LEGISLATIVE HEARING

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LEGISLATIVE HEARING

WEDNESDAY, MAY 20, 2026

COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The committee met, pursuant to notice, at 10:17 a.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

Present: Representatives Bost, Miller-Meeks, Murphy, Van Orden, King-Hinds, Barrett, Takano, Brownley, McGarvey, Ramirez, Budzinski, Kennedy, Dexter, Conaway, and Morrison.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. Good morning. May we come to order? Without objection, the chair may declare a recess at any time.

Today's hearing is a continuation of the committee's reauthorization initiative to make Department of Veterans Affairs (VA) accountable to Congress and taxpayers and our veterans. For too long, Congress has relied almost entirely on appropriations while neglecting regular reauthorization and oversight of VA programs and authorities. That weakens the accountability, it weakens Congress.

As some of the witnesses on this panel will soon highlight, Congress has continued to appropriate funds for unauthorized VA programs without updating the underlying statutes. To put this in perspective, some of these programs have not been totally reviewed since before the global war on terror began. An entire generation went to war, came home, raised families, and entered the VA system before Congress seriously updated many of the laws governing it. What we have found, too often they have found a VA that is larger, better funded, and more powerful than ever before. However, they have also found that VA is still too slow, bureaucratic, inconsistent, detached from those who it was created to serve.

Our veterans continue to tell us the same thing. They are frustrated with the bureaucracy. They are frustrated with the delays. They are frustrated and tired of feeling like the system is built to protect itself instead of serving them. That should be troubling to every member of this committee.

VA is supposed to be a reflection of the people it serves, our veterans, it should reflect their urgency, their discipline, their accountability, their mission-first mentality. When an entire generation passes through the system and Congress cannot meaningfully update the law governing the system to reflect today's veterans, the

outcome remains stagnant. Veterans are left dismayed. Congress is left dismayed. Taxpayers are left asking a fair question: if VA keeps getting more money every year, why are not veterans consistently getting better results?

Let me be clear, benefits are meaningful. Appropriately funding VA is meaningful; that number also meaningful. By the measure, VA has not earned a passing grade. Over the last 30 years, VA has grown dramatically in both budget and workforce. Congress has provided more resources year after year, but veteran suicide remains a persistent crisis. VA is not consistently on the cutting edge of research and innovation like they used to be.

VA still struggles to build major infrastructure projects meant to serve veterans on time and on budget. Every oversight arm of Congress has at its disposal, including VA, Office of Inspector General (OIG), Government Accountability Office (GAO), continue to identify serious risks with fraud, waste, mismanagement, and abuse. This is not because VA's programs are inherently without value. Most of them are deeply important. It is because Congress and VA leadership have allowed too many of those programs to drift from congressional intent and operate without accountability the veterans deserve.

VA continues to come before Congress asking for more money and more trust. Well, as veterans, we understand something really simple: trust is earned. If VA wants the trust of veterans and the American people, it is about time to show some real results.

The bills before us are focused on updating and reauthorizing key VA programs so we can restore accountability, transparency, consistency, and results across the Department. Do not get me wrong, I want VA to succeed, as does everyone on this dais. More than anyone, I want this Department to work. I want it to be worthy of the veterans who walk through the door. I want it to deliver care, benefits, research, housing, and opportunity with the urgency and excellence our veterans deserve.

Building a strong house requires a strong foundation, and the foundations underneath the VA are old and weakened, in desperate need of repair. That is why—that is what today is about, preparing the foundation, restoring the mission, and making sure VA is once again built around veterans it exists to serve. Because reauthorization is not only common sense, but it is Congress' constitutional duty to protect veterans and the veteran.

With that, I want to thank the witnesses for appearing here before us in the committee today, and I look forward to today's discussion.

Ranking Member, you are now recognized for your opening statement.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Well, thank you, Mr. Chairman. Today's hearing is a follow-up to the committee's March 18th legislative hearing where we heard testimony from the Department of Veterans Affairs on a similar agenda. Since that time, several bills have fallen off the list due to policy objections from both sides. However, I will note that I have significant about—concerns about many of the bills that remain on the agenda.

As I stated in the last hearing, this process was billed by the chairman in a political article as something like a VA, quote/unquote, "reauthorization process." Originally, there was not a plan for Veterans Service Organizations (VSO) to participate in this process at all. The majority planned to take VA's testimony and move on to markup.

We are having this hearing today because I and other Democratic members on this committee insisted that veteran stakeholders need to have a voice in this process. We need to hear from organizations that represent and advocate for our veterans before making wholesale changes to VA programs and benefits. For example, one of the bills on the agenda proposes to get rid of the many advisory committees that provide a direct way for veterans and other stakeholders to provide input on VA programs.

Another bill offered by the majority would make major changes to the Veteran Readiness and Employment Program. Without the testimony we have received today, it is unlikely this bill will be improved by the voices of veterans who would lose their benefits based on how it is currently drafted. We are nearly at the halfway point of the second session of the Congress, and I think it is important to hear veteran stakeholders about our progress, or lack thereof, on the priorities we heard about at the joint VSO hearings earlier this year.

My question to our VSO witnesses today is simply do the bills on the list represent your veteran members' priorities? There is no legislation regarding toxic exposure presumptive, no legislation extending GI Bill benefits to guard and reserve members.

Earlier this year, Veterans of Foreign Wars (VFW) testified in support of the Governing Unaccredited Representatives Defrauding VA Benefits (GUARD VA) Act, which has been a priority for several years. Unfortunately, that bill was also removed from the agenda. Time and time again this Congress has chosen its own priorities over VSO priorities. This week is yet another example.

The House will consider two bills later this week and neither of these two bills are what VSOs have asked for as top priorities. The agenda today reflects a departure from the chairman's characterization of this process. This is not a collection of bills that are all bipartisan, nor is it representative of the priorities we have heard about from VSOs at the hearings in February and March.

Finally, I have many questions about how this reauthorization bill will be paid for. Many of the items on the agenda will have a cost. The majority has promised some kind of magic coupons that will be available if you just sunset everything after 2 years or take money away from other programs. That is hardly responsible—that is hardly a responsible reauthorization process.

Also, let us consider reality. The majority is putting a $4 billion bill on the floor this week that consumes all of the committee's offsets and then some. The chairman and Mr. Barrett are raising fees on financially distressed veterans to pay for some of it. On top of that, we still have to pass our annual extender bill that will also have a cost. I get again ask, "Where will the money to pay for today's legislation come from?" For the fees, taxes on veterans earned benefits. I do not think it is fair or responsible to engage in a con-

voluted legislative process when there is no realistic pathway to get most, if any, of these bills done.

With that, thank you. I yield back.

The CHAIRMAN. I thank the ranking member as always.

We will now turn to our witnesses' testimony. Testifying before us today is Ms. Brittany Madni, executive vice president at the Economic Policy Innovation Center. Mr. Tim Stretton, director of the congressional Oversight Initiative at the Project on Government Oversight. Mr. Mark Ritchie, policy chairman of the National Federal Development Association. Ms. Kristina Keenan, director of the National Legislative Services for Reduction of Foreign War.

If each one of you will all rise, I will now swear you in. I ask the witnesses to raise their right hand.

[Witnesses sworn.]

The CHAIRMAN. Thank you and you may be seated. Let the record reflect the witnesses answered in the affirmative.

Now I would like to go and—I would like to recognize Ms. Madni for 5 minutes for her opening remarks.

STATEMENT OF BRITTANY MADNI

Ms. MADNI. Thank you, Mr. Chairman. Chairman, Ranking Member, members of the committee, thank you for inviting us to testify today.

The fiscal picture of our country is dire. The national debt sits at $39 trillion and is continuing to grow rapidly. This is going to have a serious impact on all of us, including and especially veterans and their families. We have some higher taxes in the future, greater inflation levels, or diminished attention to other critical government functions. Our massive Federal debt is not a tomorrow problem, it is a today problem. It is having real impacts now, impacts that—specifically for our veterans and their families. This includes raising interest rates on Americans. Driving economic growth can result in the transfer of payments that cause upward of inflationary pressure on key sectors like healthcare. This is part of why we are seeing expenditures in Veterans Health Administration (VHA) rise. Rather than making prudent budgeting decisions, we are still running a $1.9 trillion deficit this Fiscal Year and continuing on the trajectory of unsustainable spending.

This also has a direct impact on funding priorities and decisions related to veterans. I concur with the chairman that it is important for us to be funding essential benefits for veterans, but that does not mean that every dollar going to the VA is essential or well spent. In fact, every dollar that does not go toward our priorities is being wasted and not benefiting veterans, either through redirection toward programs that are needed or through reducing the debt and deficit that are having these other economic impacts on them.

Let us look at Federal spending by the numbers. We should reexamine every dollar. Since Fiscal Year 1977, the total actual outlays for veterans' benefits and services has grown from $18.04 billion to $377.22 billion. That is nearly a 2,000 percent increase. The Congressional Budget Office (CBO) projects this trend to worsen in the coming decade.

Of course, spending on veterans is directly impacted by spending on defense, with an observable lag time directly between with ac-

tive duty outlays from the Department of War and the shift to the Veterans Affairs budget. CBO's estimates in the baseline that I have just referred to do not account for the uptick in military spending that is associated with the conflict in Iran. The Secretary of War's expenditures will eventually make their way into the Secretary of the VA's budget. While it is not in this committee's jurisdiction to approve defense spending or their programs, you can and should plan for future negative impacts based on today's defense decisions. Use this as data. Congress should rein in unwarranted excess spending now in preparation for this expanded potential need in coming years.

This recommendation is, of course, in addition to my general analysis that the overall spending must be lower than the current unsustainable trajectory. Evaluating previous decades reveals that certain outlays have clearly transitioned from explainable spikes and valleys into a generally upward trend. Just 25 years ago, after the start of the global war on terror, Fiscal Year 2026 outlays—I am sorry, just 25 years since then, Fiscal Year 2026 outlays are projected to be 867 percent higher.

Outlays are continuing to outpace inflation. They are also continuing to grow even as the veterans population declines. Where exactly is the money going? Well, within the budget function that covers veterans benefits and services, there are five major categories: income security; education, training, and rehabilitation; hospital and medical care; housing; and other general benefits and services.

Of the total $377.22 billion going to everything in this function, more than half is spent on income security programs. The vast majority of this is for disability compensation and pension programs, which, while they are important, do also need to be reevaluated for fraud, waste, abuse, and any dollars that are going toward bureaucratic overhead rather than veterans themselves.

This is followed by nearly $150 billion for hospital and medical care for veterans. Knowing that money is currently being spent in this sector is important only insofar as Congress actually acts on this without worsening the national debt. The need for oversight and sustained reauthorization is absolutely key. If you are not looking at where the dollars are going now, you will not know how to better spend them in the future.

There are challenges today that were not present in the 1970's or 1980's. For example, perhaps housing should be getting a bigger slice of that pie, or education and training. Perhaps we should be reevaluating mental health research and making sure that outcomes are matching up with where dollars should be going, rather than following the trend of the 1970's, 1980's, and 1990's prior to the global war on terror.

I am running low on time here, so I will just finish up by saying that GAO has consistently ranked several VA programs as high risk, that Payment Accuracy has noted that the VA comprises only 6 percent of the entire Federal budget, but is responsible for the fourth highest outlays designated to susceptible programs. Improper fraud, waste, and abuse, as well as improper payments, are going to continue being exacerbated without additional action by Congress. The alternative is clear. Oversight is needed.

Thank you, and I look forward to your questions.

[THE PREPARED STATEMENT OF BRITTANY MADNI APPEARS IN THE APPENDIX]

The CHAIRMAN. I would. I would now like to recognize Mr. Stretton for his 5-minute opening remarks.

STATEMENT OF TIM STRETTON

Mr. STRETTON. Good morning. Good morning, Mr. Chairman, Ranking Member, and members of the committee. Thank you for having me testify today. My name is Tim Stretton, and I am the director of the Congressional Oversight Initiative at the Project on Government Oversight, or POGO.

POGO is a nonprofit, independent watchdog that investigates, exposes, and champions reforms on systematic corruption, abuse of power, and waste. Since 2006, the Congressional Oversight Initiative has trained nearly 6,000 congressional staffers from both parties in both chambers on the best practices of oversight and investigations. I am honored to be here today to talk about the importance of congressional oversight, especially at the Department of Veterans Affairs.

As the Article I branch of government, Congress has a constitutional responsibility to conduct oversight. The Supreme Court recognized this nearly 100 years ago when it stated Congress cannot legislate wisely or effectively in the absence of information. To fulfill that constitutional role, Congress must ensure the executive branch responds to oversight requests, either through request letters, briefings, appearing at hearings, and it remains accountable to the public it serves. Strong oversight can uncover waste, fraud, abuse, mismanagement before problems escalate into larger failures. It can also inform future legislation.

Oversight depends heavily on whistleblowers and bipartisan cooperation, both of which strengthen Congress' ability to hold agencies accountable. This committee understands those stakes very well. The 2014 VA wait list scandal demonstrated the serious consequences that can occur when accountability breaks down. At that time, POGO collected nearly 1,000 responses from veterans and VA employees, revealing a troubling culture of retaliation against whistleblowers. As POGO has testified before this committee on several occasions the need to reform the VA's Office of Accountability and Whistleblower Protection to ensure whistleblowers are protected and the office functions independently in it as effectively as Congress intended.

Today, the need for oversight at the VA remains substantial. Congress has not reauthorized key components of the Department for nearly three decades, with many programs continuing to operate under expired authorizations. At that time, the VA's Fiscal Year 2027 budget request totals more than $488 billion, a 7.7 percent increase over last year's enacted levels. Investments on that scale demand sustained congressional oversight to ensure laws and programs are operating effectively and delivering intended outcomes for veterans. As you said, Mr. Chairman, outcomes are meaningful.

The top line figure, however, is just the tip of the iceberg. In Fiscal Year 2015 alone, the VA made nearly $288 billion in awards,

including $90 billion in contracts. POGO has spent decades conducting oversight of Federal contracting, an area historically vulnerable to waste, fraud, abuse, and mismanagement. Last year, the VA awarded more than $6 billion in contracts without competition, and another nearly $10 billion in contracts were made when only a single bid was received. Congress should continue ensuring agencies use robust competition and sound contracting practices.

Strong oversight also depends on strong oversight institutions. Mr. Chairman, you mentioned inspectors general and the Government Accountability Office. Those are among Congress' most important partners in conducting effective oversight.

As of this month, the VA's Office of Inspector General has more than 550 open recommendations for the Department, and the GAO has another 170 more, including more than 20 listed as high priority and high risk. These recommendations present a clear opportunity for congressional oversight and a potential roadmap for legislative reforms.

I should add that while the VA does have a permanent Inspector General (IG) in place, dozens of IG positions across the government are vacant, with most of them still waiting for a nominee. The GAO is also acting without a permanent head and is also waiting for a nominee since December.

Finally, as I close, I would like to stress congressional oversight should not depend on which party controls the White House. Oversight is one of Congress' core constitutional responsibilities as the Article I branch of government. Effective oversight protects taxpayer dollars, improves government performance, ensures existing laws are being implemented properly, safeguards veterans and whistleblowers, and preserves the system of checks and balances envisioned by the framers.

Thank you again for the opportunity to testify today, and I look forward to your questions.

[THE PREPARED STATEMENT OF TIM STRETTON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Stretton. Also for both the written statement of Ms. Madni and Mr. Stretton will be entered into the hearing record.

I would now like to recognize Mr. Ritchie for 5 minutes for his opening remarks.

STATEMENT OF MARK RITCHIE

Mr. RITCHIE. Chairman Bost, Ranking Member Takano, members of the committee, thank you for the opportunity to testify today. My name is Mark Ritchie, and I am on the board of the National Federal Development Association, or NFDA.

The nonprofit NFDA represents the private sector partners who have invested billions in the infrastructure essential to the VA mission. We are not just vendors. We are the bridge between private capital and the public service of our Nation's veterans.

We understand the mechanics of the Federal real estate leasing market better than most, and we are here today to express our strong support for H.R. 6599, the Leasing and Infrastructure Act of 2025. The bill provides for commonsense solutions by adopting modern standards, and if I leave you with anything today, it is by

adoption of these reforms, we will be able to deliver timely, cost-effective medical facilities for use by our Nation's veterans.

The testimony should also serve to answer the question why does VA keep coming back to Congress for additional money to fund these lease projects? The three major takeaways are: the methodology the VA utilizes to determine rent for these projects makes no sense; two, current use of full-service leases for a 20-year period actually adds to the cost of these important projects; and three, the linear VA-General Services Administration (GSA) approval process adds significant time to the delivery of these important facilities.

I think we can agree the requisite agencies' intentions are to protect taxpayers, all while serving our vets. In reality, the current VA-GSA-Office of Management and Budget (OMB) process is dysfunctional, and by maintaining the status quo, these bid busts will continue to haunt us. Why? You will be asked again and again to approve prospectuses that are not worth the paper they are printed on.

While my written testimony delves deeper into these three pillars, I believe the best place to start is in the middle of the story, where on May 1, 2024, nearly 2 years after approval of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, the Senate Veterans' Affairs Committee hosted a business meeting with then-VA Secretary McDonough. Among the topics discussed were the 31 PACT Act leases, and in his remarks to Senator Tillis, Secretary McDonough commented, and I am paraphrasing, he, McDonough, might need to come back and ask to reauthorize at a higher cost level. We have seen anywhere between 60 and 150 percent above the authorized level.

My written testimony details the timeline of this odyssey, so I will not address that now. However, an experienced industry practitioner can quickly determine the viability of these projects within minutes of review of the initial authorization request.

I am not here to castigate VA, as the VA does the best it can with the tools provided. Unfortunately, we have provided the VA with a jeweler's hammer when a sledgehammer is required. H.R. 6599 is not just a leasing bill. It is a clinical access bill. When a lease award is delayed by years due to bureaucratic friction, that is time veterans spend waiting for the care they have earned. By removing the government premium and streamlining authority, we ensure that taxpayer dollars go toward veteran health rather than administrative waste.

H.R. 6599 provides the VA with the necessary tools to build a responsive, modern healthcare network while remaining fiscally accountable. By modernizing cost estimation, adopting market-based leasing structures, and establishing independent authority, the committee can dissolve the gridlock that has stalled veteran care. The NFDA believes this legislation is a prudent way to ensure that taxpayer dollars are used efficiently to build the 21st century facilities the VA mission requires. We urge the committee to move forward with these essential reforms to ensure our veterans receive the high-quality facilities they have earned and deserve.

Chairman Bost, thanks to you and your committee for your laser focus on this important issue. I look forward to your questions.

[THE PREPARED STATEMENT OF MARK RITCHIE APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Ritchie. Mr. Ritchie's statement—the written statement of Mr. Ritchie will be entered into the hearing record.

Finally, we want to recognize Ms. Keenan, but not before we say welcome back after the delivery of your daughter. This is our first time appearing before us since that and congratulations.

Now you are recognized for 5 minutes for your opening statement.

STATEMENT OF KRISTINA KEENAN

Ms. KEENAN. Thank you, Mr. Chairman.

Chairman Bost, Ranking Member Takano, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States and its auxiliary, thank you for the opportunity to present the VFW's views on pending legislation. The VFW's full written statement addresses nearly all the bills on today's agenda, but I would like to briefly highlight four key pieces of legislation.

The VFW appreciates Chairman Bost's leadership in bringing attention to the governance issues caused by VA's Veterans Integrated Service Networks (VISN) structure by introducing H.R. 6733, the VISN Reform Act of 2025. After years of Inspector General reports documenting inconsistencies in healthcare delivery and serious patient safety concerns across the VISN structure, we strongly believe that reform is necessary. However, since VA has already begun restructuring and consolidating its 18 VISNs, the VFW would like to better understand the impact of those ongoing efforts before fully endorsing large-scale statutory changes. We want to ensure that reforms improve accountability and consistency without reducing flexibility at the local level or negatively affecting veterans' access to care. We look forward to continuing to work with the committee on this important issue.

The VFW supports H.R. 6843, the Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025. This legislation would create a fourth administration within VA dedicated to the economic opportunity and transition programs. This would include education benefits, voc rehab and employment, housing loan programs, and transition assistance. The VFW believes these programs deserve focused leadership and resources to help veterans successfully transition to civilian life while allowing Veterans Benefits Administration (VBA) to focus on disability compensation claims and appeals.

The VFW supports 4114, the Ensuring Veterans Smooth Transition, or EVEST, Act. This legislation would automatically enroll transitioning service members into the VA healthcare system within 60 days of VA receiving the necessary information from the Department of Defense (DOD). It would also preserve veterans' ability to opt out.

The VFW strongly supports efforts to create a seamless transition from DOD to VA. Too many veterans leave military service without immediately connecting to the benefits and healthcare that they have earned. The first year after service often brings challenges surrounding mental health, employment, housing stability,

and increased risks for suicide. Automatic enrollment helps create a warm handoff and reduces barriers to critical services. Veterans should not have to navigate unnecessary hurdles simply to access the healthcare that they have earned.

Finally, the VFW supports the discussion draft to establish an Office for Toxic Exposure Implementation and Oversight and an assistant secretary for toxic exposure coordination within VA. The implementation of the PACT Act and toxic exposure policy now touches nearly every part of VA, including healthcare, disability compensation, research, outreach, and workforce planning. The VFW supports creating centralized leadership to improve coordination and accountability across these efforts.

We also encourage the committee to consider transparency measures as part of this proposal. Veterans deserve greater visibility into how VA evaluates toxic exposures and presumptive conditions. We would like to see clearer public communication regarding which exposures and conditions are under review, estimated timelines for presumptive evaluations, and how scientific evidence is being assessed. Veterans exposed to toxins should not be left uncertain about whether their conditions are being considered or where the progress stands.

Chairman Bost, Ranking Member Takano, this concludes my remarks. I am prepared to answer any questions you or the members of the committee may have.

[THE PREPARED STATEMENT OF KRISTINA KEENAN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Keenan. The written statement of Ms. Keenan will be entered into the hearing record.

We now will proceed to questions, and I will yield myself 5 minutes.

Ms. Madni, can you explain the importance of authorizing appropriated funds?

Ms. MADNI. Absolutely, Mr. Chairman. I think I could talk to you about the generalities of why Congress has an overset responsibility, but perhaps it is more effective to start with an example.

In 2001, multiple things of significant importance to the VA happened. Of course, in September of that year, we had the start of the global war on terror given 9/11. We also had the expiration of the Centers for Mental Illness Research, Education, and Clinical Activities at the VA. That program is continuing as an expired authorization that is receiving appropriations around $6–1/2 million. That mental illness research that was expired, but continuing to be an unauthorized appropriation in 2001, is not sufficient for veterans' needs. I will explain how we know this.

In 2001—we will even take the next year, 2002, to be generous, the rate of suicide deaths for veterans per 100,000 was 24.2 veterans, already far too high; 24.2 back then. Now the latest data we have is from 2023. The rate of suicides per 100,000 is 35.2 veterans. We have gone up from 23, 24 veterans dying by suicide per 100,000.

The CHAIRMAN. Could I ask you something there?

Ms. MADNI. Yes, sir.

The CHAIRMAN. Okay. Where were your numbers from on that? That is not the same numbers that we are lining up with. I do not think, but okay. On the amount of suicides this last report.

Ms. MADNI. This is per 100,000.

The CHAIRMAN. Oh, per 100,000. Okay. Thank you. Thank you.

Ms. MADNI. Yes.

The CHAIRMAN. Thank you. I was going per day. Sorry.

Ms. MADNI. No, no, I thought that might be where you were going. It is actually the same data set, but I have adjusted.

The CHAIRMAN. Okay. Thank you.

Ms. MADNI. Per 100,000, we have gone up significantly. Well, what else has happened during that time? The mental health research and underlying programs at the VA have been receiving unauthorized appropriations. Now, that does not mean that we should not be funding mental health research for veterans. What it means is that we need to be reexamining that program so it is properly tailored to the needs of today's veterans.

As you mentioned during your opening statement, Mr. Chairman, what is going on now is really focused on an entirely new generation of the veterans population. Well, that new generation needs attention just as much as previous generations.

The CHAIRMAN. Right. Thank you.

Mr. Stretton, VA has repeatedly asked this committee for increased flexibility in our legislative proposals. How would continuing to give VA the flexibility hurt accountability and Congress' oversight capabilities?

Mr. STRETTON. Thank you, Mr. Chairman. Flexibility is, you know, critically important, especially with programs like this. However, anytime an agency or department, you know, asks for these things, they should be up before the committee answering questions on their plans for implementation. Once it is implemented, the progress of that, they should be up here, you know, they should be at briefings, they should be answering, you know, in public hearings on the status of, you know, implementing laws and their plans to improve such programs. If they are asking for money and flexibility, they should be answering your questions and telling you how they plan to spend that, those funds.

The CHAIRMAN. Thank you.

Mr. Ritchie, can you walk us through why OMB's current cost methodology is insufficient for estimating VA infrastructure projects today?

Mr. RITCHIE. Thank you for that question, and that is really the crux of everything in regards to 6599.

Basically, on day one, when the VA looks to develop these clinics, the first thing they do is figure out where the veteran census is, then they figure out how much it is going to cost or how much rent that they can pay. The OMB has a directive or a dictate in regards to they must use a specific piece of software or product that only calculates office rents. If you have been to a clinic, these are nothing like office buildings. Day one, they effectively are given a bad roadmap, then they go out to the market with their lease prospectus numbers that, as we know from last year, were between 60 percent and 150 percent below the actual rental costs. Something is wrong there. Using this software product, it just is not appro-

priate. It just does not work for general purpose medical buildings or medical facilities.

The CHAIRMAN. Thank you. I am a little over on time, but I still want, Ms. Keenan, can you share with us why OMB scorekeeping guidelines might need to be reevaluated?

Ms. KEENAN. I do not know the context of your question, so I do not have any comments at this time. Thank you.

The CHAIRMAN. Okay. All right. I will yield 5 minutes to Ranking Member.

Mr. TAKANO. Thank you, Mr. Chairman.

Mr. Keenan, I would like to begin—Ms. Keenan, I would like to begin with you. Also congratulations on the arrival of your child.

The chairman removed H.R. 1732, Mr. Pappas' GUARD VA Benefits Act, from today's agenda, meaning it will no longer be considered. VFW spoke strongly in favor of that legislation at a joint VSO hearing—at joint VSO hearings earlier this year. Do you believe that the GUARD VA Benefits Act should be considered by this committee, marked up, and brought to the House floor for a vote? That is one question. What is the importance of getting this legislation done for the VFW?

Ms. KEENAN. Thank you, Ranking Member, for that question. Yes, the VFW strongly wants to see the GUARD Act move forward. Every day that it, that it does not, you know, unaccredited claim sharks continue to exploit veterans and their benefits. The longer that this waits, the more veterans are going to be subject to some of this exploitation.

Mr. TAKANO. Yes, thank you. You know, it is my—you know, the states are—some states are moving ahead with strong protections, others more permissive protections that allow veterans to be targeted. There really is a need for the Federal Government to enforce protections, establish protections for our veterans from being targeted. Would you agree with that?

Ms. KEENAN. Yes, a Federal solution is probably the best way to solve this problem.

Mr. TAKANO. Thank you.

Mr. Stretton, your testimony highlights the need for robust congressional oversight, and I could not agree with you more. I noticed your testimony did not speak to the—to any of the individual bills on the agenda today. Do you think that any of these bills will actually enhance our ability to oversee VA? These bills seem to be focused on bringing more private interests into policymaking than holding the administration accountable. That is kind of where I see things.

Mr. STRETTON. Yes, thank you. POGO has not taken a position on any of the pieces of legislation. A lot of this is beyond our expertise. However, we do support Congress looking at programs more broadly and assessing if they are currently—the Department's currently meeting the needs of veterans and if some of these bills are, you know, needed. We are supportive of the process overall, but not any of the underlying pieces of legislation.

Mr. TAKANO. All right. Well, thank you.

Mr. Ritchie, study after study, whether by GAO, VA, OIG, and others, have found the problem with VA's delayed or failed procurements lie with VA itself. Inadequate funding to conduct planning

activities, multilayered project development and governance structure, unnecessarily detailed solicitations, and a failure to gauge market pricing have made it more challenging for VA to open new medical facilities on time and on cost.

Mr. Ritchie, would you support a proposal that would give VA leasing authority independent of the General Services Administration, so there would be even fewer guardrails?

Mr. RITCHIE. Yes, that is—yes.

Mr. TAKANO. You would support a VA leasing authority independent of the GAO?

Mr. RITCHIE. My—yes, in my understanding, prior to 2011, 2012, VA had its own leasing authority.

Mr. TAKANO. How will giving VA more power and taking the actual Federal real estate experts out of this process be an improvement?

Mr. RITCHIE. I would argue that at least in Construction Facilities Management, you have many executives there that had come from the GSA, so were just trained—they were trained in GSA processes, one. Two, at least the third parties or the private sector partners believe that the process that the VA undergoes is very, very rigid, and basically, they believe the process is very rigid, and, you know, we do not necessarily see problems with having VA oversight.

Mr. TAKANO. Okay, moving on. How does this legislation improve the institutional challenges as identified by VA's OIG, which have led to project delivery failures and repeated bid busts?

Mr. RITCHIE. Okay. A very multilayered question. I will try to do the best I can in the time. I have 17 seconds to answer that. That would be difficult to answer in 17 questions—17 seconds.

Mr. TAKANO. Okay. Well, we will have to get it to you from maybe a written response.

Mr. RITCHIE. That would be fine.

Mr. TAKANO. Okay. I yield back, Mr. Chairman.

The CHAIRMAN. The gentleman yields back.

Representative Van Orden, you are recognized for 5 minutes.

Mr. VAN ORDEN. Thank you, Mr. Chairman.

Ms. Keenan, I have for years now had the pleasure of calling you my fellow veteran and my friend, and now it is great to call you mom. That is so awesome. I am so happy. It is just wonderful.

I would like to speak briefly on a bill, H.R. 6843, that has been introduced by my dear friend Mr. Ciscomani from Arizona. I think it is incredibly important, being the chairman of the Subcommittee for Economic Opportunity, that we actually have a group of folks at the VA that are going to focus specifically on transition. It is critically important.

Most of our veterans that, unfortunately, commit suicide do it within about 24 months after retiring. I got a commitment from the CNO yesterday, we have got a commitment from the Secretary of War, and also of the VA that they are going to focus more on this, and it is going to be a more seamless transition from active duty to being a veteran, and I am very proud of them Mr. Collins and Mr. Hegseth, for doing so.

Mr. Ciscomani is a great patriot. He has a huge active duty population in this district, and he is focusing on them as he should. I am very proud also to call him my friend.

I would just urge all my colleagues to support H.R. 6843 to make sure that we can continue to have a fantastic group of American patriots, not just veterans.

With that, I yield back.

The CHAIRMAN. The gentleman yields back.

Representative Brownley

Ms. BROWNLEY. Thank you, Mr. Chairman. Before I ask a question or two, I just wanted to make note in this meeting that I am disappointed that my bill, H.R. 4876, the Reproductive Freedom for Veterans Act, was removed from today's legislative hearing. It addresses an important issue that impacts veterans' health, certainly veterans' equity to healthcare, and I will continue to urge this committee to include it in future hearings.

With that, Ms. Keenan, congratulations. I do not want to be the only member on the dais that does not congratulate you today, so congratulations.

I wanted to ask a question around dental care. Between October 2024 and September 2025, nearly 888,000 veterans received dental care, which is just about one-third of eligible veterans to receive dental care. The VA operates approximately 1,380 healthcare facilities, but dental care is available at just over 200 of those sites, which just represents about 15 percent of all VHA locations. What have your members experienced when seeking dental care services at the VA, given the limited number of dental care providers?

Ms. KEENAN. Thank you for the question. Veterans using VA care experience hurdles with accessing dental care. Even when they have a service-connected injury related to their dental care, it still is very location-specific and facility-specific if they can get their care within their VA.

Ms. BROWNLEY. Has transportation been also a barrier to that or——

Ms. KEENAN. Transportation can always be a barrier——

Ms. BROWNLEY. Yes.

Ms. KEENAN [continuing]. especially for rural veterans, so access to that care can be limited depending on where they live.

Ms. BROWNLEY. Also, 25 percent of younger veterans have dental insurance and only one-third of older veterans have dental insurance. Older veterans have worse oral health outcomes than nonveterans, and younger veterans are less likely to have dental insurance than older veterans. How has these age-related differences in dental care access affected members that you serve?

Ms. KEENAN. Well, I think the biggest difference is some of the health conditions that our older veterans are experiencing. Dental care is part of healthcare. It can be a preventive care, but it can also impact veterans with serious health conditions. The conditions that our older veterans are experiencing may be different than some of our younger veterans, but the dental care in combination with some of their serious health conditions can make things worse.

Ms. BROWNLEY. Thank you. I will just end on just wanting to weigh in on this leasing issue and taking it out of GSA and putting

it back into the decision-making of the VA. I spent, I do not know, the first 6 years since I have, you know, been in Congress working on this issue, trying to get it out of the VA to the GSA where the experience lies, and I think the process has moved a lot smoother since that happened.

I will tell you, in the first 6 years or so, I cannot remember exactly the timeframe, but nothing moved. I mean, it just went on and on and on. I know this particular bill says, oh, well, it will have to be done within a 1-year timeframe. I can assure you that the VA is not going to be able to meet that requirement. You know, absolutely they will not be able to. I think it is where it needs to be.

With that, I yield back.

The CHAIRMAN. The gentlewoman yields back.

Representative Barrett, you are recognized for 5 minutes.

Mr. BARRETT. Thank you, Mr. Chairman. Thank you all for being here. Of course congratulations on your newfound status as a mom. I will warn you, I have four kids of my own, so I have to give you unsolicited parental advice, of course. All I can tell you is this is a life sentence. If you doubted that, I am recently turned 45 years old and my mom still worries about me. It is a great thing. Thank you to our panel for being here today.

I wanted to just open up and kind of lay out a foundation of some of the work that we are doing. I had introduced H.R. 6833, the Acquisition Reform and Cost Assessment Act, known as ARCA Act for short, topic of conversation today, really kind of tackling this issue of chronic bureaucracy and how that can delay implementation and get lost in the weeds of what our actual mission is, which is to deliver care and benefits to veterans who have earned that. The VA has a really poorly structured acquisition and contracting process and it really does bog down the progress we are trying to make.

It fails to provide real accountability for underperforming contractors. Some of these contracts get needlessly delayed. When that happens, the costs go up for taxpayers, and that cuts into the services that ought to be preserved for our veterans. When more is going out the door in one way, it takes less than that we are delivering to actual veterans.

One way that we just saw this very recently, the Department of Justice (DOJ) just indicted a former executive at the VA who was responsible for a huge portion of this Electronic Health Record (EHR) modernization effort, something that has plagued the VA for years, something that falls squarely within the portfolio of what the subcommittee that I have the privilege of leading is really looking at is this electronic health record modernization that is so critical for veterans across the country. You know, we were saddened to see this indictment. I do not want to presume anyone's guilt or innocence from here. Of course, we have a process for playing that out, but I think it does certainly raise the alarm bells of what we ought to be looking at as far as accountability within the VA. Having an acquisition process, I think, is really important to that.

Now, with that being said, I would like to hear some of your all thoughts on this effort, starting with Ms. Madni. Did I say that correctly? Very good. Can you talk a little bit more, explain to us a little bit more about how ballooning contracts and acquisitions

have continued to increase overall spending without increasing benefits for veterans? You know, it is one thing we are spending more money to increase benefits and outcomes, but if we are just spending more money without doing that, I would be curious on your take on those.

Ms. MADNI. Well, we should not be doing it.

Mr. BARRETT. Yes, absolutely.

Ms. MADNI. No, you put it very well, sir. If you are increasing funding without improving outcomes, then what you are actually doing is making outcomes course. I know that might seem counterintuitive, should not it just be a net neutral? The reality of the situation is no. As I mentioned in my written testimony, as spending increases, you increase inflation, you increase unaffordability. What ends up happening is that the overall market prices are driven up by transfer payments, inflationary pressures, et cetera, which means when you do eventually get to following through on some of these contracts, they will be expensive. They will be even more expensive. You actually have this multilayered, multitiered problem.

The only way to fix that is to perform regular oversight and hold the VA accountable. I think your bill is an excellent first step to that. I would also suggest perhaps having a series of more robust oversight hearings to see their steps and whether or not they are following through.

Mr. BARRETT. I thank you for that. I think I learned years ago, I worked in Michigan for the State treasurer, probably 15 or so years ago, and we had this point that I learned, which is separating the difference between outputs and outcomes. You can spend a lot of money on outputs that do not actually change the outcomes. Especially the work that we do on this committee should be focused really heavily on the outcomes for veterans that, you know, instead of looking at how much we spend on something specifically, well, what was the outcome of that, not just the outputs within it?

Ms. Keenan, if you would not mind, I had a question for you. How does the lack of congressional oversight over the VA acquisition process hurt veterans in your opinion?

Ms. KEENAN. Thank you for the question. I think our main concern is failures to properly modernize systems effectively, efficiently, and using the funding appropriately. Additional oversight, we are totally on board with some of the provisions in the bill and sort of the efforts to try to rein in and oversee some of these major projects to avoid any kind of delays and waste of taxpayer money. I think that is the goal with this kind of proposal.

Mr. BARRETT. Thank you. Mr. Chairman, yield back. Thank you.

The CHAIRMAN. The gentleman yields back.

Mr. McGarvey, you are recognized for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman. I think maybe we should make a motion to have everyone congratulate Ms. Keenan. Until that happens, I have to also say congratulations. My guess is you are going to keep getting them. Congratulations on the birth of your daughter. Thank you for being here today.

I think, you know, one thing about this committee is we are focused on a mission, right? We are focused on the mission of serving our veterans. These are the men and women who put on the uni-

form, quite literally willing to sacrifice everything to keep us safe and keep us free. In exchange for that service, we do make a promise. We make a promise that we are going to take care of you. When we talk about veterans benefits, we are not talking about something we are giving to someone. We are talking about something they have earned. We are talking about a promise, both a moral and a legal promise we have made.

When veterans are trying to get the benefits they have earned and they are denied those benefits, they necessarily have the right to appeal that decision. It is part of the promise we make in exchange for service.

Now, one thing that I hear about all the time in Louisville, and I know you all hear about across the country, is how long it takes to get a decision on these appeals from our veterans. This is more than just some, you know, bureaucratic maze or some statistic. Every single veteran who is waiting for a decision on their appeal is waiting on something that might help them keep a roof over their head, put food on the table, get the treatment they need. How do we speed these up?

Now, I know, as a recovering lawyer myself, that lawyers are oftentimes punching bags and sometimes deserve to be. In the veteran space that we are talking about right here, with getting those appeals to get the benefits you have earned, it is lawyers in the VA who make those decisions. They are the ones writing those opinions, and we are having trouble keeping lawyers in place to do that. That is partly responsible for the backlog, which is hurting veterans. They are not able to have that roof over their head. They are not able to get that decision. They are not able to get the benefit they have earned.

There is a simple fix we have proposed to make this better, not to completely fix the problem, but to make it better so our veterans get these results faster. That is a bill I have introduced, H.R. 2303, the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act, which is a really long name to just say we are trying to keep more attorneys here to get our veterans what they need and get it to them faster. It would allow us to promote veterans to the GS–15 spot. It is a way of retaining talented individuals and, most importantly, getting our veterans what they need.

Ms. Keenan, you noted in your testimony that attorney attrition at the board directly contributes to the appeals backlog. Can you talk a little bit about what that backlog means for the veterans you serve at VFW?

Ms. KEENAN. The backlog of appeals, you know, can take years many times for veterans, and so that wait can cause economic, financial difficulties for those veterans that are waiting to get the disability benefits or other benefits that they have earned. We do appreciate and support your legislation. I think particularly because there are other units within VA that have this promotion ability. Retaining some of those attorneys within the Board of Veterans' Appeals is going to help with that backlog.

Mr. MCGARVEY. Yes, I mean, two things you said there. One, years, right? We are not talking about weeks, we are not even talking about months, we are talking about years until veterans can

get a decision on the benefit they have earned from putting on the uniform.

I will also say, you mentioned that only the Board of Veterans' Appeals, they do not have this ability to go to GS–15, others do. In fact, the Board of Veterans' Appeals is the only agency within the VA who does not have the ability to promote to a GS–15, and this would help with that retention. I appreciate you bringing up those points.

I will ask you, you know, do you think that keeping these experienced attorneys instead of constantly training and turning over people will improve decision quality and reduce the errors that force veterans back into the system?

Ms. KEENAN. Absolutely.

Mr. MCGARVEY. Okay. Wow. Everybody take note. That is how you answer a question.

Other VA offices, you hit on this, they already allow these nonsupervisory attorneys. Do you think that the Board can realistically keep the attorneys it needs without this authority or do you think that passing a bill is a step in the right direction to make sure that veterans get timely, accurate decisions?

Ms. KEENAN. I do think it would be an important change because if there are incentives for attorneys to go elsewhere, even within the Department, that is going to be tempting for anyone who wants to have a better income. Stability within the Board of Veterans' Appeals is important. This would be an important—a key way to do that.

Mr. MCGARVEY. Thank you for saying that. I just point out, this is not about pay grades. This is not about internal VA bureaucracy. This is about getting veterans the benefits they have earned in a timely way. I appreciate your testimony.

Mr. Chairman, I yield back.

The CHAIRMAN. The gentleman yields back.

Dr. Murphy, you are recognized for 5 minutes.

Mr. MURPHY. Thank you. I just want to say to my good friend, Mr. McGarvey, as an attorney coming from a physician, you missed April 14th. That was Be Kind to Lawyers Day. As I said when I was in the General Assembly in North Carolina, I said, be kind to lawyers because they are people, too. Thank you.

I will continue the litany of congratulations. Motherhood is the greatest calling of any woman. Congratulations. You know, children are going to bring you heartbreak, but they are going to be the greatest love in your life. Congratulations.

I just want to chat about a couple things. I applaud the oversight. You cannot run a business without oversight. Sadly enough, our government tends to not do oversight very well and to continue unnecessary levels of haphazard bureaucracy, which in this case leads to harm, delay, et cetera, just for our veterans. I appreciate everybody's concerted effort to try to cut through the morass of the ridiculous bureaucracy that we have.

Just want to give a plug for my bill, H.R. 6583, which would establish a VA centralized research data system integrated with electronic records, I will talk about that for a second, to track major research projects, funding progress, and outcomes across the VA. We do not need a haphazard system in the VA to do this. We actu-

ally have a perfect model to be able to have a really concentrated system within the VA to do good research, have it tracked, and make sure it is concerted effort and that we do it well. The bill also would create a tiered review-based system for research. I would appreciate everybody's support for that. I am a researcher, done it, you know, a lot, been a scientist, et cetera. It is very important that we do good research within the VA.

It was brought up a few minutes ago about our electronic healthcare system, and I never miss a chance to beat on the fact of the absolute ineptitude, negligence of what the VA has done with the electronic medical record system, what, for now 15 years? Fifteen years, billions of dollars, and I cannot—I think it is six or seven places that we have a system that actually works for electronic healthcare system. Guess what? Help is on the way. I think this is where the advent of Artificial Intelligence (AI), the good part of this, will be able to be helpful at the VA.

Speaking with a gentleman, a fellow physician, this past weekend who wants to get in and talk with the VA about streamlining a system where artificial intelligence will have the ability to speak directly with the veteran, have a catalog of 15-, 25,000 questions, be able to answer veterans so there are not calls that go unanswered. There is the patience of Job when listening to an artificial intelligence.

