹² S. 1266 / H.R. 3651: <https://www.congress.gov/bill/118th-congress/senate-bill/1266>.

- *Respect for Grieving Military Families Act*¹³ — Prevents the Defense Finance and Accounting Service (DFAS) from immediately recouping any overpayment of benefits from grieving survivors at the time of their loved one’s death and instead gives them the ability to repay the benefits over a 12-month period.

CHAIRMEN TESTER and BOST and RANKING MEMBERS MORAN and TAKANO, on behalf of the Military Officers Association of America (MOAA), our more than 360,000 members thank you for the opportunity to present testimony on our major legislative priorities for veterans’ health care and benefits. MOAA is committed to working with the committees and the Department of Veterans Affairs (VA) to ensure those who serve and have served receive the health care and benefits they earned through their service.

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

VETERANS HEALTH CARE PRIORITIES

VA HEALTH CARE SYSTEM IN TRANSITION

The Veterans Health Administration (VHA) has undergone more than two decades of persistent change and mission expansion since the September 11, 2001, attacks and the announcement of the Global War on Terrorism military campaign. These wars and other crises, including the COVID-19 pandemic, elicited an outcry of congressional and community support, along with actions aimed at improving health care access and modernizing the delivery of health care services through the VA.

The VA remains a health care system in transition — struggling to modernize and implement enacted legislation Congress has expanded the scope of its health care system by creating new programs, increasing benefits and services, and authorizing additional funding at a growth rate of over 5% annually.

Veterans and their families rely on VHA’s vital care and services. VA medical centers and outpatient clinics represent the largest integrated health care system in the country, providing a range of services to more than 9 million enrolled veterans. The VA estimates 13 million veterans (of an estimated total population of 17 million) are eligible to receive VA care¹⁴; however, only a little over 6 million

¹³ **S. 1588 / H.R. 3232:** <https://www.congress.gov/bill/118th-congress/senate-bill/1588>.

¹⁴ **2022 Survey of Veteran Enrollees Health and Use of Health Care Findings Report:** <https://www.va.gov/VHASTRATEGY/SOE2022/VASOE-FindingsReport-Final.pdf>.

receive care via the VHA, either because they use other health insurance or they do not need or want VHA services¹⁵.

The VHA does not operate in isolation. It is an integral partner in delivering essential health care throughout the United States. Few Americans fully understand the VA's important contributions to our nation's health system. It has four statutory missions¹⁶ — to deliver health care; conduct research¹⁷; train and educate health professionals¹⁸; and respond to war, terrorism, national emergencies, and national disasters¹⁹.

The VA health care system remains just as relevant today as any time in history to MOAA's membership, our veteran and military communities, and the nation. Health care systems like the VHA were vital during the COVID-19 pandemic and continue to change and evolve since the crisis.

MOAA commends Congress and VA Secretary Denis McDonough and his leadership team for their transparency and partnership with our organization and other stakeholder groups to make the necessary improvements to strengthen and sustain a viable VHA health system for veterans today and the years ahead. However, collectively we recognize there is more work to be done to gain the trust and confidence of veterans.

Texas Reserve Retiree-Veteran's experience using VA health care:

“VA has a world-class pharmacy system — I get my medication delivered to my home without a hitch. The communication and patient advocacy process — not so good. We have 15 patient advocates in my VA medical center and only one phone number. I don't see any standardization and accountability in how care is delivered. There is also a void between receiving care in the VA emergency room and getting follow-on care.”

¹⁵ CRS Introduction to Veterans Health Care: <https://crsreports.congress.gov/product/pdf/IF/IF10555>.

¹⁶ VHA Partnerships Bridge Gaps for Veterans: <https://www.va.gov/HEALTHPARTNERSHIPS/docs/22NewsletterVol06Issue03.pdf>.

¹⁷ VA Office of Research and Development: https://www.research.va.gov/for_veterans/default.cfm.

¹⁸ VA Office of Academic Affiliations: <https://www.va.gov/oaaf/>.

¹⁹ VA's Fourth Mission: https://www.va.gov/VHAEMERGENCYMANAGEMENT/docs/4TH-MISSION_FAQs_508.pdf.

VA AND COMMUNITY CAREGIVING SERVICES

Home- and Community-Based Services (HCBS) and Long-Term Care (LTC)

Experts and veterans' advocates testifying at a June 7, 2023, hearing before the Senate Committee on Veterans' Affairs²⁰ discussed the need to improve LTC and supportive services for veterans as the nation undergoes a historic population shift.

MOAA has advocated for years to expand veterans' access to HCBS and LTC services. The need for expansion is even greater today as the VA experiences exponential growth in this population. Veterans over age 65 represent a greater portion of the VA patient population than in other health care systems. The VA expects about 80% of veterans will need long-term support services as they age.

The VA operates 134 VA community living centers providing 24-hour skilled nursing care, along with other supportive services provided via community nursing home contracts. Veterans also receive nursing home care at 164 state veterans homes in all 50 states and Puerto Rico.

The VA has shifted focus in recent years from facility-based care (like nursing home care) and community living centers to providing care in veterans' homes, as 90% of Americans would prefer aging in place. Home health aide services, adult day programs, home respite care, assisted living, and other HCBS allow older adults and disabled veterans to live more independently.

About 412,000 veterans received HCBS care in FY 2022, costing the VA \$3.9 billion. The department acknowledges veterans are happier receiving care at home, and allowing them to do so saves taxpayer dollars. While the veteran population is expected to decrease by 8% from FY 2019 to FY 2035, the number of veterans enrolled in VA health care age 85 and older will rise by 73%. Women veterans in this age group will increase by 127% during this period. The VA obligated \$7.3 billion for nursing home care in FY 2022 but estimates it will spend more than \$15 billion a year in the next decade²¹.

The VA cannot address this trend alone: Support from Congress, other federal agencies like the Centers for Medicare and Medicaid Services (CMS), and state and local partners will be required to meet the needs of veterans.

The VA has implemented a plan to accelerate HCBS and LTC programs, but implementation efforts continue to lag demand and access remains significantly limited at medical centers across the country.

²⁰ **An Abiding Commitment to Those Who Served: Examining Veterans' Access to Long Term Care:** <https://www.veterans.senate.gov/2023/6/an-abiding-commitment-to-those-who-served-examining-veterans-access-to-long-term-care>.

²¹ **VA Statement at a Jan. 26, 2024 SVAC Field Hearing on Long-Term Care for Veterans in Maine:** <https://www.veterans.senate.gov/services/files/84CAA575-EBE1-453A-BE38-01C2A4A56A59>.

A RAND Corporation study²² supported recent Government Accountability Office (GAO) findings citing several key challenges facing the VA in meeting this demand:

- National health care workforce shortages of geriatricians and palliative care providers and direct care workers.
- Geographic alignment of care, particularly for the 2.8 million veterans living in rural areas where access to services is often limited.
- Appropriate LTC care services for veterans with specialty care needs such as dementia, behavioral health, and ventilator support.
- Budgetary pressures at VA medical centers, which can limit access to HCBS.

These critical life-saving services will continue to be a top priority for MOAA, and we urge the same for Congress.

Caregiver Support

MOAA also recognizes the critical role of caregivers. We were an early supporter of legislation to establish the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC)²³ for post-9/11 veterans, as well as expansion and improvements to caregiver benefits and programs for veterans of all eras.

The 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.

Congress directed the VA to expand the program in the 2018 [MISSION Act](#). Implementation problems and high denial rates or discharges have prevented the full rollout of the program since its launch on Oct. 1, 2020.

The VA has worked diligently with veteran stakeholder groups the last two years in reviewing and seeking solutions for improving the program to meet the intent of lawmakers' vision of the MISSION Act. MOAA commends the VA and especially the work that has been done under the leadership of Dr. Colleen Richardson, the Caregiver Support Program (CSP) executive director. The entire CSP team is collaborative, transparent, and exceptionally dedicated to their work; they genuinely care about getting this program right for veterans and their family caregivers. In 2023, the CSP office enhanced respite services and established respite liaisons, expanded mental health resources, and established legal and financial services, among other improvements to support caregivers. The VHA recognizes its work has only begun in improving the caregiver and veteran experience and in realigning services to support this vulnerable population. MOAA will continue to be a strong partner in these essential changes.

²² 2023 RAND Corporation Home and Community-Based Services Veterans' Issues in Focus: <https://www.rand.org/pubs/perspectives/PEA1363-9.html>.

²³ PCAFC: https://www.caregiver.va.gov/support/support_benefits.asp.

Washington State Vietnam Veteran Caregiver’s experience accessing respite care:

“I am a member of the Veterans Comprehensive Caregiver Program for my husband who I’ve been taking care of since 2011. I’m honored to be his rock! I was contacted in January 2023 by the caregiver support team for an initial phone consult for respite care. It was nice to be considered so I gave some dates for scheduling. I was informed I’d receive a call to set up the appointment but received no further communication from VA. As a former medical administrator, I admit, this is frustrating and deflating, not only for me personally but for caregivers in general.”

There are growing concerns among members in Congress and some stakeholder groups about the unintended consequences of the stipend provided to veteran caregivers in PCAFC. As written, the stipend is considered unearned income, which makes caregivers ineligible to make contributions to Social Security and personal retirement accounts. In fact, there is no earned income in most veteran households — the caregiver stipend, VA disability compensation, Social Security and Supplemental Security Income Disability Programs, and Combat-Related Special Compensation are all considered unearned income — therefore, caregivers are not able to contribute to their retirement or Social Security. MOAA thanks the Quality of Life Foundation (QoLF) for bringing this issue to the attention of Congress.

MOAA joins with the QoLF in urging Congress to pass legislation to study the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts as provided in the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* legislation (S. 3885). Additionally, the bill would provide employment benefits, transition assistance, and extend CHAMPVA health care coverage from 90 to 180 days to eligible caregivers designated as primary providers of personal care upon the death of their veteran or removal from PCAFC.

QoLF Caregivers’ personal experiences with income insecurity:

A 22-year-old South Dakota caregiver was in her first year of teaching when her husband suffered a severe traumatic brain injury, blinding him and leaving him in need of 24-hour-a-day care. She left her job to care for him; now 40, she’s never been able to return to the workplace. She has no Social Security and no retirement. Because her husband was also young, there is little spousal Social Security benefit for her because his Social Security earnings stopped in 2006.

Another caregiver in Georgia, after being enrolled in PCAFC, contributed to her pre-existing retirement account that she had set up while she was working prior to becoming a caregiver. She

was trying to be responsible. At the end of the year, she was hit with a tax penalty for making an illegal contribution to a retirement account, then hit with an early withdrawal fee when she was forced to withdraw the money she was not allowed to contribute in the first place.

MOAA-QoLF Roundtable on the Caregiver and Veteran Experience with Respite Care

On Oct. 24, 2023, MOAA and the QoLF hosted a roundtable²⁴ discussion with governmental and non-governmental leaders and experts to assess federal and community respite care options for caregivers and veterans. The roundtable resulted in a list of the top unmet needs and actionable solutions agencies and individuals could use in their respective areas of influence to improve respite care programs and services for our nation’s caregivers and veterans:

Unmet Needs

- Trust and confidence in the VHA.
- Limited access options in rural areas.
- Outreach, education, and training gaps.
- VHA program eligibility and access challenges.
- Limited VHA respite care funding.
- Respite care provider shortages and provider accountability problems.
- Financial challenges and out-of-pocket expenses for caregivers and veterans.
- Limited understanding of respite care program usage.
- Caregiving and child care responsibilities.
- Synchronization of benefits and services among federal and community programs.