We have this documented within the private system already for pre-op visits when patients call and say, hey, I do not understand this, and they go on and on and on. If we can institute this system that will then be able to query that veteran's electronic medical record, pull data from this, and really take out the massive bureaucracy, streamline this I think this will be actually earth-shattering for the veteran and for our future systems to be able to cut through needless human bureaucracy, get our veterans what they need. I look forward to actually coming back in front of this committee, speaking with our VA about what would literally be the good use of AI for our veteran to cut through the human bureaucracy that has become our VA in so many different ways.

Thank you, Mr. Chairman. I will yield back. I think that is actually an envelope and a sunrise of hope for our veterans in the future to use technology to really help our guys and gals navigate what is a challenging system.

The CHAIRMAN. Thank you.

Dr. Dexter I notice all the doctors have stayed around. It is really neat.

Ms. DEXTER. What is that?

The CHAIRMAN. All the doctors have stayed around. It is really neat.

Ms. DEXTER. We are diligent.

The CHAIRMAN. No attorneys, though.

Ms. DEXTER. We are diligent, that is true. Thank you, Chair Bost, for holding this hearing.

Ms. Keenan, congratulations. I know you are surprised to hear that, but I deeply, deeply value how hard it is to do good work and be a mom. Thank you for doing that.

I also appreciate the ability I have today to speak on my bill, the Every Veteran Housed Act. I appreciate and share everyone's com-

mitment here to tackling veteran homelessness and hope that we will continue to work together on this issue.

In Oregon and across the country, preventing and ending veteran homelessness is a top priority. Our communities believe that honoring service means ensuring every veteran has a safe and stable place to call home. That is why we introduced the Every Veteran Housed Act. It is to remove barriers and streamline eligibility standards across VA homelessness programs. It will make it easier for veterans experiencing homelessness to access the full range of services that they have earned. Critically, it also expands access to those who have served in the National Guard and the Reserve, helping eliminate another obstacle that they are facing.

This legislation is a practical, targeted step that will help more veterans access housing, stabilize their lives, and reconnect with the support systems they need. It reflects a broader commitment to treating veteran homelessness as an ethical as well as public health issue.

Ms. Keenan, can you speak to the existing gaps in the veteran homelessness system and why it is so critical that this bill helps reach those who have historically been left behind?

Ms. KEENAN. Yes, thank you for that question. Currently, discharges other than dishonorable do not count for these programs. That is what this would open up eligibility to additional veterans. That is similar to access to VA healthcare and disability benefits. We see this as a, a way to reach more veterans that may be in need of some of these programs.

Ms. DEXTER. Thank you so much. I just want to also point out that some of those less than honorably discharged veterans are struggling with exactly the issues that lead to homelessness: mental health challenges, addiction history. It is absolutely our obligation, I would say, to close those gaps that we have created for them.

Ms. Keenan, you also highlighted in your testimony the connection between stable housing and mental health stabilization, as well as suicide prevention. How do you see the Every Veteran Housed Act advancing those goals?

Ms. KEENAN. I think the more veterans that we can reach with some of these homelessness programs, the better that veterans that are in need can have that stability, not only for themselves, for their physical and mental health, but for their families as well.

Ms. DEXTER. Yes. To my colleagues on the committee, I just want to be clear that this is not going—this bill would not impact dishonorably discharged or court-martialed veterans. This is really less than honorable discharges, which happens to people who are serving in good faith and just cannot finish their service for differing reasons.

To my colleagues here who are advocating for transparency and accountability, very much appreciate that and fully support that. I also want to make sure that we are not removing regulations and oversight to a degree that just opens the door for further waste, fraud, and abuse. I think this is a balancing act that we all need to be diligent in addressing together. Thank you.

Mr. Chair, I yield back.

The CHAIRMAN. The gentlewoman yields back.

Dr. Conaway, you are recognized for 5 minutes.

Mr. CONAWAY. Thank you, Mr. Chairman for recognizing me, and thank you for holding this very important hearing. I am thankful for the opportunity to testify on behalf of my bill, H.R. 8044, the Get Justice-Involved Veterans Back Home Act.

Recent research shows that veterans with mental health conditions, particularly Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and substance abuse disorders stemming from their combat or service-related trauma, face significantly higher risk of entering or re-entering the criminal justice system. Veterans with PTSD, for example, are 61 percent more likely to be involved with the criminal justice system than those without PTSD, and 59 percent more likely to be arrested for violent offenses. While the VA operates programs to support veterans in the community, there remains a critical gap for care for veterans who are in the criminal justice system.

Since 1986, the VA has not provided healthcare to veterans when they are under supervision of another government agency with a duty to furnish care, such as prisons or jails. A study from 2016 estimated that 107,400 veterans are serving—were serving in State and Federal prison at the time in 2016. While these veterans serve their time, it is important that veterans—or rather, the VA provides the necessary services to ensure that these veterans can heal, rebuild, and successfully re-enter other communities.

My bipartisan bicameral bill would direct VA to carry out a pilot program to furnish mental health to incarcerated veterans via telehealth if the facility has the necessary infrastructure or through other means determined appropriate by the Secretary, including mobile mental health units. Now, this is a pilot program that will occur over five institutions within the prison system in the United States so that we can see how it works and then—and as I believe it will, and then move it forward to increase its reach.

The bill directs the VA to prioritize veterans with service-connected disability ratings related to PTSD, traumatic brain injury, or Military Sexual Trauma (MST), while ensuring these veterans—that those veterans are being seen by VA healthcare providers. Note that this bill would bar VA from collecting copays from veterans participating in the program and require that upon the date of their release, veterans who had their disability compensation payments reduced while in custody have their full payments restored automatically.

By ensuring our veterans have access to strong mental health care during their incarceration, we can help set them up for success after their release, making it easier for them to succeed in other areas such as securing employment, securing stable housing, and more.

I am pleased to have my colleague Representative Luttrell coleading this bill with me in the House, and I appreciate his work on this. I am grateful for the support of the American Legion, Vietnam Veterans of America, With Honor, the American Correctional Association, the American Psychological Association, and the American Psychiatric Association.

Ms. Keenan, what are the gaps in care for incarcerated veterans and how best can we address them? Certainly, I hope that you will

find that this measure is an important part of filling that gap, but I would appreciate your comments on this question.

Ms. KEENAN. Thank you for the question. You know, obviously there is a lack of access that incarcerated veterans are going to experience to their VA healthcare. We, you know, generally like this pilot program idea. We do have some technical suggestions on how it could be improved to really look at the full gamut of mental health conditions that these veterans may be experiencing outside of PTSD and the various conditions related to military sexual trauma.

Mr. CONAWAY. Well, thank you for that. We are prioritizing certain conditions, but the full gamut of mental health challenges that veterans face certainly ought to be addressed. It is part of comprehensive mental healthcare, and to the extent that we need to emphasize that, then I will certainly work on that as well.

Do you believe that by—and anyone can answer, that providing a one-on-one mental health counseling to justice-involved veterans who find themselves within the criminal justice system could reduce recidivism and help veterans succeed after they serve their time?

Ms. KEENAN. Absolutely. I think VA provides some of the best mental healthcare for veterans. It is veteran-specific and, you know, they offer it through in-person appointments but also through telemedicine. I think the more veterans that we can reach, regardless of their circumstances, the better off that will be.

Mr. CONAWAY. Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. The gentleman yields back.

Thank you to the first panel of witnesses. You are excused, and I appreciate you being here and thank you so much. I would like to invite the second panel of witnesses to come up, and we will get started as soon as they switch over the name tags.

All right. We would like to get started with our second panel.

On our second panel, we will hear from the following witnesses. Mr. Cole Lyle, the director of Veterans Affairs for Rehabilitation Division in the Washington, DC, office of the American Legion. Mr. Mike Desmond strategic director of government affairs and advocacy for Mission Roll Call. Mr. John Retzer, national legislative director of Disabled American Veterans (DAV), and Mr. Morgan Brown, national legislative director for Paralyzed Veterans of America (PVA).

If you would each who could stand, would stand we ask you to raise your right hand. I ask the witnesses to—yes.

[Witnesses sworn.]

The Chairman. Thank you. Let the record reflect that the witnesses have answered in the affirmative.

Now I would like to recognize Mr. Lyle for 5 minutes for his opening remarks.

STATEMENT OF COLE LYLE

Mr. LYLE. Well, thank you, Mr. Chairman, Ranking Member Takano, distinguished members of the committee. On behalf of National Commander Dan K. Wiley and more than 1.5 million duespaying members of the American Legion, thank you for the opportunity to appear before you today.

The American Legion is a grassroots resolution-based organization. Every position we take begins at the local post level where we offer you the lived experiences of those who have worn the uniform. The bills before us today represent a meaningful effort to modernize the Department of Veterans Affairs, improve efficiency, close longstanding gaps in care and benefits, and strengthen accountability at a time when demand for VA services continues to grow. The American Legion supports the majority of these measures today because they directly or indirectly advance the priorities set by our members.

We are especially encouraged by efforts to make VA's healthcare delivery more responsive and consistent. The VISN Reform Act, for example, seeks to streamline the network structure after years of bipartisan concern with VISN organization and management. We support the bill and urge targeted amendments to safeguard rural and highly rural veterans, ensure thoughtful staffing decisions, and prevent any disruption in care during what is already a period of significant organization.

Similarly, the VA National Formulary Act would ease access to necessary medication, and the Leasing and Infrastructure Act would give VA tools it needs to expand facilities more quickly and cost-effectively while protecting taxpayer dollars. However, both of these bills run the risk of significant implementation challenges should VA not be properly resourced.

We also strongly back the VA Research Reform Act which would reduce administrative burdens on research, speed the translation of discoveries into better care, and expand partnerships that bring new resources into the system.

On benefits and care, several bills would close gaps that veterans have waited far too long to see addressed. The Dental Care for Veterans Act recognizes that oral health is inseparable from overall health. The EVEST Act would automatically enroll eligible transitioning servicemembers into VA care, removing one of the most frustrating barriers they face when they leave the military.

The Every Veteran Housed Act would extend critical homelessness preventative services to veterans with other than honorable discharges who have been unfairly excluded for too long. The legislation addressing acute sexual assault response would ensure every VA facility is equipped to treat survivors with dignity.

We are also pleased to support the VA Trust Act to restore accountability around executive bonuses, the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act to keep talented lawyers serving veterans, and several of the discussion drafts on toxic exposure, justice-involved veterans, and EHR modernization.

That said, we must be candid where we have concerns. We oppose the Veterans Affairs Advisory Committee Oversight Act because consolidating and sunsetting specialized committees risks removing focused voices on issues that matter deeply to specific veteran populations. We also oppose the Veterans Readiness and Employment (VR&E) Improvement and Accountability Act as written, particularly provisions that could penalize veterans or strip away Total Disability Based on Individual Unemployment (TDIU) during VR&E programs. We oppose the bill that would shift key transition

and employment responsibilities away from the Department of Labor where we believe they belong.

Our full written testimony, including an executive summary of positions, has been submitted for the record. The American Legion stands ready to work with this committee, VA, and our fellow stakeholders to refine these proposals so they deliver the strongest possible outcomes for the millions of veterans who rely on VA every day.

Thank you again for your leadership and the opportunity to testify. I look forward to your questions.

[THE PREPARED STATEMENT OF COLE LYLE APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Lyle. The written statement of Mr. Lyle will be entered into the hearing record.

At this time, I would like to recognize Mr. Desmond for 5 minutes for his opening remarks.

STATEMENT OF MIKE DESMOND

Mr. DESMOND. Thank you, Mr. Chairman. Chairman Bost, Ranking Member, and distinguished members of the committee, thank you for the opportunity and the honor to testify today on behalf of Mission Roll Call and the veterans, families, and caregivers across the country whose voices we carry to Washington.

Mission Roll Call conducts regular survey research focused on the issues affecting veterans' lives. Our work is grounded in listening to veterans and identifying where policy, systems, and lived experience can be improved. Over the past year, Mission Roll Call surveys have shown that veterans do see areas where the VA is improving, particularly in overall quality of care and certain aspects of service delivery. There is a growing sense that the system is moving in the right direction.

At the same time, veterans continue to experience some challenges with access, timeliness, and consistency. This reauthorization effort presents an opportunity to build on that progress and address the structural issues that continue to shape how veterans experience care.

What stands out in this reauthorization effort is the focus on improving the parts of the VA system veterans experience directly. In our surveys, veterans consistently identify access delays, inconsistency between facilities, difficulty navigating benefits and care systems, and bureaucratic friction as recurring challenges.

The first area where this package strongly aligns with our data is research modernization. Veterans increasingly understand that promising treatments exist, particularly in areas like PTSD and traumatic brain injury. Many believe the system moves too slowly translating research into practical care. Our polling shows strong support for evaluating innovative therapies, including hyperbaric oxygen therapy. Legislation that improves coordination, standardizes data, and accelerates implementation helps move research closer to veterans. The faster we align the right solution with a veteran's need, the more likely that veteran is to thrive.

Second is formulary and access reform. Our TBI and healthcare access surveys consistently identified difficulty accessing specialized care as a major concern. Veterans frequently report that dis-

tance and system barriers affect access to appointments, medications, and treatment options. Efforts that improve transparency and standardize access across the system directly address issues that veterans repeatedly identify in our surveys.

Third is infrastructure and regional consistency. In our Veterans and Families Survey, nearly half of respondents reported delays in VA healthcare services, and veterans reported an average drive time of more than 50 minutes to reach the nearest VA facility. For many rural veterans, that distance becomes a barrier to care. Modernizing leasing, infrastructure delivery, and regional oversight goes beyond administrative reform and directly affects how quickly veterans can access care.

As we examine reauthorizing multiple aspects of the VA systems, we also want to connect these efforts to the concept of "left of clinical." Too often our systems wait until problems can only be solved in clinical settings before meaningful intervention begins. After decades of tracking veteran suicide data, outcomes are not improving. We devote more resources every year, yet the trend remains concerning. We must look at this problem differently.

At Mission Roll Call, we refer to this as "left of clinical," supporting veterans before challenges escalate into crisis. Our April 2026 Transition Survey found many veterans did not fully understand available VA benefits at separation, were not clearly offered enrollment opportunities, and received little meaningful follow-up after leaving service. As a result, too many veterans enter civilian life without a clear path forward and begin to struggle with housing, employment, identity, and stability. The structure and support network that existed during service is no longer there, and they report difficulty rebuilding it. That gap is where risk compounds.

Outside the reauthorization package, Mission Roll Call sees alignment with several bipartisan bills before the committee focused on prevention, transition, and long-term stability. Our data shows that instability during transition overlaps with financial instability, housing insecurity, delayed access to care, and worsening mental health outcomes. The EVEST Act addresses one of the key barriers identified in our surveys. Many veterans do not know where to begin accessing benefits. Automatic enrollment reduces that friction at the point of transition.

The Safe Steps for Veterans Act reflects the importance of upstream intervention. Preventive measures, home modifications, and mobility support reduce downstream health decline and help veterans maintain their independence.

Mission Roll Call survey data shows significant concerns surrounding housing affordability and homelessness risk among veterans. Reforms that can improve access and consistency while engaging veterans earlier will strengthen trust in the systems they rely upon to serve them.

Thank you again for the honor and the opportunity to testify today, and for the committee's continued work on behalf of veterans and their families.

[THE PREPARED STATEMENT OF MIKE DESMOND APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Desmond. The written statement of Mr. Desmond will be entered into the hearing record.

I would like to now recognize Mr. Retzer for 5 minutes for his opening remarks.

STATEMENT OF JON RETZER

Mr. RETZER. Chairman Bost, Ranking Member Takano, and members of the committee, thank you for the opportunity to testify today on behalf of DAV on very important pieces of legislation.

First, I want to start off with DAV strongly supports the Dental Care for Veterans Act, which would expand dental care to all enrolled veterans because dental care is healthcare. Today, only 2.4 million veterans qualify for dental care, leaving millions, including service-disabled veterans, without dental coverage to treat gum disease, tooth decay, jaw conditions that cause pain, infection, and a lot of times difficulty eating and even speaking. Untreated oral disease also increases and impacts the risk of service-connected conditions and other conditions like heart disease, diabetes, kidney problems, and even cancer. These are medical issues. They are not cosmetic ones.

It is time for Congress and VA to make medical—or dental care part of the standard medical benefits package. VA's dental clinics are already overloaded, this expansion will require more staff, treatment space, and community care to avoid displacing current patients. Done right, though, this bill would close a major gap in care that veterans have earned.

DAV also supports the Veterans Economic Opportunities and Transition Administration Act, which would create a fourth administration. Veterans should not have to navigate disconnected programs while rebuilding their lives after service. Fragmented VA programs for education, training, rehabilitation, employment, entrepreneurship, and even housing create confusion and delays when veterans are trying to stabilize their lives. This bill will bring these programs together under one accountable administration led by the undersecretary. A unified structure could improve planning, policy alignment, and service delivery for veterans pursuing a education, employment, and ultimately long-term stability.

DAV opposes the VA—the Research Reform Act, which would make major changes to the VA research enterprise, a system that has operated successfully for more than 50 years. VA's research depends on collaboration among VA medical centers, academic affiliates, and nonprofit research groups. This bill would centralize control through new reporting rules, and put sensitive data at risk and deter outside investments.

Research quality depends on flexibility, local expertise, and scientific independence. We urge the committee to pursue reforms that strengthens what works, reduce administrative burdens, and invest in workforce infrastructure rather than impose structural changes that could destabilize a proven system that benefits veterans, and not just veterans, all of Americans.

DVA has serious concerns with the Veterans Readiness and Employment Act, especially section 9, which would deny Individual Unemployability (IU) benefits to vocational rehabilitation programs that veterans enroll. For many veterans, individual unemployability benefits provide housing and food security needs while they prepare to enter into or for employment. This legislation

would force veterans to lose financial stability before rehabilitation is even assessed as being successful. This is a financial coercion, not rehabilitation.

VA has warned that this rule could force veterans to leave the program. Rehabilitation should lead to independence, not harm a veteran or their family. DAV will oppose any bill with this provision or similar proposals that reduce benefits for service-disabled veterans.

Finally, DAV has no resolution on the number of organizations of VISNs, and we have no position on the VISN Reform Act, but we do want to share concerns about the ongoing reorganization of VHA. Last year, VA reduced its workforce by 30,000 positions, even though it still had more than 40,000 unfilled healthcare positions. VA's new budget proposal makes dramatic shifts from VA's provided direct care to private sector care, with less than 2 percent increase in the VA care, but more than 50 percent for community care. Even as VA acknowledges a, quote, "growing demand for direct care," VA reduced its 10-year strategic capital investment planning estimate for healthcare infrastructure by more than 60 percent while moving ahead with 10-year, $1 trillion community care contract.

Taken together, these decisions leave VA with less internal capacity and greater reliance on outside care. DAV believes veterans need a strong, integrated VA healthcare system where community care supports VA but does not replace it.

That concludes my statement, Chairman, and I am pleased to answer any questions you may have.

[THE PREPARED STATEMENT OF JON RETZER APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Retzer. The written statement of Mr. Retzer will be entered into the hearing record.

Finally, I would like to recognize Mr. Brown for 5 minutes for his opening remarks.

STATEMENT OF MORGAN BROWN

Mr. BROWN. All right. Thank you, Chairman Bost, Ranking Member Takano, and members of the committee. PVA thanks you for the opportunity to testify on some of the pending legislation that is before the committee today.

Congress exercises its constitutional Article I authority through the authorizations and appropriations processes. VA funding and program authorizations are handled by the appropriate committees. However, reauthorization of existing programs does not occur on a regular cadence, and program authorization is often decoupled from funding.

Last year, this committee embarked on an effort to establish a must-pass authorization bill process for the VA that is similar to the same process used to approve the National Defense Authorization Act (NDAA). We are generally supportive of efforts to establish a formal process like the NDAA, but we have some concerns about how it will affect access to the services and benefits that catastrophically disabled veterans depend on.

Many currently recognize that the current defense authorization and appropriations process is broken. Politization and disagree-

ments over policy have led to delays in passing both the NDAA and defense appropriations bills. This has resulted in many temporarily authorized programs expiring or being delayed as a result of congressional inaction. We do not want veterans to be subjected to the same delays that military servicemembers experience.

We do feel the veteran service organizations should be included in the conversations leading to the development of a new process, so we greatly appreciate the opportunity to participate in this discussion today. That said, here are some quick thoughts on a few of the bills being discussed today.

The VA National Formulary Act creates the statutory direction for VA's national drug formulary and establishes two oversight committees. It standardizes timelines for reviewing nonformulary drug requests and medication additions. PVA supports consistency and timely medication access for veterans, but we are concerned that the new committee structure may add bureaucracy and that tiered copays could increase costs for veterans requiring specialized medications.

The VA Research Reform Act creates a centralized VA research management system with tiered review processes and standardized approval timelines. It also establishes clinical research hubs and requires reporting on implementation outcomes. We are concerned that this bill could undermine scientific independence and deprioritize basic research and disadvantage System Exertion Intolerance Disease (SEID) research serving smaller veteran populations.

To be clear, PVA supports improving accountability, ensuring that research translates into real benefits for veterans. Most important, we support creating bench-to-bedside funding mechanisms to move discoveries into clinical care faster.

PVA strongly supports the Veterans Economic Opportunity and Transition Administration Act. This legislation creates a new administration focused on education, employment, transition, VR&E, and housing adaptation programs. We feel this would increase visibility, oversight, staffing support, and innovation for these programs. It would also improve collaboration with other Federal workforce and transition programs, while allowing VBA to focus better on disability claims processing.

PVA opposes much of the Veterans Readiness and Employment Improvement Act because we believe it adds bureaucracy and could unnecessarily delay the delivery of benefits. The bill could reduce access for catastrophically disabled veterans, weaken counselor expertise standards, create inequities in housing allowances, and potentially harm veterans receiving TDIU.

Dental care is also critical to overall health and wellness, so we strongly support the Dental Care for Veterans Act. VA's current eligibility rules leave many veterans without access to needed dental services. The bill would expand VA dental care eligibility to align dental care with broader medical services.

Finally, we support the EVEST Act, which automatically enrolls veterans into VA healthcare. We believe the transition from active duty to civilian life should be seamless, and this legislation helps facilitate that transition.

Thank you again for the opportunity to testify today, and I will be happy to answer any questions you may have.

[THE PREPARED STATEMENT OF MORGAN BROWN APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Brown. The written statement of Mr. Brown will be entered into the hearing record.

We will proceed now with questionings, and I yield myself 5 minutes.

Mr. Lyle, how would coordination not only with the VA but with other agencies drive innovation—or innovative research that can scale implementation and outcomes?

Mr. LYLE. Well, thank you, Mr. Chairman. The American Legion has supported the Research Reform Act because we believe it is an important and necessary step to streamline interagency cooperation. There is some question about the research hubs and how that would fit into VISN reorganization, but overall, anytime you can have the VA work with (CDC), National Institutes of Health (NIH) on things ranging from particular healthcare issues, suicide prevention, things like that, and have notable outcomes, you know, I share some concern about a particular section. Some research does not necessarily have actual outcomes that are measurable, much like the basic research that is done at DOD that is foundational research. We would like to see an amendment to that particular section, but other than that, we very much support this bill.

The CHAIRMAN. Thank you.

Mr. Desmond, the Leasing and Construction Bill would expedite the process for building VA clinics and hospitals. Can you discuss what you have seen through the surveys on the impact of care delays on veterans?

Mr. DESMOND. Thank you for the question, Mr. Chairman. We have not done a survey specific to that question, but we can tell you that when there are challenges for veterans to get to the facilities that they need to find their care, then that is reflected in all of our surveys. To the degree that we can speed up, which is generally the messaging we get across all of our surveys is what can we do faster and better on behalf of veterans. To the degree we can speed up that process and be more effective with it to deliver that care in ways that make veterans' lives easier and more stable, and it is certainly a priority for them.

The CHAIRMAN. Well, Mr. Desmond, do you believe that the current configuration of the VISN system is insufficient for veterans right now?

Mr. DESMOND. Based on our survey data, absolutely, Mr. Chairman. I think so.

The CHAIRMAN. Mr. Retzer, why is it important for prosthetic and sensory aid services to have a continuous production and schedule as opposed to one of the new technologies added period?

Mr. RETZER. Thank you for that question. I think it is very important as we look at prosthetics and sensory aid devices that they are constantly and steadily moving forward and available to our veterans. As we see the aging veteran population, for example, their needs for hearing devices are continuing to increase. We have to make sure that innovation is staying in line with what their

needs are and are available at the ready, and, you know, that they continue the process.

Also with prosthetics, it is so important because DAV, as we continue to do the rehabilitation program in our golf campaigns and also our winter sports games, it is so important that the prosthetics innovations moves forward and to be able to facilitate the various needs, not just for the general living, but also to be able to have quality of life experiences.

The CHAIRMAN. Mr. Brown, how can VA improve its current delivery of infrastructure projects when it constantly has to deal with the lag that they are dealing with right now?

Mr. BROWN. I presume that, Mr. Chairman, that you mean the insufficient funding——

The CHAIRMAN. Yes.

Mr. BROWN [continuing]. and insufficient staff. Well, we are seeing the outcome. Right now, as you know, the average age of a VA facility, I want to say 50, maybe it is—I may be wrong, it may be 60 years. Certainly many of our facilities, the spinal cord injury and disorder centers, fall into that category. The absence of funding definitely means that the facilities are aging. They are no longer suitable to accommodate a sufficient number of patients. We still have some—many facilities with four-patient rooms, which complicates the situation, the availability of beds when we have, like, infection control.

The CHAIRMAN. Okay. One more quick follow-up to that. What is the issue with OMB's current cost methodology for VA major medical construction projects?

Mr. BROWN. That is a good question. If you do not mind, I would like to take that one for the record.

The CHAIRMAN. Okay. Thank you very much.

I yield back, but I now recognize Representative Ramirez, who is both the ranking member holding spot right now as well as herself. She can question whichever one she wants to ask.

Ms. RAMIREZ. Thank you, Chairman, and really grateful for the Illinois representation. In this moment, Minnesota, you are a little outnumbered here. I just want to thank the witnesses for being here today and, frankly, the work that you do every single day to make sure that everything we do centers veterans. I really appreciate you.

20,727, I have memorized that number and I often say it 5, 6 times a day. That is the number of veterans that I represent. Ensuring that veterans have every single benefit that has been promised to them is a top priority for me. That is why I am in this committee.

Access to affordable, quality education is also one of those benefits. The GI Bill has been a critical, important policy that makes it possible for education opportunities of affordable and accessible education to veterans. However, as we know, in recent years, student veterans have been the target of bad actors seeking to enrich themselves by exploiting veterans' GI Bill benefits. As we know, these bad actors have reduced veterans to a tuition payment and exploited them to gain access to a dependable Federal disbursement. Not only is that unacceptable to me, frankly, it is criminal.

When a student veteran is defrauded by predatory institutions, it is only right, only just, that the veteran has a recourse or a way to get their benefits back. No student veterans should have to give up or defer their dreams on education because they were defrauded. It is why I proudly reintroduced the Student Veterans Benefit Restoration Act of 2025, which would restore GI Bill benefits to students who have been defrauded.

We also know that the bill moved up just a step closer to having comparable restoration process to those that govern the Federal benefits of nonveteran students. We have more work to do to protect our veterans from bad faith actors and ensure that every opportunity to live a meaningful, thriving, and joyful life post-service is available for them. It is why I am glad that we are having this hearing and hearing specifically from veteran service organizations today.

When I first introduced the bill back in what feels like 100 years ago, last Congress, in the 118th Congress, I was proud that it included a grandfather clause so that all veterans have a path to recourse. However, as it moved through committee provision and as we did some of the bipartisan negotiations, we were, unfortunately, forced to strip away that component.

Mr. Retzer, Mr. Brown, Mr. Lyle, would you support the inclusion of a retroactive clause in this legislation? If so, why? I will start with Mr. Lyle.

Mr. LYLE. Thank you for the question. Absolutely, we would support an amendment. It is included in our written statement. To veterans who have been defrauded by these institutions deserve restitution.

Ms. RAMIREZ. Thank you. Mr. Desmond.

Mr. DESMOND. Thank you for the question.

Ms. RAMIREZ. Like I said, you were not on the list, but go ahead. Yes.

Mr. DESMOND. That is fine.

Ms. RAMIREZ. Do you—would you support that?

Mr. DESMOND. Absolutely. Absolutely would. We see education as a component of stability, particularly post-service stability. Being able to support a program such as this that ensures that veterans who are defrauded in this situation——

Ms. RAMIREZ. Get to go back to school.

Mr. DESMOND [continuing]. are made whole again.

Ms. RAMIREZ. Yes, that is great. Mr. Retzer and Mr. Brown.

Mr. RETZER. Yes, thank you for that question. Yes, we would support that amendment because obviously when we look at restoration of these benefits. We know how the education benefits are, they are timed, they have time limits, and there are also caps on the budget. We want to ensure that our veterans get back all of their benefits and be able to use them.

Ms. RAMIREZ. Thank you. Mr. Brown.

Mr. BROWN. I was going to say I would concur with all the recommendations that have been previously given by my peers. The one thing that I would note is that we are acknowledging that fraud has taken place, so why would not we want to recover those costs? That I believe prior versions of the bill CBO had scored it

as zero cost because we were attempting to recover. We would support that.

Ms. RAMIREZ. Thank you, Mr. Brown. I think that is exactly right. I heard from a lot of veterans after we passed the bill, some of them very thankful that veterans moving forward would not be defrauded, would have an opportunity to be able to get their benefits back. I also heard from veterans who are really angry, angry at me, angry at Congress, and asking, what about us? I want to go back to school. I want to be able to finish my education. It has to be retroactive. That is the only real way that justice is served for all of us.

I really appreciate your responses, and I hear you loud and clear. I hope to work with the chairman and with my colleagues here as well to ensure that the retroactive component be a critical measure that is included in the bill moving forward.

With that, Chairman, I yield back.

The CHAIRMAN. The gentlelady yields back.

Dr. Morrison, you are recognized for 5 minutes for your questions.

Ms. MORRISON. Thank you, Mr. Chair.

An estimated 1 in 3 female veterans and 1 in 50 male veterans in the Department of Veterans Affairs healthcare system reported experiencing sexual assault or harassment in the military. Military sexual trauma has profound effects on veterans, and risk for sexual assault persists beyond a veteran's time in uniform. With symptoms, reactions, and long-term consequences that are already independently difficult to navigate, additional barriers or gaps to accessing appropriate care following a sexual assault can inflict further harm on veterans receiving care at VA facilities.

Additionally, conditions like PTSD, depression, other mood disorders, and substance use disorders closely associated with MST and sexual assault compel proactive actions to ensure appropriate referrals to mental health providers.

I am proud to be leading H.R. 5203, the VA Safe Care Act, to continue the work of advancing VA's exceptional care to veterans by equipping VA medical facilities with the appropriate tools to support and care for veterans that have experienced sexual assault. This critical legislation would strengthen the VA's guidance for treating veterans seeking care following sexual assault, ensuring that veteran survivors are protected.

Specifically, the bill strengthens the referral processes to community providers for facilities without a sexual assault nurse examiner on staff. It makes sure facilities with Sexual Assault Nurse Examiners (SANE) have a supply of rape kits, makes sure veterans receive prophylaxis for Sexually Transmitted Infections (STI) or pregnancy when appropriate, improves mental health and law enforcement referrals, and improves training for appropriate clinical providers and VA police.

This bill recognizes VA's unique position to provide specialized veteran care and helps make sure no veteran's physical health, mental health, or safety falls through the cracks as they navigate the incredibly difficult aftermath of a sexual assault. The VA Safe Care Act is a tailored approach to ensuring the VA has the best

practices and protocols in place to respond in the event a veteran is seeking care following an acute sexual assault.

Mr. Lyle, in your organization's experience with working with veteran populations, why is ensuring trust and appropriate care coordination of particular importance in the context of supporting veterans by sexual assault—impacted by sexual assault?

Mr. LYLE. Well, thank you, Congresswoman. One of the reasons we supported the bill, the 72-hour requirement, obviously that is critical for preventative care and evidence collection. Women and men that are going through an acute sexual assault deserve the best care and the fastest care possible. Any way that we can streamline that either to a community provider or for same providers in the VA system and standardize that care and that training for trauma-informed response is going to improve outcomes in every other avenue of their stability and their healthcare.

Ms. MORRISON. Agreed. Thank you for that response.

Mr. Retzer or Mr. Brown, I would ask both of you a similar question. Why are updated protocols important for survivors of sexual assault seeking care at VA facilities?

Mr. RETZER. Thank you for that question. I think what we see is that too many survivors encounter very inconsistent and inadequate emergency care, and they got to be able to have all the facilities and the staffing that is appropriate with the training and the resources and equipment there available at the time. Then when we are in the world right now trying to address mental health issues, that is another stability point that we have to make sure that we meet that need of that survivor to be able to provide that.

I think timely access, as we look at it, with the necessary medical treatments are there, will really have to be sufficient and timely in a sense that it meets the individual's need.

Ms. MORRISON. Thank you. Mr. Brown.

Mr. BROWN. I think I can agree with my peers' comments here on this bill. One element that may not have been considered already, I am going to rely on my prior law enforcement experience, that having served as a law enforcement patrolman, having standardized procedures, knowing exactly what to do and when, making sure that the right people were there, having the right qualifications of, you know, the counselors to be brought in at the appropriate time, made the job of dealing with the situation much easier and it ensured that the victim's best interests were met.

Ms. MORRISON. Thank you, Mr. Brown.

I appreciate the support for VA Safe Care Act has received so far from critical partners like the American Legion, Disabled American Veterans, Vietnam Veterans of America, Veterans of Foreign Wars of the United States, and Paralyzed Veterans of America. As the demographics of the country's veteran population have evolved and shifted for decades, VA and veterans service organizations have worked with Congress to update programs and resources to meet veterans where they find themselves in the present moment.

For veterans impacted by sexual assault, this collaboration can continue building on efforts to combat the prevalence of military sexual trauma and guarantee veterans have access to the care that they need. I hope my fellow committee members can join me in

supporting this important legislation to ensure the delivery of the compassionate, comprehensive care that veterans deserve.

With that, Mr. Chair, I yield back.

The CHAIRMAN. I am going to hold for just a moment. We understand the ranking member, who is going to deliver his closing statement, is in the elevator. Maybe that is clogged right now, I do not know. Give us just a moment. Thank you, the gentlelady yields back.

I have got some other questions that might—I tell you what, no, I am just going to go off statements here, just in talking in general. You know, would you all of you agree that we do need to move forward with reauthorizations since the 1990's? Most of it, that was the last time we did it. Would everybody agree with that?

We would seek your advice along with other—those of us that all work together. That is, you know, why we had this hearing, even though it was, you know, requested and that has been in the statement that the minority requested, we make sure we are going to have your input and everything, as we always do. We will agree on most things. We may disagree, but that is the importance of you representing your members, who is who we represent.

With that, I am going to recognize the ranking member for his closing statement. Oh, for questions. That is right. I am sorry.

Mr. TAKANO. Thank you.

The CHAIRMAN. I was really looking for that closing statement.

Mr. TAKANO. Thank you, Mr. Chairman. Thank you very much. I appreciate your courtesy.

I would like to start off with Mr. Lyle. Mr. Lyle, I appreciated your testimony on H.R. 6764, the Veterans Affairs Advisory Committee Oversight Act of 2025, which would eliminate 16 advisory committees at VA. I share your concerns about how consolidating advisory committees would greatly diminish the ability of veterans to engage directly with the VA about the issues that matter most to them.

Mr. Lyle, can you talk about the importance of a few of the advisory committees that this bill would eliminate?

Mr. LYLE. Well, thank you, Ranking Member Takano. For example, the Women Veterans Advisory Committee, the Tribal and Indian Affairs Advisory Committee, the Homeless Veteran Advisory Committee, all have very unique voices in not just the legislative but the regulatory process. Being able to offer those unique needs is important for consideration by VA or by Congress as they are moving forward on some of the issues that are unique to their populations.

Mr. TAKANO. Yes. Well, can you talk specifically about how combining the advisory committees for minority veterans, women veterans, Tribal and Indian veterans, homeless veterans, and others could reduce attention on specific issues while lessening representation—veteran representation at VA?

Mr. LYLE. Absolutely. Thanks, sir. You know, there is some merit to administrative efficiency, but you risk losing focus on specific issues, like I said, unique to those individual populations. Theoretically, by consolidating the committees, if you had one person with background in all of those specific areas, they could speak to those

things, but you would lose the individual focus that those advisory committees can provide.

Mr. TAKANO. You know, each one of those committees, I mean, the issues that are facing each group are numerous and complex. Just the number of—the amount of expertise and experts you can assemble under one committee really cannot be a substitute for separate committees that will have more extensive expertise. Is that not the case?

Mr. LYLE. Yes, sir. You know, if you consolidate, you could have individuals that represent each of those populations, but that one person that is representing that population in the consolidated advisory committee would not encompass the entire depth and breadth of experience with people on an individual committee that is focused on that one particular issue.

Mr. TAKANO. For women veterans, for example, you have one representative on this combined advisory committee versus a dedicated woman advisory committee for—on veterans, women veterans, which would have an array of experts, whether it is in the specific challenges that women have—women veterans have in getting housing with their children often, you know, trauma and abuse you know, any number of reasons why, and then the specific health needs. One expert is not going to be, I think, sufficient to cover the complexity and, as you said, the depth and breadth.

Does combining these special populations in the single advisory committee make sense to you? You know, I mean, we have already kind of covered that.

Mr. Brown, I read your testimony on 6904, H.R. 6904, the Veteran Readiness—the VR&E Accountability Act, and it sounds like PVA has major concerns with Mr. Van Orden's legislation, as you pointed out, problems in every section of the bill. Could you highlight a few issues with the legislation that the committee should be aware of?

Mr. BROWN. Yes, I can. First and foremost, we appreciate the increased attention related to VR&E. We still feel that this bill kind of skirts around the edges of the problem. Sections 2 and 3 of the bill are unnecessary because VR&E, or I should say VA already has statutory authority over those suggestions.

Allowing vocational rehabilitation specialists to do the work of a vocational rehabilitation counselor, which is covered in section 6, would never be something that PVA supports. Employment counseling for veterans with significant disabilities is a core mission of VR&E, and that education level is critical for PVA members in particular, who have a higher level of need than an able-bodied veteran.

Saying that a regional office should have an employment coordinator, which is mentioned in section 8, without the additional approval of Full-Time Equivalent (FTE) workforce, you know, the workforce to perform the task, would negatively impact the work of counselors. They should be—should not be competing positions, they should be working together.

Then finally, in section 9, which is particularly alarming to us, it is unclear as written if it would bar veterans from applying for VR&E once on individual unemployability, or if it would strip them

of IU if a veteran were accepted into VR&E. Either situation would be unacceptable to us.

Mr. TAKANO. Yes, I am going to yield back in just a—but, you know, the bill does not address staffing. I mean, there is a huge shortage of counselors. That is a big concern, right?

Mr. BROWN. That is correct.

Mr. TAKANO. That does not—the bill does not even address that. That is the huge central issue, I think, of our challenge with VR&E. You would agree with that?

Mr. BROWN. Yes, sir.

Mr. TAKANO. Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. The gentleman yields back. Let me yield to you if you had any closing.

Mr. TAKANO. I have no closing.

The CHAIRMAN. Okay, thank you.

I want to thank the witnesses for joining us today and with their testimony in today's discussion makes one thing clear: Congress cannot keep operating on autopilot when it comes to the VA programs and the authorities. VA must reflect the needs of today's generation of veterans, and I am excited to continue to work with my colleagues and with you to bring VA into the 21st century. Remember, the last time that many of these were reauthorized was prior to—just after September 11th, some well before September 11th. Many of our proposals discussed today would do just that by bringing down bureaucracy barriers, clarifying and strengthening existing programs, and reinvigorating the healthcare system to be the best it can for our veterans.

Now, I ask unanimous consent that all members have 5 legislative days in which to revise and extend their remarks and include extraneous material. Hearing no objection, so ordered.

The hearing is now adjourned. Thank you for being here.

Whereupon, at 12:16 p.m., the Committee was adjourned.

A P P E N D I X

Prepared Statements of Witnesses

Prepared Statement of Brittany Madni



Testimony by Brittany Madni
Executive Vice President
Economic Policy Innovation Center

Full Committee Legislative Hearing

Committee on Veterans' Affairs
U.S. House of Representatives
May 20, 2026

Opening

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for inviting me to testify today.

I am here today as an expert witness on the federal budget and to provide analysis of the fiscal situation and potential improvements at the U.S. Department of Veterans Affairs (VA).

The Current Debt Picture

The fiscal picture of the country is dire. The national debt sits at $39 trillion and is continuing to grow rapidly.[1]

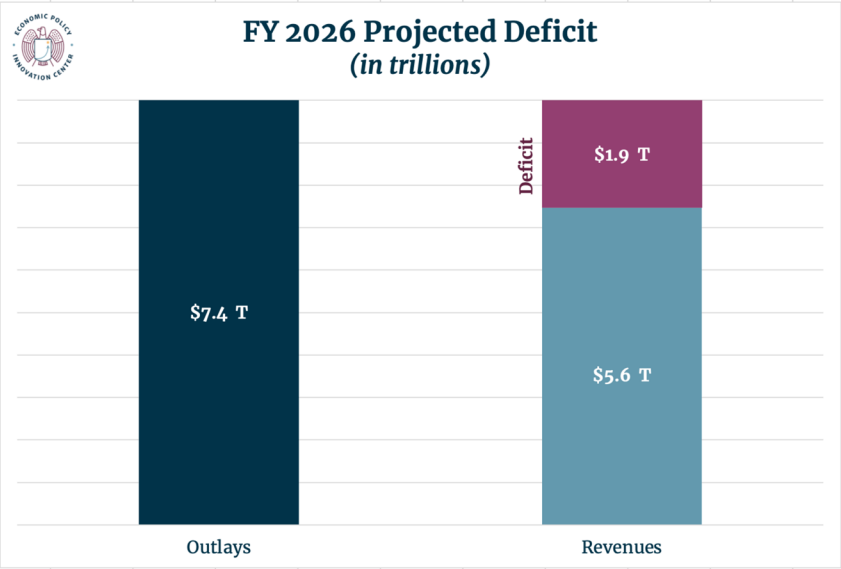
This translates to approximately $289,000 per household across America. When you add in the unfunded liabilities across Social Security and Medicare, and the added debt service costs, that total burden grows to $875,000 per household.

Yes, even the veteran and active duty servicemember households. We will all suffer under this burden – be it from higher taxes in the future, greater inflation levels, or diminished attention to other critical government functions.

Our massive federal debt is not a tomorrow problem; it has real impacts now. It is raising interest rates on Americans, dragging economic growth, and resulting in transfer payments that cause upward inflationary pressure on key sectors like healthcare. This includes higher costs at the Veterans Health Administration.

Rather than making prudent budgeting decisions, we are still running a $1.9 trillion deficit this fiscal year (FY), and continuing on the trajectory of spending beyond our means.[2]

[1] U.S. Department of the Treasury, FiscalData, "America's Finance Guide: Debt," https://fiscaldata.treasury.gov/americas-finance-guide/national-debt/ (accessed May 18, 2026).
[2] Congressional Budget Office, "Budget," https://www.cbo.gov/topics/budget (accessed May 18, 2026).



Source: Author's chart using CBO data.