Actionable Solutions (address the above unmet needs and others highlighted in the roundtable summary paper)

- Create a “Pathway to Advocacy” through legislation like the *Veteran Caregiver Application and Appeals Reform (CARE) Act* so VSOs and nonprofit organizations are able to assist and advocate for veterans and caregivers within the VHA.
- Develop and implement a program of Federal Respite Care Liaisons (FRCL) to assist caregivers with navigating all programs available for respite care within federal agencies and across the government.
- Educate caregivers, providers, and the public on what respite care is, what options are available, and where/how to find respite.
- Expand options and personnel to provide respite care.
- Make respite programs easier to identify and use by developing integrated systems that help facilitate collaboration, cooperation, and communication between agencies.
- Create better accountability practices for providers.

²⁴ MOAA - *Respite Care, Other Support Services are Lifelines for Caregivers and Veterans*: <https://www.moaa.org/content/publications-and-media/news-articles/2024-news-articles/advocacy/respite-care,-other-support-services-are-lifelines-for-caregivers-and-veterans/>.

- Enhance peer support for caregivers seeking respite.
- Study caregiver usage of respite care services across federal agencies and in the community.

QoLF Pennsylvania Caregivers' experiences with obtaining skilled nursing respite:

In both cases, the caregivers had been in PCAFC but had been unable to obtain respite care for over two years. One caregiver had been a registered nurse before her husband was injured. Navigating the VA to obtain this care was daunting and impossible. It took the VA headquarters' PCAFC leadership, the respite care agency, and the QoLF to get the necessary care in place for these veterans.

MOAA and the QoLF will continue to work closely with Congress, the VA, and stakeholders on respite care, PCAFC, and other caregiving program improvements through roundtables and other forums that will encourage collaboration, cooperation, and communication.

MOAA Recommends:

- The VA and Congress collaborate to fully fund and accelerate the expansion of HCBS, LTC, and caregiver support programs including PCAFC to meet current and future needs of veterans, their caregivers, and families.
- Congress passes the following legislation:
 - *Expanding Veterans' Options for Long Term Care Act* (S. 495/H.R. 1815) — Allows the VA to carry out a pilot program to provide assisted living services to eligible veterans.
 - *Elizabeth Dole Home Care Act* (S. 141/H.R. 542) — Improves VA home and community-based services for veterans and support to family caregivers.
 - *Veteran Caregiver Application and Appeals Reform (CARE) Act* (S. 1792/H.R. 4518) — Modifies the PCAFC to improve transparency and access to services for caregivers of veterans, and provide assistance in navigating VA health care programs and services.
 - *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (S. 3885) — Studies the feasibility of creating a pathway for caregivers to contribute to their own Social Security and personal retirement accounts, and provides employment benefits, transition assistance, and extends CHAMPVA health care coverage for primary caregivers.
- Congress holds hearings to consider legislation to address some of the issues from the MOAA-QoLF Caregiver and Veteran Experience with Respite Care Roundtable, such as:
 - Develop and implement a program of FRCLs to assist caregivers with navigating all programs available for respite care within federal agencies and across the government.
 - Conduct a study on caregiver usage of respite care services across federal agencies and in the community.

VETERANS WHOLE HEALTH

The VHA established the Whole Health initiative in 2018. The new approach to care focuses on supporting the veteran's health and well-being by providing a personalized health plan based on values, needs, and goals important to the individual.

The initiative provides complementary and integrative health services as part of the VA medical package, such as acupuncture, mindfulness, tai chi, yoga, and massage therapy, among other examples. Research shows veterans who engage in the Whole Health program have a threefold reduction in opioid use; are better able to manage pain; are more successful at weight loss; and hold overall better engagement and outlook on life, according to the VA²⁵. These services are available at all VA medical facilities, although MOAA members and veterans report varying degrees of availability.

MOAA also believes dental health is just as important as mental health and should be part of VA's medical package of health care. The VA only provides dental care to a small fraction of veterans enrolled in its health care system — those with a service-connected disability rated at 100%; veterans with a service-connected dental condition; former prisoners of war; and homeless veterans.

It is widely understood that poor dental hygiene is directly linked to other chronic health care conditions, such as cardiovascular disease, upper respiratory disease, dementia, and diabetes. More than half (56%) of veterans reported active and treated tooth decay compared with 37% of nonveterans, according to a December 2021 white paper from the American Institute of Dental Public Health and the CareQuest Institute for Oral Health²⁶ citing findings from a National Health and Nutrition Examination Survey. Nearly 24% of veterans live in rural areas, where access to dental care can be challenging.

MOAA concurs with the white paper's recommendations that an integrated and whole-person approach to preventing and managing veterans' oral health is needed. This approach aligns squarely with VA's Whole Health initiative and its vision for complementary and integrated health — this should include fully integrating medical and dental care.

We would like the committees to consider legislation expanding dental care services to more veterans. Additionally, MOAA believes the VA needs to promote its Dental Insurance Program (VADIP)²⁷ more aggressively. VADIP coverage is provided through Delta Dental and MetLife networks. It is an important alternative, yet it remains widely unknown to veterans who are not eligible for VA dental care but are enrolled in the VHA, or those family members/survivors enrolled in the Civilian Health and Medical Program of VA (CHAMPVA). MOAA encourages

²⁵ VA Whole Health for Veterans: <https://www.va.gov/wholehealth/>.