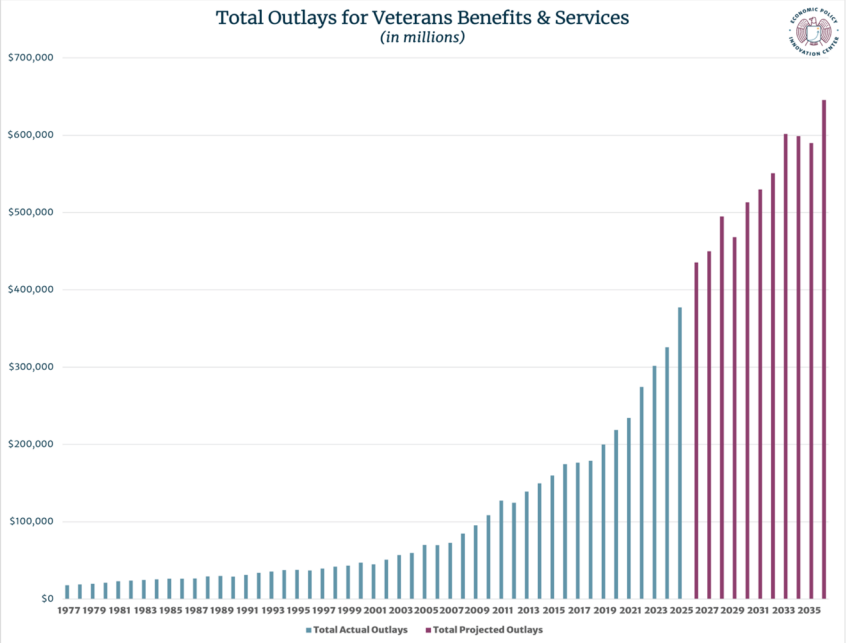
This has a direct impact on funding priorities and decisions related to veterans, but it also implicates overspending in *all* government programs as part of the problem.

Veterans Spending by the Numbers

Federal spending on veterans comprises about six percent of projected outlays government-wide in FY 2026. This may not seem like a significant proportion, but keep in mind that every dollar spent adds to our interest cost outlays, as well.

Since FY 1977,[3] total actual outlays for veterans benefits and services have grown from $18.04 billion to $377.22 billion in FY 2025.

[3] 1977 is the first full year following the switch to the current fiscal year cycle. By 1977, the U.S. military had also fully transitioned to an all-volunteer force, making the data more consistent with the current service environment.



Source: Author's chart using OMB historical tables and CBO baseline data.

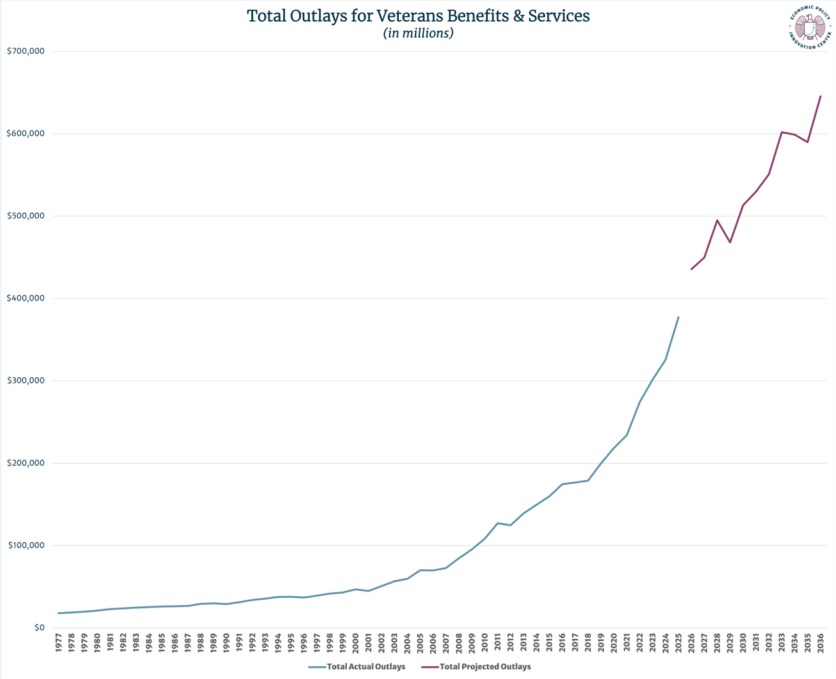
The rate of growth is notable in the previous 10 years, and the Congressional Budget Office (CBO) projects this trend to worsen in the coming decade. That projection was made even before the Iran conflict.

This details matters because spending on veterans is directly impacted by spending on defense, with an observable lag time between active duty-related outlays in the U.S. Department of War (DoW) budget and the shift to the veterans affairs budget.[4] CBO's estimates in the baseline do not account for the uptick in military action related to Iran conflict. The Secretary of War's expenditures will eventually make their way into the Secretary of Veterans Affairs' budget. Congress should rein in unwarranted excess spending now, in preparation for

[4] In most cases, this lag time is approximately four years, which is the average contract length. However, there are some notable exceptions, such as impacts from ending the Stop Loss program, high casualty environment years, and the Budget Control Act of 2011 drawdown.

veterans' potential needs in the coming years. This recommendation is in addition to my general analysis that overall spending must be lowered given the current unsustainable trajectory.

Evaluating the previous decades reveals that surging outlays have clearly transitioned from explainable spikes and valleys into a generally upward trend. Just 25 years after the start of the Global War on Terror in 2001, FY 2026 outlays are projected to be 867 percent higher.[5]



Source: Author's chart using OMB historical tables and CBO baseline data.

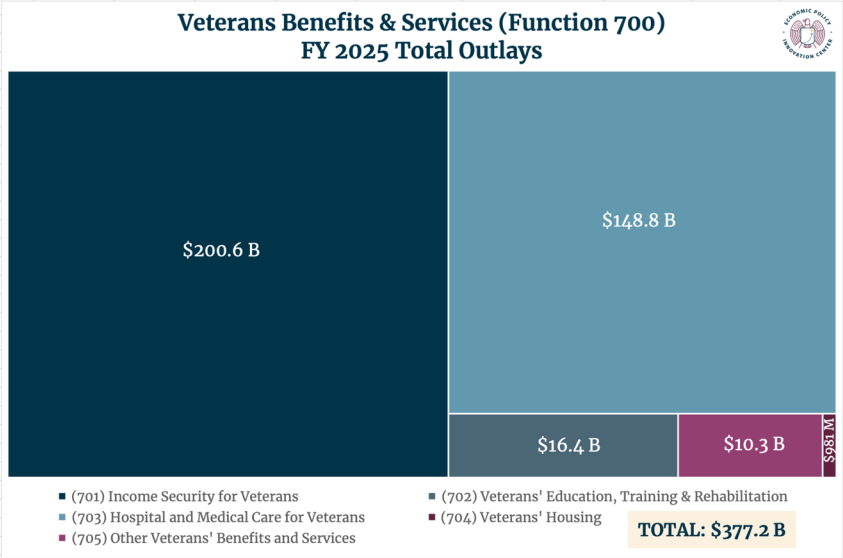
[5] The deployment height of the Iraq War during the 2007-2008 surge explains veterans outlay increases in the subsequent four years as soldiers returned home, particularly following the end of the Stop Loss program in 2010. It does not explain the current spending given the reduction in veteran population.

Outlays continue to surge and are now well outpacing inflation. They also continue to grow even as the veteran population declines.[6]

So where is this money going exactly?

There are five major categories of spending within Function 700, which is Veterans Benefits and Services: (701) income security; (702) education, training, and rehabilitation; (703) hospital and medical care; (704) housing; and (705) other benefits and services.

Of the total $377.22 billion going to all veterans benefits and services, more than half is spent on income security programs. The vast majority of veterans' income security program dollars are for disability compensation and pension programs.



Source: Author's chart using CBO baseline data.

[6] Federal Reserve Bank of St. Louis, using Current Population Survey Data from the Bureau of Labor Statistics, "Sizing Up the Ranks of America's Veterans," November 2023, https://www.stlouisfed.org/open-vault/2023/november/sizing-up-ranks-america-veterans (accessed March 23, 2026).

This is followed by nearly $150 billion for hospital and medical care for veterans – a major indicator that broader healthcare prices are driving up spending at the VA. This is driven by a broader challenge related to government subsidization of health care in the private sector, among other inflationary pressures.

Knowing how money is currently being spent in this sector is important only insofar as it is acted upon to improve outcomes *without* worsening the national debt crisis.

The Need for Oversight and Sustained Reauthorizations

It is also worth asking if the VA's expenditures make sense within the context of a changing veterans' population and their shifting needs.

Perhaps housing access is a bigger question now than in the past and should receive more attention. Perhaps more could be done on education and training prior to exiting active duty rather than after the fact when veterans' futures unfortunately become merely an afterthought instead of a planned dream. Perhaps there are serious mistakes being made on leasing and construction for facilities that should be available to support veterans' mental health but instead are bogged down in bureaucracy. These are not the challenges of the 1970s or even the 1990s. These are the challenges of today, but we are funding the system as if we are stuck in the past.

I suggest there are developing problems and innovative solutions that would produce better results than simply continue to shovel money into a bonfire and pretending that can solve the very real challenges faced by America's veterans.

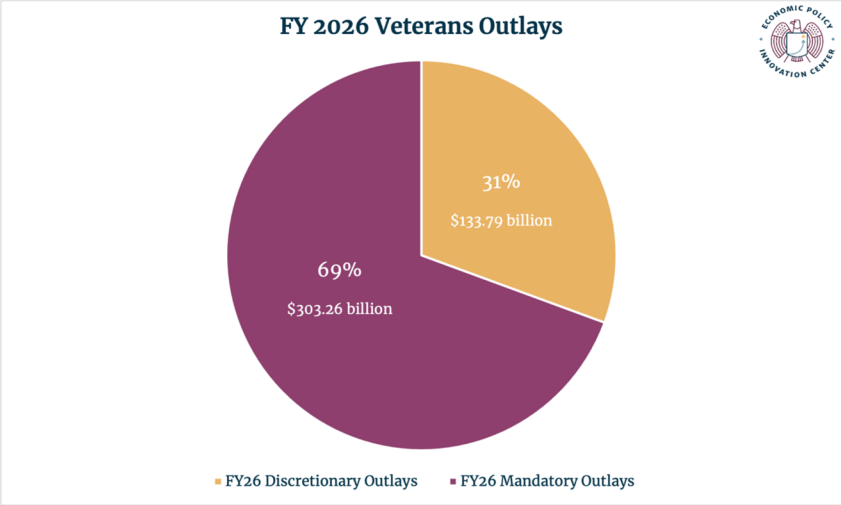
The issue, of course, is that without proper oversight, we will not know how to proceed.

Every dollar spent in this function should be scrutinized carefully through a full reauthorization process to ensure it is indeed being used for veterans and not lost in a bureaucratic morass, wasted where it is not needed, or subject to fraud. The need is most certainly apparent given the multitude of simultaneous challenges our veterans face, and they deserve lawmakers who will be

intentional and deliberate with their fates rather than agreeing to continue funding without evaluating current need or utility.

Stop Rubber Stamping More Spending… and More Failures

A major part of the problem is that the mandatory (or, "autopilot") spending side of veterans outlays has grown to 69 percent for fiscal year 2026. That means Congress as a whole is only reviewing (through the appropriations process) 31 percent of what it spends in taxpayer money each year for veterans services.



Source: Author's chart using CBO baseline data.[7]

I am sorry to say that adding to this problem is the sustained failure by Congress to reauthorize VA programs. With unauthorized appropriations continuing on and mandatory outlays on the rise, a full review must be a priority for this committee.

[7] Congressional Budget Office, 10-Year Budget Projections, March 2026, https://www.cbo.gov/data/budget-economic-data#3 (accessed March 23, 2026).

Without it, damage will continue to be done in a severe and direct way to veterans, as well as to all taxpayers.

Unfortunately, as outlays increase, there is also a higher risk of fraud, waste, and abuse. Without regular, sustained review from this committee, there are greater chances of non-essential spending supplanting true need. For example, Senator Rand Paul's annual Festivus Report wastebook uncovered $1 million wasted by the VA on forcing ferrets to consume alcohol in a "forced binge."[8] That million would certainly have been better spent elsewhere or not at all.

The Government Accountability Office (GAO) recently released its latest High-Risk List report, and named the VA multiple times.[9] One such highlight is "Managing Risks and Improving VA Health Care," which GAO finds to be insufficient and risky, having added it to the high-risk list in 2015. VA health care has remained on the list for over a decade, with GAO writing in its most recent report:

> *"We have identified challenges with VA's ability to provide timely, cost-effective, and quality care. We added VA health care to the High-Risk List in 2015 with five areas of concern: (1) ambiguous policies and inconsistent processes, (2) inadequate oversight and accountability, (3) information technology (IT) challenges, (4) inadequate training for VA staff, and (5) unclear resource needs and allocation priorities.*
>
> *Since our last high-risk update, VA has continued to face system-wide challenges in overseeing patient safety and access to care, hiring critical staff, and meeting future infrastructure needs."*

Of serious concern is GAO's call out of scheduling challenges for VA patients, particularly for mental health appointments.

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[8] Committee on Homeland Security and Governmental Affairs, U.S. Senate, "The Festivus Report 2025," December 2025, https://www.hsgac.senate.gov/wp-content/uploads/FESTIVUS-2025-FINAL.pdf (accessed May 18, 2026).
[9] Government Accountability Office, Report No. GAO-25-107743, "High-Risk Series: Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness," February 25, 2025, https://www.gao.gov/products/gao-25-107743 (accessed May 18, 2026).

GAO goes on to provide detailed recommendations for improvement and assess progress that has been made – which is evidently lacking in most areas since their prior recommendations. Congress could certainly use GAO's work to inform a robust review of inefficiencies and misaligned priorities during a proper reauthorization effort.

Another indicator of oversight through reauthorization is available through the PaymentAccuracy.gov portal. VA only comprises six percent of the entire federal budget, but it is responsible for the fourth highest outlays to designated susceptible programs behind the U.S. Department of Health and Human Services, the Social Security Administration, and the U.S. Department of War. In FY 2025, the VA's susceptible program outlays totaled $201 billion to its seven susceptible programs.[10] Improper payments will not be addressed without Congressional intervention.

Conclusion

I encourage you to consider not only the legislation before us today, but any serious effort to reauthorize and review programs at the VA. In doing so, you would be respecting taxpayers across the country as much as serving the veterans themselves.

The alternative is clear – without oversight through you, the authorizers, you risk mission creep at the Department, blown budgets, and priorities falling to the wayside as they become inefficient and ineffective.

Thank you, and I look forward to your questions.

[10] The VA's susceptible programs are: Purchased Long Term Services and Supports, Supplies and Materials, Pension, VA Community Care, Beneficiary Travel, Compensation, and Medical Care Contracts and Agreements. PaymentAccuracy.gov, https://paymentaccuracy.gov/agencies-and-programs (accessed March 23, 2026).

Prepared Statement of Tim Stretton

Testimony of Tim Stretton, Director of the Congressional Oversight Initiative at the Project On Government Oversight, Before the House Committee on Veterans' Affairs on "H.R. 6733, the 'VISN Reform Act of 2025' [and Other Pending Legislation]" May 20, 2026

Good morning. Chairman Bost, Ranking Member Takano, members of the committee, thank you for inviting me to testify today.

My name is Tim Stretton and I'm the director of the Congressional Oversight Initiative at the Project On Government Oversight (POGO). POGO is a nonpartisan, independent watchdog that investigates, exposes, and champions reforms on systemic corruption, abuse of power, and waste.

Since 2006, our goal at the Congressional Oversight Initiative has been simple: to equip congressional staff with the tools, skills, and resources needed to conduct effective, fact-based oversight, whether that's understanding investigative authorities, navigating working with government agencies, or knowing where to go for reliable information. We do this work primarily through free monthly training seminars and biannual oversight boot camps. For the past two decades, we have trained nearly 6,000 congressional staffers — Republicans and Democrats from both the House and Senate, and from nearly every committee office as well as many personal offices — on the best practices of oversight and investigations.

I am honored to be here today discussing the importance of congressional oversight in ensuring an effective and accountable federal government, especially at the Department of Veterans Affairs. As the son of a proud Navy veteran, I have witnessed firsthand the benefits the department provides to veterans by accompanying my father to appointments at the Lewiston, Maine, VA Clinic and the Togus VA Medical Center, the nation's first veterans' hospital.[1]

Congressional Oversight Is a Core Constitutional Responsibility

As the Article I branch, the framers of the Constitution envisioned Congress as the primary check on concentrated power within the federal government.[2] While many people view legislating as Congress's central responsibility, meaningful legislation is only possible when Congress has the information necessary to understand how laws are being implemented and where reforms are needed.

[1] "History: Togus VA Medical Center," U.S. Department of Veterans Affairs, last modified May 1, 2004, https://www.va.gov/maine-health-care/about-us/history/.

[2] "Treasures of Congress: An exhibit in the National Archives Rotunda, Washington, DC," National Archives and Records Administration, accessed on May 5, 2026, https://www.archives.gov/exhibits/treasures_of_congress/index.html.

Although the word "oversight" does not appear in the Constitution, Congress's authority to conduct oversight has long been recognized as inherent to its legislative responsibilities. In the 1927 Supreme Court decision *McGrain v. Daugherty,* the court found that "a legislative body cannot legislate wisely or effectively in the absence of information."[3] In other words, without oversight, Congress cannot fully understand where existing laws are falling short, how agencies are implementing programs, or what reforms may be necessary.

Effective oversight is how Congress ensures that laws are implemented as intended, taxpayer dollars are spent responsibly, and executive branch agencies remain accountable to the public they serve. When Congress conducts rigorous, fact-based oversight, it can uncover systemic waste, fraud, corruption, mismanagement, and abuses of power.

Good congressional oversight starts with answering basic questions of what happened and why. But as Congress is the only branch of government empowered to enact laws, *great* congressional oversight includes recommendations gathered through oversight to craft meaningful reforms that improve how the federal government serves the public.

Congressional oversight takes many forms, ranging from major investigations following national scandals to routine examinations of how agencies implement federal law. We are familiar with landmark congressional investigations formed in the wake of crises and scandals such as the *Titanic* sinking, the Church Committee investigating abuses by the intelligence community, the tobacco hearings in the 1980s and 1990s, the financial crisis in 2008, and the torture and mistreatment of war detainees.[4] These pivotal investigations exposed serious wrongdoing and led to important reforms to prevent future crises and abuses.

However, the most important oversight Congress can conduct is frequent routine oversight. This includes regularly asking agencies how laws are being implemented, how taxpayer dollars are being spent, and whether programs are functioning as intended. Consistent oversight not only helps prevent misconduct and mismanagement from escalating into major scandals but also creates a culture of accountability that can improve agency performance and responsiveness.[5]

POGO has encouraged Congress to adopt an 80/20 oversight model in which roughly 80% of oversight efforts focus on planned priorities while the remaining capacity is reserved for emerging issues and urgent developments.[6] Publicizing planned oversight agendas can also encourage whistleblowers and insiders to come forward with information relevant to congressional inquiries.

Only through sustained routine oversight can Congress adequately determine whether laws and programs are functioning as intended and delivering the necessary benefits. Routine oversight also helps Congress make informed decisions regarding appropriations, reauthorization, and legislative reform.

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[3] McGrain v. Daugherty, 273 U.S. 175 (1927) https://supreme.justia.com/cases/federal/us/273/135/.
[4] "Portraits in Oversight," Levin Center for Oversight and Democracy, accessed May 6, 2026, https://levin-center.org/what-is-oversight/portraits/.
[5] Tim Stretton, "7 Ways Congress Should Sharpen Its Oversight in 2026," Project On Government Oversight, January 13, 2026, https://www.pogo.org/analyses/7-ways-congress-should-sharpen-its-oversight-in-2026.
[6] Stretton, *7 Ways Congress Should Sharpen Its Oversight in 2026* [see note 5].

This is one reason I am pleased the committee is holding this hearing. As the chairman and members of this committee know well, Congress has not reauthorized key components of the Department of Veterans Affairs (VA) for three decades, and they are operating under expired authorization of appropriation.[7] To be clear, the VA is not an isolated case. Last year, the Congressional Budget Office identified 1,326 authorizations of appropriations that had expired at the end of fiscal year 2025, including 457 expired authorizations responsible for approximately $500 billion in fiscal year 2025 spending.[8]

Bipartisan Oversight Strengthens Congress as an Institution
Routine oversight can take many forms, including sending letters, requesting documents and briefings, and holding public hearings. Regardless of the mechanism used, bipartisan cooperation is key to effective oversight. Agencies and private entities are likely to take congressional inquiries far more seriously when requests come from both sides because it demonstrates unified congressional interest and concern.

Even when members disagree with the substance of a particular inquiry, they should still defend Congress's institutional authority to conduct oversight. Control of Congress changes frequently, and protecting the institution's oversight prerogatives ultimately benefits both parties, and, more importantly, the institution as a whole. In the 114th Congress, then-House Committee on Government Reform Committee Chair Jason Chaffetz (R-UT) and then-Ranking Member Elijah Cummings (D-MD), partisan opposites, demonstrated this principle by sending more than 600 bipartisan letters.[9] The same principle should apply to subpoenas whenever possible. As POGO has previously stated, just because you can send a unilateral subpoena, it doesn't mean you should.[10]

Members of Congress should also resist the urge to turn hearings into political theater. When hearings devolve into partisan spectacle, opportunities to identify problems and discuss meaningful reforms are often lost.[11] Hearings are much better when both sides agree to approach the hearing in a bipartisan and civilized way. Oversight is most effective when it is grounded in a legitimate legislative purpose and focused on fact-finding and accountability rather than taking partisan potshots.

Moreover, Congress should also consider reforms to improve how hearings are conducted. Although it has long been traditional practice for each committee in both the House and Senate to alternate five-minute time slots between members across the aisle, this may not be the best approach, as it can cause unnatural distributions in conversations and topics, as each member is allowed to ask whatever questions they want and take the hearing in different directions. POGO and the Levin Center for Oversight and Democracy have long encouraged Congress to

[7] Congressional Budget Office, *Expired and Expiring Authorizations of Appropriations: 2025 Final Report* (July 2025), 7, https://www.cbo.gov/system/files/2025-07/61289-EEAA-Final-2025.pdf.
[8] Congressional Budget Office, *Expired and Expiring Authorizations of Appropriations: 2025 Final Report*, 1 [see note 7].
[9] David Rapallo, "Mapping Minority Investigative Powers in Congress," *Harvard Journal on Legislation* 63, (January 28, 2026) (forthcoming): 7-8, https://ssrn.com/abstract=5907347.
[10] Stretton, *7 Ways Congress Should Sharpen Its Oversight in 2026* [see note 5].
[11] Stretton, *7 Ways Congress Should Sharpen Its Oversight in 2026* [see note 5].

implement recommendations from the House Select Committee on the Modernization of Congress that would allow committees to experiment with more flexible hearing formats and questioning structures.[12] The goal is to foster more coherent and productive exchanges so witness testimony and the central purpose of the hearing remain the focus.

Congress Must Exercise and Defend Its Oversight Authority

Congress cannot fulfill its constitutional responsibilities if it allows its oversight authorities to be ignored, delayed, or diminished. No matter what mechanism Congress uses to conduct oversight, it must uphold itself as the "first branch among equals" and defend its constitutional authority to obtain information from the executive branch.[13] Agencies must provide timely responses to congressional inquiries and appear before Congress when requested.

Congress should be alarmed that existing executive branch policy, outlined in a 2017 Office of Legal Counsel opinion, does not fully recognize the authority of individual members of Congress to conduct oversight, and therefore members of the executive branch often do not respond to requests when they are not made by a committee chair or authorized by the full chamber.[14] Although the executive branch has tried to soften this posture, it treats oversight inquiries by individual Members of Congress on a case by case basis. [15] This means that an administration could ignore requests from individual members of Congress, including requests made on behalf of constituents or whistleblowers, simply because the members making the requests are not committee or subcommittee chairs. As Senator Chuck Grassley (D-IA) correctly states, "the Constitution does not mention committees or committee Chairmen at all," and the 2017 Office of Legal Counsel opinion has "no legal or Constitutional basis."[16] The result is often that congressional offices turn to the Freedom of Information Act to obtain agency records, which isn't how the framers wanted the government to work.[17]

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[12] Letter from Jim Townsend, director of the Levin Center at Wayne Law, and Danielle Brian, executive director of the Project On Government Oversight, to the U.S. House of Representatives Committee on Rules and the U.S. House of Representatives Committee on House Administration on improving bipartisan oversight, April 22, 2022, 4, https://docs.pogo.org/document/2022/2022-4-22-POGO-Levin-Center-to-House-Rules-Admin.pdf.

[13] Michael Bopp et al., eds., "Introduction: Updating the Study of Legislative Inquiry and Adapting it to the Changed Climate of Congressional Oversight," in *When Congress Comes Calling: A Study on the Principles, Practices, and Pragmatics of Legislative Inquiry,* (Project On Government Oversight and Jenner & Block, 2025), 10. https://www.pogo.org/reports/when-congress-comes-calling.

[14] Authority of Individual Members of Congress to Conduct Oversight of the Executive Branch, 41 Op. O.L.C. 76-79, https://www.justice.gov/olc/file/1085571/dl.

[15] Letter from Marc Short, director of legislative affairs, to Chairman Charles E. Grassley about legislative branch oversight, July 20, 2017, 1 https://www.judiciary.senate.gov/imo/media/doc/2017.07.20%20WH-Short%20Response%20to%20CEG%20re%20Oversight.pdf; Requests by Individual Members of Congress for Executive Branch Information, 43 Op. O.L.C. 42-55, https://www.justice.gov/olc/media/1385441/dl?inline.

[16] Letter from Chairman Charles E. Grassley to President Donald J. Trump, June 7, 2017, 5, https://www.judiciary.senate.gov/imo/media/doc/2017-06-07%20CEG%20to%20DJT%20(oversight%20requests).pdf.

[17] U.S. Senator Adam Schiff, "WATCH: Sen. Schiff Discusses FOIA Requests to Break Through Stonewalling for Answers from Trump Admin, Blasts Brazen Intimidation of Members of Congress on MS NOW," Press Release, November 26, 2025, https://www.schiff.senate.gov/news/press-releases/watch-sen-schiff-discusses-foia-requests-to-break-through-stonewalling-for-answers-from-trump-admin-blasts-brazen-intimidation-of-members-of-congress-on-ms-now/; U.S. House of Representatives Committee on Oversight Minority Staff, "In FOIA Request Filing, Ranking Members Connolly and Raskin Demand DOGE Stop Lying and Come Clean," Press Release, March 18, 2025, https://oversightdemocrats.house.gov/news/press-releases/foia-request-filing-ranking-members-connolly-and-raskin-demand-doge-stop-lying.

The Importance of Oversight at the VA

All federal agencies warrant congressional oversight, but this is especially true for the VA, a department with a troubled history of management challenges and performance issues. As this committee knows too well, the 2014 VA waitlist scandal that likely resulted in preventable hospitalization and even deaths demonstrates the harm that can come from a lack of oversight and accountability within the agency.[18] POGO had raised this issue back in 2013.[19] Even after the scandal became widely known, POGO partnered with other organizations and the Iraq and Afghanistan Veterans of America and collected nearly 1,000 responses revealing a troubling culture of fear and retaliation at the VA, in which employees were often punished for raising concerns.[20]

In April 2017, the Office of Accountability and Whistleblower Protection (OAWP) was created through Executive Order 13793, which was later codified and expanded upon by Congress via the VA Accountability and Whistleblower Protection Act.[21] As an organization that works with whistleblowers and advocates for reforms to protect them coming forward, POGO raised concerns from the beginning that OAWP would not be sufficiently independent and effective.[22] Unfortunately, we were correct and have testified several times before Congress, including before this committee, about the office's lack of independence from the agency, its inability to enforce its own disciplinary recommendations, and, at times, its acting as a source of retaliation itself.[23] POGO strongly urges this committee to renew its effort to oversee and overhaul this office and make it as effective as possible and as intended.

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[18] Scott Bronstein and Drew Griffin, "A Fatal Wait: Veterans Languish and Die on a VA Hospital's Secret List," CNN, April 23, 2014, https://www.cnn.com/2014/04/23/health/veterans-dying-health-care-delays

[19] Mia Steinle, "VA Healthcare System Failing Veterans, Study Says," Project On Government Oversight, March 28, 2013, https://www.pogo.org/analysis/va-healthcare-system-failing-veterans-study-says.

[20] Phoebe Bodkin, "VA Continues to Manipulate Wait-Time Data," Project On Government Oversight, May 16, 2016, https://www.pogo.org/analyses/va-continues-to-manipulate-wait-time-data.

[21] Executive Order 13793, "Improving Accountability and Whistleblower Protection at the Department of Veterans Affairs," April 27, 2019, https://www.federalregister.gov/documents/2017/05/02/2017-08990/improving-accountability-and-whistleblower-protection-at-the-department-of-veterans-affairs; Public Law 115-41, Codified at 38 U.S.C. § 323.

[22] *Pending Health and Benefits Legislation: Hearing before the Senate Committee on Veterans' Affairs,* 115th Cong. (May 17, 2017) (testimony of Liz Hempowicz, policy counsel, Project On Government Oversight), https://www.pogo.org/testimonies/pogo-testimony-on-va-accountability-and-whistleblower-protection-act

[23] *Learning from Whistleblowers at the Department of Veterans Affairs: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations*, 116th Cong. (June 25, 2019) (testimony of Rebecca Jones, policy counsel, Project On Government Oversight), https://docs.pogo.org/testimony/2019/POGO-R-Jones-Testimony-6-25-19.pdf; Protecting Whistleblowers and *Promoting Accountability: Is VA Making Progress?: Hearing before the House Committee on Veterans' Affairs Subcommittee on Oversight and Investigations*, 117th Cong. (May 19, 2021) (testimony of Melissa Wasser, policy counsel, Project On Government Oversight),https://docs.pogo.org/testimony/2021/Testimony_to_HVAC_Protecting_Whistleblowers_and_Promoting_Accountability_5-19-21_2.pdf; *Ensuring Independence and Building Trust: Considering Reforms To Whistleblower Protections at VA: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations*, 117th Cong. (June 16, 2022) (testimony of Joanna Derman, policy analyst, Project On Government Oversight), https://docs.pogo.org/testimony/2021/Testimony_to_HVAC_Protecting_Whistleblowers_and_Promoting_Accountability_5-19-21_2.pdf; *Trust in Transparency: Holding VA Accountable and Protecting Whistleblowers: Hearing before the House Committee on Veterans' Affairs, Subcommittee on Oversight and Investigations*, 118th Cong. (October 19, 2023) (testimony of Joe Spielberger, policy counsel, Project On Government Oversight), https://docs.pogo.org/testimony/2023/POGO-Testimony-on-VA-OAWP-to-House-VA-O-and-I-Subcom-10-19-2023.pdf.

The VA's 2027 fiscal year budget requested $488.2 billion, a $34.9 billion or 7.7% increase over enacted fiscal year 2026 levels.[24] As stated above, many of these appropriations are being done under expired authorizations. The topline spending levels are just the tip of the iceberg. When breaking down spending at the department, it becomes clearer why additional oversight of the VA is warranted. In fiscal year 2025, the last full year of data available, the VA made $287.95 billion in awards, including $203.04 billion in direct payments, $90.74 billion in contracts, $3.12 billion in grants, $1.01 billion in loans, and $2.47 billion in other assistance. [25] To be clear, POGO is not suggesting this funding is unjustified or unwarranted. Rather, the sheer scale of this taxpayer investment demands robust oversight to ensure funds are spent responsibly and efficiently while producing the intended outcomes.

POGO understands that one of the bills before the Committee addresses contracting and procurement reform.[26] While we are still reviewing the specific legislation, we strongly support robust congressional oversight of federal contracting, an area that has historically been vulnerable to waste, fraud, abuse, and mismanagement. Specifically, Congress must ensure that best practices are invoked, including robust competition and avoiding contract types and vendors associated with a heightened risk of misconduct, poor performance, or conflicts of interest.

For 45 years, POGO has monitored and called attention to problems in the federal contracting system.[27] POGO has documented problems involving federal contractors, including corruption and conflicts of interest that can weaken public trust.[28] Our federal contractor misconduct database helped inspire the government's own version, which was established in 2008.[29]

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[24] U.S. Department of Veterans Affairs, *FY 2027 Budget Submission: Budget in Brief* (April 20, 2026), 1, https://department.va.gov/wp-content/uploads/2026/04/2027-BiB.pdf.

[25] That combines the $78.31 billion the footnoted profile lists as simply "Contracts" and the $12.43 billion that is listed as "Contract IDVs," which are contract indefinite delivery vehicles. IDVs are contracts for which some portion of the agreement is open-ended or not fully set; "Department of Veterans Affairs (VA): FY 2025 Summary," USASpending.gov, accessed May 7, 2026, https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025; "Department of Veterans Affairs (VA): FY 2025 Summary," USASpending.gov, accessed May 7, 2026, https://www.usaspending.gov/agency/department-of-veterans-affairs?fy=2025.

[26] U.S. House Committee on Veterans Affairs, "Chairman Bost, House Republicans Launch a Veteran First Initiative to Modernize VA Healthcare for the 21st Century," Press Release, December 10, 2025, "https://veterans.house.gov/news/documentsingle.aspx?DocumentID=7810.

[27] Neil Gordon, "Visualizing 20 Years of Contractor Misconduct," Project On Government Oversight, December 14, 2015, https://www.pogo.org/analyses/visualizing-20-years-of-contractor-misconduct; "Defense Waste & Fraud Camouflaged As Reinventing Government," Project On Government Oversight, September 1, 1999, https://www.pogo.org/reports/defense-waste-fraud-camouflaged-as-reinventing-government.

[28] Letter from Danielle Brian, executive director of the Project On Government Oversight, to Kevin Flanagan, inspector general of the U.S. Department of Defense, regarding expansion of inquiry into former Air Force Acquisition Chief Darleen Druyun's conduct with Boeing, September 4, 2003, https://www.pogo.org/policy-letters/letter-to-department-of-defense-inspector-general-regarding-expansion-of-inquiry-into-former-air-force-acquisition-chief-darleen-druyuns-conduct-with-boeing; Scott Amey, "The Politics of Contracting," Project On Government Oversight, June 29, 2004, https://www.pogo.org/reports/politics-of-contracting.

[29] Alice Lipowicz, "Contractor watchdog updates misconduct database," *Washington* Technology, November 4, 2008, https://www.washingtontechnology.com/2008/11/contractor-watchdog-updates-misconduct-database/319801/; Project On Government Oversight, "President Bush Signs Law Creating Contractor Responsibility Database; POGO's Database Extended to Top 100 Contractors," Press Release, October 15, 2008, https://www.pogo.org/press-center/release/president-bush-signs-law-creating-contractor-responsibility-database-pogos-database-extended-to-top-100-contractors.

POGO's decades-long work in federal contracting makes one thing especially clear: Anytime federal money goes out the door, there's an opportunity for it to be misused or wasted. When looking at problematic contracts, it's often a good idea to start with sole-source contracts or non-competitive contracts awarded to a sole applying recipient.[30] In fiscal year 2025, the VA awarded $6.09 billion in contracts with no competition.[31] The agency also awarded another $9.58 billion in contracts that were technically open for competition, but for which the agency only received a single bid on each award.[32]

POGO is not anti-contracting. In many cases, it makes practical and financial sense for the government to rely on contractors for specialized services rather than attempting to perform every function in-house, especially at an agency like the VA. However, contracts should be examined and evaluated on a case-by-case basis. POGO testified to that effect before the Senate Veterans' Affairs Committee last year, when the department stated it wanted to cut "non-mission-critical" services that appear central to VA operations, including nursing support, help desk functions, Freedom of Information Act assistance, health and safety inspections, and work intended to help the VA improve veteran health care and address longstanding concerns identified by the Government Accountability Office.[33]

Congress Must Protect and Utilize Its Oversight Institutions
To fulfill its constitutional oversight responsibilities, Congress must both utilize and defend the independent oversight institutions that support its work, with two institutions deserving particular attention.

Offices of the Inspector General
Offices of the inspector general (OIGs) serve as independent watchdogs within federal agencies and play a critical role in promoting accountability, improving government performance, and detecting waste, fraud, abuse, and mismanagement. In fiscal year 2025, inspectors general across the federal government had a $17 dollar return on investment for every dollar spent.[34] In its recent semiannual report, the VA OIG had a return on investment of $18 for every dollar spent on oversight.[35] OIGs report directly to the agency they oversee and to Congress. For

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[30] Scott Amey, "Fact Sheet: End Price Gouging on Federal Contracts," Project On Government Oversight, February 25, 2025, https://www.pogo.org/fact-sheets/fact-sheet-end-price-gouging-on-federal-contracts; "Federal Contracting Investigative Tips," Project On Government Oversight, 2, https://docs.pogo.org/resource/coi/Federal-Contracting-Investigative-Tips.pdf.
[31] USASpending.gov, *Department of Veterans Affairs (VA): FY 2025 Summary* [see note 25]
[32] USASpending.gov, *Department of Veterans Affairs (VA): FY 2025 Summary* [see note 25]
[33] Roundtable before the Senate Committee on Veterans' Affairs, (June 11, 2025) (testimony Scott Amey, general counsel, Project On Government Oversight), https://docs.pogo.org/testimony/2025/VA%E2%80%99s-DOGE-Cuts-Sting-and-Will-Reduce-Efficiency-PDF.pdf; U.S. Senate Committee on Veterans Affairs, "Blumenthal Blasts DOGE & Trump Admin's Chaotic Cancellation of VA Contracts at Spotlight Forum," Press Release, June 11, 2025, https://www.veterans.senate.gov/2025/6/blumenthal-blasts-doge-trump-admin-s-chaotic-cancellation-of-va-contracts-at-spotlight-forum.
[34] Council of the Inspectors General On Integrity and Efficiency, *Annual Report to the President and Congress: Fiscal Year 2025*, (February 3, 2026), 1, https://www.ignet.gov/sites/default/files/files/CIGIE%202025%20Annual%20Report%20to%20the%20President_FINAL.pdf.
[35] U.S. Department of Veterans Affairs Office of Inspector General, *Semiannual Report to Congress: Issue 95 October 1, 2025 – March 31, 2026*, (April 1, 2026), ii, https://www.vaoig.gov/sites/default/files/document/2026-04/semiannual_report_to_congress_issue_95_final_1.pdf.

congressional staff, OIGs can also be invaluable oversight partners, providing audits, investigations, data, and subject-matter expertise that can help inform and strengthen oversight efforts.

As of May 12, the VA OIG has 556 open recommendations, 28% of which have remained open for more than a year, and three of which have been open for more than five years.[36] These open recommendations provide an opportunity for the committee to conduct oversight. The committee should be asking the VA what they are doing to implement the remaining recommendations. Depending on the department's level of progress or willingness to accept the recommendations, the recommendations can also serve as a source for future legislation by members of the committee.

In discussing OIGs, I would be remiss if I didn't mention the recent attacks on inspectors general. Last year, President Donald Trump fired 18 inspectors general, including more than a dozen in his first few days in office.[37] Currently there are 28 vacant inspector general positions, including 21 awaiting nomination by the president.[38] All but two of these vacancies are still waiting for a nominee to be put forward. Furthermore, several of these positions have been vacant across multiple administrations, in some cases for years, including one position that has been vacant for nearly seven years. Lack of permanent Senate-confirmed IGs risks rigorous oversight not being conducted, and waste, fraud, and abuse going undetected. While the VA does have a permanent Senate-confirmed inspector general, to ensure accountability across the executive branch, POGO urges every Member of Congress to push the administration to nominate qualified individuals for these posts.

Furthermore, last October, despite funds being appropriated for the Council of the Inspectors General on Integrity and Efficiency (CIGIE), the Office of Management and Budget refused to release those funds.[39] As a result, for more than six weeks, CIGIE was unable to operate, until finally the Office of Management and Budget released those funds following bipartisan congressional pressure.[40]

Government Accountability Office

For over 100 years, the independent, nonpartisan Government Accountability Office (GAO) has worked to improve government efficiency and save taxpayer dollars.[41] As a legislative branch agency, GAO audits and investigates executive branch programs, reviews agency contract awards to ensure they are above board, and makes recommendations to improve government

[36] "Recommendations," U.S. Department of Veterans Affairs Office of Inspector General, accessed May 12, 2026, https://www.vaoig.gov/recommendations-all.
[37] Faith Williams, "The Administration's Latest Attack on Oversight," Project On Government Oversight, October 2, 2025, https://www.pogo.org/analyses/the-administrations-latest-attack-on-oversight; Manu Raju et al. "Trump fires inspectors general from more than a dozen federal agencies," CNN, January 25, 2025, https://www.cnn.com/2025/01/25/politics/trump-fires-inspectors-general/index.html.
[38] "Inspector General Vacancies," Council of the Inspectors General on Integrity and Efficiency, accessed May 6, 2026, https://www.oversight.gov/about/inspectors-general-vacancies.
[39] Williams, *The Administration's Latest Attack on Oversight* [see note 37].
[40] U.S. Senator Chuck Grassley, "OMB Releases Nearly $4.3 Million for CIGIE Following Push by Grassley, Collins," Press Release, November 18, 2025, https://www.grassley.senate.gov/news/news-releases/omb-releases-nearly-43-million-for-cigie-following-push-by-grassley-collins.
[41] "About," Government Accountability Office, accessed May 7, 2026, https://www.gao.gov/about.

program performance and ensure accountability.[42] Since 2002, GAO's work has led to over $1.51 trillion in financial benefits for the federal government.[43]

As of May 12, the GAO has 173 open recommendations for the VA, including 21 listed as priority recommendations.[44] GAO's priority recommendations are those the agency believes would have the greatest impact in saving taxpayer dollars, improving government performance, and reducing waste, fraud, and abuse.[45] Similar to outstanding VA OIG recommendations, these recommendations from GAO could be a useful resource for the committee's future oversight and legislative efforts.

Unfortunately, as is the case for OIGs, the administration has undertaken a concerted effort to weaken and sideline Congress's watchdog.[46] Director of the Office of Management and Budget Russell Vought even stated GAO "shouldn't exist."[47] Last year, the Department of Government Efficiency (DOGE) unsuccessfully attempted to embed a team at GAO under the executive order establishing DOGE.[48] GAO rejected this effort on the grounds that, as a legislative branch agency, it is not subject to executive orders.[49] More recently, in March, the administration issued updated guidance on agencies' internal controls that will likely reduce executive branch reliance on standards and recommendations from GAO, despite Congress requiring coordination between the Office of Management and Budget and GAO in this area.[50] While an administration criticizing GAO and their findings is not entirely new, as no administration enjoys scrutiny of its management of programs, the level of criticism directed at the agency by this administration is unprecedented.

Most concerning, however, are attacks on GAO not by the administration, but by Members of Congress themselves.[51] Some Members of Congress have falsely portrayed GAO as political

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[42] Government Accountability Office, *Performance and Accountability Report, Fiscal Year 2025*, GAO-26-900644 (January 29, 2026), 1, https://www.gao.gov/assets/gao-26-900644.pdf; "Federal Contracting," Government Accountability Office, accessed May 7, 2026, https://www.gao.gov/federal-contracting; "Recommendations," Government Accountability Office, accessed May 7, 2026, https://www.gao.gov/about/what-gao-does/recommendations.

[43] Orice Williams Brown, Government Accountability Office, *Fiscal Year 2027 Budget Request*, GAO-26- 900720 (March 18, 2026), 1, https://www.gao.gov/assets/gao-26-900720.pdf.

[44] "Recommendations Database," Government Accountability Office, accessed May 12, 2026, https://www.gao.gov/reports-testimonies/recommendations-database?processed=1&topic=all&agency=Department%20of%20Veterans%20Affairs&agency_id=46306&subs=1.

[45] "Priority Recommendations," Government Accountability Office, accessed May 7, 2026, https://www.gao.gov/priority-recommendations.

[46] Tim Stretton, "OMB's Latest Attempt to Sideline GAO," Project On Government Oversight, April 17, 2026, https://www.pogo.org/analyses/ombs-latest-attempt-to-sideline-gao.

[47] Filip Timotija, "Russell Vought Says Government Accountability Office 'Shouldn't Exist'," *The Hill*, September 3, 2025, https://thehill.com/homenews/administration/5485324-russ-vought-says-government-accountability-office-shouldnt-exist/.

[48] Executive Order No. 14158, 90 Fed. Reg. 8,441 (January 20, 2025) https://www.federalregister.gov/documents/2025/01/29/2025-02005/establishing-and-implementing-the-presidents-department-of-government-efficiency.

[49] Janice Luong, "Congress Must Protect the GAO from Executive Overreach," Project On Government Oversight, July 9, 2025, https://www.pogo.org/analyses/congress-must-protect-the-gao-from-executive-overreach.

[50] Stretton, *OMB's Latest Attempt to Sideline GAO* [see note 46].

[51] Jennifer Scholtes, Jordain Carney, Katherine Tully-McManus, "GOP Declares War on GAO," *Politico*, May 27, 2025, https://www.politico.com/news/2025/05/27/gop-declares-war-on-gao-00369762.

simply for issuing reports and legal opinions that have been viewed as critical of the administration.[52] Additionally, last month the House Appropriations Legislative Branch Subcommittee voted along party lines to cut GAO's budget by approximately 25%, despite GAO requesting a 5.9% increase above the enacted fiscal year 2026 level.[53] The proposed $200 million reduction would likely require GAO to eliminate approximately 1,000 jobs.[54] Reducing GAO's budget and workforce on this scale would significantly weaken Congress's oversight capacity and appears difficult to reconcile with the subcommittee's stated goal of supporting members in carrying out their constitutional responsibilities.[55]

For more than a century, GAO has worked in a nonpartisan manner on behalf of you, Members of Congress. As auditors and investigators, GAO calls balls and strikes, regardless of what administration is in power. Congress should continue to recognize GAO as an essential, nonpartisan resource and institution for independent oversight and accountability.

Finally, I draw the committee's attention to the fact that, since the end of last year, GAO has been operating without a permanent Senate-confirmed leader following the retirement of Gene Dodaro as comptroller general.[56] Under the GAO Act of 1980, the comptroller general is appointed by the president with Senate confirmation following recommendations from a bipartisan congressional commission composed of House and Senate leadership and relevant committee leaders.[57] This process has successfully been followed three times now.[58] However, Congress has not yet put forward a slate of recommended candidates, and President Trump has yet to nominate someone to the post. POGO once again calls upon Congress to launch the bipartisan commission to evaluate and put forward qualified nominees and urge the president to nominate someone.[59] Lack of permanent leadership at GAO risks reduced institutional authority and less pushing back against the executive branch when they don't cooperate fully with GAO's audits and investigations.

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[52] Scholtes, Carney, Tully-McManus, *GOP Declares War on GAO* note 51].
[53] "Appropriations Status Table: FY2027," Congressional Research Service, accessed May 7, 2026, https://www.congress.gov/crs-appropriations-status-table; "Legislative Branch Appropriations Bill, 2027," U.S. House Appropriations Legislative Branch Subcommittee, 3, updated April 29, 2026, https://appropriations.house.gov/sites/evo-subsites/republicans-appropriations.house.gov/files/evo-media-document/fy27-leg-branch-subcommittee-bill-summary.pdf.
[54] Justin Doubleday, "GAO would need to cut 1,000 employees under House bill," *Federal News Network,* April 30, 2026, https://federalnewsnetwork.com/agency-oversight/2026/04/gao-would-need-to-cut-1000-employees-under-house-bill/.
[55] Doubleday, *GAO would need to cut 1,000 employees under House bill* [see note 54].
[56] Jennifer Scholtes, "The Federal Government's Top Watchdog Has Retired. Now Congress Has to Pick a Replacement," *Politico*, December 30, 2025, https://www.politico.com/news/2025/12/30/congress-trump-gao-search-00706651.
[57] "Acting U.S. Comptroller General," Government Accountability Office, accessed May 7, 2026, https://www.gao.gov/about/comptroller-general.
[58] Government Accountability Office, *Acting U.S. Comptroller General* [see note 57].
[59] "Principles for Evaluating Nominees for Comptroller General of the United States," Levin Center for Oversight and Democracy, March 3, 2026, https://levin-center.org/wp-content/uploads/2026/03/Principles-for-Evaluating-Nominees-for-Comptroller-General-of-the-United-States.pdf.

Conclusion
Congress's oversight authority should not be exercised only when the executive branch is controlled by the opposing party. Rather, oversight is a core responsibility of Congress and one of its most important constitutional duties as the legislative branch of government. Effective oversight protects taxpayer dollars, improves government performance, safeguards veterans and whistleblowers, and preserves the system of checks and balances envisioned by the framers.

To fulfill this responsibility, Congress must not only conduct vigorous oversight but also defend the institutions and authorities that make meaningful oversight possible.

Thank you, and I look forward to your questions.

Prepared Statement of Mark Ritchie

STATEMENT OF
MARK RITCHIE
BOARD MEMBER, NATIONAL FEDERAL DEVELOPMENT ASSOCIATION

HOUSE COMMITTEE ON VETERANS' AFFAIRS

LEGISLATIVE HEARING

May 20, 2026

Chairman Bost, Ranking Member Takano, and Members of the Committee: Thank you for the opportunity to testify today. My name is Mark Ritchie, and I serve on the Board of the **National Federal Development Association (NFDA)**. The non-profit NFDA represents the private-sector partners who have invested billions in the infrastructure essential to the VA mission. We are not just vendors; we are the bridge between private capital and the public service of our nation's veterans. We understand the mechanics of the federal real estate leasing market better than most, and we are here today to express our strong support for **H.R. 6599**, the *Leasing and Infrastructure Act of 2025*. This bill provides for common-sense solutions by adopting modern standards and If I leave you with anything today, it is by adoption of these reforms, we will be able to deliver timely, cost-effective medical facilities for use by our nation's veterans.

This testimony should also serve to answer the question; Why does U.S. Veterans Affairs (VA) keep coming back to Congress for additional money to fund these leased projects?

The three major takeaways are:

1) The methodology the VA utilizes to determine rent for these projects makes no sense,

2) Current use of full service leases for a twenty year period actually adds to the cost of these important projects, and

3) The linear VA/ General Services Administration (GSA) approval process adds significant time to the delivery of these important facilities.

I think we can agree the requisite agency's intentions are to protect taxpayers, all while serving our vets. In reality, the current VA/GSA/Office of Management and Budget (OMB) process is dysfunctional and by maintaining the status quo, these "bid-busts" will continue to haunt us. Why? You will be asked again and again to approve Prospectuses that aren't worth the paper they are printed on.

While my written testimony delves deeper into these three pillars, I believe the best place to start is in the middle of the story; where on May 1, 2024, nearly two years after the approval

of the Promise to Address Comprehensive Toxics (PACT) Act, the Senate Veterans Affairs Committee hosted a Business Meeting with then VA Secretary McDonough. Among the topics discussed were the 31, PACT Act leases and in his remarks to Senator Tillis, Secretary McDonough commented and I'm paraphrasing; He [McDonough] "might need to come back and ask to reauthorize at a higher cost level… we've seen anywhere between 60 - 150% above the authorized level." My written testimony details the timeline of this odyssey, so I won't address that now. However, an experienced industry practitioner can quickly determine the viability of these projects within minutes of review of the initial authorization request.

PACT Act Lease Authorization Timeline

2022 **August 2022 -** PACT Act signed into law

2023 **March 2023 -** Budget submission was published with rents "not to exceed"

Summer 2023 VA receiving market feedback on "authorized" rental rates

YE 2023 One of the 31 PACT leases awarded*

2025 **March 2025 -** Congressional Reauthorization – 18 Leases

YE 2025/Q1 2026 - 19 of the original 31 awarded**

2029 **2029 -** Clinics open?

** Atlanta Veterans Health Administration Central Office; occupancy in traditional office building*
*** At minimum six have been canceled or are languishing*

VA Projects- 2025 Reauthorizations

Project Name	Original Auth. (VA '21-'23)	Original PSF	Reauth Level (VA25)	Reauth PSF	Total Rent Increase	% Increase
Allentown, PA*	$3,532,000	$43.21	$4,457,000	$54.53	$925,000	26.19%
Baltimore, MD	$6,479,000	$57.52	$8,081,000	$71.75	$1,602,000	24.73%
Baton Rouge, LA*	$2,767,000	$31.48	$5,633,000	$64.09	$2,866,000	103.58%
Beaufort, SC*	$2,286,000	$37.70	$4,680,000	$65.30	$2,394,000	104.72%
Clarksville, TN	$6,794,000	$31.57	$11,925,000	$55.42	$5,131,000	75.52%
Hampden, MA	$3,977,000	$51.85	$4,097,000	$53.42	$120,000	3.02%
Hampton Roads, VA	$6,716,000	$36.85	$10,497,000	$57.60	$3,781,000	56.30%
Jacksonville, NC	$4,708,000	$32.67	$9,934,000	$52.58	$5,226,000	111.00%
Killeen, TX	$8,518,000	$43.37	$11,002,000	$56.02	$2,484,000	29.16%
Nashville, TN	$7,241,000	$46.04	$13,863,000	$88.15	$6,622,000	91.45%
North Kansas City, MO	$4,332,000	$42.16	$6,213,000	$60.47	$1,881,000	43.42%
Plano, TX	$3,973,000	$41.92	$6,706,000	$70.76	$2,733,000	68.79%
Prince George's County, MD	$3,740,000	$43.94	$5,697,000	$66.93	$1,957,000	52.33%
Salt Lake City, UT	$3,606,000	$42.40	$7,760,000	$91.24	$4,154,000	115.20%
Sarasota, FL	$4,808,000	$43.80	$7,934,000	$72.27	$3,126,000	65.02%
Tampa, FL	$5,884,000	$38.32	$8,707,000	$56.71	$2,823,000	47.98%
The Villages, FL	$4,959,000	$35.38	$9,145,000	$65.25	$4,186,000	84.41%
Tri-Cities, WA	$4,812,000	$48.78	$7,129,000	$72.27	$2,317,000	48.15%

**Originally below the prospectus level*
Sources: GSA Prospectus Capital Investments and Leasing Prospectus Library & VA Budget Requests, Congressional Submissions, '21, '22 & '23

I'm not here to castigate VA, as the VA does the best it can with the tools provided. Unfortunately, we've provided the VA with a jeweler's hammer when a sledgehammer is required.

Three Major Pillars of Reform

1. **Modernizing Cost Estimating Methodology**

The most significant obstacle to awarding new Outpatient Clinic (OPC) leases is the current, flawed prospectus cost-estimating process. H.R. 6599 addresses this through essential technical fixes. Currently, the VA is forced to use a methodology that utilizes current office building rents as a proxy to build and lease what are, "hospitals without beds. Finding lease comparables for an existing office building is radically different than costing out state-of-the-art medical facilities.

This creates a fundamental **valuation mismatch**. To further illustrate the absurdity: the government is effectively asking the private sector to develop high-acuity clinical environments—requiring specialized Heating Ventilation and Air Conditioning, redundant power systems, specialized medical/dental room modules and complex plumbing.

Let's say we were trying to build any highly purposed facility in a market like Washington, DC using currently depressed office building rents to pay for it. The math simply does not work and current depressed office rental markets are magnifying the challenges to make these pencil. By utilizing off-the-shelf construction cost software combined with standard financial return models, we can insert rationality into this process.

- **Life-Cycle and Regional Modeling:** The bill mandates the use of Life-Cycle Cost Modeling and Regional Market Adjustments. This prevents the VA from relying on outdated national averages that fail to reflect local construction realities.
- **Inflation and Indexing:** By requiring inflation indexing, the VA can prevent the price escalations that typically occur during long procurement delays, ensuring that the budget approved by Congress remains viable through the award date.

2. **Adopting Commercial Leasing Methodology**

By authorizing **modified gross** or triple net (**NNN) leases**, the bill allows the VA to capture savings from operational efficiencies directly. This better alignment with market standards will increase competition, attracting additional high-quality partners who are currently sidelined by these rigid, non-commercial requirements.

The federal government is currently the only entity, public or private, that utilizes this inefficient formula for its long-term commitments. Many of VA's Clinic lessors are "mission driven", particularly Veteran Owned Small Business/Service Disabled Veteran Owned Small Business (VOSB's). These VOSB's are forced to guess what insurance is going to be 10-15-20 years from now and normal Consumer Price Index (CPI) based increases do not apply to the insurance cost line item. I suspect your homeowner constituents have a litany of complaints on insurance cost increases. Well, it's intensified in the OPC universe, as most of these clinics are sited in regions that have suffered disproportionately from natural disasters, thus outrageous increases in insurance premiums. We've seen some significant losses by VOSB owners of these projects. By forcing the owner to guess what the VA's utility usage or insurance costs are going to be in twenty years is patently unfair. One can argue the VA should not be accountable for its own utility use. However, the VA does have history of leasing these clinics – net of utilities. There can be at minimum, small adjustments to these leases that makes this a win-win-win for all participants.

- **Flexible Lease Structures:** The bill allows for market standard leases, utilizing modified gross, full-service gross (with expense stops) or NNN leases. VA and GSA have some experience in utilizing elements of these lease structures. Ultimately it will lower leasing costs, while having the VA pay expenses for only the services they require.
- **Preventing Over-Engineering:** The bill requires design guides to be updated every five years. This ensures the VA utilizes modern commercial standards rather than rigid, antiquated requirements that inflate costs without improving clinical outcomes.
- **Risk Sharing:** For the first time, the bill introduces risk-sharing provisions and the reimbursement of developer holding costs, which will attract more competitive bids from high-quality private partners.

3. Independent VA Leasing Authority and Speed

To be effective, the VA must be the master of its own timeline. H.R. 6599 cuts the "red tape" that currently binds the VA to GSA-controlled schedules. Current process is once a VA Prospectus Lease is approved it then goes to GSA. This GSA delegation isn't just a bureaucratic step - it is a financial burden. Every month of delay in the sequential track VA/GSA approval process subjects the project to construction cost escalations and increased financing carry costs, which are ultimately passed back to the taxpayer.

- **Direct Authority:** Once Congress approves a prospectus, the VA is granted independent leasing authority, eliminating the need for additional GSA delegation hurdles.

- **The 12-Month Mandate:** The bill creates a mandatory requirement to award leases within one year of solicitation. Moving from a multi-year cycle to a 12-month mandate prevents costly project restarts and ensures veterans access modern care years sooner.
- **The Veterans Leasing Fund:** By establishing a dedicated fund with "no-year" funding and contract authority, the bill provides long-term stability and prevents projects from stalling due to annual budget cycles.

Conclusion: The Bottom Line

H.R. 6599 is not just a leasing bill; it is a clinical access bill. When a lease award is delayed by years due to bureaucratic friction, that is time veterans spend waiting for the care they have earned. By removing the "Government Premium" and streamlining authority, we ensure that taxpayer dollars go toward veteran health rather than administrative waste.

H.R. 6599 provides the VA with the necessary tools to build a responsive, modern healthcare network while remaining fiscally accountable. By modernizing cost estimation, adopting market-based leasing structures, and establishing independent authority, this Committee can dissolve the gridlock that has stalled veteran care.

The NFDA believes this legislation is the prudent way to ensure that taxpayer dollars are used efficiently to build the 21st-century facilities the VA mission requires. We urge the Committee to move forward with these essential reforms to ensure our veterans receive the high-quality facilities they have earned and deserve.

Chairman Bost, thanks to you and your committee for your laser focus on this important issue. I look forward to your questions.

Prepared Statement of Kristina Keenan

STATEMENT OF
KRISTINA KEENAN, DIRECTOR
NATIONAL LEGISLATIVE SERVICE
VETERANS OF FOREIGN WARS OF THE UNITED STATES

BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

Pending Legislation

Washington, D.C. May 20, 2026

Chairman Bost, Ranking Member Takano, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide testimony regarding this pending legislation.

H.R. 210, Dental Care for Veterans Act

The VFW supports this legislation that would finally recognize oral health as a critical part of a veteran's overall well-being. For far too long, the Department of Veterans Affairs (VA) has failed to provide millions of veterans enrolled in its health care system with the dental services they need, even though poor oral health is closely linked to serious medical conditions such as heart disease, diabetes, and respiratory illness. This bill takes an important step toward correcting that gap by ensuring that VA treats dental care the same as any other medical service within its health care system, that is an approach for which the VFW has advocated for many years. We also support the bill's phased rollout that responsibly expands eligibility while giving VA the time and resources needed to build capacity, hire providers, and maintain high-quality care. This approach is practical and ensures the system can grow without overwhelming veterans or providers.

H.R. 1391, Student Veteran Benefit Restoration Act of 2025

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

This legislation would require VA to restore the student's education entitlements and require the school to repay VA the associated funds it received. As written, the protections would apply to future violations of fraud. We recommend that this legislation include retroactive restoration of education entitlements for students affected before enactment. We also recommend clarification

of the provision regarding programs that SAAs have not approved. Currently, schools without SAA approval do not receive VA education funding. However, if clarified, this provision could protect students who cannot complete their programs if an SAA removes approval due to fraud after they have begun.

H.R. 2303, Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

The VFW supports this legislation to promote attorney retention at the Board of Veterans' Appeals (BVA) by eliminating the current GS-14 cap on BVA non-supervisory attorneys and allowing promotion to GS-15, which is an approximate $10,000 salary increase. Currently, other VA departments such as the Office of General Counsel allow GS-15 non-supervisory attorneys, luring some attorneys away from the lower paying positions at BVA.

Attorney attrition also adversely affects the appeals decision backlog at BVA, so this proposal could help reduce the backlog by retaining experienced attorneys. Of note, it does not mandate new hiring or attorney promotion, but gives BVA the flexibility to increase pay within its existing appropriations like other VA entities. However, though higher pay may attract and retain a seemingly more capable attorney, the assumption that these attorneys will provide higher quality and faster production may be unfounded. VA should conduct further research to correlate higher pay with enhanced production.

H.R. 2722, VA Funding and Workforce Protection Act

The VFW supports this legislation to limit disruptions to VA funding and staffing levels. This position aligns with VFW Resolution 614 (VFW Opposes Budget Cuts That Harm Veterans and Their Families) passed in 2025. To ensure VA can effectively serve veterans, this legislation would prohibit the impoundment, transfer, or reprogramming of VA appropriations without specific statutory authority.

VA must also be able to hire and retain a qualified and well-trained workforce. Therefore, we support the provisions that would exempt VA from federal hiring freezes and unplanned layoffs, including those affecting probationary employees. Additionally, the VFW supports the provision requiring VA to notify the House and Senate Committees on Veterans' Affairs at least 15 days before implementing employee removals resulting from reductions in force or agency reorganizations.

H.R. 3183, Supporting Access to Falls Education and Prevention and Strengthening Training Efforts and Promoting Safety Initiatives (SAFE STEPS) for Veterans Act of 2025

While reducing fall-related injuries among veterans is an important goal, the VFW does not support this legislation to establish an Office of Falls Prevention at VA. We do not believe creating additional structure would be the most effective way to address this serious problem area. The Veterans Health Administration (VHA) currently has multiple offices and teams dedicated to safety, risk prevention, and rehabilitation. Strengthening these existing programs, such as those within the prosthetics department, and physical or occupational therapy, would be a more practical solution. These teams currently conduct home evaluations for adaptation

programs, provide mobility and balance training, and engage directly with veterans in fall prevention efforts.

Establishing a new office could add layers of bureaucracy, increase administrative costs, and create confusion regarding roles and responsibilities across VA services. Additionally, it is unclear how many veterans would voluntarily allow home fall-risk evaluations unless they specifically request home adaptations. Before creating a new office, the VFW recommends that Congress and VA conduct a comprehensive evaluation of current resources, staffing, and interdepartmental coordination within VHA. This would help identify gaps and strengthen collaboration within existing structures. Enhancing and integrating current efforts would improve outcomes without creating unnecessary administrative hurdles.

H.R. 3869, Every Veteran Housed Act

The VFW supports this legislation to expand eligibility for VA homelessness programs by modernizing the statutory definition of a veteran. By allowing individuals discharged under conditions other than dishonorable and not by reason of a general court-martial sentence to qualify for VA homelessness programs regardless of length or type of service, this legislation would remove long-standing administrative barriers that prevent vulnerable former service members from accessing essential housing assistance. Housing is a foundational component of mental health stabilization, and consistent access to permanent housing is an integral factor in suicide prevention.

H.R. 4114, Ensuring Veterans' Smooth Transition (EVEST) Act

The VFW supports this legislation. We recognize the importance of ensuring that service members experience a seamless transition from active duty to veteran status, particularly when it comes to accessing health care. This bill proposes to automatically enroll eligible veterans in the VA health care system and establish a 60-day timeframe for VA to complete enrollment. Too many veterans miss out on essential health care during the transition period because the enrollment process can be confusing, delayed, or poorly understood. Provisions in the bill requiring VA to notify veterans of their enrollment and provide clear, accessible options to opt out help ensure veterans are aware of their eligibility while maintaining their ability to control participation in the system. Additionally, the requirement for a Government Accountability Office review within 180 days may provide valuable insight into the most effective methods for reaching veterans of different ages, backgrounds, and geographic areas.

H.R. 5203, To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes

The VFW supports this legislation directing VA to update its directives for managing acute sexual assault. Veterans who experience sexual assault need timely access to trauma-informed medical care, forensic examinations, and mental health support. Updating VA policies and training staff would improve consistency in facility responses and ensure compassionate,

comprehensive care. The VFW supports efforts to strengthen survivor services and enhance VA's ability to provide safe, respectful, and effective care for veterans affected by sexual assault.

H.R. 6549, VA Contracting and Procurement Act

The VFW supports the intent of this legislation to improve efficiency, transparency, and accountability in VA contracting and procurement. Timely and responsible acquisition of medical equipment, services, and technology is vital to providing quality care and benefits to veterans. The VFW also backs initiatives that expand opportunities for service-disabled veteran-owned small businesses to compete for federal contracts. Streamlining procurement while maintaining oversight would help ensure effective use of taxpayer resources, and provide VA facilities with the necessary tools and services to support veterans.

H.R. 6580, VA National Formulary Act of 2025

The VFW supports this legislation to strengthen the administration of the VA national formulary. These measures would enhance transparency, consistency, and oversight within VA. We believe veterans must have timely access to safe, effective, and evidence-based medications while ensuring responsible use of federal resources. This legislation would formally establish the VA national formulary in statute, rather than relying on policy and internal directives.

This list of approved medications used across VA facilities to guide prescribing and control costs evaluates medications for scientific evidence, safety, effectiveness, and cost-effectiveness before inclusion. National clinical experts support this process to help VA negotiate lower drug prices through bulk purchasing and standardized use. While standardization of the formulary will provide consistency, we must ensure that reforms preserve clinicians' ability to make timely, patient-centered prescribing decisions when a patient's best medical interest requires non-formulary medications.

H.R. 6583, VA Research Reform Act of 2025

The VFW supports this legislation to strengthen and modernize VA's medical research enterprise. VA research has been essential in advancing treatments for conditions affecting veterans, such as traumatic brain injury, toxic exposures, mental health, and prosthetic innovations. Enhancing coordination, transparency, and efficiency within the VA research system would help keep priorities aligned with veterans' evolving health needs. The VFW supports efforts to improve VA's capacity for high-quality, veteran-centric research, and to translate findings into better care and health outcomes.

H.R. 6599, Leasing and Infrastructure Act of 2025

The VFW supports this legislation to modernize and improve VA infrastructure to ensure timely, high-quality care for veterans. As veteran populations shift and VA facilities age, greater flexibility in leasing and infrastructure planning may help address emerging access needs. However, the VFW is concerned that expanded leasing authority does not reduce congressional oversight or result in long-term dependence on costly leases instead of investing in permanent

VA facilities. Infrastructure reforms should prioritize transparency, cost-effectiveness, and the long-term stability of the VA health care system while maintaining uninterrupted access to care for veterans.

H.R. 6733, VISN Reform Act of 2025

The VFW supports the intent of this bill and has long called for comprehensive Veterans Integrated Service Network (VISN) reform. We thank Chairman Bost for introducing this legislation, which we believe sparked VA leaders to take a close look at the VISN structure and the governance problems it created. In December, the VFW voiced its strong support for VISN reform after years of inspector general reports that pointed to inconsistency in delivery of care, to include substantial risks to patient safety.

The legislation aims to improve accountability, transparency, and operational efficiency of its VISNs, which is a goal shared by the VFW. Strengthening oversight and ensuring that regional VA leadership supports timely, high-quality care for veterans are important objectives.

Today, VA operates 18 VISNs – numbered 1 through 23 – that oversee medical centers, clinics, and services within defined regions. Each VISN coordinates care, manages resources, and ensures access. VA's current plan to consolidate VISNs has not been fully implemented. Once that takes place, the VFW would like to understand how VA's restructuring affects facility operations, workforce management, and access to care. Any consolidation of VISNs should ensure continuity of care, limit administrative disruption, and improve health outcomes for veterans.

We thank Chairman Bost for his leadership on VISN restructuring and we look forward to working with the Chairman and the committee to discuss VA's current VISN restructuring plan and how future congressional authorizations could create an improved and sustainable structure that best serves veterans.

H.R. 6740, VA TRUST Act

The VFW does not currently have a position on this legislation.

H.R. 6764, Veterans Affairs Advisory Committee Oversight Act of 2025

The VFW supports the intent of this legislation to strengthen oversight, accountability, and transparency within VA and recognizes the responsibility of Congress to improve reporting, standardize advisory operations, and identify inactive or redundant entities. These goals are consistent with supporting strong congressional oversight and responsible stewardship of taxpayer resources.

However, this bill proposes retiring multiple population-specific statutory advisory committees that historically focused on women veterans, minority veterans, homeless veterans, student veterans, and veterans navigating disability compensation and readjustment issues. Consolidating these issues under a broad "Veterans Special Populations" category as described in the bill may

reduce population specific attention, expertise, and lived experience. The VFW is also concerned by the proposal to consolidate advisory bodies overseeing major and highly specialized areas of veterans policy—including prisoner of war and missing in action affairs, disability compensation, education, and employment—into broader committees with significantly expanded scope. Combining programs of this scale and complexity risks diminishing subject matter expertise, reducing focused oversight, and weakening stakeholder input on issues that directly affect millions of veterans and their families.

The VFW cautions that advisory committee consolidation should not dilute focused attention on underserved or at-risk veterans, nor diminish meaningful participation by Veterans Service Organizations. We are particularly concerned that consolidating advisory functions for large-scale benefit and memorial programs could unintentionally weaken oversight in areas where veterans depend on specialized expertise and sustained attention. The VFW stands ready to work with Congress and VA to advance reforms that enhance accountability while preserving veteran-centric engagement and population-specific focus essential to fulfilling our nation's obligation to all those who have served.

H.R. 6833, Acquisition Reform and Cost Assessment (ARCA) Act of 2025

The VFW supports the intent of this legislation because of our long-standing call for strong oversight, disciplined governance, and modernization across VA. We continue to emphasize that Congress must "honor the contract" by ensuring VA has the resources, staffing, and structural accountability necessary to deliver earned benefits and prevent systemic failures that harm veterans. Veterans rely on a VA system that must function reliably, transparently, and free of mismanagement to uphold the nation's obligations. This legislation aims to advance these objectives by establishing unified acquisition leadership, independent cost assessment, and standardized program governance to prevent chronic failures in VA's major programs, including information technology modernization, supply chain management, and health care systems that are foundational to timely access and high-quality care. These reforms align with VFW resolutions that call for fully resourced and effective VA programs and urge modernization and improved oversight of VA's digital systems; and with the VFW's legislative priorities that demand accountability, proper stewardship of taxpayer resources, and modernization of VA programs that fail to meet the needs of service members, veterans, and their families. However, the prospect of these reforms leading to further mandatory force reductions does not allow VFW support to be unconditional.

H.R. 6843, Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025

The VFW supports this legislation to establish a dedicated administration for veterans' economic opportunity programs. Creating a fourth administration led by an under secretary focused solely on these services would strengthen oversight, accountability, and program effectiveness, while ensuring greater attention to critical benefits such as education and employment assistance. This structure would also allow the Veterans Benefits Administration to maintain focus on disability compensation, pension, and appeals processing.

The VFW recognizes the importance of strong leadership and coordination for programs that support veterans' economic opportunity and successful transition to civilian life. This legislation proposes the creation of a new administration within VA responsible for overseeing programs related to education benefits, vocational rehabilitation and employment, housing assistance, and certain transition-related services. These programs are critical to helping veterans achieve long-term stability and success after military service.

H.R. 6904, Veterans Readiness and Employment Integrity Act

The VFW supports the intent of this legislation to strengthen the Veteran Readiness and Employment (VR&E) program and improve outcomes for veterans with service-connected disabilities. The VFW appreciates Section 3, which would extend eligibility when training does not result in employment, ensuring veterans are not unfairly penalized when rehabilitation efforts do not lead to immediate job placement. We appreciate Section 7, which would allow subsistence allowance to be based on a veteran's residence when it is more than 25 miles from the training facility to better address the cost-of-living realities of where veterans in the programs live. Additionally, the VFW appreciates Section 8, which would expand access to employment counseling at VA regional offices.

However, the VFW has concerns with Section 2, which would authorize the Secretary to bar certain education and rehabilitation benefits following a conviction involving VA personnel. Earned benefits should not be withdrawn for post-service criminal conduct unrelated to the use or administration of those benefits. Benefit eligibility is instead limited through narrow statutory mechanisms such as character of discharge determinations, incarceration-related payment reductions, fugitive felon provisions, and fraud or forfeiture authorities. The VFW is open to dialogue with the Committee on the need for this specific provision, but we do not currently support limiting benefit eligibility beyond current statute.

The VFW also has questions on Section 4, which would require Secretary-level approval for equipment purchases exceeding $5,000, potentially creating administrative delays that could hinder timely delivery of rehabilitation services. We recognize the need for improved oversight, but would recommend approval for such exceptions reside with the appropriate senior program leadership within the Veterans Benefits Administration. The VFW has further concerns on Section 5, which would impose a $250,000 cap on rehabilitation program costs risking limitations on individualized care for veterans with complex or catastrophic disabilities, and invites dialogue with the Committee on how it arrived at this figure. Furthermore, Section 9 raises serious concerns as it would prohibit veterans from receiving disability compensation at the Total Disability based on Individual Unemployability (TDIU) rate while participating in VR&E, effectively forcing veterans to choose between compensation and rehabilitation. We believe the Committee seeks to encourage TDIU recipients to participate in VR&E to seek to return to the workforce. However, we believe this provision would have the opposite effect on this population.

The VFW maintains that veterans with significant service-connected disabilities should be encouraged to pursue rehabilitation without risking the loss of earned compensation. While the VFW appreciates the legislation's focus on accountability, consistency, and program integrity,

we urge Congress to ensure that reforms do not undermine access to earned benefits or the flexibility necessary to meet the individualized needs of disabled veterans.

Discussion Draft, Get Justice-Involved Veterans BACK HOME Act

While the VFW supports the intent of this proposal to expand VA mental health services for incarcerated veterans, we do not support the proposal as written. It would require VA to conduct a pilot program to provide mental health care in correctional facilities, prioritizing those with a service-connected disability for post-traumatic stress disorder (PTSD), traumatic brain injury, or military sexual trauma (MST). During the pilot, VA would deliver mental health care services through telemental health or mobile units, establish dedicated veteran housing units in federal prisons where feasible, and automatically resume compensation payments upon release. This proposal would also amend Title 34, United States Code, Section 10132 to collect data pertaining to incarcerated veterans for an annual report to Congress.

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

Second, Section 2(e)(2), Treatment and Assessment, states that "a health care provider providing mental health care under the pilot program shall provide treatment and assessment of medical conditions and is not to provide assessment or evaluation of current or future disability claims." This stipulation conflicts with the VFW's long-standing position that VA health care providers should provide medical nexus opinions and supporting documentation for disability claims since they have direct contact with the veterans they treat. As written, this provision could inadvertently discourage or prevent incarcerated veterans from filing disability compensation claims.

Discussion Draft, Toxic Exposure Advisory Committee Establishment Act

The VFW supports this proposal to establish an advisory committee on toxic exposures that includes Veterans Service Organization stakeholders as members. The committee would advise the Secretary of Veterans Affairs on cases in which veterans or their family members experienced toxic exposures during active service. Specifically, it would review toxic exposure cases through surveys of the scientific literature, evaluate the accuracy of information contained in the Individual Longitudinal Exposure Record (ILER) or its successor systems, and develop recommendations for formal evaluation under Title 38, United States Code, Section 1173, including potential nominations for presumption of service connections. By including Veterans Service Organization stakeholders, this committee would differ from similar bodies and help ensure that VA's presumption decision process remains veteran-centric.

Discussion Draft, Office for Toxic Exposure Implementation and Oversight Establishment Act

The VFW supports this proposal to establish an Assistant Secretary of Veterans Affairs for Toxic Exposure Coordination and an Office for Toxic Exposure Implementation to oversee administration of the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022* (Public Law 117-168). This historic legislation finally delivered long-delayed health care and disability compensation to thousands of veterans exposed to toxic substances during military service. The law also created a durable framework for VA to systematically evaluate emerging toxic exposures and associated health conditions for presumption of service connection, which is an important designation that significantly streamlines the disability compensation claims process. Establishing this management structure would help ensure VA properly executes this complex and ongoing evaluation process, and continues to deliver health care and compensation to deserving toxic-exposed veterans.

Discussion Draft, Health Oversight for Network Operators Rendering Veterans' Essential Treatment and Services (HONOR VETS) Act of 2025

The VFW supports legislation requiring non-VA providers in the Veterans Community Care Program to complete training on veteran-specific health issues. As more veterans seek care outside VA facilities, it is critical that community providers understand the unique health risks and experiences related to military service, such as suicide risk, opioid safety, and chronic pain management. Standardized training would help ensure veterans receive high-quality, culturally competent care in all settings. The VFW believes this legislation would strengthen coordination between VA and community providers, and improve the quality and safety of care for veterans.

Discussion Draft, To provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs, and for other purposes

The VFW does not currently take a position on this legislation to modernize VA's Electronic Health Record system or related health information technology activities. Oversight remains essential to maintain proper protocols and procedures. Given the recent launch of four test sites, it is premature to endorse legislation before progress updates are available.

This legislation would require that VA's Electronic Health Record Modernization (EHRM) system meet strict performance, implementation, and interoperability standards, with increased congressional oversight. If the program does not meet quality and operational benchmarks, it allows for modification or replacement and requires readiness to consider alternative modernization strategies. This may result in significant restructuring, improved governance, or a transition from current EHRM solutions if targets are not achieved. The VFW appreciates the focus on accountability built into this proposal. Since VA has begun its current EHRM implementation effort, oversight will be key and could inform future legislative actions.

Chairman Bost, Ranking Member Takano, this concludes my testimony. Again, thank you for the opportunity to offer comments on this pending legislation.

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

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2026, nor has it received any federal grants in the two previous Fiscal Years.

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

Prepared Statement of Cole Lyle

TESTIMONY
OF
COLE T. LYLE
DIRECTOR
LEGISLATIVE DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
“PENDING LEGISLATION”

MAY 20, 2026

EXECUTIVE SUMMARY

LEGISLATION	POSITION
H.R. 6733: The VISN Reform Act of 2025 (Bost), *Pg. 3*	**Support with Amendments**
H.R. 6580: The VA National Formulary Act of 2025 (Miller-Meeks), *Pg. 5*	**Support**
H.R. 6599: The Leasing and Infrastructure Act of 2025 (Smith), *Pg. 6*	**Support with Amendments**
H.R. 6583: The VA Research Reform Act of 2025 (Murphy), *Pg. 7*	**Support with Amendments**
H.R. 6549: The VA Contracting and Procurement Act (Bergman), *Pg. 10*	**Support with Amendments**
H.R. 6740: The VA TRUST Act (Flood), *Pg. 12*	**Support**
H.R. 6764: The Veterans Affairs Advisory Committee Oversight Act of 2025 (Self), *Pg. 13*	**Oppose**
H.R. 6904: The Veterans Readiness and Employment Improvement and Accountability Act of 2025 (Van Orden), *Pg. 14*	**Oppose**
H.R. 6843: Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025 (Ciscomani), *Pg. 16*	**Oppose**
H.R. 6833: The Acquisition Reform and Cost Assessment Act of 2025 (Barrett), *Pg. 17*	**Support**
H.R. 2303: Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act (McGarvey), *Pg. 18*	**Support**
H.R. 210: Dental Care for Veterans Act (Brownley), *Pg. 19*	**Support**
H.R. 5203: To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes. (Budzinski), *Pg. 21*	**Support**
H.R. 4114: EVEST Act (Takano), *Pg. 21*	**Support**
H.R. 3869: Every Veteran Housed Act (Dexter), *Pg. 23*	**Support**
H.R. 1391, Student Veteran Benefit Restoration Act (Kennedy), *Pg. 23*	**Support with Amendments**
Discussion Draft: Justice Involved Veterans (Conaway), *Pg. 24*	**Support**
Discussion Draft: Toxic Exposure Advisory Committee Establishment Act, *Pg. 26*	**Support**
Discussion Draft: TEF Assistant Secretary, *Pg. 27*	**Support**
Discussion Draft: Honor Vets Act (Cherfilus-McCormick), *Pg. 28*	**Support**
Discussion Draft: EHRM, *Pg. 30*	**Support with Amendments**

The provisions of the following legislation on the agenda fall outside the scope of established resolutions of The American Legion. As a member-driven and resolution-based organization, The American Legion takes positions on legislation based on resolutions passed by membership. Therefore, we have no position on the following:

LEGISLATION	POSITION
H.R. 3183: SAFE STEPS for Veterans Act of 2025 (Budzinski)	**No Position**
H.R. 2722: VA Funding and Workforce Protection Act (Kennedy)	**No Position**

TESTIMONY
OF
COLE T. LYLE
DIRECTOR
LEGISLATIVE DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

May 20, 2026

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, on behalf of National Commander Dan K. Wiley, and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 107 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

H.R. 6733: The VISN Reform Act of 2025

To amend title 38, United States Code, to make certain improvements to the administration of Veterans Integrated Service Networks under laws administered by the Secretary of Veterans Affairs, and for other purposes.

The Department of Veterans Affairs (VA) is the largest integrated health care system in the United States, consisting of 1,380 healthcare facilities that serve over 9.1 million veterans.[1] The geographic makeup of the United States consistently introduces challenges that impact VA's ability to provide the best care to veterans wherever they decide to call home. For example, Veterans Integrated Service Network (VISN) 20 consists of Alaska, Idaho, Oregon, Washington state, and portions of Montana and California who have unique and distinct geographic differences that inform its care delivery to veterans. Idaho is landlocked, and parts of the state are isolated, which increases travel times for both veterans and VA staff. Washington state's coastline is made up of waterways and islands that require veterans and staff to travel via floating bridges and ferries. To accommodate these regional needs, VA relies on community-based outpatient clinics (CBOCs) and mobile units to deliver care to veterans in the state.

[1] Veterans Health Administration, "Veterans Affairs," VA.gov, June 10, 2009, https://www.va.gov/health/aboutVHA.asp.

The proposed legislation aims to centralize the VISN structure, codify leadership hierarchy, and establish reporting and budgeting responsibilities.

It is understandable why after years of growth and increased spending, Congress would seek to provide a solution to both mitigate excessive spending, streamline an organizational hierarchy, improve processes, and recognize VISNs to make funding and reporting obligations clearly defined. However, a reorganization of this magnitude requires more than legislative intervention. Stakeholder and veteran input should be included. Not all VISN or VA facilities can be measured equally. Aging infrastructure, wait and drive times, staffing shortages, and geographical complexity should be taken into consideration to prevent the degradation of care to the most vulnerable veterans.

Should the legislation pass, The American Legion is concerned with implementation—especially since VA unveiled its own proposed reorganization. At the end of 2025, VA briefed lawmakers on plans to significantly restructure the Veterans Health Administration (VHA). In their proposal, the VISNs are consolidated into five blocs to meet regional needs and improve communication. The American Legion supports the legislation but recommends adjustments to strengthen implementation. Those corrections include the following:

1. Amend section 7305A (b) to include "based on veteran population, rurality, and wait times. *If necessary*, "At the Secretary's discretion a sub-region director shall be appointed by the VISN director. The sub-region director shall be responsible for the delivery of services to rural and highly rural veterans."
2. Amend section (c) Integrated Health Care System (3) to include budget allocation adjustments that account for staff relocation to reduce geographic dispersion that may affect communication and care coordination.
3. Strike section (2)(A) that imposes a 50 full-time employee cap. Include "the Secretary may make appropriate decisions on staffing and implement a regional staffing plan to staff regions based on mission, need, geographical dispersion and veteran population."
4. Strike section (g). The American Legion is confident the current process to select qualified VISN Directors to maintain the continuity of care in each VISN is the best route, especially during a period of reorganization. VISN directors are directly responsible for veteran health administration and should not be political appointees. As the legislation proposes, candidates will need to be vetted, hearings will have to be conducted, and confirmation delays could cause disruptions to care. VA leaders and veteran care should be guided by experienced healthcare administrators who understand the complexities of geographically specific care delivery, not appointees with no clear standards or required experience.

The American Legion contends this consolidation should be thoughtful and include safeguards, specifically for rural veterans. Also, VA has had recruitment and staffing challenges, and a consolidation not done properly could compound those challenges. Through Resolution No. 194: Department of Veterans Affairs Veteran Integrated Service Networks this legislation can be supported with amendments.[2]

The American Legion Supports H.R. 6733 with amendments.

[2] The American Legion, "Resolution No. 194: Department of Veterans Affairs Veteran Integrated Service Networks," August 30, 2016, https://archive.legion.org/node/402

H.R. 6580: The VA National Formulary Act of 2025

To amend title 38, United States Code, to make certain improvements in the administration of the national formulary of the Department of Veterans Affairs, and for other purposes.

The VA National Formulary List (VANF) exists to "provide high-quality, best value pharmaceutical products while assuring the portability and standardization of the pharmacy benefit to eligible veterans.[3] Currently, veterans who require certain pharmaceuticals not on the national formulary require special approval. VA uses approval processes at the national, VISN, and facility levels depending on the medication. As such, the approval, dispensing, and/or ability to stock nonformulary medications may vary VISN to VISN, or between facilities within the same VISN, even if the medication is on the VANF.[4]

The proposed legislation requires pharmaceutical purchasing agreements with VA to maintain greater consistency in medications and supplies included on formulary across VISNs and facilities to help standardize medication availability throughout the VA healthcare system. The legislation also calls for the nonformulary request process to be submitted electronically and integrated into the veteran's electronic health records. To improve consistency in the approval process, the proposed legislation will require all waiver applications to be routed to a centralized location for evaluation of clinical need, safety, and cost-effectiveness. Furthermore, the proposed legislation would codify a 96-hour response time, with a final appeal decision within seven days. This legislation would create a Pharmacy and Therapeutics advisory committee comprised of healthcare and pharmacoeconomic experts to conduct Food and Drug Administration (FDA) drug reviews to ensure that VA's formulary decisions are made based on medications that are the most cost-effective while providing the best clinical outcome. Lastly a yearly report providing the reason for removing medication from the formulary list must be presented to Congress with details on the decision for the removal.

However, new requirements for electronic systems, centralized waiver reviews, annual reports, and expanded appeals would create additional resource requirements for IT demands and staff. Without sufficient appropriations, there is a risk that implementation could increase overall costs and slow patient access in some scenarios.

As veterans deserve clarity when seeking approval for potentially life-saving medication, The American Legion can support via Resolution No. 15: Department of Veterans Affairs Pharmacy Medication Dispensing Requirements, which requires for veterans enrolled in VA care to receive any medication that will improve their medical condition.[5]

The American Legion supports H.R. 6580 as written.