²⁶ *White Paper Veteran Oral Health, Expanding Access and Equity*: https://www.carequest.org/system/files/CareQuest_Institute_Veteran-Oral-Health.pdf.

²⁷ VADIP: <https://www.va.gov/health-care/about-va-health-benefits/dental-care/dental-insurance/>.

the Congress to provide VA the funding it needs to market VADIP to all eligible veterans and CHAMPVA enrollees.

MOAA also urges Congress to pass health care coverage for adult children whose veteran parents are disabled or who have died from a service-connected disability. The *Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Children's Care Protection Act* has been a priority for MOAA, The Military Coalition, and other veterans groups for well over a decade. Enactment of this bill would align CHAMPVA coverage more closely with other employer-sponsored health care plans, including the TRICARE Young Adult program²⁸. The move would also provide peace of mind and financial relief to veterans and their families.

MOAA South Dakota Veteran Family Member's experience accessing rural care:

“Services available for my husband at the VA medical center in Sioux Falls, over 100 miles away from home, are spotty at best, and the local community clinic isn't always able to help us with his care. VA doesn't make it easy for veterans to get care, so my husband has just given up and would rather pay out of pocket than get care at the VA.”

MOAA Recommends Congress:

- Ensures VA uniformly implements the Whole Health initiative, including the wide range of associated services and programs.
- Passes the following legislation:
 - *Improving Whole Health for Veterans with Chronic Conditions Act* (S. 1954/H.R. 4150) — Improves health care services for veterans with diabetes and heart disease, including dental care. MOAA encourages Congress to consider expanding eligibility so more veterans have access to dental care.
 - *CHAMPVA Children's Care Protection Act* (S. 1119/H.R. 2414) — Expands VA health care coverage until age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for DoD's TRICARE program.

WOMEN, MINORITY, AND UNDERSERVED VETERANS

The VA celebrated its 100th anniversary of delivering health care to women veterans on Sept. 14, 2023. The history of women serving in America's wars²⁹ reflects an enduring bravery ingrained in the very fabric of our country.

²⁸ TRICARE Young Adult: <https://tricare.mil/tya/>.

²⁹ 100 Years of Women's Health Care at VA: <https://www.youtube.com/watch?v=e7PBMYTbk4>.

More than 2 million women veterans live in the U.S. today, making up the fastest-growing segment of the veteran population. More than 755,000 have enrolled in the VHA.

MOAA and other veterans groups have pressed for decades to further improve women's health care, benefits, and services. While the VA has improved services in fertility, newborn care, maternity care, child care, sexual assault and trauma, and homelessness, the department recognizes there is more to do. As the population of women serving in uniform continues to grow, the VA and Congress must target the necessary resources and services to meet demand.

This growing group is a diverse one: 43% of the women who accessed VA health services in FY 2020 belonged to a racial minority, according to the VA³⁰. "Although little is known about women veterans' experience of menopause and menopause-related care, almost half of women veteran VA users are in midlife, with prevalent risk factors for disruptive menopause symptoms and a high rate of medical and mental health comorbidities," according to an ongoing VA study³¹. Study findings also indicate racial and ethnic differences in how the department manages these symptoms.

MOAA continues to work closely with the department and Congress to eliminate disparities in health care delivery and advance research programs for women, minority, and underserved veterans. Expanding access and services is key to ensuring equitable delivery of health and benefit services among all veteran populations.

MOAA thanks the HVAC's Women Veteran Task Force for hosting a series of roundtables in 2023 and engaging organizations like MOAA in discussions focused on benefits, health, underemployment, safety, and security. The committee's report identified barriers women experience in accessing earned benefits, health care, and other services and provided solutions for improvement. It points to the need for more outreach, targeted communication with patients and providers, better tracking of care, documentation of care and records exchange, and addressing fragmented care when using multiple health care systems.

Additionally, the VA, like many health care systems, struggles to collect quality data on race, ethnicity, and gender. Barriers to care and disparities in the delivery of care were particularly evident during the pandemic for women, minority, and underserved populations, including those receiving VA health care. The VA must take more aggressive action to prioritize data collection across the enterprise to improve health care and patient outcomes for veterans.

MOAA is grateful to our partners at Disabled American Veterans (DAV) for continuing their series on the women veterans journey. The *2014 Women Veterans: Long Journey Home*, *2018's Women Veterans: The Journey Ahead*, and the recently released *Women Veterans: The Journey*

³⁰ **Women Veterans In Focus Fact Sheet:** <https://www.womenshealth.va.gov/WOMENSHEALTH/docs/VHA-WomensHealth-Focus-Infographic-2022-v02.pdf>.

³¹ **VA Women's Health Research, Improving Healthcare for Women Veterans: Addressing Menopause and Mental Health:** <https://hsrd.research.va.gov/publications/inprogress/sept22/default.cfm?InProgressMenu=sept22-2>.

to *Mental Wellness* reports³² are the culmination of significant research and expertise that bears serious review and action by VA and Congress.

MOAA Maryland Veteran’s experience with VA staff and health care services:

“My initial experience with the VA during active duty and post-service was not a good one. I am so glad I gave VA another chance, and I hope other women veterans do the same. While the VA is not perfect, I can see progress when I go to a VA medical appointment. I know the nurses, doctors, medical staff, and employees that support the system — support me. My Primary Care Nurse is really great, so helpful, accessible, and compassionate — she loves her work!”