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[3] "Pharmacy Benefits Management Services." Department. of Veterans Affairs, December 17, 2013. https://www.pbm.va.gov/.
[4] Ibid
[5] The American Legion, "Resolution No. 15: Department of Veterans Affairs Pharmacy Medication Dispensing Requirements." August 22, 2017. https://archive.legion.org/node/528

H.R. 6599: The Leasing and Infrastructure Act of 2025

To amend title 38, United States Code, to establish an independent authority of the Secretary of Veterans Affairs to enter into leases for major medical facilities, and for other purposes.

VA has long used leasing as a cheaper, cost-effective option, as VA-owned facilities are more expensive to procure and maintain. However, GAO has previously noted that VA could not accurately assess or convey to decision makers exactly how it has benefited from this flexibility. In fact, the lack of transparency has failed to affirm the need for such leases, especially when cost estimates have varied 15 percent from original estimates.[6] In the same report, GAO reported that while VA has made progress and implemented training, management review processes, and mandatory documentation requirements, it was still too early to assess the effectiveness of these steps. For instance, GAO cited VA's prospectus-level leases under GSA's delegated authority that exceeded $2.85 million in average annual rent costs.[7] GAO also cited inefficient processes, which led to cost overruns and delays. Therefore, GSA rescinded the leasing authority from VA on July 24, 2014 and returned the responsibility back to GSA.[8]

By 2023, VA held 1,990 active leases nationwide, with 68 classified as major leases. With recent passage of the *PACT Act of 2022* and the resulting increase in healthcare demand and infrastructure requirements, Congress authorized VA 30 more leases, with 50 to 60 new major leases being awarded in fiscal year 2025-2026.[9]. A recent 2024 leasing report noted that enrollment in VA care increased by nearly 30 percent from the prior year and by approximately 50 percent since 2020.[10] The rapid growth in utilization highlights the critical need for VA to improve its leasing process so new medical facilities can come online more quickly and efficiently while minimizing cost overruns.

The proposed legislation aims to fix these issues by improving approval and preconditions processes so that awarded projects are fully vetted and procurement-ready before acquisition begins. Specifically, the proposed legislation would grant VA independent leasing authority for major medical facilities, removing the need for GSA delegation once the prospectus is approved by Congress and transmitted to the appropriate oversight committees. Additionally, the proposal modernizes cost estimation methods to account for regional market trends, inflation, construction cost indices, labor rates, and the full life-cycle costs before Congressional prospectus submission and project award.

VA has historically relied on GSA expertise for leasing acquisition and currently does not have sufficient manpower within VA's Office of Acquisition, Logistics, and Construction (OALC) to provide proper oversight and timely execution of major lease awards. While OALC has a support

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[6] U.S. Government Accountability Office. "VA Real Property: Leasing Can Provide Flexibility to Meet Needs, but VA Should Demonstrate the Benefits," July 28, 2016. https://www.gao.gov/products/gao-16-619.
[7] Ibid
[8] "VA Supplement to the GSA Leasing Desk Guide." Department of Veterans Affairs, updated on May 20, 2024. https://www.cfm.va.gov/realProperty/VASupplementChapterDocs/Chapter_24_5_20_2024.pdf
[9] "Consultation Plan: Proposed Program Alternative for The Major Leasing Program of The U.S. Department of Veterans Affairs." VA Office of Construction & Facilities Management, August 1, 2024. https://www.cfm.va.gov/historic/LeasingProgramConsultationPlan.pdf.
[10] Ibid

staff of 17,000 acquisition professionals, it is unclear how many reside within the Office of Construction and Facilities Management (CFM), the subset office which is directly responsible for the planning, designing, and construction of major projects, including the securing of real property through long-term lease acquisition.[11]

As CFM manages VA's $22 billion major construction and leasing program, we recommend adding language to require VA to audit its current organizational structure to ensure that VA is correctly postured to provide acquisition and contracting support in its leasing operations, as well as robust oversight to meet stringent GSA and OMB guidelines. There is concern that this bill could potentially weaken congressional oversight and accountability. Even with prospectus approvals required, granting more independent authority could diminish detailed scrutiny. Past VA leasing issues including under-market land leases, cost overruns, delays, and mismanagement highlight the risks if this bill passes without strong safeguards or additional staff support.

In summary, leasing offers many advantages, including flexibility and cost savings. This proposed legislation would ease administrative hurdles by granting the Secretary independent authority to enter into major medical facility lease contracts without seeking delegation authority from the GSA Administrator. While typically not considered "construction" projects, many leases still require construction upgrades and upkeep to meet building code. Leases are still managed under VA's Office of Acquisition, Logistics, and Construction (OALC), as leases share parallel processes when conducting market value assessments, bidding and awarding construction modification projects and build-outs.[12]

As such, The American Legion can support the proposed legislation through Resolution No. 6: Department of Veterans Affairs Construction Programs.[13] VA must modernize and make its current leasing process more accountable, transparent, and nimble to better respond to the consumer demands of a migrating veteran demographic.

The American Legion supports H.R. 6599 with amendments.

H.R. 6583: The VA Research Reform Act of 2025

To amend title 38, United States Code, to establish a centralized research data system for the Department of Veterans Affairs and to make certain improvements to processes applicable to major research projects of the Department, and for other purposes.

The VA Research Reform Act of 2025 is the first major enterprise-wide research reform since the implementation of the Office of Research & Development (ORD) in 2003.[14] Research conducted

[11] "Biography of Michael D. Parrish: Chief Acquisition Officer, Office of Acquisition, Logistics, and Construction (OALC), April 9, 2024. https://www.congress.gov/118/meeting/house/117066/witnesses/HHRG-118-VR11-Bio-ParrishM-20240409.pdf; "Mission of: Acquisition, Logistics, and Construction." Department of Veterans Affairs. Last updated May 7, 2026. https://department.va.gov/administrations-and-offices/acquisition-logistics-and-construction/.

[12] "VA Directive 7816 - Lease and Occupancy Agreement (OA) Management Procedures." Department of Veterans Affairs, April 18, 2024. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1502&FType=2.

[13] The American Legion, "Resolution No. 6 Department of Veterans Affairs Construction Programs," August 30, 2016, https://archive.legion.org/node/280.

[14] P.L. 180-170

at VA facilities is integral to the United States' dominance in the medical field, and has led to such important advances as the pacemaker in 1960 at the Buffalo VA Hospital, and continued research on veteran illnesses through the Million Veteran Program, the world's largest databases of health and genetic information.[15]

The VA Research Reform Act of 2025 adjusts VA's research system in five important ways. First, by establishing a VA Centralized Research Data System, the VA will be able to follow the progress of research and identify clinical applications throughout the system, and not just at the primary research facility. Currently, each VAMC's internal research office is responsible for tracking project progress.[16] Offloading this responsibility will decrease administrative burden on VAMC research offices. The database will also improve ORD's ability to coordinate with research partners and enhance its capacity to track submission deadlines, which was a weakness identified in the current system by GAO in 2024.[17]

Second, this bill will modernize the research proposal review and approval process by creating review standards based on patient safety, budget, impact, and other factors deemed appropriate by the secretary, including guidelines for expediting critical research. ORD has existing authority to review all new or reactivated programs, but new research proposals are generally authorized by each VA facility's Institutional Review Board (IRB), allowing local control over the approval process.[18] The existing model works well for facilities with strong research support teams, but it adds administrative burden for facilities without such support. The proposed bill moves the administrative burden to designated research hubs, allowing VAMCs who are well positioned to evaluate proposals to continue to do so, while aiding facilities who are less focused on research.

Third, this bill establishes a system of VAMC research hubs to coordinate activities across medical centers, clinics, and other VA facilities conducting research. These hubs would be regional and not limited by VISN. The hubs would assist regional facilities in multiple ways, in addition to the review of proposals mentioned above, the hub would provide technical assistance to research staff and investigators, administrative assistance for reporting requirements, assistance developing proposals, recruiting veteran volunteers for clinical trials, and coordination with partners.

Fourth, the proposed legislation establishes an annual report on research performance. Transparency was identified as a common weakness of VA and Department of Defense (DOD) research by GAO in 2024, illustrating 59 percent of VA research projects and 86 percent of DoD research projects missed initial deadlines for public reporting between 2014 and 2023.[19] The proposed reporting requirements include a section on the implementation of new clinical practices

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[15] VA Office of Research & Development, "Timeline of Accomplishments", Accessed May 6, 2026, https://www.research.va.gov/about/history.cfm
[16] Department of Veterans Affairs Veterans Health Administration, "RESEARCH BUSINESS OPERATIONS," VHA DIRECTIVE 1200.02(1), Amended September 6, 2017
[17] U.S. Government Accountability Office, "Biomedical Research: Improvements Needed to the Quality of Information About DOD and VA Contributions to Drug Development," GAO-24-107061, 9/26/2024, https://www.gao.gov/products/gao-24-107061
[18] Department of Veterans Affairs Veterans Health Administration, "RESEARCH BUSINESS OPERATIONS," VHA DIRECTIVE 1200.02(1), Amended September 6, 2017
[19] U.S. Government Accountability Office, GAO-24-107061, September 26, 2024, https://www.gao.gov/products/gao-24-107061

identified by research, and examples of changes in patient care driven by research. The report will greatly improve transparency of research at VA, and more importantly accelerate the adoption of groundbreaking research for the benefit of all Americans.

Finally, the bill establishes integration and interagency collaborations standards. In 2020, GAO recognized Interagency coordination as a limiting factor in the translation of research into clinical practice.[20] This legislation seeks to relieve that limitation.

The American Legion visited the Portland VAMC and the Puget Sound VAMC in April 2026 to identify best practices in research and clinical implementation.[21] The Portland VAMC was identified for its strong research partnership with the Oregon Health and Science University, and the Puget Sound facility was identified for its nimble implementation of prosthetics research to clinical practice.

Both facilities credited strong internal research support teams which offload administrative burden from researchers as key to their success. The regional hub structure established by this bill would allow strong research facilities such as Portland VAMC and Puget Sound VAMC to assist regional partners in reducing administrative burden and share their best practices. These best practices will then be distributed publicly through the established annual report.

Another best practice identified by both VAMCs is their close relationship with research partners. A 2020 GAO report highlighted such partnerships as a critical component for VA research.[22] Approximately half of VA research is funded by outside partners (extramural funding). However, only 17 VAMCs are identified as receiving significant extramural funds, while 80 VAMCs received none. Because 91 percent of extramural funding is administered by academic and nonprofit research corporations, facilities without these partnerships are drastically hindered in their ability to apply for and receive outside grants. This bill charges facilities with strong academic relationships, through the proposed model, to assist facilities in pursuing such partnerships. These partnerships will bring additional funds to VA for both research and cutting-edge care for veterans by replicating successful programs such as those at Puget Sound and Portland, consistent with recommendations identified by GAO.[23] The partnerships were also identified as important recruiting tools, allowing both facilities to hire top talent from their partners, new employees who would be familiar with VA systems early in their career.

One omission in this legislation is protection for non-clinical researchers and research funds. Researchers are hired on three-year Not To Exceed (NTE) contracts. NTE contracts are an industry standard, allowing research directors to be nimble in assigning researchers to projects. When a

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[20] U.S. Government Accountability Office, GAO-20-211, January 23, 2020.
[21] Steven B. Brooks, "Legion service officers praised during System Worth Saving town hall," The American Legion, April 29, 2026, https://www.legion.org/information-center/news/veterans-healthcare/2026/april/legion-service-officers-praised-during-system-worth-saving-town-hall; Steven B. Brooks, "System Worth Saving town hall includes in-depth conversation on mental health," The American Legion, May 1, 2026, https://www.legion.org/information-center/news/veterans-healthcare/2026/may/system-worth-saving-town-hall-includes-in-depth-conversation-on-mental-health
[22] U.S. Government Accountability Office, "Opportunities Exist to Strengthen Partnerships and Guide Decision Making with Nonprofits and Academic Affiliates," GAO-20-579, 7/2020.
[23] Ibid

researcher is due for contract renewal during a hiring freeze, their contract is automatically terminated, regardless of the progress or funding of their research. Even research that is entirely funded by private entities and brings additional funding to VA is subject to such disruptions. In addition, partial continuing resolutions have failed to fund VHA research, interrupting critical work related to veteran care. VA identified this as the most significant impact to VHA during lapses in appropriations, affecting projects regardless of funding source.[24] Because this work often has direct clinical application, such disruptions can negatively affect veterans. Such protections would improve the strength of VA research, and The American Legion is happy to work with the committee to add such language to the bill.

The American Legion is also concerned with the language within section 7386, titled, "Veteran impact forecast and translation plan for major research projects required." The section requires any research proposal to include a section that clearly identifies the forecasted impact of the research on the veteran community. Specifically, the research proposal must identify how the results will lead to "reductions in morbidity or mortality; improvements to functional status; and enhancements to the quality of life for veterans from the condition or conditions subject to the research." We request this language is removed or amended to avoid interfering with or delaying research.

While the overall intent of the bill is to reduce oversight, improve collaboration between facilities, and increase transparency, several provisions unintentionally increase administrative burden and have the possibility of being halted due to political views. Of particular concern is the ORD override authority, implementation of high-impact research findings, and portions of the research proposal and approval process. We are confident that through collaboration with members of the Committee and VA, we can find solutions to these concerns.

Through Resolution No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs and Resolution No. 132, Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research, The American Legion supports legislation to improve VA research, including better collaboration with partners, better transparency of research results, and accelerated implementation of successful research.[25]

The American Legion supports H.R. 6583 with amendments.

H.R. 6549: The VA Contracting and Procurement Act

To amend title 38, United States Code, to limit the obligation or expenditure of funds by the Secretary of Veterans Affairs for certain purposes.

[24] Department of Veterans Affairs, "Human Capital Contingency Plan," September 2025, https://department.va.gov/wp-content/uploads/2025/09/2026-VA-Lapse-Plan.pdf

[25] The American Legion, "Resolution No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs," August 30, 2016, https://archive.legion.org/node/385; The American Legion, "Request Congress Provide the Department of Veterans Affairs Adequate Funding for Medical and Prosthetic Research," August 16, 2016, https://archive.legion.org/node/357

Since the passage of the *PACT Act of 2022* and the *MISSION Act*, VA has seen an increase in its overall patient population size and has in turn expanded its healthcare network and service offerings significantly. However, VA's mission and cost structure are no longer aligned. Reductions in employee costs are constantly shifted to an increased growth in contractor services for automation, information technology services like the Electronic Health Record (EHR), and contract examiners. VA's growth strategy is hampered by internal rules, legal limitations and changes in philosophy, none of which have led to cost savings.

VA's FY 2024 budget request called for an increase of $1.2 billion for implementation of the new EHR. This represents a 6 percent increase from the enacted level in 2023.[26] The American Legion has also noted in its 2026 legislative priorities that VA has become reliant on contracted examiners 93 percent of the time, costing about 5 billion per year.[27] The American Legion believes when Congress enacted the *PACT Act* and the *MISSION Act*, the goal was to expand access, eligibility, and improve health care delivery to veterans all over the country. However, the emerging patterns we see are a reduction in the federal workforce, the elimination of certain positions, and recruitment constraints due to a long hiring process and noncompetitive pay. Further, the increased reliance on contracts has reduced quality standards, and created inconsistent processes and standards because of too few options for contractor accountability. The proposed legislation intends to curtail expensive contract obligations which aggravate the collective fear of contract growth.

Section 2 of the bill would impose an extreme contract expenditure limitation on contract spending. This would strip VA of its autonomy to unilaterally enter contractual agreements that prioritize veteran healthcare first, in direct conflict with the *MISSION Act,* which was to improve community care investment. VA operates national IT systems and network infrastructure that may conflict with the contract limit. Additionally, the 50-million-dollar cap does not distinguish between mission critical operations costs, unnecessary spending, or unrestricted nonhealthcare spending like activities used in specialty healthcare for amputees. The contract cap could promote bad fiscal practices, which would force managers to issue multiple subcontracts that all require compliance and reporting standards, increasing administrative burden. Requiring yearly congressional authorization with strict waiver requirements could introduce funding delays that could impact timely decision making.

Section 2(d) imposes similar expenditure limitations on financial agreements for educational benefits. VA education benefits consist of a network of community colleges, universities, and trade partners that require spending that may exceed $50 million. VA's FY2024 budget submission reported the education assistance program was currently serving 820,000 trainees, while Veteran Readiness and Employment (VR&E) provided benefits to over 144,000 veterans.[28] This education network, which requires massive IT investment and automation, would most certainly be impacted by the contract cap. A December 2025 OIG report detailed the Veterans Benefits Administration (VBA) would be transitioning to a digital GI bill platform to improve education benefits delivery.

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[26] "U.S. Department of Veterans Affairs FY 2024 budget submission budget in brief," accessed May 7, 2026, https://www.va.gov/budget/docs/summary/fy2024-va-budget-in-brief.pdf, BIB-29.
[27] "2026 Legislative Priorities of the American Legion," The American Legion, January 1, 2026, https://www.legion.org/advocacy/legislative/legislative-priorities.
[28] Ibid

The original plan called for implementing the new platform through a contractor for 10 years at a projected cost of $453 million. VBA has since renegotiated the contract, which doubled its original cost to $932 million.[29] A contract cap and congressional authorization would most certainly delay the delivery of educational benefits for veterans. The American Legion proposes an amendment to urge Congress to implement a similar contract tier and notification system for routine and operational costs.

The American Legion recommends the following amendment for section 2:

1. Include a structured contract tier aligned with general inflation and the medical consumer price index combined with a notification requirement based on type and critical function. For example, the initial 50-million-dollar cap could be used for routine costs, while a 100-to-200-million-dollar cap could be imposed for major operational or reconstruction costs which would require specific oversight and reporting requirements.

Through Resolution No. 13: Support "Buy American" Policy within the Federal Government to Create Opportunities for Veterans, Resolution No. 22: Federal Procurements and Contracts for Veteran-Owned Business, and Resolution No. 363: Consolidation of Department of Veterans Affairs Care in the Community Program, The American Legion supports the proposed legislation with amendments.[30]

The American Legion supports H.R. 6549 with amendments.

H.R. 6740: The VA TRUST Act

To amend title 38, United States Code, to modify pay rates for certain Senior Executive Service employees at the Department of Veterans Affairs, and for other purposes.

The Department of Veterans Affairs, like other government agencies, awards performance-based bonuses to high-level employees, including senior executive positions. These include critical skill incentive (CSI) bonuses, a new tool to help VA recruitment and retention that was authorized by the PACT Act to "provide employees a critical skill incentive based on a high-demand skill or a skill that is at a shortage."[31]

In a 2024 VA Office of Inspector General (OIG) report, OIG found that of the $10.8 million in CSI bonuses to senior executives, "nearly all" that were awarded to VBA and VHA executives

[29] "VBA Needs to Improve Oversight of the Digital GI Bill Platform," Department of Veterans Affairs, August 28, 2024, https://vaoig.gov/reports/audit/vba-needs-improve-oversight-digital-gi-bill-platform.
[30] The American Legion, "Support "Buy American" Policy within the Federal Government to Create Opportunities for Veterans," October 14, 2020. https://archive.legion.org/node/3530; The American Legion, "Resolution No. 22: Federal Procurements and Contracts for Veteran-Owned Business," May 4, 2022. https://archive.legion.org/node/7913; The American Legion, "Resolution No. 363: Consolidation of Department of Veterans Affairs Care in the Community Program," August 30, 2016. https://archive.legion.org/node/510
[31] Department of Veterans Affairs, "VA Notice 23-03" Washington, DC 20420. US Department of Veterans Affairs, February 17, 2023. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=1422&FType=2.

were "inconsistent with PACT Act and VA policy."[32] OIG made eight recommendations, which VA implemented. However, these corrections are administrative; legislative solutions are needed to permanently correct the issue of improperly awarded bonuses.

The American Legion has spoken recently on this issue. In March 2026, The American Legion's Legislative Director, Cole Lyle, spoke in support of the VA Bonus and Relocation Recovery Act, which would grant VA with the ability to recover improperly awarded bonuses from former employees. The American Legion agrees that bonuses should only be properly awarded and improperly awarded ones should be recovered.

The VA TRUST Act increases bonus transparency by giving greater oversight into bonuses, requiring VA to give Congress information on the accounts that VA uses to pay bonuses and salaries to Senior Executive Service (SES) employees. It also corrects a legal oversight which allows VA to adjust the pay rates of SES employees who move to a different location or position to be in line with the pay of that location and/or position.

The American Legion can support the proposed legislation through Resolution No. 22: Department of Veterans Affairs Executive Bonus Accountability.[33]

The American Legion supports H.R. 6740 as written.

H.R. 6764: The Veterans Affairs Advisory Committee Oversight Act of 2025

To amend title 38, United States Code, to establish new, and terminate certain, advisory committees of the Department of Veterans Affairs.

Over the years, many advisory committees on veteran affairs have been established both by VA and Congress. Stakeholders have noted that the activity level of each committee varies, with some operating less frequently than originally intended. For example, the Veterans' Advisory Committee on Environmental Hazards, is currently administratively inactive.[34] While The American Legion, Legionnaires, and veterans in general participate on some of the advisory committees, we have not had a significant stance on reforming these committees.

This bill, part of the first comprehensive VA Reauthorization series in decades, aims to update the advisory committees and simplify them. It does this by centralizing all VA advisory committees under one group for oversight. It then consolidates the advisory committees under three committees: the Veteran Health Advisory Committee, the Veterans Economic Opportunity & Transition Advisory Committee, and the Advisory Committee on Veterans Special Populations. These committees would be standardized as far as membership, frequency of meetings, reporting

[32] "VA Improperly Awarded $10.8 Million in Incentives to Central Office Senior Executives." Department of Veterans Affairs, May 9, 2024. https://www.vaoig.gov/reports/administrative-investigation/va-improperly-awarded-108-million-incentives-central-office.
[33] The American Legion. "Resolution No. 22: Department of Veterans Affairs Executive Bonus Accountability." October 8, 2025. https://archive.legion.org/node/17166
[34] "Veterans' Advisory Committee on Environmental Hazards - Advisory Committee Management Office." Advisory Committee Management Office, June 2, 2025. https://department.va.gov/advisory-committee-management/2025/03/24/veterans-advisory-committee-on-environmental-hazards-statutory/.

requirements etc., and all old VA statutory committees would cease functioning unless specifically renewed by Congress. "Legacy committees" whose work would be made redundant by the new committees, would be terminated. This would include the current advisory committees on issues such as women veterans, POWs, disability compensation, readjustment, and more.

Sunsetting existing statutory advisory committees unless explicitly reauthorized by Congress and outright eliminating other advisory committees could lead to reduced American Legion and veteran voices on VA-related matters. A large number of committee members and organizations could find themselves with a diminished voice into how VA operates. Combining the advisory committees for minority veterans, women veterans, tribal and Indian affairs, homeless veterans and others, could reduce attention on specific issues while lessening representation in VA. The same issue exists for other advisory committees that would be replaced with new overarching committees.

The American Legion opposes the proposed legislation due to its violation of Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs.[35]

The American Legion opposes H.R. 6764 as written.

H.R. 6904: The Veterans Readiness and Employment Improvement and Accountability Act of 2025

To amend title 38, United States Code, to make certain improvements to rehabilitation programs for veterans with service-connected disabilities, to establish a new bar to certain benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes.

The VR&E program is designed to help veterans with service-connected disabilities find gainful employment through job training, education, job-seeking skill development, and coaching. In some cases, veterans are employed in jobs that exacerbate their service-connected disability, and they require job training or advanced education to change careers into a field that does not worsen their conditions. According to the Annual Benefits Report submitted by VA, over 160,000 veterans are participating in a plan of services at the end of FY 2024. Of those 160,000 veterans, 109,000 are receiving subsistence as a component of their training. 72.3 percent (79,300) of those veterans are pursuing an undergraduate degree, 18.7 percent (20,524) are pursuing a graduate degree, and roughly seven percent (7,650) are pursuing vocational, non-degree, or apprenticeship programs.[36] The Department of Veterans' Affairs reports that 65 percent of veterans in the VR&E program have serious employment handicaps, meaning "there is significant impairment of a veteran's ability to prepare for, pursue, or retain employment."[37] It is clear that the VR&E program is a lifeline for veterans.

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[35] "Resolution No. 20: Improved Oversight, Accountability and Transparency of the Department of Veterans Affairs." American Legion - Digital Archive, October 8, 2025. https://archive.legion.org/node/17164.
[36] Veterans Benefits Administration, "Annual Benefits Report Fiscal Year 2024," "Veteran Readiness Veteran Readiness and Employment (VR&E)." April 14, 2026. https://www.benefits.va.gov/REPORTS/abr/docs/2024-veteran-readiness-employment.pdf.
[37] Ibid

The American Legion would like to commend the Committee for its efforts to address the challenges of the VR&E program. There have been several subcommittee hearings that addressed the issues facing veterans and the VR&E program, and The American Legion looks forward to continuing its work with the Committee to ensure that the VR&E program works effectively for veterans.

The American Legion has significant concerns regarding key provisions within H.R. 6904, specifically sections 2 and 9.

Section 2 increases the penalties issued for veterans convicted of violating section 111 of title 18 by rescinding their ability to use education benefits under Chapters 30, 31, 33, 35, or 36. The actions under this section of the criminal code include anyone who "forcibly assaults, resists, opposes, impedes, intimidates, or interferes with" a federal employee performing their official duties. These actions may include intimidating or spitting on a VA employee, but it could also include assault using a weapon that intends to cause death or danger. Criminal penalties for these acts range widely, from as little as a monetary fine to upwards of 20 years in federal prison. Applying one broad-sweeping punishment to all veterans convicted under this statute, while well-intended, could have unintended consequences in implementation.

Additionally, there are already punishments set in place for those who are convicted of violating section 111 of title 18. In fact, the punishments are enhanced when the victim is an employee of the Federal Government, regardless of agency or branch. In some cases, a misdemeanor could be upgraded to a felony. If the legislation is meant to protect VA employees, a better approach would include strengthening the penalties through the criminal code for those convicted of assaulting, resisting, or impeding VA employees. The American Legion opposes Section 2 as written.

The American Legion also opposes Section 9 of the proposed legislation. Section 9 seeks to remove a veteran from Total Disability based on Individual Employability (TDIU) when they become enrolled in a VR&E program. The American Legion cannot understand the justification for removing a benefit while a veteran is in the middle of a program, instead of removing the benefit upon completion. Entry into the program does not guarantee successful completion, as a veteran's condition may become aggravated or worsen, putting the onus on the veteran to reapply for TDIU benefits.

The American Legion understands the intent of the language is to prevent so-called "double dipping," or using two different benefits for the same purpose. But removing TDIU early is not the solution. A veteran becomes further disincentivized to seek opportunities to become employable again if they know they will have to give up the financial benefit that keeps them whole. A better solution would include a mechanism to either pause TDIU payments during a veteran's time in the VR&E program or ending TDIU payments upon completion of a VR&E program and the veteran is gainfully employed.

The American Legion supports the provisions in the bill that assign additional accountability over the VR&E program, such as sections 4 and 5. Section 4 addresses concerns regarding the equipment payments made above $5,000. The provision in section 4 will require the Secretary to approve payment for equipment purchases over $5,000 and submit an annual report of the

payments approved by the Secretary. Accountability measures ensure that the funding allocated to the VR&E program is fairly distributed and that there are reasonable limitations on the amounts authorized.

The American Legion is committed to working with the Committee to refine the proposed legislation and ensure that the VR&E program operates as intended and without harm to VA employees. The American Legion opposes this legislation through Resolution No. 19: Protection of Veterans' Disability & Compensation and Resolution No. 94: Earned Military Benefits.[38]

The American Legion opposes H.R. 6904 as written.

H.R. 6843: Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025

To amend title 38, United States Code, to establish the Veterans Economic Opportunity and Transition Administration, and for other purposes.

The proposed legislation seeks to address the confusing nature of the transition process and jurisdictional issues related to the transition of veterans from military service to civilian life. When a veteran attends the Transition Assistance Program (TAP), they are provided with information through a seminar-based class that takes place over the course of a week. In that time frame, veterans are presented with briefs from government agencies and non-profit organizations about the benefits that they are eligible for and how to use those earned benefits.

The Department of Defense is the primary agency of concern for TAP. However, the program requires significant support from the Department of Labor and the Department of Veterans Affairs. The fractured nature of the transition process and jurisdictional concerns leave veterans without clear guidance and direction at a time when they need it most.

H.R. 6843 establishes a new administration within the Department of Veterans Affairs, the focus of which will be on the economic opportunity and transition of veterans identified in Title 10, section 1144, which governs the Transition Assistance Program. The American Legion supports the idea of reducing confusion and assigning primary responsibility to the agency most well-suited to support veterans, but in the case of reemployment, the primary agency must remain the Department of Labor.

The risk with the proposed legislation is that VA is not well-suited to address the employment concerns of veterans and transitioning service members. Specifically, the Department of Labor has the experience and resources to ensure transitioning servicemembers find gainful employment after service. Additionally, the DOL houses the Disabled Veterans Outreach Program and Local Veterans' Employment Representatives. Terminating the two programs listed above or transferring responsibility to VA would have a serious negative impact on veterans and transitioning servicemembers who are seeking employment after service by further fracturing and

[38] The American Legion, "Resolution No. 19: Protection of Veterans' Disability & Compensation." May 10, 2023. https://archive.legion.org/node/15023; "Resolution No. 94: Earned Military Benefits." August 30, 2016. https://archive.legion.org/node/334.

creating confusion for transitioning servicemembers about which agency they should seek out for support. Our position is clear—Transition Assistance must stay within DOL.

The American Legion opposes all legislative or administrative efforts to transfer the Veterans' Employment and Training Service from the Department of Labor to the Department of Veterans Affairs through Resolution No. 73: Oppose the Transfer of Veterans' Employment and Training to the Department of Veterans Affairs.[39] The American Legion commits to working with Congress to refine the language in the proposed legislation to provide meaningful support to veterans without removing or reducing accessibility to their benefits.

The American Legion opposes H.R. 6843 as written.

H.R. 6833: The Acquisition Reform and Cost Assessment (ARCA) Act of 2025

To amend title 38, United States Code, to reorganize the acquisition structure of the Department of Veterans Affairs and to establish the Director of Cost Assessment and Program Evaluation in the Department, and for other purposes.

The current acquisition structure at VA is complicated and inefficient, with responsibility spread out over multiple areas and managers. A Government Accountability Office (GAO) report released in 2021 detailed numerous problems with VA's acquisition management after already putting it on their High-Risk List in 2019.[40] The report detailed many issues with VA's acquisition system, stating that "..our ongoing work shows that the largest VA programs aren't using an existing department-wide process for major purchases—so VA leaders may not make fully informed decisions about resources(…)[VA] lacked an overarching strategy, stable leadership, and medical center buy-in" [41] One of the key recommendations GAO made was for VA to "develop a comprehensive supply chain management strategy.

The American Legion has supported simplifying acquisition management in the past. In a 2017 Statement for the Record to the House of Representatives' Committee on Veterans' Affairs, The American Legion stated support for "One Operation Management Platform consisting of one resource allocation, financial, supply chain, and human resources system that are integrated seamlessly with the EHR." This legislation would help accomplish that goal by streamlining the process and management.

The Acquisition Reform and Cost Assessment (ARCA) Act of 2025 addresses the issue in several ways. First, it creates an Assistant Secretary position to oversee procurement, logistics, and innovation instead of spreading out the responsibility across the organization. It would also standardize operating procedures in those areas. Finally, it has provisions that would improve communication between VA and third-party vendors.

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[39] The American Legion, "Resolution No. 73: Oppose the Transfer of Veterans' Employment and Training to the Department of Veterans Affairs." August 30, 2016.

[40] "HIGH-RISK SERIES: Efforts Made to Achieve Progress Need to Be Maintained and Expanded to Fully Address All Areas," Government Accountability Office. April 20, 2023. https://files.gao.gov/reports/GAO-23-106203/index.html#appendix34.

[41] "VA Acquisition Management: Fundamental Challenges Could Hinder Supply Chain Modernization Efforts If Not Addressed." Government Accountability Office, November 18, 2021.

While we support the bill's intent, VA acquisition issues are not just about structure. Rapid reorganization and addition of new positions, certifications, reviews, and reporting requirements would increase staffing needs, ultimately straining personnel without adequate appropriations or resource support. The bill's broad scope could over-complicate routine decisions and might lengthen acquisition for major programs.

Through Resolution No. 136: Strategic Capital Investment Planning (SCIP) Program, The American Legion can support the proposed legislation. This resolution expresses implied support for VA's SCIP, a program that is "intended to continue VA's efforts to prioritize its most urgent real property priorities" [42] and urges proper funding from Congress to carry out their recommendations. The consolidation of the VA's acquisition program under a new dedicated Assistant Secretary will help these recommendations to be made and carried out.

The American Legion supports H.R. 6833 as written.

H.R. 2303: Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

To amend title 38, United States Code, to reform and enhance the pay of Board of Veterans' Appeals attorneys for recruitment and retention and to increase the decision quality and claims processing speed of the Board, and for other purposes.

VA continues to be at a disadvantage and struggled to maintain competitive salaries across the agency comparable to most private sector or civilian employers. There has always been competition, but high morale, great workplace environments, and strong healthcare and retirement benefits proved to be a worthy compromise for critical positions. In 2019, federal lawyers averaged $116,060, and by 2023 only increased $43,220 to $159,280.[43] Lawyers have a demanding job that requires years of school, training, and expertise, particularly veterans law.

The aim of the proposed legislation is to upgrade the pay of Board of Veterans Appeals (BVA) attorneys to GS-15 which is more in line and competitive with other federal legal positions. Currently, the federal pay for a GS-15 in the Washington, DC metro area is $167,603 at step 1 (base or entry level).[44] This proposed pay increase is a step in the right direction to assist the Government in reducing attrition, as well as supporting BVA attorneys who are vital to the claims process, representing veterans daily. Notably, the Board of Veterans' Appeals (BVA) reduced pending appeals and issued board decisions by 32 percent in 2023 while also issuing over 70,000 AMA decisions through staffing increases and congressional investment. Intentional investment and recruitment, combined with flexible telework policies, have proven effective in reducing attrition rates. Increasing the annual salary for BVA attorneys would further strengthen BVA's

[42] "Gao-11-197 VA Real Property: Realignment Progressing, ..." Government Accountability Office, January 1, 2011. https://www.gao.gov/assets/gao-11-197.pdf.
[43] "Occupational Employment and Wages, May 2023; 23-1011 Lawyers," U.S. Bureau of Labor Statistics, April 3, 2024, https://www.bls.gov/oes/2023/may/oes231011.htm.
[44] Federal Pay for Washington, District of Columbia, 2025, FederalPay.org, https://www.federalpay.org/gs/2025/districtofcolumbia

ability to attract and retain top legal talent, improve continuity, and continue reducing the appellate claims backlog.

There are no perceived challenges or risks with increasing pay, and it is expected to improve morale while potentially enhancing decision quality within the courts. Through Resolution No. 5 Department of Veteran Appeals Process, The American Legion supports the proposed legislation as written.[45] We are aligned with efforts by VA to address its appeals inventory in an accurate and expeditious manner while remaining competitive in the retention of talented lawyers and prioritizing veterans' ability to receive benefits in a timely manner.

The American Legion supports H.R. 2303 as written.

H.R. 210: Dental Care for Veterans Act

To amend title 38, United States Code, to require the Secretary of Veterans Affairs to furnish dental care in the same manner as any other medical service, and for other purposes.

VA currently provides outpatient dental treatment only to veterans who meet specific statutory and regulatory eligibility classifications under 38 U.S.C. § 1712[46] and 38 C.F.R. § 17.161.[47] These provisions serve as exceptions to VA's broader authority under section 1710 of Title 38 to furnish medical care to enrolled veterans, limiting comprehensive outpatient dental treatment to specific categories of eligible veterans. While these authorities provide coverage for certain veteran populations, eligibility for comprehensive dental care remains relatively narrow in scope. As a result, most veterans enrolled in the VA healthcare system are not eligible for comprehensive dental services despite oral health being closely tied to overall health, quality of life, and long-term medical outcomes.

Poor oral health has been increasingly associated with chronic medical conditions including cardiovascular disease, diabetes, respiratory illness, and cerebrovascular disease. VA's own Evidence Synthesis Program noted that growing evidence over the past two decades suggests periodontal disease is associated with chronic diseases such as heart disease, lung disease, stroke, and type 2 diabetes. Additionally, VA research found that periodontal treatment may improve markers of inflammation and disease severity in patients with diabetes, cardiovascular disease, and chronic obstructive pulmonary disease (COPD). Untreated dental conditions may also contribute to chronic pain, nutritional deficiencies, barriers to employment, and reduced quality of life.[48] As

[45] The American Legion, "Resolution No. 5: Department of Veterans Affairs Appeals Process," American Legion - Digital Archive, September 1, 2016, https://archive.legion.org/node/279.
[46] "38 CFR § 17.161 - Authorization of Outpatient Dental Treatment," Electronic Code of Federal Regulations, accessed May 12, 2026, https://www.ecfr.gov/current/title-38/chapter-I/part-17/subject-group-ECFR2206d244bd95def/section-17.161
[47] "Outpatient Dental Services and Treatment," Code of Federal Regulations, Title 38, § 17.161, Legal Information Institute, Cornell Law School, accessed May 12, 2026, https://www.law.cornell.edu/cfr/text/38/17.161
[48] Veazie S, Winchell K, Shaw J, et al. "Evidence Brief: Detection and Treatment of Dental Problems on Chronic Disease Outcomes." Department of Veterans Affairs, Health Services Research & Development Service, Evidence Synthesis Program, March 2021. https://www.hsrd.research.va.gov/publications/management_briefs/default.cfm?ManagementBriefsMenu=eBrief-no183

a result, advocates, healthcare providers, and veteran organizations have increasingly identified limited access to dental care as one of the most significant remaining gaps within the VA healthcare system.

H.R. 210, the Dental Care for Veterans Act, would require VA to furnish dental care in the same manner as other medical services provided through the department by removing several statutory provisions that currently distinguish dental treatment from VA's broader medical care authorities. Specifically, the legislation repeals the existing eligibility framework under section 1712(a) and (b) of Title 38, which currently limits comprehensive outpatient dental treatment to specific classes of eligible veterans. Collectively, these amendments shift dental care away from the current exception-based structure and integrate dental treatment more directly within VA's general healthcare authorities. Additionally, the legislation updates VA's authority to furnish dentures and dental appliances as part of covered treatment and makes conforming amendments to remove obsolete statutory references tied to the prior dental eligibility framework.

To mitigate operational strain associated with a significant expansion of dental eligibility, Section 2(a), subsection 2 of H.R. 210 includes a phased eligibility implementation structure tied to VA healthcare enrollment priority groups under section 1705 of Title 38. Veterans already eligible for dental treatment would retain eligibility immediately upon enactment, while expanded eligibility for other enrolled veterans would be phased in over a four-year period beginning with veterans in higher-priority enrollment groups. This phased implementation structure appears intended to provide VA additional time to scale workforce capacity, infrastructure, and community care networks while prioritizing veterans with the highest levels of service-connected disability and medical need during the initial stages of implementation.

The American Legion believes H.R. 210 represents a significant step toward closing one of the most longstanding gaps in veterans' healthcare. Oral health is inseparable from overall health, and the downstream consequences of untreated dental conditions can contribute to worsening chronic disease, avoidable emergency care utilization, and a general diminished quality of life. Expanding access to preventative and restorative dental care has the potential not only to improve long term health outcomes for veterans, but also to reduce the systemic burdens associated with untreated oral disease and its comorbidities.

Importantly, the legislation recognizes operational realities associated with such a significant expansion in eligibility. The phased implementation structure provides VA with a prudent and measured framework to scale workforce capacity and leverage community care networks in a deliberate manner while prioritizing veterans with the greatest medical and service-connected needs during initial rollout. The American Legion believes that this balanced approached strengthens the long-term viability of the legislation and positions VA to responsibly expand access to comprehensive dental care for enrolled veterans.

Through Resolution No. 186: Department of Veterans Affairs Dental Care, The American Legion supports expanding veterans' access to comprehensive dental services through VA and recognizes oral healthcare as a critical component of overall health and wellness. Consistent with that resolution, The American Legion supports H.R. 210 as written.

The American Legion supports H.R. 210 as written.

H.R. 5203: To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes.

To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes.

The first 72 hours following a sexual assault are filled with shock, confusion, fear, and deep pain. It is also the most vital time frame for a victim to receive preventative care and collect evidence against their assailant. If a veteran is the victim of sexual assault, it is critical to treat them within this window, however, the veteran needs to be able to trust that the facility they use will treat their experience with respect and care.

The proposed legislation seeks to standardize the experience of a victim of acute sexual assault, regardless of where they seek care. The bill calls for standardized training for VA employees and VA police to ensure that veterans are cared for in a trauma-informed and sensitive manner. It also requires each medical facility to employ either a certified sexual assault forensic exam (SAFE) clinical provider or a sexual assault nurse examiner (SANE) to care for survivors seeking care.

The American Legion is pleased to see that the legislation addresses sexual assault as a traumatic event that requires wrap-around services. It is vital that a veteran who is sexually assaulted receive not only medical care and treatment, but also unfettered access to mental health and counseling services. Additionally, the bill requires VA to establish clear guidance for their police to document and report the assault to local law enforcement to begin the process of prosecuting the perpetrator. By approaching these traumatic events with dignity, sensitivity, and in a coordinated manner, VA demonstrates to victims that they are safe in VA's care.

H.R. 5203 is supported through Resolution No. 147: Women Veterans, where The American Legion works with VA to ensure that the needs of women veteran populations are met.[49] The legislation is further supported through Resolution No. 67: Military Sexual Trauma, which urges VA to ensure that all VA and non-VA medical centers have trained military sexual trauma personnel.[50]

The American Legion supports H.R. 5203 as written.

H.R. 4114: Ensuring Veterans' Smooth Transition (EVEST) Act

To amend title 38, United States Code, to automatically enroll eligible veterans in the patient enrollment system of Department of Veterans Affairs, and for other purposes.

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[49] The American Legion, "Resolution No. 147: Women Veterans," August 30, 2016, https://archive.legion.org/node/371;

[50] The American Legion, "Resolution No. 67: Military Sexual Trauma," August 26, 2014, https://archive.legion.org/node/268.

Tricare coverage ends at 11:59 PM on a service member's last duty day. Some servicemembers qualify for the Transitional Assistance Management Program (TAMP), which extends Tricare coverage for an additional 180 days for certain eligible persons, such as those involuntarily separated from Active Duty (AD) under honorable conditions, Guard/Reserve members separating after more than 30 consecutive days of AD in support of a contingency operation, those separating after involuntary retention (stop-loss) in support of a contingency operation, or those separating due to a sole survivorship discharge. After 180 days have passed, qualified veterans can enter the continued health care benefit program (CHCBP), which allows a veteran to purchase Tricare Select for 18-36 months after leaving the military.[51] Despite the existence of TAMP, only a slim minority of transitioning service members qualify for this medical program. Transitioning out of the military is a challenging and overwhelming process, and it is vital that service members are given all the tools necessary to be successful after service.

Unfortunately, a 2022 report found that veterans consistently ranked navigating the complexities of DOD and VA healthcare systems as a top concern during transition.[52] As nearly 50 percent of the veteran population is not enrolled in VA healthcare, The American Legion understands that navigating the stressors and complexities of transitioning out of military service may preclude one from fully completing enrollment into a healthcare system specifically designed to serve veterans. Because enrollment into VA healthcare is not automatic upon separation from military service, many eligible veterans may never fully access healthcare benefits for which they qualify.

Public Law No. 117-205, the *Solid Start Act of 2022*, requires VA to establish a program to assist veterans in navigating challenges when transitioning to civilian life. In the same vein, the proposed EVEST Act would remove transitional barriers by automatically enrolling eligible veterans into VA healthcare. A recent CBO score estimated that this legislation would result in 58,000 veterans being automatically enrolled each year.[53]

Through System Worth Savings visits conducted at VA medical centers nationwide, The American Legion has consistently observed the high-quality and specialized care available within the VA healthcare system, particularly for service-connected conditions and veteran-specific medical needs. Facilitating earlier enrollment into VA may improve continuity of care, increase awareness and utilization of earned benefits, and help veterans establish long-term relationships within the VA healthcare system during the critical transition from military to civilian life.

Support for H.R. 4114, the EVEST Act, is consistent with Resolution No. 11: Automatic Enrollment into Veterans Affairs Health Care System, which urges VA to automatically enroll eligible veterans into VA healthcare. Servicemembers should not face unnecessary administrative obstacles when transitioning from military service to veteran status. Therefore, The American Legion supports H.R. 4114 as written.[54]

The American Legion supports H.R. 4114 as written.

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[51] "Plans: Continued Health Care Benefit Program." TRICARE. June 17, 2025, https://tricare.mil/chcbp.
[52] "Military Family Support Programming Survey: 2021 Results." Military Family Advisory Network. July 2022. https://www.mfan.org/wp-content/uploads/2022/07/MFAN-Programming-Survey-Results.pdf.
[53] "H.R. 4673, Ensuring Veterans' Smooth Transition Act," July 28, 2021. https://www.cbo.gov/publication/57691.
[54] Carter, Susan. "Following VA Improvements, 100k New Veterans Sign up for Health Care." VA News, April 6, 2026. https://news.va.gov/press-room/following-va-improvements-100k-new-veterans-sign-up-for-health-care/.

H.R. 3869: Every Veteran Housed Act

To amend title 38, United States Code, to expand eligibility for homelessness benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes.

Under current law, veterans who are discharged under other than honorable (OTH) conditions, not served on active duty, or who have other disqualifying periods of service are not eligible for VA homelessness benefits. This limitation causes compounding barriers for veterans with OTH discharges, some of the most vulnerable veteran populations who may also not be entitled to full education or employment benefits. Access to education, employment, and housing benefits is paramount to providing veterans with the tools to avoid homelessness.

H.R. 3869 would expand the definition of "veteran" as described in Section 2002 of Title 38 to include any veteran who did not receive a dishonorable discharge or a general court-martial sentence. Expanding eligibility for critical housing benefits would ensure that no veteran who has made the sacrifice to serve is denied the right to a safe home. The American Legion believes it is unacceptable for any veteran to experience housing instability, especially during periods of transition. The American Legion supports the proposed legislation as a meaningful step toward at-risk veteran equity and inclusion in VA homelessness programs.

There has been clear progress towards ending veteran homelessness in the United States. That progress can be partially attributed to the care that VA homelessness counselors and staff provide for homeless and at-risk veterans. Veterans with other than honorable discharges are not always afforded the benefits that their peers receive, despite suffering from the same conditions. This cohort of veterans are also more likely to be disenchanted with the VA system and therefore are more difficult to locate and support. Regardless, veterans who have other than honorable discharges still raised their right hand and volunteered to risk their life for our country, and a grateful nation should not forget that.

Ending veteran homelessness has consistently been a top legislative priority for the American Legion. The American Legion supports the proposed legislation using Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans.[55] Resolution No. 15 emphasizes the Legion's belief in expansive solutions to veteran homelessness and affirms our commitment to the provisions of H.R. 3869.

The American Legion supports H.R. 3869 as written.

H.R. 1391: Student Veteran Benefit Restoration Act

To amend title 38, United States Code, to provide restoration of entitlement to educational assistance to individuals defrauded by educational institutions receiving payment on behalf of such individuals under the laws administered by the Secretary of Veterans Affairs and to provide repayment of funds to the Secretary from such educational institutions, and for other purposes.

[55] The American Legion, "Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans," August 30, 2022, https://archive.legion.org/node/8410; "Resolution No. 15: Supportive Services Funding for Homeless and At-Risk Veterans," August 30, 2022, https://archive.legion.org/node/8410.

The Student Veteran Benefit Restoration Act would provide a means for veterans who have been scammed or defrauded by an institution of higher learning to restore their Post 9/11 GI Bill eligibility for the months they spent in the fraudulent program.

The American Legion participated in two roundtables hosted by the House and Senate Veterans Affairs Committees during which the topic focused on scams and fraudulent actions directed at veterans. During the Senate roundtable, Veteran Service Organizations heard directly from veterans who had been defrauded by higher education programs at colleges and universities. Students who have been defrauded by such institutions have no avenue for relief and often, it is too late for the veteran to use their remaining entitlement to complete a program at a new institution.

Fraudulent institutions prey on veterans knowing that the lack of awareness puts them at a significant disadvantage, so transitioning veterans are often targeted for that reason. The American Legion has long advocated for oversight of institutions of higher learning and has supported legislation that holds universities and colleges accountable. The American Legion will continue working with Congress, the Department of Veterans Affairs, and other Veteran Service Organizations to address this critical issue until our nation's veterans can trust they will not be taken advantage of when using the benefits they earned through honorable service to this country.

However, the bill only encompasses future violations. It should also include a mechanism for retroactive, time-based restoration for veterans already harmed in order to fully address existing cases.

The American Legion can support the legislation, in part, through Resolution No. 304: Support Accountability for Institutions of Higher Learning.[56] The proposed legislation reflects the intent of Resolution No. 304 but goes a step further by providing avenues for restoration of GI Bill benefits. Our Legionnaires have clearly expressed support for this additional step, and therefore The American Legion strongly supports the legislation.

The American Legion supports H.R. 1391 with amendments.

Discussion Draft: Get Justice-Involved Veterans BACK HOME Act

To improve the provision of services from the Department of Veterans Affairs to incarcerated veterans, and for other purposes.

As the law is currently written, VA is prohibited from providing medical services to incarcerated veterans, since they are considered to be under the primary supervision of another governmental agency (in this case, the Department of Corrections). The combined effects of service-connected conditions such as PTSD and traumatic environment of prisons increase the need for reliable mental healthcare for incarcerated veterans, who experience increased rates of suicide. Additionally, veteran disability compensation payouts are reduced while a veteran is incarcerated, creating an additional barrier to successful transition out of incarceration. Overpayment of

[56] The American Legion, "Resolution No. 304: Support Accountability for Institutions of Higher Learning." August 30, 2016. https://archive.legion.org/node/459

disability compensation during a veteran's incarceration also leaves veterans with unmanageable debt to repay upon their release. Finally, there is no standard definition or process for identifying veterans in correctional facilities, which makes tracking veterans in need of assistance extremely difficult.

The proposed legislation requires VA to provide mental healthcare to incarcerated veterans, with an emphasis on those with a service-connected disability related to PTSD, TBI, or MST. Mental healthcare would be administered through telehealth, mobile health units through the VA Vet Centers, and directly through VA, rather than through community care. Further, correctional facilities would establish veteran-specific housing blocks or programs that cater to veterans' experiences. The bill also proposes that veterans whose disability compensation payouts were reduced during incarceration have their original entitlements restored upon release. Lastly, the bill requires the Department of Justice's Bureau of Justice Statistics to conduct annual surveys of the veteran population in prison to better understand the population's trends.

Ensuring mental healthcare for incarcerated veterans would close the gap in care and protect some of the most vulnerable veterans from compounding trauma. Improving the quality and accessibility to care would support better reentry outcomes, strengthen a veterans' stability as they seek employment and housing after release from prison, and help reduce recidivism and suicide.

Veteran-centered community created by housing blocks and programming would further support justice-involved veterans' needs for sense of purpose and belonging. Prisons are home to over two dozen American Legion posts across the United States. The accountability and camaraderie fostered by these posts prevents recidivism and suicide and their structure would be mirrored by the proposed legislation.

Establishing a survey to identify and track incarcerated veterans would revolutionize support for justice-involved veterans, as there is currently no standard identification system in place. Information on the justice-involved veteran population would allow government agencies, VSOs, and other stakeholders to provide more informed and effective interventions and support.

Veterans who go through the criminal justice system are often those who have unfavorable discharge statuses and are distrustful of VA and the Federal Government; even if they are still eligible for VA benefits. This is why it is vital that incarcerated veterans are accounted for. In a recent visit, The American Legion learned that the Seattle Regional Office works with the Washington Corrections Center and the Washington Corrections Center for Women to identify veterans during processing and provide them with appropriate, trauma-informed resources. Washington State's model should be adopted at the Federal level in order to better identify veterans regardless of whether they utilize VA services, provide appropriate resources, and assist with benefits access. The American Legion proposes adding an amendment to include the following language:

1. Direct the Department of Justice and/or Federal Bureau of Prisons to identify veteran status upon intake and coordinate with the Department of Veterans Affairs to provide the following:

a. Coordination and tracking of veterans nationwide, especially those who do not utilize the VA system or hold negative perceptions due to an unfavorable discharge status, and,
b. Access to veteran treatment courts.

The American Legion's mission to Be The One to end veteran suicide represents the heart of our organization's identity. The Get Justice-Involved Veterans BACK HOME Act would specifically support the American Legion's goal of creating mental health initiatives designed for justice-involved veterans outlined in Resolution No. 18: Mental Health Programs for Justice-Involved Veterans.[57]

The American Legion supports the draft legislation with amendments.

Discussion Draft: Toxic Exposure Advisory Committee Establishment Act

To amend title 38, United States Code, to establish the Advisory Committee on Toxic Exposure of the Department of Veterans Affairs.

This legislation establishes a Federal Advisory Committee on Toxic Exposure of the Department of Veterans Affairs that is comprised of representatives of veterans' service organizations, Congress, VA, and subject matter experts in fields related to toxic exposure and public health. The committee would provide a proactive mechanism for identifying potential toxic exposure incidents affecting service members, veterans, and their dependents, not included or recognized under existing presumptions for service-connected disabilities. Additionally, the creation of the committee allows for an external body to review the Individual Longitudinal Exposure Record (ILER) for accuracy and accountability. The committee would also have independent oversight to recommend a formal review of any health effects related to an exposure event to VA, the House Committee on Veterans' Affairs, and the Senate Committee on Veterans' Affairs.

The American Legion has advocated for toxic-exposed veterans since 1921, when we provided legal services to veterans exposed to mustard gas in WWI.[58] These veterans were publicly maligned for not assisting with the post-war effort while struggling with chronic fatigue and respiratory distress. To better meet the needs of toxic-exposed veterans, The American Legion has advised VA and Congress on ways to improve care and strengthen coordination for these veterans. With the support of this committee, the time from initial exposure to recognition of hazards associated with said exposure, and treatment of exposure to those affected would improve drastically.

The committee would provide an important voice for the veteran and medical community with regards to toxic exposure policy, and will have the authority to provide official recommendations. The recent removal of male breast cancer presumption highlights the need for further oversight of

[57] The American Legion, "Resolution No. 18: Mental Health Programs for Justice-Involved Veterans." October 12, 2022. https://archive.legion.org/node/14056
[58] The American Legion Weekly, Volume 3, No. 22, "Some Ancient and Modern History," June 3, 1921, https://archive.legion.org/node/1293

the Secretary's authority to remove presumptive conditions by changing definitions. To prevent future downgrades, we recommend the following amendment:

1. Insert the following language to § 459(b):
    a. 1) The Secretary shall consult with, and seek the advice of, the Committee with respect to actions which remove presumptions —
        i) under section 1171 of this title; or
        ii) from cohorts or demographics by administrative action which modifies the definition of such presumptions, cohorts, or demographics, including but not limited to duty date, duty location, gender, and classification of illness.

Through Resolution No. 17: Environmental Exposure, The American Legion supports the establishment of an advisory committee responsible for advising the VA, determining health conditions that result from toxic exposure, and to study and evaluate cases of exposure.[59]

The American Legion supports the draft legislation with amendments.

Discussion Draft: TEF Assistant Secretary

To amend title 38, United States Code, to establish the Office for Toxic Exposure Implementation and Oversight of the Department of Veterans Affairs and an Assistant Secretary of Veterans Affairs for Toxic Exposure Coordination.

The proposed legislation establishes an Office for Toxic Exposure Implementation and Oversight (OTEIO) and an Assistant Secretary who leads the office and is charged with coordinating all efforts within the VA concerning toxic exposure.

VA and Congress have failed to support veterans exposed to deadly toxins in a timely fashion, taking 39 years from the development of Agent Orange to the first legislation covering veterans for the deadly effects of the substance.[60] For veterans working at nuclear test sites during World War II, the presumption process took 46 years.[61]

The process to determine presumptive conditions caused by toxic exposure was greatly improved in 2022 with the passage of the *PACT ACT*. The *PACT ACT* provided structured guidelines to VA for determining presumptive conditions, often referred to as the Presumptive Decision Process (PDP), including identifying research partners at the National Academies of Science Engineering and Medicine (NASEM).

[59] The American Legion, "No. 17: Environmental Exposure," October 8, 2025, https://archive.legion.org/node/17161
[60] P.L. 98-542
[61] P.L. 100-321

As of May 2026, 2,433,377 *PACT Act* Claims have been approved, representing 1,925,612 veterans and survivors, and 6,767,689 Toxic Exposure Screenings have been conducted.[62] This is an incredible undertaking affecting all corners of the VA—from treatment at CBOCs, coordination with community care, conducting toxic exposure screenings, military environmental exposures assessments, compensation and pension exams, research conducted at VA facilities, survivor benefits, and of course, burial benefits. Currently, this undertaking is coordinated by the Office of Enterprise Integration (OEI).[63]

Staff at OEI are responsible for VA governance, strategic planning, risk management, data analytics, interagency collaboration, and other administrative, management, and strategic duties.[64] These duties are focused on the management of VA, and not healthcare delivery. Due to the complexity of the issue, the tasks detailed in this legislation would be better conducted by an office focused solely on toxic exposure policy and coordination.

OTEIO would be focused on promoting veteran health. Historically, positions which are responsible for healthcare decisions are not political. For this reason, we request an amendment to strike section 2(c) of the draft legislation, along with replacing all instances of "Assistant Secretary" with "Director." While the Secretary will still have oversight over the appointment of the position, OTEIO would better serve veterans as completely apolitical.

Through Resolution No. 17: Environmental Exposure, The American Legion supports legislation which ensures that veterans are properly compensated for diseases and other disabilities scientifically associated with environmental exposures.[65] The draft legislation will improve the VA's ability to manage toxic exposure policy and provide a point of contact for veterans and their representatives.

The American Legion supports the draft legislation with amendments.

Discussion Draft: HONOR VETS Act

To amend title 38, United States Code, to provide for training requirements for non-Department of Veterans Affairs medical providers who provide care or services under the Veterans Community Care Program, and for other purposes.

Since passage of the *MISSION Act of 2018*, VA's Community Care Program (CCP) has grown substantially, with millions of veterans receiving portions of their healthcare from non-VA providers in their local communities when VA cannot directly furnish the care needed. As VA's reliance on community-based providers has expanded, concerns have also emerged regarding

[62] Department of Veterans Affairs, "VA PACT ACT PERFORMANCE DASHBOARD," April 24, 2026, https://department.va.gov/pactdata/wp-content/uploads/sites/18/2026/04/VA-PACT-Act-Dashboard-Issue-55_041726_v2-508-1.pdf
[63] Department of Veterans Affairs, "FY 2026 Budget Submission: Budget in Brief", May 2025, https://department.va.gov/wp-content/uploads/2025/06/2026-Budget-in-Brief.pdf
[64] Department of Veterans Affairs, "Administrations and Offices: Enterprise Integration," Accessed October 16th, 2025, https://department.va.gov/administrations-and-offices/enterprise-integration/
[65] The American Legion, "No. 17: Environmental Exposure," October 8, 2025, https://archive.legion.org/node/17161

provider oversight and consistency in veteran-specific training and competency across the broader community care network. VA currently offers educational and training resources for community providers on issues such as military cultural competency, suicide prevention, opioid safety, and veteran-centered care.[66]

However, a recent GAO report found that while VA identified multiple core trainings for community providers, only opioid safety training was consistently required, and VA lacked standardized enforcement mechanisms for noncompliance. The report further found that approximately two percent of community providers with behavioral health referrals between fiscal years 2021 and 2023 had completed one or more of VA's core veteran-focused training courses. Additionally, GAO noted that although VA maintained data related to provider training completion within existing systems, VA did not routinely analyze or use that information to monitor compliance or assess broader provider competency across the CCP. GAO also found that community care contractors were not contractually required to monitor completion of these trainings and that VA had generally not enforced existing opioid training requirements due to concerns regarding network adequacy and provider availability. As a result, GAO recommended that VA strengthen oversight and improve monitoring of veteran-focused training requirements across the network.[67]

Effectively, the Health Oversight for Network Operators Rendering Veterans' Essential Treatment and Services (HONOR VETS) Act elevates several existing VA community care training recommendations and administrative expectations into federal statute by amending section 1703 of Title 38 to require participating non-VA providers to complete veteran focused training as a condition of furnishing care through the CCP. Specifically, the legislation requires training related to opioid safety for veterans with chronic pain, suicide prevention through lethal means safety and safety planning, suicide evaluation and management, and veteran-centered care perspectives. Existing community care providers would be required to complete the training within 180 days of enactment, while newly participating providers would have 180 days from the date they first begin furnishing care through the program.

The legislation would also establish clear statutory oversight and enforcement mechanisms that do not currently exist in a standardized form across VA's community care network. Under the bill, VA would be required to monitor provider completion of required trainings, maintain that information within provider management systems and publicly accessible provider directories, and implement escalating penalties for continued noncompliance. Providers who fail to complete the required training would first receive written notice and an opportunity to cure the deficiency before facing temporary suspension and eventual removal from eligibility to participate in CCP, creating a phased penalty structure that allows time for correction of deficiencies. Collectively, these provisions are intended to ensure that veteran-focused training requirements function as enforceable standards for participation rather than voluntary educational recommendations.

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[66] "Community Provider Education and Training," U.S. Department of Veterans Affairs, accessed May 12, 2026, .
[67] U.S. Government Accountability Office, *VA Community Care: Improvements Needed to Ensure Community Provider Competency and Veteran Safety*, GAO-25-106910, 2025, https://files.gao.gov/reports/GAO-25-106910/index.html.

Through Resolution No. 13: Standards and Training for Community Care Providers, The American Legion supports requiring community care providers to meet standards comparable to those required of VA providers, including training related to military culture, suicide awareness and prevention, and lethal means safety.[68] As veterans increasingly receive healthcare through VA's Community Care Program, ensuring participating providers possess baseline familiarity with veteran-specific healthcare concerns is critical to maintaining quality, continuity, and veteran-centered care. Therefore, The American Legion supports the HONOR VETS Act as written.

The American Legion supports the draft legislation as written.

Discussion Draft: EHRM

To provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs, and for other purposes.

The American Legion visited Chicago Lovell FHCC in August of 2025 to see how the facility has functioned with the new electronic health record system. Initial observations were positive, with marked improvement compared to previous deployments. Facility staff reported zero instances of critical harm, and no veterans' healthcare had been seriously affected. Staff reported VA had provided ample staff to assist with the rollout, in addition to large numbers of employees from Oracle spending significant time at the facility to assist. All departments reported being generally happy with the new software, and the facility has since been able to go back to near-normal staffing levels. The American Legion is hopeful Lovell FHCC's successes can be duplicated in the current accelerated deployment.

The American Legion is supportive of many provisions in this bill. It emphasizes interoperability, standardization, and legacy system support during transition. It attacks historical pain points in the EHRM process, including governance fragmentation and lack of metrics.

It also increases congressional oversight by requiring extensive reports and independent verification and validation. However, The Legion believes some of these requirements – specifically Sections 202(a)(2)(b) and 203(a)(2) - are too onerous and could slow down the process of accelerated implementation, which is necessary to ensure full deployment will not take decades. These provisions, if enacted, could cause VA's deployment process to be significantly slowed, or cancelled, by burdensome, decentralized verification from facility leadership.

The deployment at Lovell FHCC and more recent sites have been an overall success, with VA and Oracle seemingly learning the hard lessons from past failures. Of course, The American Legion supports safeguards to ensure those mistakes are never repeated.

While The American Legion supports the intent of the draft text, we will not support those specific provisions and recommend their removal before advancing in the legislative process.

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[68] The American Legion, Resolution No. 13: Standards and Training for Community Care Providers, National Executive Committee, Indianapolis, Indiana, May 4-5, 2022, https://archive.legion.org/node/7905.

Our position is governed by Resolution No. 14: Electronic Health Record. This resolution urges VA to implement a modern electronic health record that is integrated with DoD systems. It also asks that personal information be protected, and that Congress and VHA provide proper oversight into the project.

The American Legion supports the draft legislation with amendments.

CONCLUSION

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation.

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Bailey Bishop, Deputy Legislative Director, at b.bishop@legion.org.

Prepared Statement of Mike Desmond

VERBAL TESTIMONY

OF

MR. MIKE DESMOND

STRATEGIC DIRECTOR OF GOVERNMENT AFFAIRS AND ADVOCACY

MISSION ROLL CALL

MAY 20, 2026

TO THE

HOUSE VETERANS' AFFAIRS COMMITTEE

UNITED STATES HOUSE OF REPRESENTATIVES

ON

1. H.R. 6733: The VISN Reform Act of 2025
2. H.R. 6580: The VA National Formulary Act of 2025
3. H.R. 6755: The Accountable Leadership for Veterans Act of 2025
4. H.R. 6599: The Leasing and Infrastructure Act of 2025
5. H.R. 6583: The VA Research Reform Act of 2025
6. H.R. 6549: The VA Contracting and Procurement Act
7. H.R. 6740: The VA TRUST Act
8. H.R. 6764: The Veterans Affairs Advisory Committee Oversight Act of 2025
9. H.R. 6904: The Veterans Readiness and Employment Improvement and Accountability Act of 2025
10. H.R. 6843: Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025
11. H.R. 6861: The Consolidating Veteran Employment Services for Improved Performance Act
12. H.R. 6833: The Acquisition Reform and Cost Assessment Act of 2025
13. H.R.2303 - Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act
14. H.R.210 - Dental Care for Veterans Act
15. H.R.3183 - SAFE STEPS for Veterans Act of 2025

16. H.R.5203 - To direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes.
17. H.R.4114 - EVEST Act
18. H.R.3869 - Every Veteran Housed Act
19. H.R.2722 - VA Funding and Workforce Protection Act
20. Discussion Draft: Justice Involved Veterans
21. Discussion Draft: TEF Advisory Committee
22. Discussion Draft: TEF Assistant Secretary
23. Discussion Draft: Honor Vets Act
24. Discussion Draft: EHRM

Chairman Bost, Ranking Member Takano, and distinguished Members of the Committee, thank you for the opportunity to testify today on behalf of Mission Roll Call and the veterans, families, and caregivers across the country whose voices we carry to Washington.

Mission Roll Call conducts regular survey research focused on the issues affecting veterans' lives. Our work is grounded in listening to veterans and identifying where policy, systems, and lived experience can be improved.

Over the past year, Mission Roll Call's surveys have shown that veterans do see areas where the VA is improving, particularly in overall quality of care and certain aspects of service delivery. There is a growing sense that the system is moving in the right direction. At the same time, veterans continue to experience some challenges with access, timeliness, and consistency[1]. This reauthorization effort presents an opportunity to build on that progress and address the structural issues that continue to shape how veterans experience care.

What stands out in this reauthorization effort is the focus on improving the parts of the VA system veterans experience directly. In our surveys, veterans consistently identify access delays, inconsistency between facilities, difficulty navigating benefits and care systems, and bureaucratic friction as recurring challenges[1].

The first area where this package strongly aligns with our data is research modernization. Veterans increasingly understand that promising treatments exist, particularly in areas like PTSD and traumatic brain injury, but many believe the system moves too slowly translating research into practical care. Our polling shows strong support for evaluating innovative therapies, including Hyperbaric Oxygen Therapy[2]. Legislation that improves coordination, standardizes data, and accelerates implementation helps move research closer to veterans. The faster we align the right solution with a veteran's need, the more likely that veteran is to thrive.

Second is formulary and access reform. Our TBI and healthcare access surveys consistently identified difficulty accessing specialized care as a major concern[3]. Veterans frequently report that distance and system barriers affect access to appointments, medications, and treatment options[3]. Efforts that improve transparency and standardize access across the system directly address issues that veterans repeatedly identify in our surveys.

Third is infrastructure and regional consistency. In our Veterans & Families survey, nearly half of respondents reported delays in VA healthcare services, and veterans reported an average drive time of more than 50 minutes to reach the nearest VA facility[4]. For many rural veterans, that distance becomes a barrier to care. Modernizing leasing, infrastructure delivery, and regional oversight goes beyond administrative reform and directly affects how quickly veterans can access care.

As we examine reauthorizing multiple aspects of the VA's systems, we also want to connect these efforts to the concept of Left of Clinical.

Too often, our systems wait until problems can only be solved in clinical settings before meaningful intervention begins. After decades of tracking veteran suicide data, outcomes are not improving. We devote more resources every year, yet the trend remains concerning. We must look at this problem differently.

At Mission Roll Call, we refer to this as "Left of Clinical"—supporting veterans before challenges escalate into crisis. Our April 2026 transition survey found many veterans did not

fully understand available VA benefits at separation, were not clearly offered enrollment opportunities, and received little meaningful follow-up after leaving service[5]. As a result, too many veterans enter civilian life without a clear path forward and begin to struggle with housing, employment, identity, and stability. The structure and support network that existed during service is no longer there, and they report difficulty rebuilding it. That gap is where risk compounds.

Outside the reauthorization package, Mission Roll Call sees alignment with several bipartisan bills before the Committee focused on prevention, transition, and long-term stability.

Our data shows that instability during transition overlaps with financial instability, housing insecurity, delayed access to care, and worsening mental health outcomes[5]. The EVEST Act addresses one of the key barriers identified in our surveys: many veterans do not know where to begin accessing benefits. Automatic enrollment reduces that friction at the point of transition.

The SAFE STEPS for Veterans Act reflects the importance of upstream intervention. Preventive measures, home modifications, and mobility support reduce downstream health decline and help veterans maintain independence.[6]

Mission Roll Call survey data shows significant concern surrounding housing affordability and homelessness risk among veterans[6]. Reforms that improve access and consistency, while engaging veterans earlier, will strengthen trust in the systems they rely upon to serve them.

Thank you again for the opportunity to testify today and for the Committee's continued work on behalf of veterans and their families.

MISSION ROLL CALL

[1] Mission Roll Call, *VA Performance Survey*, February 2026. (Timeliness, consistency, and system performance)

[2] Mission Roll Call, *Innovating Care Survey*, July 2025. (Support for innovative therapies including HBOT)

[3] Mission Roll Call, *TBI Care Survey*, August 2025, and *Community Care Surveys,* 2022-2025. (Barriers to care, delays, geographic access)

[4] Mission Roll Call, *Veterans & Families Survey*, 2024, *TBI Care Survey*, August 2025, and *Community Care Survey*, January 2025. (44% delays; ~51-minute average travel time)

[5] Mission Roll Call, *Transition & VA Enrollment Survey*, October 2025, and *VA's Role in Veteran Well-Being Survey*, September 2025. (Benefit awareness gaps, lack of post-separation follow-up, loss of camaraderie and support structures, and the importance of early engagement and connectedness)

[6] Mission Roll Call, *Veterans & Families Survey*, 2024, and *Preventive Wellness Survey*, April 2026. (Housing insecurity, financial strain, and importance of early engagement and preventive support)

These surveys and related articles can be found at the following link:
https://missionrollcall.org/the-mission/veteran-survey-archive/

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STATEMENT OF
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COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
May 20, 2026

Chairman Bost, Ranking Member Takano and Members of the Committee:

We appreciate the opportunity for DAV (Disabled American Veterans) to provide testimony at today's hearing on legislation under consideration by the Committee. As you know, DAV is a congressionally chartered and Department of Veterans Affairs (VA)-accredited veterans service organization (VSO) with nearly 1 million members dedicated to ensuring our promise is kept to America's veterans. DAV does this by helping veterans and their families access the full range of benefits available to them, fighting for the interests of America's injured heroes on Capitol Hill, providing employment resources to veterans and their families, offering programs and services to empower them, and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life.

H.R. 210, the Dental Care for Veterans Act

DAV strongly supports H.R. 210, the Dental Care for Veterans Act, in accordance with Resolution No. 49, because it advances a fundamental principle of health care: oral health is an essential component of comprehensive medical care and should not be treated as an optional or secondary benefit for veterans, particularly those with service-connected disabilities. Veterans whose disabilities were incurred in service should not be denied medically necessary dental care due to outdated statutory limitations that no longer reflect modern health care standards or the realities of veterans' medical needs.

H.R. 210 would require VA to furnish dental care "*in the same manner as any other medical service*" to all veterans enrolled in the VA health care system. The bill establishes a phased eligibility schedule, expanding access over several years based on VA priority groups. We believe this approach appropriately balances equity in access with the practical considerations of implementation.

Our position is informed by the lived experience of veterans whose service-connected disabilities, prescribed medications, radiation therapy or mental health conditions contribute directly to serious dental conditions. Secondary effects

including periodontal disease, tooth decay, bruxism and temporomandibular joint disorders would remain uncovered under current VA policy, even when they are medically linked to service-connected disabilities or their treatment. Left unaddressed, these conditions can cause irreversible damage, chronic pain and systemic health complications that undermine overall health and quality of life.

According to VA, approximately 9 million veterans are enrolled for health care, but only about 2.4 million are currently eligible for dental care. Because VA's dental resources are already at full capacity in most locations, Congress must ensure adequate resources, workforce growth and community care capacity to protect access for veterans currently receiving dental services. In our FY 2027 Veterans Independent Budget report, co-authored by the Veterans of Foreign Wars (VFW), we proposed making full dental coverage available to all disabled veterans and recommended an additional $675 million for dental care in FY 2027. We propose that VA use that funding to hire additional dental providers and expand dental treatment space in VA facilities, while also supporting expanded community care access as VA increases its internal capacity. We understand this might entail administrative challenges and additional costs to implement the expansion, but that does not justify maintaining inequitable statutory exclusions that deny medically necessary care to veterans, particularly those with service-connected disabilities.

H.R. 1391, Student Veteran Benefit Restoration Act of 2025

DAV supports H.R. 1391, the Student Veteran Benefit Restoration Act of 2025, in accordance with Resolution No. 179, because veterans who are defrauded by educational institutions should not lose the education benefits they earned through service. When schools engage in fraud, deceptive practices or lose approval to receive VA education benefits, the resulting harm falls squarely on veterans who relied on those institutions in good faith. Restoring lost entitlement is a matter of fairness, accountability and protecting the integrity of veterans' education programs.

H.R. 1391 would require VA to restore education entitlement when veterans are harmed by schools that lack proper approval, engage in fraud or deceptive practices or were closed for legal violations. Under the bill, such payments would not be charged against a veteran's entitlement or counted toward the aggregate period of eligibility for VA education benefits. This legislation also requires educational institutions, as a condition of approval, to repay VA when entitlement is restored due to institutional misconduct.

In testimony, VA stated that the bill would hold institutions financially responsible only for tuition and fee payments made directly to schools, but not for benefits paid directly to veterans, such as housing allowances, book stipends, or subsistence payments, even though entitlement for those benefits would be restored.

DAV agrees that accountability must be comprehensive. When institutional misconduct results in the misuse of VA education benefits, responsibility should extend

to the full cost of taxpayer dollars expended, not only those payments routed directly to the institution. Limiting recoupment to tuition and fees risks leaving institutions insulated from the broader financial consequences of their actions while shifting those costs to VA and taxpayers. Any final legislation should ensure that institutions engaging in fraud or deceptive practices are held appropriately accountable, so veterans are fully protected, and program integrity is preserved.

H.R. 1732, GUARD VA Benefits Act

We strongly support H.R. 1732, the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act, consistent with DAV Resolution No. 632 and our commitment to protecting veterans and their earned benefits from fraud and scams.

The GUARD VA Benefits Act would reinstate fines for individuals who solicit, contract for, charge or receive unauthorized fees in connection with the preparation, presentation, or prosecution of VA benefits claims. Prior law included penalties for this conduct, but those penalties were repealed. H.R. 1732 restores meaningful enforcement authority to deter predatory practices that exploit veterans and their families.

In recent years, a growing number of entities have emerged claiming to provide "*consulting*," "*coaching*," or other resources related to VA disability claims for a fee. These entities assert that because they do not formally represent veterans before VA, they are not required to be accredited and are therefore not subject to VA oversight. As a result, they charge veterans and their families while operating outside the accreditation framework intended to ensure training, ethical standards, accountability and consumer protections. Their fee agreements are not reviewed by VA, and their activities fall beyond the safeguards designed to protect veterans.

Because these actors are unaccredited, they are not required to complete VA training, follow VA's code of conduct or undergo background checks. DAV is deeply concerned that this business model is deliberately structured to circumvent protections established to safeguard veterans and their families, exposing them to financial harm, misinformation and exploitation.

For many disabled veterans, VA disability compensation is not supplemental income, it is essential to basic financial stability. Improper guidance, excessive fees or delayed claims can have serious consequences, including housing insecurity. That is why DAV has long maintained that veterans seeking assistance with VA benefits must be served by properly accredited individuals and organizations who are trained, vetted and accountable.

Some have claimed that the GUARD VA Benefits Act infringes on veterans' constitutional rights. DAV respectfully disagrees. The bill does not regulate speech or restrict access to information. It regulates professional conduct, specifically, the charging of unauthorized fees in a federally administered benefits system. Courts have

consistently recognized the government's authority to regulate professional conduct to protect the public, particularly vulnerable populations. Restoring penalties for unauthorized, for-fee claims assistance is a lawful and reasonable exercise of that authority.

DAV urges enactment of the GUARD VA Benefits Act to deter predatory practices, reinforce the accredited representation system and protect disabled veterans and their families from exploitation.

H.R. 2303, the Board of Veterans' Appeals Attorney Retention and Backlog Reduction Act

H.R. 2303 would allow non-supervisory Board attorneys to be promoted to General Schedule grade GS-15. The stated purpose of the bill is to improve recruitment and retention and to increase decision quality and claims processing speed at the Board. This legislation seeks to address challenges associated with retaining experienced attorneys whose work involves complex statutory interpretation, medical evidence reviews and evolving veterans' benefits law.

While DAV has no resolution specific to this proposal, and takes no position on H.R. 2303, we recognize that staffing stability, institutional expertise and workforce retention affect veterans' experiences in the appellate process. We look forward to continued dialogue with Congress and VA to strengthen the Board so that it has a skilled and stable workforce capable of issuing timely, accurate and consistent decisions.

H.R. 3183, SAFE STEPS for Veterans Act of 2025

DAV supports H.R. 3183, the Supporting Access to Falls Education and Prevention and Strengthening Training Efforts and Promoting Safety Initiatives (SAFE STEPS) for Veterans Act of 2025, in accordance with Resolution No. 528, because falls represent a significant and growing risk for aging veterans and veterans with disabilities, often resulting in serious injury, loss of independence and increased health care utilization. Preventing falls is a critical component of veteran safety, quality of life and long-term health outcomes.

H.R. 3183 would establish an Office of Falls Prevention within the Veterans Health Administration (VHA). The bill would direct this Office to develop and implement standards of care related to falls prevention; monitor and address deficiencies in falls-related care across VA facilities and community settings; coordinate education and outreach efforts; and promote research and evidence-based interventions aimed at reducing falls among veterans. This legislation also includes provisions to strengthen fall-risk assessments, safe patient handling and evaluation of home-modification programs that may help prevent falls.

Although VA has established a Falls Prevention and Management program, falls prevention requires sustained, system-wide attention and clear accountability. Establishing a dedicated Office of Falls Prevention in statute would help ensure long-term continuity, coordination, and focus across administrations and organizational changes. Veterans with mobility limitations, chronic conditions, and service-connected disabilities face heightened fall risks, and a comprehensive, coordinated approach can reduce preventable injuries while supporting veterans' ability to live safely and independently through a consistent, evidence-based framework.

H.R. 3869, the Every Veteran Housed Act

DAV supports H.R. 3869, the Every Veteran Housed Act, in accordance with Resolution No. 215, because stable housing is foundational to veterans' health, economic security and successful reintegration into civilian life. Veterans experiencing homelessness often face overlapping challenges, including disabilities, mental health conditions and economic hardship, that cannot be effectively addressed without first ensuring access to safe and stable housing. Reducing barriers to homelessness assistance is essential to meeting the nation's commitment to end veteran homelessness.

Currently, there are multiple eligibility requirements for different federal veterans homeless assistance programs. H.R. 3869 would simplify and expand eligibility for VA homelessness programs by creating a single and more inclusive statutory definition of "eligible veteran" for those programs. Specifically, the bill would include individuals discharged under conditions other than dishonorable, regardless of length of service, duty status, or component, allowing more veterans to access homelessness assistance administered by VA. The bill also makes conforming amendments to ensure that minimum active-duty service requirements do not exclude otherwise eligible individuals from receiving homelessness benefits.

Veterans who served honorably and are experiencing homelessness often face the same risks and challenges regardless of service length or duty status. Expanding eligibility better reflects the realities of veteran homelessness and prioritizes housing stability as a necessary first step toward improved health, employment and long-term self-sufficiency, while underscoring the importance of working with VA to ensure implementation strengthens, rather than strains, the delivery of homelessness services.

H.R. 4114, the EVEST Act

DAV supports H.R. 4114, the Ensuring Veterans' Smooth Transition (EVEST) Act, in accordance with Resolution No. 384, because timely connection to VA health care during the transition from military service to civilian life is essential and administrative delays can create avoidable gaps in care. Successful execution will ultimately determine whether this policy benefits veterans as intended, making careful attention to implementation essential.

H.R. 4114 would require VA to enroll eligible veterans in the patient enrollment system within 60 days after receiving qualifying information. The bill also requires VA to provide veterans with notice of enrollment, instructions on how to opt out and information on how to enroll at a later date. Notices must be provided by mail and, to the extent practicable, electronically, with consideration given to mass texting. In addition, the bill requires VA to submit an implementation report to Congress and directs GAO to study best practices for providing notice.

DAV has concerns about whether the notice and opt-out framework will function in a manner that is clear, accurate, and protective of veterans' interests. The effectiveness of the bill will depend heavily on the quality and timeliness of communications and the simplicity of the opt-out process. If these elements are confusing or delayed, veterans could encounter administrative friction at precisely the point the legislation is designed to reduce it. The bill's requirement that VA report on both anticipated and unanticipated implementation challenges underscores that these risks are foreseeable and should be addressed proactively.

A key implementation concern identified by VA is how the legislation would affect eligibility for tax credits related to the Affordable Care Act, and whether automatic enrollment in VA health care constitutes minimum essential coverage, which could make some veterans ineligible for marketplace tax credits. VA cautioned that veterans who planned to rely on, or had already received, marketplace tax credits could be adversely affected if they were automatically enrolled in VA health care without clear understanding or timely notice. DAV shares this concern and emphasizes that veterans must receive clear, plain-language information to make informed coverage decisions or opt out when appropriate, without unintended financial consequences for themselves or their families.

H.R. 5203, to direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault

Sexual assault is among the most devastating traumas a person can experience, particularly for veterans who have already sacrificed in service to this nation. Failing to receive timely, competent and compassionate care in the immediate aftermath of such an assault compounds that harm immeasurably. Military sexual trauma affects veterans across all service branches, genders and eras, and its consequences extend far beyond the initial assault, contributing to lasting mental health conditions, physical health complications and diminished quality of life.

Despite the known prevalence of military sexual trauma among veterans, oversight reviews by the VA Office of Inspector General and the Government Accountability Office show that VA facilities have not consistently maintained the personnel, supplies or care coordination needed to respond effectively to survivors seeking emergency care. The current patchwork of facility-level policies has left too many veterans without access to a Sexual Assault Nurse Examiner or other certified

Sexual Assault Forensic Examination provider, without timely offers of prophylactic treatment and without clear pathways to mental health support in the critical hours following an assault. These gaps are not merely administrative shortcomings; they represent a profound failure of the care system veterans have earned and deserve, underscoring the urgent need for standardized, enforceable and consistently implemented departmental directives.

H.R. 5203 would address these systemic deficiencies by requiring VA to update directives related to military sexual trauma within 18 months of enactment and ensure that every VA medical facility either employs certified forensic examination personnel, coordinates community referrals under existing authorities or establishes alternate plans of care. The bill mandates that facilities maintain unexpired rape kits, offer clinically indicated prophylaxes for sexually transmitted diseases and pregnancy and provide survivors with access to mental health services or coordinated referrals. It also requires clear guidance for VA police on documenting and reporting acute sexual assaults in a manner that balances survivor confidentiality with applicable federal, state and local reporting requirements.

The bill requires annual training for both VHA employees and VA police officers, grounded in trauma-informed curricula, tailored to facility-specific resources and delivered through guided instruction rather than passive materials. This would create meaningful accountability and help ensure that staff are prepared to respond appropriately and compassionately. The oversight role assigned to Veterans Integrated Service Network (VISN) directors strengthens accountability by requiring monitoring, analysis and remediation of compliance gaps, rather than allowing deficiencies to persist unaddressed.

DAV supports H.R. 5203, in accordance with Resolution No. 309, as a necessary and overdue step toward ensuring that veterans who experience sexual assault receive consistent, trauma-informed and clinically appropriate care at every VA facility, while advancing congressional action to correct systemic failures and reaffirm a strong commitment to protecting the dignity, health and well-being of veterans.

H.R. 6580, the VA National Formulary Act of 2025

H.R. 6580 would codify a uniform national formulary for the VA and significantly restrict the use of local formularies at VISN and individual medical centers. While the bill preserves access to non-formulary medications through a centralized request and appeals process, it would limit local flexibility by prohibiting facilities from maintaining medications outside the national formulary except through waivers approved at the national level. The bill also establishes new governance structures, reporting requirements and timelines for formulary decisions, as well as tiered copayment structures intended to incentivize formulary and generic drug use.

DAV has no resolution specific to this legislation, and takes no position on H.R. 6580; however, we do have questions about how this proposal could affect veterans'

clinical care, continuity of treatment and individualized medical decision-making. We believe that formulary policy should remain sufficiently flexible to ensure that clinical judgment, not administrative structure, remains the primary driver of treatment decisions. Prescription medications are a cornerstone of care for veterans managing chronic, complex or service-connected conditions. If the Committee intends to move forward with this legislation, we urge you to ensure that any reforms to formulary governance promote transparency and consistency without undermining clinical discretion, individualized care or timely access to medically necessary therapies. We want to ensure that new, innovative, and novel medications, treatments and therapies are not stifled or delayed through reforms seeking standardization, efficiency or cost savings. Veterans have earned the right to the latest, safest and best medical care available, including pharmaceuticals.

H.R. 6583, the Research Reform Act of 2025

H.R. 6583, the Research Reform Act of 2025, would comprehensively restructure the entire VA research enterprise which has operated successfully as a partnership bringing together the VA health care system, academic affiliates, nonprofit research corporations and other public and private research entities. For more than 50 years, VA research programs have produced major medical breakthroughs that improved care for both veterans and the broader public, including pioneering work on the first implantable cardiac pacemaker, development of the nicotine patch, advances in prosthetics, PTSD treatment and innovations in electronic health records. VA research has led to Nobel Prize–winning discoveries and improved treatments for numerous conditions, including spinal cord injury, traumatic brain injury and PTSD. While the intention of this legislation may be to make VA research more efficient and effective, DAV cannot support the legislation as currently drafted.