MOAA recommends:

- The VA eliminates health disparities in medical care 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.
- The VA accelerates initiatives to assure all veterans are valued, respected, and recognized for their service and contributions.
- Congress establishes an official joint HVAC/SVAC task force to represent the interest of women, minority, underserved, and vulnerable populations.
- Congress passes the *Servicemembers and Veterans Empowerment and Support Act* (S. 1028/H.R. 2441) — Expands health care and benefits for survivors of military sexual trauma.

VHA WORKFORCE AND INFRASTRUCTURE

Things looked bleak during the pandemic across U.S. health care systems, and the VA was no exception to the mounting pressures in providing patient care. The VHA had to alter delivery of services to veterans who relied on care through its 140 hospital and outpatient centers.

The VHA shifted the delivery of many types of care from in-person to telehealth to limit face-to-face interactions, according to a September 2023 VA inspector general report³³. Elective and outpatient care requirements decreased as hospitalizations increased, but staff challenges remained. Burnout, turnover and recruitment problems which surfaced during the pandemic exacerbated personnel shortages from before the crisis.

The report identified 22 occupations defined as “severe occupational shortage” areas (difficult-to-fill positions) at 20% of the medical facilities surveyed. Psychiatry, practical nursing, psychology, primary care, and medical technologists were the top five clinical shortage areas.

³² **DAV Women Veterans Reports:** <https://www.dav.org/get-help-now/veteran-topics-resources/women-veterans/>.

³³ **Review of Personnel Shortages in Federal Health Care Programs During the COVID-19 Pandemic:** <https://www.oversight.gov/sites/default/files/oig-reports/PRAC/healthcare-staffing-shortages-report.pdf>.

Nonclinical occupational shortages included custodial workers, medical support assistants, police, general engineers, and food service workers.

The report listed these reasons as most frequently cited for the shortages in the top five clinical and nonclinical occupations:

- Lack of qualified applicants
- Noncompetitive compensation
- Staff turnover
- Recruitment challenges
- Geographical recruitment challenges

MOAA has been encouraged by VA's prioritization of its hiring and staffing practices. "The Veterans Health Administration hired 61,000 new employees in fiscal 2023," said Dr. Shereef Elnahal, VA's undersecretary for health, "outpacing its goal by 17% and giving it a workforce of more than 400,000 for the first time. It grew its workforce by more than 7%, its fastest rate in 15 years³⁴."

The increase was a result of focused and proactive hiring and staffing practices. The VHA also saw a decline in employee turnover and retirement rates.

Like other health care systems, the VHA still has problems hiring in some occupational areas. In FY 2024, the system will target hiring mental health and primary care professionals. Elnahal has indicated the VHA needs 5,000 more mental health staff to more fully screen for mental health conditions and suicide ideation and provide treatment.

The department has a difficult time competing with the private sector in recruiting and retaining mental health and other specialty providers and medical professionals. As such, the VA is asking for new hiring authorities in the bipartisan bill, the *VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CAREERS) Act*³⁵. The bill would allow the department to exclusively use a market pay component and give it more flexibility in setting pay without adjustments for longevity and base pay, among other actions to be more in line with the private sector, according to the VA³⁶.

The VA also is working to standardize its hiring process across the enterprise and expand its human resource workforce. Like the VHA's patient-centered or veteran-centric model, the VA hopes to create a candidate-care model that puts individuals and employees at the center of its human resource system.

³⁴ **VA attributes record-breaking year to massive increases in hiring:** <https://www.govexec.com/workforce/2023/11/va-attributes-record-breaking-year-massive-increases-hiring/391791/#:~:text=The%20Veterans%20Health%20Administration%20hired%2061%2C000%20new%20employees.of%20more%20than%20400%2C000%20for%20the%20first%20time.>

³⁵ **S. 10:** [https://www.congress.gov/bill/118th-congress/senate-bill/10/.](https://www.congress.gov/bill/118th-congress/senate-bill/10/)

³⁶ **SVAC Hearing, Strengthening Methods of Recruiting and Retention for VA's Workforce:** <https://www.veterans.senate.gov/2023/3/strengthening-methods-of-recruitment-and-retention-for-va-s-workforce.>

But like veterans, VA employees want their medical facilities to be modern and well-equipped, where the highest quality of care is delivered. Yet the VA must modernize its infrastructure if it is going to meet the needs of its employees and veterans in the coming years. 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 old³⁷. As of FY 2021, VA estimates for addressing infrastructure needs could reach \$76 billion, according to a GAO report³⁸.

The VA needs to be more transparent in sharing information with internal and external stakeholders in its approach to infrastructure modernization and realignment, according to the GAO report. Improved communication and transparency with critical stakeholders such as Congress will be essential in VA's modernization efforts.

MOAA Recommends Congress:

- Appropriates funding to 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.
- Works with the VA to preserve VHA's foundational missions and services. The department trains over 120,000 medical professionals across 40 disciplines — including pharmacists, social workers, physician assistants, and nurse practitioners — and about 70% of physicians and 60% of psychologists have received their training in a VA medical facility. Veterans, VA employees, and our country rely on the VHA to support our nation's health infrastructure.
- Holds hearings on provisions in the *VA Clinician Appreciation, Recruitment, Education, Expansion and Retention Support (CARE) Act (S. 10)* and similar legislation; negotiate a path forward to provide the VA with the authorities it needs to be competitive in the marketplace.
- Ensures the VA focuses on solving systemic leadership, oversight, and accountability issues highlighted in government audits and reports³⁹, and ensuring legislation is fully implemented as intended by law.

OTHER MOAA VETERANS HEALTH CARE ISSUES OF INTEREST

VA Appropriations: Congress and the VA must ensure VHA's foundational missions and services are preserved through predictable funding. MOAA urges Congress to secure annual appropriations for the VA to execute at the start of each fiscal year and end the use of stopgap measures preventing the department from implementing its congressional mandates.

MOAA values our partnership with The Independent Budget (IB) veteran service organizations (IBVSOs — Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of

³⁷ *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/>.

³⁸ *VA Health Care, Improved Data, Planning, and Communication Needed for Infrastructure Modernization and Realignment*: <https://www.gao.gov/products/gao-23-106001>.

³⁹ *Veterans Affairs, Addressing Longstanding Management Challenges Requires Sustained Leadership*: <https://www.gao.gov/products/gao-23-106636>.

Foreign Wars) and their expertise in formulating recommendations. We urge Congress to give their 2024 report⁴⁰ due consideration throughout the appropriations process.

Oversight and Accountability: VHA health care transformation requires continuous oversight and accountability by both the department and Congress. Each has a responsibility in ensuring health care legislation is fully implemented as intended by law. Additionally, MOAA encourages Congress to conduct more joint oversight hearings with the Armed Services Committees on transition, mental health and suicide prevention, electronic health record modernization, community care, and other issues impacting and linking the uniformed services and veteran communities.

As both a VSO and MSO, MOAA has expertise that can be valuable in helping Congress solve issues bridging the VA and DoD health and benefits systems.

Health Care Program Issues and Legislation Monitoring:

- *Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act*⁴¹ — Expansion of VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances.
- *Deborah Sampson Act*⁴² — Implementation of health care, readjustment assistance, legal, and supportive programs and services for women veterans.
- John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act⁴³ — Expansion of veterans access to VHA and community care and caregiver support programs.
- *Commander John Scott Hannon Veterans Mental Health Care Improvement Act*⁴⁴ — Access to care and program improvements to VA mental health services and suicide prevention programs.
- Implementation of VA's Electronic Health Record Modernization (EHRM) project.
- VHA appointment wait times and scheduling challenges.

⁴⁰ **The Independent Budget: Fiscal Year 2025 and 2026 for the Department of Veterans Affairs:** [Independent-Budget-2024_FINAL-DIGITAL.pdf](#).

⁴¹ **Public Law 117-168, 117th Congress:** <https://www.congress.gov/117/plaws/publ168/PLAW-117publ168.pdf>.

⁴² **Public Law 116-315, 116th Congress:** <https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf>.

⁴³ **Public Law 115-182, 115th Congress:** <https://www.congress.gov/bill/115th-congress/senate-bill/2372/text>.

⁴⁴ **Public Law 116-171, 116th Congress:** <https://www.congress.gov/116/plaws/publ171/PLAW-116publ171.pdf>.

VETERANS BENEFITS PRIORITIES

TOXIC EXPOSURES

While the PACT Act made monumental strides for ill veterans, full implementation remains imperative to achieve real change. MOAA persists in addressing unresolved gaps and future-proofing the system — bridging DoD and VA benefits and health systems to avoid another generational crisis. Our duty continues beyond this victory; we cannot rest until every worthy provision meets its full, tangible impact for all affected.

PACT Act Implementation

Following the passage of the PACT Act, the VA has been committed to open and transparent communication with the veterans' community as the department continues to develop new processes brought on by this momentous legislation.

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. We applaud VA's outreach efforts to help veterans become aware of the expansion of care and benefits, and we urge Congress to help the department with the infrastructure, workforce, and funding to support enterprise-wide efforts to meet the needs of veterans.

Forthcoming MOAA and DAV Toxic Exposures Report

MOAA and DAV collaborated on a report detailing reformations and continued improvements to the presumptive process for toxic-exposed veterans following the passage of the PACT Act to prevent such neglect to these veterans from ever happening again. While the PACT Act was historic for veterans of all generations, there is still work to be done.

Our report, "*Ending the Wait for Toxic-Exposed Veterans*," will provide an overview of the many challenges and hurdles prevalent in the presumptive process for toxic exposures and will present recommendations for advancement in this space. Our goal with this report is to change how our nation responds to toxic exposures so veterans never again need to face delays like those solved in the PACT Act.

Our findings showed that on average, toxic exposures do not receive presumptive condition status for over three decades, a timeframe which stems from the failure to concede these in-service events when they happened. This leads to long delays in acknowledging exposures, inconsistencies in which conditions are conceded and studied, and an incomplete and lagging process for creating presumptives.

The report will be released in May; invitations will be sent out to brief you, your staff, and fellow veterans groups on what we see as the path ahead for toxic exposures. By taking the concrete steps in MOAA and DAV’s report, our nation can radically alter how we respond to toxic exposures and eliminate the need for costly bills that keep veterans waiting longer than they should for their benefits.

MOAA Recommends Congress:

- Continues monitoring PACT Act implementation.
- Attends the MOAA-DAV “Ending the Wait for Toxic-Exposed Veterans” report briefing to learn more about improvements needed to the presumptive process for toxic exposures.
- Works with MOAA and DAV’s legislative teams to implement the report’s recommendations.

RESERVE COMPONENT

Reserve component recruiting has fallen short of annual goals over half the time in the past eight years, with only the Marine Corps Reserve consistently meeting 100% of targets⁴⁵. The Air Reserve reached established objectives during five of these years, trailed by the Air National Guard (four years), Army National Guard and Navy Reserve (both twice), and Army Reserve (once). Cumulatively, readiness remains hampered by persistent recruitment shortfalls across most of these crucial reserve forces.