DAV is a member of Friends of VA Medical Care and Health Research (FOVA), a national coalition of more than 150 academic, medical, scientific, patient advocacy and veterans organizations dedicated to strengthening VA's health care and medical research enterprise. FOVA has thoroughly reviewed the legislation and concluded that VA research *"...does not require wholesale restructuring, but rather an investment towards modernization that enhances what already works."* DAV shares FOVA's concerns.

H.R. 6583 would establish the "VA Centralized Research Data System", requiring detailed information for each research project, identifying department and non-department funding, the name and affiliation of principal investigators and collaborators and the status and dates of approvals such as IRB approvals or exemptions. DAV agrees with FOVA that this type of centralized reporting would require detailed disclosure of all research activities, including funding sources and collaborations, without sufficient safeguards. FOVA warned that this could expose sensitive information and discourage the external investment and partnerships on which VA research depends. We share this concern and believe any modernization effort must protect the confidentiality and contractual frameworks that sustain VA research partnerships.

The bill would also impose a tiered review system with standardized national timelines applied uniformly across VA facilities, and it provides Office of Research and Development (ORD) override authority if review timelines are not met. FOVA warned that granting ORD the authority to intervene in or override local review processes "*...directly weakens local institutional review boards...*," which are essential to ethical oversight and regulatory compliance, and noted that delays in study activation stem from resource constraints and bureaucratic complexity rather than from a lack of centralized authority. We agree that improving timeliness is a legitimate goal, but reforms should focus on capacity and process improvements, not weakening the local oversight structures that protect veteran research participants.

H.R. 6583 would further direct VA to develop and implement research performance metrics used to benchmark facilities and identify highest performers and facilities lagging behind, and it would establish regional research hubs within VHA under ORD. FOVA argued that public benchmarking across facilities, without accounting for differences in size, geography or patient populations, risks distorting priorities and incentivizing volume over meaningful scientific and clinical impact, and that creating new hub structures risks duplication, not improvement by layering bureaucracy over existing partnership-based capabilities. We share the concern that additional administrative layers, without new resources, could slow research activity, complicate roles and responsibilities and divert attention from patient-focused investigation.

DAV opposes H.R. 6583 as drafted because it would restructure and centralize VA's research enterprise in ways that, as FOVA warned, could threaten the partnership-based ecosystem, weaken local ethical oversight capacity, and introduce new reporting, benchmarking, and governance mandates without adequate safeguards or resources. We urge the Committee to pursue reforms that strengthen what works, reduce unnecessary administrative burden and invest in workforce and infrastructure, rather than impose structural changes that could destabilize a proven research system that benefits veterans and all Americans.

H.R. 6599, the Leasing and Infrastructure Act of 2025

H.R. 6599 would provide the VA with independent authority to enter into leases for major medical facilities, subject to congressional prospectus approval, and would establish a Veterans Leasing Fund to centralize leasing obligations. The bill also includes new cost-estimation and reporting requirements, including market-based cost estimates and standardized life-cycle cost methodologies for major medical facility leases, as well as periodic updates to VA design guides. DAV has no resolution for these specific proposals and takes no position on the legislation.

DAV recognizes the urgent need to modernize VA's aging infrastructure to meet rising demand for care and ensure veterans have timely access to safe, high-quality medical facilities. Any reforms to leasing authority and funding mechanisms should support VA's role as the primary provider and coordinator of veterans' health care. More

importantly, VA and Congress must begin to seriously invest in VA's hospitals, clinics and other health care infrastructure in order to sustain the VA health care system. For decades, VA has requested, and Congress has appropriated, significantly less for VA's health care infrastructure than is required.

In the latest *Veterans Independent Budget (VIB)*, co-authored by DAV and the VFW, we pointed out that VA's Strategic Capital Investment Planning (SCIP) last year estimated it would require an investment of $85 billion in Major and Minor Construction to maintain VA's health care system capacity. Meeting that target would require an average appropriation of approximately $8.5 billion each year. Yet, over the past three years, VA has requested, and Congress has approved, an average of less than $2.3 billion, contributing to the lack of safe treatment space and reduced capacity to meet rising demand for care. To begin correcting this infrastructure gap, the VIB recommends an increase to $3.6 billion for Major and $5.1 billion for Minor Construction in FY 2027. We also note that in its latest budget proposal for FY 2027, VA dramatically slashed its 10-year SCIP estimate from $85 billion to approximately $28 billion without any explanation. A reduction of this magnitude in VA's health care infrastructure could have catastrophic consequences. We call on the Committee to significantly increase funding to properly maintain, repair, rehabilitate and replace VA hospitals and clinics that are the foundation of the entire VA health care system.

H.R. 6733, the VISN Reform Act of 2025

H.R. 6733 would significantly alter the management structure of VHA by reducing the number of geographically defined regional networks from the current 18 to just 8 VISNs. The legislation would also limit each VISN headquarters to no more than 50 full-time employees, with limited waivers, and would require all VHA employees working at any facility within a VISN to report directly to the VISN director.

While DAV has no resolution specific to the number and organization of VISNs, and takes no position on the legislation, we have concerns about the impact of this legislation based on recent efforts to significantly shrink the VA health care system, including workforce reductions in 2025, the latest VA budget proposal, a huge new community care contract proposal and VA's plan to reorganize and streamline VHA.

According to VA, its workforce was reduced by approximately 30,000 employees last year through attrition, resignations and a federal hiring freeze, the largest reduction in the history of the department. This workforce reduction took place even though VA continues to report that there are over 40,000 vacancies across its health care system and the demand for direct care is rising.

VA's new FY 2027 and FY 2028 budget proposal includes a dramatic shift in funding away from VA-provided direct care to private sector community care. Specifically, the two-year total resource request for direct care in FY 2028 represents just a 1.4% increase over FY 2026, which doesn't come close to accounting for medical inflation or rising enrollment and usage. In fact, the budget request states that, *"...VHA*

is assuming that staffing levels will decrease, which is expected to reduce VHA capacity to provide for the growing demand for VA direct care services." By contrast, VA's total resource request for private sector community care would increase by 54% from FY 2026 to FY 2028, significantly shifting care delivery from VA to the private sector.

Further evidence of this shift is the enormous reduction in VA's projected infrastructure investment over the next decade. VA's Strategic Capital Investment Planning (SCIP) process, which estimates how much funding will be required to maintain VA's physical infrastructure – primarily its hospitals and clinics – was cut by more than 60% in the budget proposal. Further, VA last year announced an historic increase in spending on private sector care through a new 10-year, $1 trillion community care contract. Taken together, these proposals reflect a future VA health care system that is significantly smaller, with fewer hospitals and clinics, requiring fewer managers and administrators, and serving fewer veterans. In this context, reorganization proposals that reduce the number and staffing of VISNs appear to align with a shrinking VA health care system.

DAV believes that maintaining a comprehensive, nationwide, integrated, full continuum of care VA health care system is essential for America's veterans, particularly disabled veterans. VA must remain the primary provider and coordinator of care for enrolled veterans. We know that VA cannot provide care to all enrolled veterans at all times and in all locations, so we have consistently backed a robust community care program that works seamlessly with VA to ensure that no veterans are forced to wait too long or travel too far to receive the care they have earned through their service.

For these reasons, we urge the Committee to carefully review VA's reorganization plans and this legislation to ensure they do not endanger the long-term viability of the VA health care system. Further, we call for serious and sustained investment in VA's hospitals and clinics as well as sufficient funding its medical care programs to meet veterans' rising demand for care and assure the long-term continuation of the irreplaceable VA health care system.

H.R. 6764, the Veterans Affairs Advisory Committee Oversight Act of 2025

H.R. 6764 would significantly restructure the VA's statutory advisory committee framework by eliminating numerous long-standing, specialized advisory committees and replacing them with a small number of newly created committees with overly broad and expansive portfolios. While DAV appreciates the Committee's interest in improving efficiency and oversight within VA's advisory system, we believe the approach taken in this legislation would ultimately weaken veteran representation, dilute subject-matter expertise and reduce the effectiveness of stakeholder input into VA policy and program decisions.

The bill would establish four new advisory committees covering veterans' health, economic opportunity and transition, special populations and compensation and memorial affairs, while sunsetting or terminating more than a dozen existing advisory

bodies that currently focus on discrete veteran populations and policy areas. Many of these existing committees, such as those addressing women veterans, disability compensation, minority and tribal veterans, education, geriatrics, environmental hazards and memorial affairs, were created by Congress because those issues require sustained, specialized attention informed by lived experience and technical expertise.

We are concerned that consolidating these distinct responsibilities into a limited number of broadly tasked committees would overburden committee members and make it unrealistic to expect meaningful, timely and well-informed recommendations across such a wide range of complex issues. Rather than improving oversight, this consolidation risks producing more generalized advice that lacks the depth necessary to address the unique challenges faced by different veteran communities.

Equally troubling is the loss of institutional knowledge and continuity that would result from terminating long-standing advisory committees that have developed deep expertise and established trust with veteran communities over many years. Advisory committees function best when members can build experience, institutional memory, and sustained engagement, qualities that are undermined by wholesale elimination and restructuring.

We support transparency, accountability and effective oversight at VA. However, we believe those goals are best achieved by strengthening and modernizing existing advisory committees, not by dismantling them and replacing them with fewer, overextended bodies. Veterans are not a monolithic population, and VA benefits and health care programs are too complex to be adequately advised through a one-size-fits-all committee structure.

For these reasons, DAV opposes H.R. 6764 and urges Congress to reconsider this approach. We stand ready to work with the Committee to identify reforms that enhance advisory committee effectiveness while preserving the focused expertise and veteran voices that are essential to sound policymaking.

H.R. 6843, Veterans Economic Opportunity and Transition Administration Act of 2025

DAV supports H.R. 6843, in accordance with Resolution No. 358, which would establish a Veterans Economic Opportunity and Transition Administration within VA to oversee and administer programs related to veterans' economic opportunity. The bill would create a new Under Secretary for Veterans Economic Opportunity and Transition to lead the Administration and be directly accountable to the Secretary for its operations.

The bill would assign the new Administration responsibility for administering vocational rehabilitation and employment programs, educational assistance programs, veterans' housing loan and related programs, the Transition Assistance Program, and other VA programs as determined appropriate by the Secretary. The legislation would

also require VA to include information on these programs in its annual report to Congress.

The proposal seeks to improve coordination, accountability and leadership across VA's education, employment and transition programs. Veterans navigating the transition from military service to civilian life often interact with multiple VA education, training, rehabilitation, employment, housing and entrepreneurship programs, and fragmentation among the programs can create confusion, inefficiency and barriers to timely assistance. A unified organizational structure has the potential to improve strategic planning, policy alignment and service delivery for veterans pursuing education, employment and long-term economic stability.

VA has cited concerns related to implementation, resources and transition planning. DAV emphasizes that any reorganization must be carefully implemented, adequately resourced and phased in a manner that avoids disruption of benefits or services currently relied upon by veterans. Clear oversight and sustained congressional engagement will be essential to ensure veterans' experience improves, rather than diminishing, access to economic opportunity programs during and after the transition.

H.R. 6904, Veterans Readiness and Employment Improvement and Accountability Act of 2025

H.R. 6904, the Veterans Readiness and Employment Improvement & Accountability Act, would make several structural and policy changes to the VA's Veterans Readiness and Employment (VR&E) program. DAV strongly supports the VR&E program as a critical pathway for service-disabled veterans to achieve suitable employment, economic stability and, where necessary, independent living. VR&E is not merely a training or benefits program; it is a rehabilitative service designed to accommodate the individualized needs, limitations and employment barriers faced by veterans with service-connected disabilities. Legislation affecting VR&E must therefore preserve flexibility, clinical judgment and veteran-focused decision making.

Section 2 of the legislation would authorize VA to bar a person convicted under 18 U.S.C. §111 for an offense against a VA officer or employee from educational, training and rehabilitation benefits under chapters 30, 31, 33, 35, or 36. As VA stated in testimony, VR&E already has authority under 38 U.S.C. §3111 to discontinue services for veterans who fail to maintain satisfactory conduct or cooperation. Further, 18 U.S.C. §111 already provides criminal penalties up to 10 years in prison. We support maintaining safe working environments for VA personnel but believe establishing an additional statutory bar to education and rehabilitation benefits is unnecessary and inconsistent with the rehabilitative purpose of these programs; DAV therefore opposes this section.

Section 3 would allow veterans in need of rehabilitation services to overcome a serious employment handicap to remain eligible for vocational rehabilitation for the one-year period after training if they do not obtain employment in the occupation for which

they were trained. DAV supports this flexibility as a practical improvement to help veterans achieve meaningful, sustained employment.

Section 4 would require a second and higher-level VA approval process for equipment purchases exceeding $5,000 for veterans enrolled in a rehabilitation program. It would also require annual reporting to Congress identifying the equipment purchased, the reason for the purchase, and the total equipment purchased for the veteran's rehabilitation program. DAV is concerned that codifying fixed dollar thresholds and caps in statute, without sufficient flexibility to account for inflation, market-driven cost increases, and evolving rehabilitation needs, could compound administrative delays and unintentionally restrict timely access to essential rehabilitation services. We are also concerned about whether additional approval and reporting layers could delay time-sensitive rehabilitation support. We note that VA does not support this section, warning that implementing the reporting requirement without a centralized tracking mechanism could delay provision of essential rehabilitation equipment tied directly to employment readiness and independent living.

Section 5 would limit the total amount of federal funds paid for a rehabilitation program to $250,000, with annual adjustments to account for increases in education costs. DAV is concerned that rigid limits could restrict access to necessary services for veterans with substantial needs unless waiver authority is clearly provided. We note that VA does not support this section and has recommended that any cap apply only to funds under chapter 31 and that the Secretary have authority to waive the cap to avoid limiting access to needed services, including independent living services.

Section 6 would expand who may provide certain case management and follow-up services and would add a definition of vocational rehabilitation specialist that would include certain counseling psychologists. DAV takes no position on this section but emphasizes that VR&E planning requires specialized expertise and consistent quality safeguards. We note that VA does not support this section and stated that serious employment handicap and feasibility determinations require specialized knowledge typically held by Vocational Rehabilitation Counselors and warned the change could create confusion about qualifications and responsibilities.

Section 7 would change how subsistence allowances for eligible veterans attending rehabilitation and educational programs are calculated. Currently subsistence allowances are based on the location of the institution; however, if this provision were enacted, veterans who live more than 25 miles from the institution would instead have their subsistence allowance calculated based on their home location. DAV urges careful evaluation of veteran financial impact and administrative feasibility, particularly for rural veterans. We note that VA does not support this section, citing concerns about administrative and technological capabilities, equity across education programs, and potential payment disparities, including scenarios in which a VR&E participant could be paid less than a GI Bill participant based on residence-based calculations.

Section 8 would require VA, to the extent practicable, to employ an employment counselor at each VA regional office. DAV supports this proposal to strengthen employment placement capacity and access to counseling for VR&E participants regardless of where they live.

Section 9 would prohibit a veteran participating in a vocational rehabilitation program from receiving disability compensation for a disability rated total based on individual unemployability (TDIU). DAV strongly opposes this section because it would remove benefits from disabled veterans by significantly reducing basic living support for those who rely on their TDIU benefits to provide for themselves and their families. Further, this proposal would discourage participation in rehabilitation by destabilizing veterans' financial support while they pursue training and assessment. We note that VA testified it had significant concerns with this section because it would fail to account for independent living services, would require veterans to forfeit TDIU before feasibility assessments occur, would shift from individualized adjudication to categorical exclusion and could create inconsistent treatment across VA programs. DAV would oppose any legislation that includes this provision or similar proposals that reduce existing benefits for service-disabled veterans.

H.R. 8044, Get Justice-Involved Veterans Behavioral Assistance and Care for Key Health Outcomes to Maintain Empowerment (BACK HOME) Act

DAV supports H.R. 8044, the Get Justice-Involved Veterans BACK HOME Act, in accordance with Resolution No. 136, to strengthen continuity of care, housing stability and benefits access for justice-involved veterans during incarceration and upon reentry into their communities. This legislation would require VA to carry out a pilot program furnishing mental health care to incarcerated veterans, prioritizing veterans with service-connected disabilities related to post-traumatic stress disorder, traumatic brain injury or military sexual trauma and establishing requirements related to pilot locations, interagency coordination and methods of service delivery.

Justice-involved veterans often face complex, service-related physical and mental health challenges that are compounded by incarceration and barriers to reentry. The bill is designed to address these challenges by furnishing mental health care during incarceration, including through tele-mental health where feasible and alternative delivery methods when it is not. The bill specifies that services under the pilot must be provided by VA health care providers, requires coordination with relevant state and federal correctional authorities and includes safeguards such as prohibiting copayments. Together, these provisions are intended to promote continuity of care, reduce crisis risk upon release and support successful reintegration.

The bill also establishes a statutory framework for structured housing and programming for incarcerated veterans. Where feasible, federal correctional institutions would create dedicated veteran housing units; where not feasible, structured veteran-focused programming would be required with coordination and support linked to

VA. These provisions acknowledge that veteran-specific peer support and environments can improve rehabilitation engagement and outcomes.

Another key component of the draft is the automatic resumption of disability compensation and dependency and indemnity compensation following release from incarceration to prevent gaps in income at a critical moment when veterans are attempting to secure housing, transportation, medical care and employment supports.

We agree with VA's concerns regarding implementation, including issues related to access within correctional facilities, copayment policy interactions, and the operational implications of automatic benefit resumption. VA has also raised concerns about system updates, verification requirements and improper payment risk. While we recognize these are real challenges, they underscore the need for statutory clarity, accountability and interagency coordination rather than maintaining the status quo for justice-involved veterans.

DAV supports refining the legislation to address legitimate implementation concerns, such as clarifying copayment provisions and recognizing practical access limitations within correctional settings, through technical assistance and targeted amendments, while preserving the bill's core intent to ensure continuity of care, structured support and timely restoration of benefits for justice-involved veterans returning home.

Discussion Draft, Office for Toxic Exposure Implementation and Oversight

In accordance with DAV Resolution No. 54 and consistent with our *Ending the Wait for Toxic-Exposed Veterans* report, co-authored by MOAA, we support this legislation to establish an Office of Toxic Exposure Coordination and Oversight designed to drive enterprise-level coordination across VA and maintain sustained attention to toxic-exposure implementation. This new Office would coordinate VA-wide strategies, workforce management and oversight necessary to implement the Honoring Our PACT Act of 2022 and other toxic-exposure-related laws administered by VA. As the *Ending the Wait* report documents, fragmented governance and lack of sustained accountability have repeatedly contributed to harmful delays for toxic-exposed veterans.

This legislation proposes creating a new Assistant Secretary for Toxic Exposure Coordination to oversee this office, though it is not clear where the office would be situated in VA's organizational structure. While we do not have a firm position on whether the head of the office should be an Assistant Secretary or a Director, we believe it is important for that person to have direct access to the Secretary and Deputy Secretary; making this office an Executive Office in the Office of the Secretary might be a more effective approach. VA has indicated concerns regarding scope clarity and potential duplication or overly broad responsibilities. We believe these concerns can be addressed through clarifying amendments that focus the Office squarely on toxic-exposure implementation, oversight and coordination while ensuring effective integration with existing VA health, benefits and research structures. Further, we believe

that this Office should be complimentary to a new Stakeholder Advisory Committee, as described below.

Discussion Draft, Toxic Exposure Advisory Committee Establishment Act

In accordance with DAV Resolution No. 54 and our *Ending the Wait* report, we support the intent of this legislation but recommend amendments to strengthen the role of veteran stakeholders. Specifically, we recommend the creation of an independent stakeholder advisory committee be included as an addition to or replacement for the bill's proposed advisory committee.

The draft bill proposes an Advisory Committee on Toxic Exposure that would perform certain functions in VA's presumptive decision process that are currently performed by the Working Group created by the PACT Act and codified at 38 U.S.C. § 1172. During congressional consideration and approval of the PACT Act, DAV and other VSOs sought to have VSO representation included in this Working Group; however, as enacted, it consists entirely of VHA and VBA employees. The Advisory Committee proposed in this bill would assume many of the current functions of the Working Group, while adding additional perspectives from other federal agencies, including the DOD and the Centers for Disease Control, as well as veteran stakeholders. The proposed Committee would consist of nine members appointed by congressional and VA leadership, with requirements that at least two members represent VA-recognized VSOs and at least one member possess expertise in toxicology and epidemiology.

We strongly support the inclusion of veteran stakeholders throughout the presumptive decision process so that their lived experiences and perspectives can appropriately influence outcomes. However, we believe this could also be accomplished by adding VSO and veteran stakeholders to the existing Working Group, while creating a new, separate and independent stakeholder advisory committee.

DAV, together with MOAA, the VFW, The American Legion, and Wounded Warrior Project, have developed a proposal for a "Veteran Stakeholder Toxic Exposures and Environmental Hazards Advisory Committee." It would be an independent, non-governmental Advisory Committee that would be able to set its own priorities, hold public meetings with VA participation, make information requests from VA, deliver recommendations to the Secretary and use its standing to inform and educate the public and Congress about federal toxic exposure policies. Rather than having a "seat at the table" on a federal advisory committee, this proposal would empower veteran stakeholders to comprehensively represent the interests of veterans and family members impacted by the devastating wounds and illnesses from military toxic exposures.

Discussion Draft, to provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans

The discussion draft would authorize VA to modernize its electronic health record (EHR) system, either by modifying the existing EHR Modernization Program or establishing a new program, with the stated goals of improving health outcomes, coordination of care and timely access. It also emphasizes interoperability, including planning for broad implementation of common data standards, and strengthening protections for veterans' personal health information against cyber and security threats.

The draft further outlines detailed governance and implementation requirements, including defined leadership roles, enterprise-wide clinical workflow baselines, quality metrics, site-readiness certifications and system uptime standards. It also includes extensive reporting requirements and an independent verification and validation framework.

DAV supports the goal of modernizing the VA EHR; however, we do not have an adopted resolution that endorses the specific governance, funding control, or internal management changes proposed in this discussion draft, and we take no position on the bill. Our existing resolutions support the outcomes of modernization, interoperability, continuity and record access, but they do not address or approve a particular statutory allocation of authorities or EHR account funding control inside VA. Given the technical and operational complexity of EHR modernization, DAV's primary concern is whether these efforts result in real, measurable improvements in the care veterans receive. Any modernization effort must first and foremost support clinicians at the point of care, enhance patient safety, and improve reliability, continuity and access to services. DAV supports reforms that advance these outcomes.

The central purpose of EHR modernization is to ensure that veterans' health information follows them seamlessly across the VA system and with partner providers, supporting coordinated care throughout their lives. As this effort continues, it is essential that decisions remain anchored to that core objective and evaluated by their effect on veterans' experiences and outcomes.

Discussion Draft, HONOR Vets Act of 2025

DAV supports the HONOR VETS Act of 2025, in accordance with Resolution No. 650, which affirms that veterans receiving care through the Veterans Community Care Program (VCCP) must be treated by providers held to the same quality and veteran-specific standards as VA facilities. By requiring mandatory training for non-VA providers furnishing care under the VCCP, this legislation gives that policy force and helps ensure community clinicians are prepared to meet veterans' unique clinical and safety needs. We believe this legislation addresses a critical gap in the delivery of community care by ensuring that veterans receiving care outside VA facilities are treated by providers who are trained in veteran-specific clinical risks, safety considerations and the unique context of military service.

Community care plays an important and expanding role in the VA health care system, particularly for veterans who face geographic, specialty or access barriers to receiving care directly from VA facilities. However, expanding access to community care must be accompanied by safeguards that ensure quality, safety and continuity of care comparable to those provided within VA. The HONOR VETS Act seeks to establish baseline training requirements as a key safeguard.

The bill would require non-VA providers to complete specified training as a condition of furnishing care under the VCCP. Veterans face elevated risks related to suicide, opioid use and complex physical and mental health conditions that may not be adequately recognized or addressed by providers unfamiliar with veteran populations. Training in opioid safety, suicide prevention and evaluation and veteran-centered care is intended to better prepare community providers to identify risks, intervene appropriately and coordinate care with VA when necessary.

The bill also establishes a graduated enforcement framework, including warning, remediation, suspension and removal provisions. This approach sets clear expectations for providers while allowing opportunities for compliance before removal from the program, reinforcing that participation in the VCCP carries responsibilities commensurate with the trust placed in providers who care for veterans.

Training requirements should be viewed as a floor rather than a ceiling. Ongoing evaluation of training effectiveness, updates to course content as clinical best practices evolve and continued coordination with VA clinicians will be essential to ensuring community care delivers safe, veteran-centered outcomes over time.

Mr. Chairman, that concludes my testimony, and I would be pleased to answer any questions you or the members of the Committee may have.

Prepared Statement of Morgan Brown

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STATEMENT OF MORGAN BROWN

PARALYZED VETERANS OF AMERICA

BEFORE THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

ON

PENDING LEGISLATION

MAY 20, 2026

Chairman Bost, Ranking Member Takano, and members of the committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on some of the bills being examined by the committee today. No group of veterans understand the full scope of benefits and care provided by the Department of Veterans Affairs (VA) better than PVA members—veterans who have incurred a spinal cord injury or disorder (SCI/D).

REAUTHORIZATION BILLS

Congress exercises its constitutional Article I authority through the authorizations and appropriations processes. VA funding and program authorizations are handled by the appropriate committees. However, reauthorization of existing programs does not occur on a regular cadence and program authorization is often decoupled from funding.

Last year, this committee launched an effort to establish a "must-pass" authorization bill process for the VA, like the legislative process used to approve the National Defense Authorization Act (NDAA). PVA is generally supportive of efforts to establish a formal process, like the NDAA, but has some concerns about how this process will affect access to the services and benefits catastrophically disabled veterans depend on.

Many recognize that the current defense authorization and appropriations process is broken. Politicization and disagreements over policy have led to delays in passing both the NDAA and defense appropriations bills. This has resulted in many temporarily authorized programs expiring or being delayed as the result of congressional inaction. We do not want veterans subjected to the same delays that military service members now experience.

By-in-large, veterans service organizations were not included in conversations leading to the development of a process, and some feel there is no compelling reason why changes to the existing VA program authorization and funding process are necessary. With that in mind, we offer the following thoughts on proposed bills that have been identified as relating to this effort to establish a new process.

H.R. 6549, the VA Contracting and Procurement Act

This bill would impose new limitations on VA contracting authority by capping major contracts at $50 million unless Congress is notified and given the opportunity to review and approve larger expenditures. The legislation also introduces firm fixed pricing for prosthetics and directs VA to coordinate with the Defense Health Agency to develop a catalogue of prosthetic and medical devices.

Increased oversight of major VA expenditures, particularly in areas, such as community care and electronic health record (EHR) modernization, is an important objective. Establishing clearer structures around procurement could help address cost overruns and improve transparency in large acquisition programs. However, PVA is concerned that this legislation could create additional administrative hurdles for routine areas of major spending, including benefits administration and health care contracting. Because the bill allows contracts to proceed if Congress does not act within a 30-day window, it is unclear whether the oversight mechanism would meaningfully change outcomes in practice, given the pace of congressional calendars.

Furthermore, requiring firm, fixed pricing for prosthetics and medical devices could discourage manufacturers from participating in VA procurement if the pricing structure does not adequately reflect market realities. In line with VA's testimony before this committee on March 18, 2026, we agree that the firm fixed price model in the bill would limit VA's authority to leverage existing purchasing mechanisms they use to buy from existing government contracts and bulk buys. Given these concerns, PVA believes the bill may create more operational challenges than it resolves and may affect veterans' access.

H.R. 6580, the VA National Formulary Act of 2025

This legislation would establish statutory direction for a VA national drug formulary, including the creation of two committees responsible for governing formulary decisions, standardizing timelines for reviewing non-formulary drug requests, and establishing a tiered copayment structure based on whether a medication is generic or brand name. While VA already operates a national formulary, this bill seeks to standardize how that formulary is applied across the enterprise and create clearer timelines for the evaluation and inclusion of medications.

PVA recognizes the importance of consistency in formulary implementation and supports efforts to ensure veterans have timely access to necessary medications. Establishing deadlines for reviewing

and adding medications to the formulary could improve predictability for both providers and veterans. However, we are concerned that the creation of two new governing committees may not meaningfully improve the existing decision-making structure within VA. Additionally, the proposed tiered copayment system could result in increased costs for veterans, particularly for those who require specialized or brand-name medications.

While the goal of improving consistency in formulary management is worthwhile, PVA is not convinced that this legislation would significantly improve the current process. We believe further consideration is needed to ensure any changes do not increase financial burdens on veterans or otherwise limit their access to needed medications.

H.R. 6583, the VA Research Reform Act of 2025

The VA Research Reform Act seeks to improve visibility into proposal approvals, funding streams, project milestones, and the ultimate impact of research on veteran health care and the operations of the department's research enterprise by creating a centralized research management system. The bill directs the VA to establish a tiered review process for research proposals. Lower-risk research projects could move through the approval process more quickly, while higher-risk projects would undergo a more comprehensive review. Additionally, the legislation would establish department-wide timelines for approving research proposals and creating clinical research hubs. The VA would also be required to report on the implementation and performance of the new research framework.

PVA supports the bill's requirements for mandatory planning for how research outcomes translate into benefits for veterans, while also strengthening accountability and ensuring taxpayer resources are directed toward meaningful improvements in care. However, we have concerns about potential conflicts with existing authorities and appropriations law. Currently, scientific discovery and implementation at facilities is hemmed in by fiscal years. This means and important discovery made in June may have to wait until October to be used in a facility. Veterans shouldn't have to wait on novel therapies or treatments because of budget constraints. PVA would appreciate the opportunity to work with VA and Congress to provide a separate, no year appropriation for moving research from "bench to bedside"

PVA also has specific concerns regarding other aspects of the proposal. For example, the legislation provides override authority that could allow senior VA leadership to undermine the integrity of existing review processes. Additionally, the bill's emphasis on direct veteran impact may unintentionally discourage foundational research. Basic research, even when it lacks immediate clinical application, is often the precursor to breakthroughs that ultimately transform care for veterans. For veterans with SCI/D, this concern is particularly significant. SCI/D research represents a relatively small subset of the VA's overall research portfolio. Under a system focused heavily on broad or immediately measurable impact, research focused on smaller populations could be deprioritized.

PVA believes in strengthening VA's world class research programs and wants to ensure that any reforms do not harm important advancements for SCI/D veterans' care.

H.R. 6599, the Leasing and Infrastructure Act of 2025

In our statement provided to the committee in March, PVA expressed support for the intent of the Leasing and Infrastructure Act. We recognize that leasing is likely to be a more cost-effective measure to expand VA health care delivery. After reviewing VA's testimony on this legislation and speaking with hill staff working on VA infrastructure needs, we agree with VA's findings on this bill. As written, the Leasing and Infrastructure Act of 2025 does not grant VA independent leasing authority. The committee will need to work with the Office of Management and Budget (OMB) to amend language within OMB Circular A-11 before that authority can be granted.

H.R. 6740, the VA TRUST Act

PVA appreciates Congress's continued oversight of senior executive accountability within the VA. This legislation seeks to strengthen transparency surrounding executive compensation by requiring the department to report on bonuses and awards provided to senior executives, including the source of funds and the employee's salary level. PVA generally supports actions that promote transparency and accountability for VA's senior executives.

H.R. 6733, the VISN Reform Act of 2025

The VISN Reform Act proposes to consolidate the current Veterans Integrated Service Network (VISN) structure from 18 networks to eight and to establish staffing caps within each VISN. Under the bill, each VISN would be limited to 50 employees, with no more than 10 positions filled by contractors. The VA Secretary would retain authority to grant temporary waivers when additional personnel are necessary to carry out essential duties.

The stated goal of the legislation is to reduce administrative overhead and increase transparency in how resources are managed within the VA's regional leadership structure. PVA agrees that oversight of administrative layers within the department is important, and we recognize the potential benefit of streamlining bureaucratic processes. However, with VA's recent announcement of their Restructure for Impact and Sustainability Effort (RISE), the structure proposed in this legislation may ultimately overlap with or be superseded by VA's own plans. Nevertheless, the bill aligns with prior PVA statements supporting efforts to improve oversight and accountability within VA management structures.

H.R. 6764, the Veterans Affairs Advisory Committee Oversight Act of 2025

The Veterans Affairs Advisory Committee Oversight Act of 2025 seeks to consolidate existing Federal Advisory Committees (FACs) within the VA. Currently, the VA has 27 FACs, 18 of which were established by statute. Most FACs relate to specific lanes within the VHA, the Veterans Benefits

Administration (VBA), facilities management, research, minority populations, and other topics that allow information to flow to the secretary in hopes of sharing the unique perspectives and experiences of various stakeholders. Consolidating 27 FACs into 4 would not streamline or improve the outcomes for veterans; instead, this consolidation would limit the voices of veterans represented by and serving on these committees.

Management of FACs may be burdensome, and some may believe them to be unnecessary, but for the veterans who fill seats on each committee, these are essential opportunities to share experiences, perspectives, and criticisms. FACs offer an opportunity for veterans to raise their concerns to the VA through official channels when local advocacy efforts may have fallen short. PVA would like to work with the committee to find solutions to the management and oversight of the various FACs housed at VA, but the blanket elimination of all existing advisory committees is not something that we can support.

H.R. 6833, the Acquisition Reform and Cost Assessment Act of 2025

This legislation would significantly restructure how the VA manages large acquisition and procurement programs. The bill would create a centralized Office of Acquisition led by an Assistant Secretary for Acquisition who would serve as the department's Chief Acquisition Officer and oversee procurement, logistics, contracting, and supply chain management across the VHA, VBA, and National Cemetery Administration (NCA). It also establishes formal program management requirements for "major acquisition programs," defined as projects exceeding a lifecycle cost of $1 billion or annual costs above $200 million. These programs would be required to follow structured cost, schedule, and performance management standards. Additionally, the legislation would establish a Director of Cost Assessment and Program Evaluation who would report directly to the secretary and produce independent cost estimates and annual reports to Congress.

PVA supports efforts to strengthen transparency and accountability in VA procurement. Large acquisition programs—such as EHR modernization and major infrastructure projects—have historically faced cost overruns and schedule delays. Establishing independent cost analysis and formal program management standards could improve oversight and reduce financial risk. However, the effectiveness of this structure will depend heavily on how priorities are coordinated across VA's administrations. Misalignment between VHA, VBA, and NCA leadership could slow acquisition timelines if centralized decision-making does not adequately account for the operational needs of each administration. Despite these challenges, PVA believes the bill represents a constructive effort to modernize VA acquisition practices and improve transparency in major spending decisions.

H.R. 6843, the Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025

PVA supports this legislation, which would create a new administration within VA to oversee the agency's education, training, employment, and other programs focused on helping veterans as they transition to civilian life. The new Veterans Economic Opportunity and Transition Administration would be headed by an Under Secretary for Veterans Economic Opportunity and Transition.

Two of the programs that would transition to the new administration include VA's Veteran Readiness and Employment (VR&E) program and the Specially Adapted Housing (SAH) program. These programs are relatively small in terms of budget and numbers of veterans served. However, they are vital to veterans who have catastrophic disabilities because of their military service. Without them, these veterans would not be able to access independent living services or adapt their homes to meet their disability-related access needs. Unfortunately, these programs, along with other VA economic opportunity programs, simply cannot receive the staffing, IT, and other support needed due to their position within VBA. VBA plays the crucial role of providing needed disability compensation and pension benefits to veterans. Removing programs like VR&E from VBA's list of responsibilities will not only allow for more attention to be placed on those programs, but it will also allow them to better focus on processing claims for compensation and pension benefits.

Under an Economic Opportunity and Transition Administration, programs like VR&E and SAH will receive a higher level of visibility. This increased visibility will foster stronger oversight and accountability for the delivery of services and benefits. We believe that such oversight and accountability will help to foster the innovation needed to ensure that the delivery of these benefits and services is modernized. It will also allow for focused collaboration with other agencies and programs, including the Department of Labor's Veterans' Employment and Training Service, that also serve veterans, increasing program efficiencies.

H.R. 6904, the Veterans Readiness and Employment Improvement and Accountability Act of 2025
PVA appreciates the increased interest in the VR&E program by this Congress, as well as efforts to improve efficiencies for the program; however, PVA cannot support this bill.

Sections two and three of this legislation are unnecessary. The VA already has the authority to carry out these functions.

Section four of this legislation would be difficult to implement until VR&E has completed the rollout of the new case management system. Without improved technology support, a counselor would have to manually report each instance of a purchase at the stated amount. VR&E already has internal controls in place for payment and purchasing oversight. PVA supports efforts that improve financial accountability and oversight for payments related to certain purchases, but asking VR&E to get the secretary's approval for every purchase above $5,000 is an additional layer of bureaucracy that will slow down benefits delivery to disabled veterans.

Section five would cap federal funds at $250,000 without any distinction on where the federal funds come from. It is important to consider that veterans using VR&E for long-term education may be eligible for Pell Grants from Title VI funds which VA does not track, nor do they require veterans to report them. Pell Grant dollars are issued directly to the institution where a veteran is enrolled. Additionally, a firm cap without the ability to obtain a waiver from the secretary could cause unnecessary burdens, especially for catastrophically disabled veterans enrolled in the Independent Living track.

Section six would allow vocational rehabilitation specialists (VRS) to determine vocational feasibility, which is an authority granted to vocational rehabilitation counselors (VRC). These distinctions and responsibilities are critical in understanding the delivery of benefits in the VR&E program. A VRS does not need a master's degree, unlike a VRC. There have been many conversations over the years around changing the education requirement for VRCs but the specialized education they obtain could mean the difference in successful outcomes for disabled veterans. A master's degree in vocational rehabilitation is the baseline of VR&E; these people have an advanced degree that gives them the expertise to understand the complexity of the labor market for veterans with specific disabilities. Complex cases arise daily in the VR&E program and treating it as any other education benefit does a disservice to the veterans it seeks to help.

Section seven of the bill would require VR&E to pay subsistence allowance to veterans in the program that are eligible for the Post-9/11 GI Bill rate at the zip code of their residence, not the zip code of the school they attend, if the school is more than 25 miles from their home. This would create an inequity between VR&E participants and GI Bill participants, as well as dependents using the benefit. It's also important to remember that not all VR&E participants are eligible for the full housing allowance offered by the GI Bill. Many veterans using VR&E receive around $700 a month in housing and expense support.

Section eight would require an employment coordinator (EC) in each regional office (RO). The mandating of an EC in each RO without an increase to staffing amounts would mean that one less VRC is employed by that RO. Within each RO there are staffing rates based on full-time equivalent, or FTE, and the RO directors get to determine where their funds are prioritized. Without additional FTE and additional appropriations in the legislation, increasing the number of ECs would negatively impact the FTE for VR&E counselors.

Section nine is especially concerning. The intent of VR&E is to help disabled veterans become employable in a field that will sustain them and their independence without further exacerbating their service-connected disabilities. If a veteran is struggling with employment, it seems cruel to cut them off from the resources created to help them find long-term and lasting employment. The

legislation does not clearly state whether it would bar veterans from applying for VR&E once on Total Disability based on Individual Unemployability (TDIU) or strip veterans of their TDIU if they are accepted into VR&E.

Again, PVA appreciates the intent of the legislation and the desire to shore up fiscal responsibility of federal funds, but we believe a more thoughtful approach is needed rather than blanket caps or reductions in earned benefits. We would be happy to work with this committee to develop legislation to achieve those goals.

OTHER LEGISLATION

H.R. 210, the Dental Care for Veterans Act

Even though dental benefits are the bridge to health and wellness, VA closely rations these services, often citing funding shortages. Currently, VA dental care is limited to a small number of veterans such as those who are 100 percent disabled or have a service-connected dental condition, former prisoners of war, and homeless veterans. Dental care may also be available if a dental condition is aggravating a service-connected condition or complicates treatment of that condition. PVA supports H.R. 210, which in time would require VA to furnish dental care in the same manner as any other medical service.

H.R. 1391, the Student Veteran Benefit Restoration Act of 2025

PVA has long supported the restoration of benefits for student veterans who may have been defrauded of their VA education benefits due to predatory or subpar education programs. We are pleased to see this important legislation reintroduced in this Congress. However, we believe the legislation would be strengthened by adding a provision within the bill to establish some kind of retroactive restoration. Otherwise, the bill would acknowledge the harm done to veterans but not provide any way to address it. PVA suggests adding language related to retroactivity that is either time or provision bound. Previous drafts of this legislation received a Congressional Budget Office score of essentially zero because schools would have to repay the amount a veteran was defrauded back to VA, making this legislation almost no cost. Therefore, we believe some kind of retroactive language should be added to the bill.

H.R. 2722, the VA Funding and Workforce Protection Act

PVA agrees with the sentiment expressed in this bill: that a steady and dependable workforce is necessary to ensure the VA can adequately deliver health care and benefits to our nation's veterans. However, as written, the bill would prevent VA from managing its budget and workforce toward that end. The first section of the bill restricts VA from reprogramming or transferring funds that may be duplicative of existing appropriation laws concerning VA funding. Second, VA often secures exemptions from other general government hiring freezes and does not see a need to create a four-

year time boundary to the existing process for hiring freeze exemptions. Furthermore, the imperative to reinstate any veteran employee removed from government service at VA does not contain any criteria as to the circumstances under which that employee was removed. This could lead to reinstating employees who were appropriately removed for misconduct. This is inconsistent with maintaining a high performing workforce.

Rather than focus on duplicating existing statutes regarding the VA workforce, PVA would like to see Congress use its oversight authority to hold VA to existing statutes and policies. The failure in recent years to properly fund and staff the system threatens its availability for paralyzed veterans, leaving them with inferior care options in the community. PVA firmly believes VA is the best health care provider for disabled veterans. More importantly, our members consistently choose VA's SCI/D system of care, because it provides a coordinated life-long continuum of services that has increased the lifespan of these veterans by decades. VA's specialized systems of care follow higher clinical standards than those required in the private sector. The department and Congress must take immediate steps to address reductions in staffing in the SCI/D system to preserve access to this critical, life-saving care.

H.R. 3183, the Safe Steps for Veterans Act of 2025

According to the Centers for Disease Control, falls are the leading cause of injury and death among adults ages 65 and older. More than 1 in 4 older adults fall each year, leading to 41,000 deaths, 3.6 million emergency department visits, and 1.2 million hospital stays. Falls from aging Americans result in about $80 billion in medical costs every year. Given the tremendous cost to the government, as well as the individual, and because half of the estimated 16.5 million living veterans are over 65, it makes sense to reorient existing VA prevention programs towards a more proactive posture.

PVA supports this legislation, which would establish an Office of Falls Prevention within the VHA tasked with preemptively identifying and treating veterans at risk of falling. It also establishes a falls prevention coordinator within VHA who would serve as the department's point person on federal panels focused on falls prevention, including the Administration on Community Living's Interagency Coordinating Committee on Aging. The falls prevention coordinator would be required to develop a national education campaign to promote injury prevention programs and work with the National Institutes of Health to develop veteran-specific research for evidence-based falls prevention programs. The bill also requires annual falls risk assessments to be carried out by a licensed physical therapist for veterans receiving extended care services throughout the VA. Early intervention and prevention strategies help reduce the likelihood of fall-related injuries that could lead to serious health complications. By identifying and addressing individual risk factors, VA providers can develop tailored plans to mitigate these risks, improving the health and wellbeing of the veteran.

Finally, we strongly support the inclusion of a pilot program for home modifications to incorporate evidence-based falls prevention programs. We urge the committee to also consider passage of H.R. 2245, the Autonomy for Disabled Veterans Act, which would increase the amount available through the Home Improvements and Structural Alterations grant. These grants provide financial assistance for medically necessary improvements and structural changes to a veteran's primary residence, ensuring they can safely reside in their homes.