Fiscal Year	Army NG % of Goal	Army Reserve % of Goal	Navy Reserve % of Goal	USMC Reserve % of Goal	Air NG % of Goal	Air Reserve % of Goal
2023	94.9%	63.6%	75.6%	103.9%	60.6%	68.1%
2022	64.6%	60.8%	74.4%	104.7%	68.8%	71.58%
2021	80.7%	73.6%	87.6%	105.0%	104.1%	104.6%
2020	90.1%	86.2%	97.0%	101.1%	103.4%	98.4%
2019	100.2%	98.1%	90.8%	100.0%	112.0%	135.7%
2018	78.1%	72.6%	94.4%	100.0%	91.7%	136.2%
2017	85.7%	92.2%	100.5%	100.0%	97.1%	140.7%
2016	105.2%	101.1%	100.3%	100.8%	105.9%	131.3%

June 30, 2023, marked the 50-year anniversary of the all-volunteer force, yet the reserve component recruitment shows significant readiness challenges. There are several ways the committee can help provide much-needed support to these servicemembers.

Reserve Component Specific Transition Assistance Program (TAP)

MOAA recognizes reserve component servicemembers are in a much different situation than those leaving active duty. Many of the current requirements are unnecessary for transitioning Guard and Reserve members, who would benefit from training focused on their unique needs.

⁴⁵ Office of the Under Secretary of Personnel and Readiness, Recruiting and Retention Press Releases: <https://prhome.defense.gov/M-RA/Inside-M-RA/MPP/PR/>.

Similar to the active component, a tiered system could be created that provides the essential information for those returning to their pre-deployment jobs.

USMCR JAG officer's experience returning from an activation:

“Reservists have inherently different career paths than their active duty counterparts and have to engage in a complicated balancing act to ensure they can maintain both civilian and military career progression. For many reservists like myself, blindly requiring TAP when that takes time away that I needed to be spending back at my civilian job which was put on hold while I was on reserve duty was far more harm than good. Each reservists' needs should be what dictates the TAP requirements, not a 'one-size-fits-all' approach.”

When we are seeking to improve the quality of life for our troops, removing unnecessary barriers is just as important as fixing everyday problems. Tailoring a unique TAP experience for the reserve component will help both these servicemembers and the wider DoD.

GI Bill Parity

Despite serving and sacrificing alongside active duty counterparts, Guard and Reserve troops face undue restrictions earning the education benefits their service warrants. MOAA supports GI Bill parity for Guard and Reserve members and the principle that every day of service should count toward earned education and other benefits. We urge reform that grants fair treatment for our reserve component troops. We need to bolster the benefits of the reserve component to attract new talent. This will also incentivize those in the active component to join the reserves instead of making a clean break after service.

Improve SCRA Protections and Access

A recent report suggests few Guard and Reserve members use the interest rate reductions benefit allowed under the Servicemembers Civil Relief Act (SCRA)⁴⁶. Servicemembers forfeited an estimated \$100 million in unused benefits from 2007 to 2018. The process financial institutions use to access these SCRA protections puts a burden on troops when they mobilize. MOAA wants financial institutions to regularly check on reserve component status changes; proactive checks will give all eligible troops their SCRA benefits automatically. If we make it easier for those being called to serve, our servicemembers can focus on their duty instead of dealing with financial institutions' bureaucracy.

⁴⁶ CFPB, *Protecting Those Who Protect Us: Evidence of activated Guard and Reserve servicemembers' usage of credit protections under the Servicemembers Civil Relief Act (2022)*: <https://www.consumerfinance.gov/data-research/research-reports/evidence-of-servicemembers-usage-of-credit-protections-under-scra/>.

MOAA Recommends Congress:

- Creates a reserve component TAP class to address their unique transition challenges.
- Establishes GI Bill Parity for reserve component members to ensure every day in uniform counts for service.
- Removes red tape for servicemembers accessing SCRA benefits.

VETERAN REINTEGRATION

MSO/VSO Integration in TAP

Seamless transition to civilian life hinges on financial stability for veterans, especially those with service-connected disabilities. The Benefits Delivery at Discharge (BDD) program crucially expedites access to VA care and compensation prior to separation. However, omitting VSOs from this process risks incomplete or delayed claims. Given the importance of these benefits for transitioning troops, Congress must mandate VSO inclusion in TAP. Early coordination shown to streamline approvals merits formal integration into law. No servicemember should navigate this vital juncture without an advocate's guidance to secure everything their service warrants.

Ban Predatory Claims Companies

Despite substantial progress expanding VA benefits through the PACT Act and expedited disability benefits through initiatives like BDD and Solid Start programs, too many veterans remain vulnerable to exploitation by predatory actors styling themselves as advocates. While accredited VSOs operate ethically within established legal guidelines, a murky ecosystem enables unscrupulous entities to manipulate search algorithms and dupe transitioning servicemembers or veterans seeking help. These so-called "claims sharks" prioritize profits over people, charging unnecessary or exorbitant fees to file claims through improper channels. Veterans deserve better. If organizations genuinely aim to assist, they must conform to existing accredited structures, train staff to VA standards, and legally commit to serving in each veteran's best interest. MOAA urges Congress to eliminate gray areas allowing these groups to thrive. Real change means closing the loopholes that facilitate financial fraud targeting America's veterans.

MOAA endorses the *GUARD VA Benefits Act*, which mandates accredited certification for any organization aiding disability claims – blocking claims sharks from financially exploiting those who served. Congress must take immediate action to stop the harm being inflicted upon veterans by claims sharks acting illegally to siphon away their earned benefits without fear of reprisal.

Improve the GI Bill Comparison Tool

The GI Bill comparison tool offers vital support for veterans as they seek to understand their education benefits and plan their next steps. We must build on the success of this tool and expand the data it offers to ensure students are making the best decisions for their education.

We recommend Congress improve the GI Bill comparison tool with updated metrics to help support those going back to school. We believe these updates should include: a “Risk Index” of the school’s financial wellbeing; a comprehensive display of government actions against schools; all VA-received student complaints; and closure satisfaction markers. It also should avoid “Yelp-style” reviews due to Federal Trade Commission (FTC) concerns⁴⁷. MOAA also supports adding student outcomes and financial information for all eligible institutions. We recommend Congress adopt a combination of the *Transparency for Student Veterans Act of 2023*⁴⁸ and the *Student Veterans Transparency and Protection Act*⁴⁹.

Restoration of Benefits

When a student is using their GI Bill benefits to advance their education, fraud and other harmful actions by their school should not deprive them of that opportunity. MOAA supports restoring veterans’ education benefits in cases of fraud, authorizing the VA to restore GI Bill eligibility comparable to traditional students using Department of Education funds, and to recoup funds from schools in cases of fraud.

Support Combat-Injured Veterans

There is a population of heroes who do not receive much of a choice in how they transition from service – they must leave their chosen profession in a hazy cloud, with reduced physical and/or mental capacity, due to a combat-related injury. These combat-injured (and often seriously disabled) veterans are subject to an unfair where their retirement pay is reduced for every dollar of VA disability received.

The *Major Richard Star Act* fixes this inequity. MOAA, along with our fellow MSOs and VSOs across The Military Coalition, remain committed to supporting our combat-injured veterans and urge the joint committee members to work with colleagues in the Armed Services Committees to correct this offset.

MOAA Recommends Congress:

- Pass the:
 - *TAP Promotion Act* (H.R. 3933/S. 2888) — Requires VSO involvement with the TAP process.
 - *Governing Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)* (H.R. 1139/S. 740) — Imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.

⁴⁷ *FTC to Explore Rulemaking to Combat Fake Reviews and Other Deceptive Endorsements*: <https://www.ftc.gov/news-events/news/press-releases/2022/10/ftc-explore-rulemaking-combat-fake-reviews-other-deceptive-endorsements>.

⁴⁸ H.R. 5956: <https://www.congress.gov/bill/118th-congress/house-bill/5956>.

⁴⁹ S. 1309: <https://www.congress.gov/bill/118th-congress/senate-bill/1309>.

- *Major Richard Star Act* (H.R. 1282/S. 344) — Provides concurrent receipt of retired pay and VA disability for those injured in combat and forced to retire before reaching 20 years of service.
- Improve the GI Bill comparison tool and authorize the VA to restore GI Bill benefits in instances of fraud.

CREATE PARITY FOR OUR SURVIVORS

The VA's Dependency and Indemnity Compensation (DIC) for surviving families whose veteran dies of a service-related illness or injury lags behind equivalent federal program payouts for survivors. The *Caring for Survivors Act* elevates support for these survivors by increasing DIC amounts from the current rate of 43% to 55% (of 100% disabled veteran compensation). Additionally, the legislation lowers the 10-year requirement for a veteran to have a 100% disability rating to five years to award full DIC benefits in the event of a non-service-connected death. The bill implements a graduated scale, with partial compensation after five years rising annually until reaching full eligibility at 10 years. These changes ensure parity, fairness, and financial security for surviving military spouses.

MOAA also supports two other survivor bills: the *Love Lives On Act*, which allows a surviving spouse to retain the Survivor Benefit Plan and DIC at any age, regardless of whether they remarry; and the *Respect for Grieving Military Families Act*, which stops the Defense Finance and Accounting Service (DFAS) from recouping retirement benefits from surviving spouses of military retirees while they are still in mourning, allowing them repay benefits over a 12-month period or authorizing DoD to forgive the payment.

MOAA Recommends Congress Passes the:

- *Caring for Survivors Act* (S. 414/H.R. 1083) — Improves and expands eligibility for Dependency and Indemnity Compensation (DIC) to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.
- *Love Lives On Act* (S. 1266/H.R. 3651) — Reverses penalties faced by surviving military spouses who remarry prior to age 55.
- *Respect for Grieving Military Families Act* (S. 1588/H.R. 3232) — Prevents DFAS from immediately recouping any overpayment of benefits from grieving survivors at the time of their loved one's death and gives them the ability to repay the benefits over a 12-month period.

CONCLUSION

Thank you for considering our priorities. MOAA implores the committees to turn full attention to the passage and enactment of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

MOAA looks forward to working closely with you on passing the backlog of critical legislation that meets the needs of our military and veteran communities. It is imperative our servicemembers, retirees and veterans, as well as their caregivers and surviving family members, remain a priority for Congress, and lawmakers are not deterred in that mission. How our country cares and supports our all-volunteer force in and out of uniform is one of the most important ways we sustain a strong national defense.

BIOGRAPHY

CDR René Campos, CDR, USN (Ret)
Senior Director Government Relations
Military Officers Association of America

Commander René Campos, USN (Ret), began her 30-year career as a photographer's mate, enlisting in 1973, and later commissioned a naval officer in 1982. Her last assignment was at the Pentagon as the associate director in the Office of Military Community and Family Policy under DoD Personnel and Readiness.

Campos joined MOAA in October 2004, initially to develop and establish a military family program working on defense and uniformed services quality-of-life programs and readiness issues. In September 2007, she joined the MOAA health care team, specializing in veterans and defense health care systems, as well as advocating for wounded warrior care and servicewomen and women veteran policies, benefits, and programs.

Campos serves as a member of The Military Coalition (TMC) — a consortium of nationally prominent uniformed services and veterans' organizations representing nearly 5.5 million current and former members of the uniformed services, including their families, caregivers, and survivors, serving as the Co-Chair of the Veterans Committee and member of the Health Care, Guard and Reserve, Survivors, and Personnel, Compensation and Commissary Committees.