H.R. 3869, the Every Veteran Housed Act

This PVA supported bill would expand the technical definition of "veteran" for the purposes of homelessness assistance to streamline access and remove unnecessary barriers to homelessness programs at VA. For example, the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) program has recently seen an eligibility expansion, but others have not kept pace, potentially barring some veterans from accessing programs. Ultimately, this bill would align standards for all homelessness programs at the VA and bring critically needed consistency across them. Alignment across the board will provide greater choice to veterans and help to guarantee services are veteran centric. As noted in VA's testimony from a March 18, 2026, hearing on this bill, this legislation would not expand eligibility to former members of the Guard and Reserve components, which PVA believes is a critical piece in the intent of the legislation. Thus, we recommend adjusting the language as necessary to ensure that guard and reserve members can access these resources.

H.R. 4114, the EVEST Act

PVA supports this legislation, which would allow automatic enrollment of eligible veterans in VA's patient enrollment system. It also directs the department to give veterans the ability to access an electronic version of their certificate of eligibility for VA health care enrollment and an electronic mechanism by which the veteran may opt-out of such enrollment. PVA believes the transition from active duty to civilian life should be seamless, and this legislation would facilitate that transition.

H.R. 5203, to direct the Secretary of Veterans Affairs to update directives of the Department of Veterans Affairs regarding the management of acute sexual assault, and for other purposes

PVA supports this bill which would direct the VA to update emergency directives for the VHA regarding the management of acute sexual assault events, and it would ensure that the policies of each medical facility, as well as the VA police, conform to the new directive. The legislation would also require medical facility directors to employ a certified sexual assault nurse examiner (SANE) or a sexual assault forensic examiner (SAFE) at VA medical centers (VAMC) or to improve referrals to community care providers with SANE/SAFE certified staff, if the VAMC lacks appropriate staff. It also adds requirements for emergency room and urgent care directives for SANE/SAFE providers and a supply of necessary inspection kits. The legislation would require VA to establish clear guidance for providers and law enforcement officers responding to acute sexual assault events. Unfortunately,

sexual assault is a pernicious problem in the military ranks and even on VA campuses. Ensuring that VA staff caring for our nation's veterans are trained in trauma-informed care practices, especially in acute sexual assault instances, is critical.

Discussion Draft: the Honor Vets Act

The Honor Vets Act would require each covered provider to complete training as a condition of providing VA community care. For current VA Community Care providers, the training would need to be completed within 180 days of enactment. For providers who first furnish care or services through the Veterans Community Care Program after enactment, they would have to complete the training within 180 days of first furnishing care or services. VA would also be required to establish a mechanism for monitoring whether covered providers have completed the required training. Failing to complete the required training would result in sanctions, which would also be administered by VA.

While PVA applauds the effort to strengthen culturally competent care for veterans receiving care in the community, we are concerned that mandates without incentives will cause community providers to forgo joining the community care network due to compliance burdens. Many providers would say that providing care to our nation's veterans is a patriotic duty and they are glad to do it. But performing their patriotic duty still needs to make financial sense to keep their practice afloat. Additionally, the proposed training modules in this bill are a portion of what a provider should know about providing competent care. Should this bill move forward, PVA would like to see SCI/D competency be added to the list of required modules. Too often, our members are provided with treatment that fails to consider their unique health needs. Lastly, PVA also has concerns about the ability for VA to implement this bill, given that VA relies on third party administrators to build and maintain the existing community care network.

Discussion Draft, to provide for the modernization of the electronic health record system and other health information technology activities and systems of the Department of Veterans Affairs

PVA has long supported efforts that improve care coordination, clinical decision-making, and access to timely information for providers. Challenges experienced during early deployments of the new EHR system have raised serious concerns regarding patient safety, clinical workflow disruption, and the readiness of VA facilities to adopt a new EHR platform.

Over the lifetime of this project, the VA has restructured the governance of the implementation several times. It is unclear if those efforts yielded any positive results on the implementation of a modern health record. PVA has concerns that attempting to restructure the implementation team just as the implementation process is restarting will be detrimental to the successful adoption of a modernized EHR.

PVA would like to see Congress begin to focus on what the long-term administration of the EHR will look like. The committee should prioritize patient safety, clinician usability, and uninterrupted access to specialized services that veterans with catastrophic disabilities rely on every day.

PVA would once again like to thank the committee for the opportunity to present our views on the legislation being considered today. We look forward to working with you on this legislation and would be happy to answer any questions.

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding federal grants and contracts.

Fiscal Year 2026

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events— Grant to support rehabilitation sports activities — $368,500.

Fiscal Year 2025

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $502,000.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events — Grant to support rehabilitation sports activities — $479,000.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

STATEMENTS FOR THE RECORD

Prepared Statement of the National Association for Black Veterans, Inc.

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NABVETS.ORG

STATEMENT OF
GWENDOLYN WORTHY
NATIONAL COMMANDER VETERANS SERVICE OFFICER
FOR THE RECORD OF THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE OF REPRESENTATIVES
MAY 11, 2026

Chairman Bost, Ranking Member Takano and Members of the Committee:

Thank you for inviting the NABVETS (National Association for Black Veterans) to submit testimony for the record of this legislative hearing. As you know, NABVETS is a congressionally chartered and Department of Veterans Affairs (VA) accredited veterans service organization. We provide meaningful claims support free of charge to more than 1 million veterans and family members, caregivers and survivors. We are pleased to provide our views on the bills under consideration by the Committee.

NATIONAL ASSOCIATION FOR BLACK VETERANS, INC. (NABVETS)
NATIONAL POSITION STATEMENT
Subject: Protecting Earned Benefits, Strengthening VA Capacity, and Advancing Whole-Veteran Support
Date: February 24, 2026
Prepared by: NABVETS National Legislative & Policy Team (Draft)
For Approval by: National Commander and National Command Council (NCC)

Purpose
This Position Statement affirms NABVETS' official position on current federal actions and legislative priorities affecting veterans earned benefits, VA healthcare capacity, transition support, survivor protections, and evidence-based innovation in treatment options.

Background
Recent federal actions and congressional oversight have underscored urgent risks and opportunities within the veteran ecosystem, including:

- Proposed administrative policies that could reduce compensation for veterans whose service-connected conditions are managed by medication.
- VA staffing shortages and infrastructure challenges are impacting timely access to care.
- Ongoing concerns about uneven quality, training, and interoperability in VA Community Care networks.
- Persistent gaps in transition support (TAP), employment pathways, and nontraditional education options.

- The need to modernize and strengthen survivor benefits and improve timeliness for DIC claims.
- Growing attention to research-based alternative therapies for PTSD, depression, substance use disorder, and suicide prevention.

NABVETS Core Principles
NABVETS evaluates veteran policy through these core commitments:

1. **Veterans' benefits are earned** and must not be reduced by administrative maneuvers.
2. **Access and equity matter**: outcomes must improve for Black veterans and underserved communities across every zip code.
3. **VA must remain strong**: modernization must not become an excuse for hollowing out the VA system.
4. **Transparency is non-negotiable**: major VA actions must include stakeholder input and measurable accountability.
5. **Protect veterans from predatory practices** while preserving legitimate pathways to benefits assistance and representation.

NABVETS Position
NABVETS supports **reforms that modernize and strengthen** the Department of Veterans Affairs while opposing any effort—direct or indirect—to reduce earned benefits, weaken VA's internal capacity, or shift care into fragmented systems without enforceable standards and oversight.

Policy Requests / What NABVETS could support
A. Protect Earned Benefits and Compensation

1. NABVETS supports the **formal rescission** of any VA rule or policy that reduces disability compensation based on symptom improvement through medication.
2. NABVETS supports legislative and administrative safeguards ensuring **no veteran is penalized for adhering to prescribed treatment** for service-connected conditions.
3. NABVETS supports timely, accurate, veteran-centered **claims and appeals modernization**, including clear communication and accountability for delays.

B. Strengthen VA Healthcare Capacity

1. NABVETS supports immediate action to **restore and stabilize VA staffing**, including clinical, mental health, claims processing, and support roles essential to patient care.
2. NABVETS supports sustained investment to address **aging VA infrastructure**, including modernization of facilities and clinics serving urban, rural, and remote veteran populations.
3. NABVETS supports policies that reduce wait times while preserving high-quality VA specialty care for combat trauma, TBI, MST, toxic exposure, and complex chronic conditions.

C. Community Care Standards and Interoperability

1. NABVETS supports **Community Care only when it is fully integrated**, including enforceable medical record interoperability and continuity of care.

2. NABVETS supports requiring Community Care providers and third-party administrators to meet **training and competency standards comparable to VA**, including military cultural competency, suicide prevention, toxic exposure, TBI, women veterans' care, and trauma-informed practices.
3. NABVETS supports improved oversight, reporting, and accountability of Community Care networks to prevent gaps, bias, or denial of appropriate care.

D. Transition, TAP, and Meaningful Employment

1. NABVETS supports strengthening TAP with robust financial literacy components (debt management, taxes, investing) and improved "warm handover" coordination between DoD, VA, and DOL.
2. NABVETS supports allowing service members to attend TAP multiple times and encouraging spousal/family participation.
3. NABVETS supports expanded access to **apprenticeships, on-the-job training, and Veteran Readiness & Employment (VR&E)** pathways that lead to living-wage careers.

E. Survivors, DIC, and Family Support

1. NABVETS supports modernization and strengthening of survivor benefits, including reforms advanced through proposals such as the **Love Lives On Act** and **Caring for Survivors Act**.
2. NABVETS supports reducing DIC delays and improving transparency, communication, and staffing to ensure survivors receive timely decisions.
3. NABVETS supports suicide prevention resources that recognize the unique burden on spouses, caregivers, and family members.

F. Research, Innovation, and Evidence-Based Alternative Therapies

1. NABVETS supports expanded federally funded research into evidence-based alternative therapies (including but not limited to emerging treatments under clinical supervision) for PTSD, depression, and suicide prevention.
2. NABVETS supports accelerated interagency coordination among VA, DoD, HHS, and FDA to reduce unnecessary barriers to responsible research and access pathways.
3. NABVETS supports veteran-centered education and safeguards to ensure safety, quality, and informed consent.

Impact on Black Veterans & Underserved Communities

NABVETS emphasizes that policy changes must be assessed through an equity lens. Black veterans and underserved communities face disproportionate barriers due to gaps in geographic access, provider shortages, cultural competency issues, and inconsistent Community Care experiences. Policies should aim to improve—not worsen—trust, outcomes, and access.

Actions NABVETS Will Take

- Engage congressional leadership, the House and Senate Veterans Affairs Committees, and the VA for prompt corrective action on policies that threaten earned benefits.
- Mobilize NABVETS chapters to educate veterans and survivors on their rights and available resources.
- Coordinate with partner VSOs and coalitions to strengthen oversight, push for accountable reform, and support the full veteran ecosystem.
- Submit formal comments and testimony when regulatory actions warrant public record response

NABVETS will continue to coordinate with NABVETS National leadership and Maryland coalition partners to advance veteran-centered solutions and protect earned benefits



Prepared Statement of AARP

May 5, 2025

The Honorable Nikki Budzinski
U.S. House of Representatives
1717 Longworth House Office Building
Washington, DC 20515

The Honorable Lois Frankel
U.S. House of Representatives
2305 Rayburn House Office Building
Washington, DC 20515

The Honorable Jennifer Kiggans
U.S. House of Representatives
152 Cannon House Office Building
Washington, DC 20515

The Honorable Jack Bergman
U.S. House of Representatives
566 Cannon House Office Building
Washington, DC 20515

The Honorable Gus Bilirakis
U.S. House of Representatives
2306 Rayburn House Office Building
Washington, DC 20515

Dear Representatives Budzinski, Frankel, Kiggans, Bergman, and Bilirakis:

AARP, which advocates for the more than 100 million Americans age 50 and over, is pleased to support the Supporting Access to Falls Education and prevention and Strengthening Training Efforts and Promoting Safety initiatives (SAFE STEPS) for Veterans Act of 2025. Your bipartisan bill would help prevent dangerous falls among our nation's veterans by improving home safety and supporting the changes they need to age with dignity and independence.

According to the Centers for Disease Control and Prevention, falls are the leading cause of injury and injury-related deaths for adults ages 65 and over. While falls among older adults are common and costly, they are also preventable.

The SAFE STEPS for Veterans Act would help prevent falls among veterans by establishing an Office of Falls Prevention in the Department of Veterans Affairs (VA) with specific responsibilities, establishing a national public education campaign, developing research on evidenced-based falls prevention programs for veterans, helping to ensure safe patient handling and mobility policies, and providing falls risk assessment and fall prevention services for certain veterans. The bill also considers a pilot program to provide home improvements and structural alterations to prevent falls for all veterans eligible for those services under laws administered by the Secretary of Veterans Affairs.

Thank you for your efforts to help prevent falls and protect our nation's veterans. If you have any additional questions, feel free to contact me or have your staff contact Rhonda Richards on our Government Affairs team at rrichards@aarp.org.

Sincerely,

Bill Sweeney
Senior Vice President
Government Affairs

Prepared Statement of the American Institute on Disparities in Public Health

Statement for the Record
Submitted to the Veterans' Affairs Committee
United States House of Representatives
March 18th, 2026

In response to a hearing on **H.R.210, the "Dental Care for Veterans Act"**

Prepared by Annaliese Cothron, DHSC, MS, CPH
Co-founder and Executive Director
The American Institute on Disparities in Public Health

Introduction
The American Institute on Disparities in Public Health (AIDPH) is a 501c(3) nonprofit organization that empowers our community to eliminate health disparities through research, education, and advocacy. AIDPH believes it is our responsibility to address individual, institutional, and systemic barriers that keep communities from achieving optimal health across the lifespan. Everyone deserves valuable, accessible, and affordable healthcare that allows them to achieve their highest health potential. Our work predominantly focuses on healthcare integration, veterans, community engagement, workforce development, applied research, advocacy training, and leadership development. As advocates for oral health, mental health, women's health, and chronic disease disruption, we produce upstream, mid-stream, and downstream solutions that keep communities healthy.

AIDPH has led national efforts to improve veteran oral health through research, coalition-building, and policy engagement. Our work includes comprehensive state-level needs assessments, multi-year stakeholder convenings, and the development of strategic plans and advocacy tools that translate data into actionable solutions for improving access, affordability, and care delivery. Through partnerships with state agencies, veteran service organizations, and community leaders, AIDPH has been established as a trusted technical advisor and backbone organization advancing evidence-informed oral health policy for veterans.

The purpose of our statement is to highlight the pervasive oral health disparities experienced by veterans and offer support for policy solutions that increase the accessibility and affordability of dental care for veterans.

An Overview of Dental Care Access For Veterans
There are approximately 18 million veterans in the US, of which roughly half are eligible for medical care administered through the Veteran Health Administration.[1] Among these veterans, roughly 24% meet the eligibility requirements for dental care outlined in Title 38 of the Federal Code.[2] Of those 24% eligible for dental care, approximately 32% of veterans use their VA dental benefits annually. This is a steady trend of low utilization

[1] Veterans Affairs. About the VHA. Available at: https://www.va.gov/health/aboutvha.asp
[2] US Department of Veterans Affairs FY 2024 Budget Submission. March 2024. Available at: https://www.va.gov/opa/docs/remediation-required/management/fy2025-va-budget-volume-ii.pdf

despite an almost 10% increase in eligibility due to the PACT Act. In short, most veterans are not eligible for dental care through the VA, or don't utilize their benefit if they are eligible, resulting in a chronically underserved community. Survey research from AIDPH and CareQuest Institute for Oral Health indicates confusion about VA dental benefits and concerns about the cost of private dental care are the largest barriers to accessing and utilizing dental care.[3]

Veterans Experience Poorer Oral Health Outcomes Compared to Nonveterans
According to the National Health and Nutrition Examination Survey (NHANES), veterans have more caries experience, gum disease, and edentulism compared to nonveterans.[4] Chronic poor access to and utilization of dental care also impacts gum health, with 41.7% of veterans reporting gum problems or bone loss around their teeth, a significantly higher proportion than among nonveterans (27%). National self-report data confirms this trend, with almost 30% of veterans rating their own dental health as "poor."[5] In 2022, 45% of surveyed veterans reported having permanent teeth removed due to pain or infection after separation from the military.[6] This rate of tooth extractions was higher in veterans with a service-connected disability (25%) compared to veterans who did not have a service-connected disability (17%). These painful oral health outcomes disproportionately end in emergency department (ED) visits, costing veterans nearly $1.7 billion each year.

Oral Health, Chronic Disease Conditions, and Rurality for Veterans
Poor oral health outcomes often exacerbate chronic disease conditions like heart disease and diabetes, of which veterans experience higher prevalence rates compared to nonveterans.[7] The cost savings associated with treating veterans with heart disease and diabetes in an integrated care environment average roughly $3.4 billion annually – the approximate equivalent of the FY 2026 VHA budget request for dental services.[8] A report published by AIDPH revealed these chronic disease issues are complicated by intersecting inequities like income, education, and rurality. Rural veterans experience poorer oral health outcomes compared to their urban counterparts.[9] Rural veterans pay higher out-of-pocket costs for dental care, have poorer self-reported oral health, and experience edentulism at higher rates than nonrural veterans.[10] In summary, all available data indicate that veterans not only encounter poorer oral health outcomes and access compared to nonveterans, but that factors like rurality and high prevalence of chronic disease conditions make oral health worse for subgroups of this community.

[3] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA:April 2022.
[4] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Oral Health: Expanding Access and Equity. Boston, MA: December 2021. DOI: 10.35565/CQI.2021.2041.
[5] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA:April 2022.
[6] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Inadequate Dental Care for Veterans Is Painful and Costly. Boston, MA: March 2023. Copyright © 2023 The American Institute of Dental Public Health and CareQuest Institute for Oral Health, Inc.
[7] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA: April 2022.
[8] https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-2-Medical-Programs.pdf
[9] Cothron, A., Shaver, A., Boynes, SB. Chronic Disease and Rurality Impacts Veteran Oral Health Outcomes: A Behavioral Risk Factor Surveillance System Analysis. J Am Col Dent 2022; 89 (2): 1-60. Available at: https://bit.ly/3UKvpYx
[10] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Improving the Oral Health of Rural Veterans Through Policy, Data Collection, and Care Delivery. Boston, MA: November 2022.

Inadequate Dental Care is Painful and Costly

Many veterans (44%) report experiences of pain or discomfort within the past year, but were unable to see a dentist to relieve that pain.[11] Dental pain often creates ripple effects among other aspects of veterans' daily lives, including mental health and workplace productivity. Analysis of NHANES data revealed that almost 600,000 veterans reported oral health–related productivity loss at least occasionally in the past year.[12] Veterans who reported experiencing oral pain at least occasionally within the past year were 13.5 times more likely to have oral health–related productivity loss compared to veterans who reported never experiencing oral pain. Among veterans with diabetes, those without a dental visit in the past year had a 24% higher annual cost of missed workdays compared to those who saw a dentist in the past year. Among veterans with heart disease, those without a dental visit in the past year had a 392% higher annual cost of missed workdays compared to those who saw a dentist in the past year. Lastly, veterans pay 65% more in out-of-pocket dental costs than nonveterans. Taken together, the data outlined in this report indicate that the poor oral health outcomes veterans experience impact their quality of life, their ability to function in the workplace, and their financial stability. Veteran stories shared with AIDPH underscore the human impact of poor access to dental care:

> *"If I pay for this, I'm positive I'd end up homeless. As it is, I barely can afford food. I never go anywhere except to VA appointments. It's a 2-hour drive, and gas isn't cheap." 71-year-old retired Army Veteran from Delaware who has undergone chemo treatment and lost the majority of her teeth as a result.*
>
> *"Dental care is vital for us veterans that have disability designations but [are] not [at] 100%. We should have access to dental care even if at a discounted rate. It is critical to our health and I know my mouth situation affects me greatly." Working-age army veteran from Massachusetts*
>
> *"Dental care should be available to all veterans. The government provided me [with] a gun and allowed me to fight for our country but did not provide me basic healthcare after leaving active duty." - Disabled Rural Veteran living in Illinois*
>
> *"I haven't been to a dentist in 5 years. I simply don't have the money for it as a single father not working. I live off 80% disability from the VA. I have halitosis pretty bad and pretty much gave up on my teeth because I know I just can't get oral care. Please help. I do not qualify for a VA dentist." - Working Age Veteran Living in Maryland*
>
> *"I already deal with daily body pains and do not need to add oral pains to the list. I just go without things as I pay [my dental bills] off." - Disabled Army Veteran, 55, from Alabama*

[11] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Veteran Dental Care Stimulates the Economy and Improves Overall Health. Boston, MA:April 2022.
[12] The American Institute of Dental Public Health and CareQuest Institute for Oral Health. Oral Health Is Essential to Veteran Productivity and Well-Being. Boston, MA: February 2024.

AIDPH Supports HR 210 as a Policy Solution for the Veteran Dental Care Crisis
The VA is the largest integrated healthcare system in the United States. The comprehensive nature of this healthcare system allows veterans to benefit from a prevention-forward approach that ultimately saves taxpayer dollars, particularly for veterans with high-risk, high-cost chronic disease conditions. The financial benefits of expanding care for veterans through the VA are such that for every dollar spent on dental care for veterans with diabetes, a dollar is saved in medical care. For heart disease, this cost savings increases to two dollars. As a result, the VA can save up to $3.4 billion in taxpayer dollars by expanding eligibility for veterans with heart disease and diabetes to receive dental care. The average cost of a dental ED visit is $1,520.[13] In 2022, just over 6% of veterans visited an ED for dental pain in the past year — 2% more than the national average. Nearly 20% of veterans surveyed visited an ED for dental pain since they left the military. Extrapolated to the entire veteran population, around 3.6 million veterans have visited an ED for pain after leaving the military, costing $5.4 billion in emergency care. Research shows patients without access to dental care will return repeatedly to EDs for the same issue, continuing to drive up costs for care.[14] The fragmentation of dental care from the rest of veteran healthcare negatively impacts daily functioning, creates chronic pain for veterans, increases costs to taxpayers, and creates high costs for veterans. Legislation like HR210 increases veterans' eligibility to receive necessary medical care, access comprehensive dental services, holistically treat chronic conditions, and ultimately improve quality of life.

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[13] Kamyar Nasseh, Marko Vujicic, and Michael Glick, "The Relationship between Periodontal Interventions and Healthcare Costs and Utilization. Evidence from an Integrated Dental, Medical, and Pharmacy Commercial Claims Database," Health Economics 26, no. 4 (April 2017): 519–27, https://doi.org/10.1002/hec.3316.
[14] Brian G. Darling, Astha Singhal, and Michael J. Kanellis, "Emergency Department Visits and Revisits for Nontraumatic Dental Conditions in Iowa," Journal of Public Health Dentistry 76, no. 2 (Spring 2016): 122–28, https://doi.org/10.1111/jphd.12120.

Prepared Statement of the Career Education Colleges and Universities

CECU | Career Education Colleges and Universities

Comments on the Student Veteran Benefit Restoration Act

May 15, 2026

Comments based on the original text as introduced in consideration of any committee legislative hearing, mark-up, or passage

CECU submits the following comments and recommendations on the Student Veteran Benefit Restoration Act (H.R. 1391) to the House Veterans Affairs Committee. Our comments and recommendations aim to create necessary procedural guarantees and align with our position shared with the Committee in August 2023 on the compromise amended text that passed the Committee and House with overwhelming bipartisan support. The sections for recommended changes are bolded at the beginning of each recommendation.

Covered Periods

- **§3699C(b)**. The liability created in the bill should be enforceable for actions taken only after enactment of this bill. CECU recommends maintaining language to limit liability for determined fraudulent actions leading to enrollment and use of VA benefits to a period after enactment of this legislation.

Repayment of Funds

- **§3699C(c)(1).** The limited liability established in this section appropriately applies restoration for only "the amount of that portion of the covered educational assistance that the education institution received for that individual," ensuring only verified individual claims and not unsubstantiated group claims based on a summary review are eligible for repayment. CECU recommends maintaining language limiting institutional financial liability to only amounts directly attributable to an individual's claims that prove fraud and only after all appeals have been exhausted.

- **§3699C(c)(2).** The False Claims Act centers liability for fraud around "knowingly" submitting false claims to the government. CECU recommends amending the language to state, "…an educational institution that has been found guilty of, or liable for, knowingly committing fraud…" as the basis for a court of competent jurisdiction's determination of fraud.

- **§3699C(c)(?).** Any final determination that an institution has engaged in fraudulent behavior and is subject to repayment of funds to the Secretary should occur only after institutions have had opportunities to review all Secretary findings, including original claim and all appeals findings, and exercise all options to appeal. CECU recommends adding a new section stating that a final repayment of funds determination under **§3699C(c)(1)** and **§3699C(c)(2)** can only be made after all reviews and appeals have been completed, pursuant to **§3699C(d).**

Review and Appeals

- **§3699C(d)(?)** CECU is extremely concerned that there is due process provided to the institution before a final determination that an institution engaged in fraudulent behavior and must repay the Secretary or Federal Government. CECU recommends adding new language stating that any determination of fraudulent behavior leading to repayment of funds to the Secretary or Federal Government cannot be made until all reviews and appeals at the Department of Veterans Affairs or appellate courts have been completed.

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Arlington, VA 22209 | www.career.org

CECU | Career Education Colleges and Universities

- **§3699C(d)(1).** This section appropriately grants educational institutions or owners of educational institutions a review of the Secretary's findings but also directs the Secretary to establish a process for requesting a review of findings. CECU recommends adding language directing the Secretary to establish a review and appeals process that includes a necessary standard of proof, an opportunity for review and response, and appeal options at the Department of Veterans' Affairs.

CECU notes the hard work performed by the Committee to reach a bipartisan comprise on the Student Veteran Benefit Restoration Act that passed the Committee and the House under suspension of the rules in 118th Congress. CECU encourages bipartisan agreement during consideration of H.R. 1391 and submits the following comment expressing concerns and opposition to Department of Veteran Affairs restoration determinations based on the Department of Education's Borrower Defense to Repayment rule that was included in last Congress's amended text.

Borrower Defense to Repayment Lacks Adequate Process for Veterans' Affairs Reliance

The Department of Education's Borrower Defense to Repayment program has proven to be an unreliable and potentially illegal mechanism to adjudicate claims of fraud and misrepresentation. The fourth iteration of the BDR rule currently faces a strong challenge in court, and the 5th Circuit issued an order postponing the effective July 1, 2023, date of the 2022 borrower defense to repayment and closed school loan discharge regulations. Public Law 119-21, signed into law on July 4, 2025, delays the BDR rule until July 1, 2035.

The BDR Rule effectively creates broad liability for schools for any substantial misrepresentation about the institution or its programs, financial matters, or employability, even if inadvertent and not intentionally deceptive. Additionally, the final rule makes schools liable for omissions of fact, even if it does not make actual representations misleading, if the information would have been deemed material to an enrollment or attendance decision. More concerning, although the Department agreed with CECU that a borrower must show that the injury or omission causes injury to him or her, the Department will presume injury to every borrower if group claims are brought. *Schools are afforded no practical opportunity to contest injury and rebut that presumption, and absent such rebuttal every borrower in the group will receive full discharge of his or her loans if a misrepresentation, omission, or other violation is proven. The Department will then seek recoupment of all the discharged debt from schools in a summary "program review" proceeding that does not afford adequate due process protections.* Thus, any school that is found to have engaged in a misrepresentation or omission (even if inadvertent) that gives rise to a group claim could face potentially existential liability if the presumptively affected group is large enough.

The use of BDR as a mechanism for VA Student Veteran benefit restoration lacks necessary procedural guarantees for institutions to meaningfully respond to borrower allegations. The VA should retain its authority over VA student benefit programs and provide schools with necessary and prudent opportunities to respond to claims of fraud or misrepresentation.

CECU recommends provisions for creating an automatic referral of BDR claims to the Department of Veterans' Affairs not to be included in the legislation.

For questions or comments:

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Prepared Statement of the Friends of VA Medical Care and Health Research

Statement for the Record Submitted by
The Friends of VA Medical Care and Health Research
to the House Veterans' Affairs Committee
United States House of Representatives

Legislative Hearing on H.R.6583, the "Research Reform Act of 2025"
May 20, 2026

The Friends of VA Medical Care and Health Research (FOVA) submit this statement urging the House Veterans' Affairs Committee to carefully evaluate provisions of the VA Research Reform Act that would significantly restructure the VA research enterprise FOVA is a coalition representing nearly 150 national academic, medical, and scientific societies; voluntary health and patient advocacy groups; and veteran-focused associations. For more than 35 years, FOVA has worked to ensure that America's veterans receive high-quality health care through strong support of the Department of Veterans Affairs' (VA) intramural research program.

Since the years following World War II, VA research has operated through a partnership model that brings together VA medical centers, academic affiliates, nonprofit research corporations, and external collaborators. This collaborative framework has supported the VA research enterprise for decades and remains central to the program's ability to translate scientific discovery into improved care for veterans. VA research is widely recognized as one of the most effective federal research enterprises. It supports thousands of active research projects annually, engages VA medical centers across the country, and has contributed to major medical advances including the first implantable cardiac pacemaker, the nicotine patch, and foundational work that enabled today's GLP-1 therapies. It is also home to the Million Veteran Program, one of the largest genomic databases in the world and a valuable tool in unlocking the future of medicine.

FOVA supports efforts to modernize VA research operations, reduce unnecessary administrative barriers, and ensure accountability to veterans and Congress. However, several provisions of the VA Research Reform Act would centralize authority in ways that threaten the partnerships, infrastructure, and scientific culture that makes VA research work. The Committee must weigh these risks carefully before advancing the legislation.

The VA research enterprise is not structured as a single federal laboratory system. Rather, it functions as a hybrid research ecosystem built on partnerships between VA medical centers, academic institutions, nonprofit research corporations, and external collaborators. These partnerships help manage research funding, compliance, contracting, philanthropy, and industry engagement. Several provisions in this bill would shift governance toward a centralized model that this ecosystem was not designed to support. FOVA urges the Committee to address these concerns directly.

Key Concerns:

1. Centralization That Undermines a Co-Existential System

The legislation repeatedly substitutes centralized control for locally driven, partnership-based operations. This approach is misaligned with the structure of VA research and introduces new risks without resolving the underlying challenges it seeks to address. The proposed centralized research data system, for example, would require detailed reporting on all research activities, including funding sources and collaborations. In practice, VA research depends heavily on non-VA funding streams, including industry-sponsored trials and philanthropic contributions administered through its affiliated partners. These relationships rely on strict confidentiality and contractual protection. The bill does not provide sufficient safeguards for this information, creating a real risk of exposing sensitive data and discouraging future external investments.

Similarly, the bill grants the Office of Research and Development (ORD) authority to intervene in or override local research review processes if timelines are not met. This provision directly weakens local institutional review boards (IRBs), which are essential to maintaining ethical oversight and regulatory compliance. Delays in study activation are a legitimate concern, but they stem from resource constraints and bureaucratic complexity rather than from a lack of centralized authority.

2. Unreliable Metrics and Mandates

H.R. 6583 imposes rigid mandates that risk distorting VA research priorities and undermining the system's effectiveness. By requiring public benchmarking across facilities without accounting for differences in size, geography, or patient populations, the bill would unfairly disadvantage smaller and rural sites while incentivizing volume over meaningful scientific and clinical impact. Its directive to set aside funding for implementation further disrupts the VA's historically balanced research portfolio, potentially diverting resources away from investigator-driven discovery and pushing innovation toward foreign markets. Additionally, requiring "veteran impact forecasts" at the proposal stage reflects a fundamental misunderstanding of how research progresses, favoring low-risk to human health science over exigence for outcomes.

3. Duplication, Not Improvement

The bill's proposal to establish regional research hubs exemplifies a broader issue by creating new structures that duplicate existing capabilities rather than strengthening them. Many of the functions envisioned for these hubs are already performed through longstanding partnerships among VA medical centers, academic affiliates, and VA-affiliated nonprofits established by Congress. Introducing an additional administrative layer without new resources will increase bureaucracy and create new confusion in roles and responsibilities. Creating parallel structures

that replace or duplicate existing systems undermines the VA research ecosystem and the 3000+ studies this system currently administers.

4. Data Sharing Without Safeguards

The bill also expands VA's authority to share research data broadly, including data originating from external partners. While data sharing can accelerate discovery, the legislation does not establish clear protections for data ownership, consent, or partner agreements. Data generated through academic, nonprofit, and industry collaborations is often governed by strict agreements and expanding data sharing without explicit safeguards will critically undermine study efficacy and potentially expose sensitive information.

Conclusion

The VA research enterprise does not require wholesale restructuring, but rather an investment towards modernization that enhances what already works.

Congress can strengthen VA research by:

- Reducing bureaucratic burden within existing processes
- Investing in workforce capacity, including IRB staffing and research support personnel
- Modernizing existing data systems with appropriate protection for partners
- Supporting both discovery and implementation through balanced funding strategies
- Strengthening existing partnerships that enable VA research to operate effectively

VA research is a proven, high-performing system that over the past 100 years has delivered real results for veterans and the nation. Its strength lies in its flexibility, partnerships, and decentralized structure. H.R. 6583 moves in the opposite direction and increases unnecessary bureaucratic burden that may end up creating a slower process, weaken partnerships, and reduce the system's overall effectiveness.

FOVA stands ready to work with the Committee to develop reforms that strengthen the VA research enterprise while preserving the model that has made it one of the most successful research programs in the federal government.

Sincerely,

The FOVA Executive Committee:

Roscoe Butler
Paralyzed Veterans of America

Erica Froyd
Association of American Medical Colleges

Andrew Herrin
American Thoracic Society (ATS)

Naomi Mathis
Disabled American Veterans (DAV)

Rashi Romanoff
National Association of Veterans' Research and Education Foundations (NAVREF)

K. Conwell Smith
American Psychological Association

Jennifer Zeitzer
Federation of American Societies for Experimental Biology (FASEB)

Prepared Statement of the Iraq and Afghanistan Veterans of America

IRAQ AND AFGHANISTAN
VETERANS OF AMERICA

Iraq and Afghanistan Veterans of America
Statement for the Record
Submitted to the House Committee on Veterans' Affairs
Legislative Hearing on Pending Legislation
May 20, 2026

Chairman Bost, Ranking Member Takano, and distinguished Members of the Committee:

On behalf of Iraq and Afghanistan Veterans of America (IAVA) and our more than 425,000 members and supporters nationwide, thank you for the opportunity to submit this Statement for the Record regarding legislation under consideration before the Committee.

As the leading voice for post-9/11 veterans, IAVA remains focused on ensuring veterans can access timely, high-quality health care and benefits, successfully transition to civilian life, and receive the support and recognition they have earned through service. The needs of today's veterans continue to evolve, and Congress must ensure the systems designed to support them evolve as well.

IAVA writes today in strong support of several measures included in this hearing that closely align with our legislative priorities and longstanding advocacy efforts.

H.R. 4876, "Reproductive Freedom for Veterans Act"

IAVA strongly supports the Reproductive Freedom for Veterans Act. Veterans should not lose access to reproductive health care (or even counseling) simply because they rely on the Department of Veterans Affairs (VA) for their care. With women veterans being one of the fastest growing populations within the VA system, their policies must reflect the realities and needs of those veterans and their families.

Ensuring access to comprehensive reproductive health care is fundamentally tied to health equity, economic stability, and long-term wellbeing. Veterans deserve the ability to make private medical decisions in consultation with their health care providers without unnecessary barriers or political interference. IAVA appreciates the Committee's continued attention to this issue and urges swift consideration of this legislation.

H.R. 3869, "Every Veteran Housed Act"

IAVA supports continued efforts to address veteran homelessness and housing insecurity. While veteran homelessness has declined over the last decade, far too many veterans remain at risk, particularly in communities facing rising housing costs, shortages of affordable housing, and gaps in supportive services.

Stable housing is foundational to successful transition, employment, health care access, mental health recovery, and family stability. Legislation aimed at improving housing access and reducing barriers to assistance is especially important as many post-9/11 veterans continue navigating the long-term impacts of service-connected disabilities, economic instability, and mental health challenges.

IRAQ AND AFGHANISTAN
VETERANS OF AMERICA

IAVA views the Every Veteran Housed Act as a strong complement to other efforts such as the End Veteran Homelessness Act (H.R. 1957), recognizing that ending veteran homelessness requires both expanding access to supportive housing services and improving the delivery and utilization of existing housing resources. We appreciate the Committee's continued focus on ensuring no veteran is left without safe and stable housing.

H.R. 1391, "Student Veteran Benefit Restoration Act of 2025"

IAVA strongly supports protections for student veterans impacted by institutional fraud, school closures, or administrative failures outside of their control.

Student veterans should not lose earned education benefits because of misconduct or failures by educational institutions. Post-9/11 veterans rely heavily on education benefits to pursue economic mobility, career advancement, and long-term financial stability after service. Restoring improperly lost benefits helps ensure veterans are not unfairly penalized while pursuing higher education and workforce opportunities.

Discussion Drafts Related to Toxic Exposure Oversight

IAVA supports efforts to strengthen toxic exposure oversight and improve accountability surrounding implementation of toxic exposure-related policies and programs within the VA.

Post-9/11 veterans continue to face the long-term health impacts of toxic exposures sustained during military service, and the successful implementation of the PACT Act and related initiatives remains critically important. Oversight, transparency, scientific expertise, sustained research and data collection capacity, and stakeholder engagement will all be essential to ensuring veterans receive timely access to care and benefits associated with toxic exposure conditions.

IAVA welcomes continued Committee attention to these issues and encourages Congress to ensure any advisory or oversight structures established are transparent, adequately resourced, and inclusive of veteran community perspectives, including women veterans and populations whose toxic exposure impacts have historically been under-recognized. As advisory committees continue shaping toxic exposure policy and implementation, it is particularly important that women's equities remain fully considered.

Additional Considerations

While IAVA appreciates the Committee's continued focus on improving accountability and modernization across the VA, we also encourage careful consideration of the potential downstream impacts of several proposals under consideration, including the VA Research Reform Act of 2025, the Veterans Affairs Advisory Committee Oversight Act of 2025, and the Veterans Readiness and Employment Improvement and Accountability Act of 2025.

As Congress evaluates reforms affecting research activities, advisory committee structures, and veteran employment and rehabilitation programs, it is essential that changes do not unintentionally reduce veteran stakeholder engagement, narrow eligibility, create new administrative barriers, limit transparency, or disrupt continuity of services for veterans currently relying on these programs. In particular, advisory committees and research initiatives often provide critical subject matter expertise and direct veteran community input that help inform effective policymaking and implementation across VA.

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VETERANS OF AMERICA

IAVA encourages the Committee to ensure any reforms preserve meaningful veteran representation, maintain transparency and oversight mechanisms, and prioritize veteran outcomes and access to services throughout implementation.

IAVA appreciates the Committee's continued bipartisan work on behalf of veterans and their families. As Congress considers these proposals, we urge lawmakers to remain focused on policies that improve real-world outcomes for veterans by expanding access to care, reducing barriers to benefits, supporting successful transition, and addressing the evolving needs of the post-9/11 generation.

We thank the Committee for the opportunity to provide our views and look forward to continued partnership in advancing policies that honor the service and sacrifice of all veterans.

Respectfully submitted,

Jessica Finucan
Director, Policy & Advocacy
Iraq and Afghanistan Veterans of America (IAVA)

Prepared Statement of the National American Indian Veterans, Inc. (NAIV)

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2/26/2026

The Honorable Mike Bost

Chairman

House Committee on Veterans' Affairs

U.S. House of Representatives

Washington, D.C. 20515

The Honorable Mark Takano

Ranking Member

House Committee on Veterans' Affairs

U.S. House of Representatives

Washington, D.C. 20515

Re: Opposition to H.R. 6764 – Veterans Affairs Advisory Committee Oversight Act of 2025

Dear Chairman Bost and Ranking Member Takano:

On behalf of the National American Indian Veterans (NAIV), we respectfully submit this letter in opposition to H.R. 6764, the Veterans Affairs Advisory Committee Oversight Act of 2025, as currently drafted. We urge the Committee not to advance this legislation from committee without substantial revision.

Concern Regarding the Advisory Committee on Tribal and Indian Affairs

H.R. 6764 proposes restructuring advisory committees within the Department of Veterans Affairs. Under the bill as drafted, the current Advisory Committee on Tribal and Indian Affairs would effectively be replaced with a consolidated advisory structure in which Native American veterans would have only a single representative seat within a broader "special populations" committee.

The existing Advisory Committee on Tribal and Indian Affairs provides structured, regionally representative input to the Secretary of Veterans Affairs. The committee includes approximately 12–15 members reflecting:

- Representation across Indian Health Service (IHS) service areas
- Both reservation-based and urban Native veteran communities
- Geographic and cultural diversity among Tribal Nations

This structure ensures that Native American veterans can provide regionally informed, culturally grounded, and policy-specific recommendations directly to the Secretary.

Reducing that representation to a single seat on a consolidated advisory committee represents a significant downgrade in voice and consultation capacity.

Elevated Need Requires Increased Attention — Not Reduced Representation

American Indian and Alaska Native veterans face some of the most severe disparities of any veteran population.

Data consistently demonstrate that AI/AN veterans experience:

• The highest or among the highest suicide rates of any racial or ethnic group of veterans
• Disproportionately high rates of homelessness
• Elevated rates of PTSD and substance use disorders
• Significant barriers to culturally safe and geographically accessible care
• Persistent socio-economic challenges linked to historical and structural inequities

At the same time, American Indian and Alaska Native individuals continue to serve in the United States Armed Forces at the highest per capita rates of any racial or ethnic group in the country.

This combination — highest rates of service and highest levels of risk — demands increased engagement, enhanced consultation, and strengthened advisory structures within the Department of Veterans Affairs.

It does not justify reducing Native representation within VA advisory mechanisms.

Sovereignty and Federal Trust Responsibility

Native American veterans are not simply a "special population." They are citizens of sovereign Tribal Nations. Federal engagement with Native veterans implicates longstanding principles of:

• Tribal sovereignty
• Government-to-government consultation
• Federal trust responsibility

The Advisory Committee on Tribal and Indian Affairs operationalizes those principles within the Department of Veterans Affairs by providing a structured mechanism for meaningful consultation and policy feedback.

Replacing this committee with a single representative seat within a generalized advisory framework diminishes that structured engagement and risks reducing meaningful consultation to symbolic inclusion.

Practical Governance Concerns

A single representative cannot adequately reflect the perspectives of:

- 575 federally recognized tribes
- All IHS service areas
- Both rural and urban Native veteran populations
- The diverse cultural, geographic, and policy realities facing Native communities

The current Advisory Committee on Tribal and Indian Affairs ensures regional distribution of voices and subject matter expertise. Eliminating that structure weakens the Secretary's ability to receive comprehensive, regionally informed recommendations on issues affecting Native veterans.

Request for Committee Action

NAIV respectfully requests that the House Committee on Veterans' Affairs:

1. Decline to advance H.R. 6764 out of committee as currently drafted;
2. Preserve the Advisory Committee on Tribal and Indian Affairs in statute; and
3. Ensure that any advisory restructuring maintains — at minimum — equivalent Native representation and consultation capacity.

Given the documented disparities affecting American Indian and Alaska Native veterans and their continued service at the highest per capita rates of any racial or ethnic group, now is the time to strengthen Native representation within the VA — not reduce it.

We stand ready to work collaboratively with the Committee to strengthen advisory structures in a manner that enhances accountability while preserving meaningful Tribal consultation.

Thank you for your consideration and for your continued commitment to all who have served.

Respectfully,

Peter Lengkeek
National Commander
National American Indian Veterans (NAIV)

Prepared Statement of the Veterans Education Success

WRITTEN STATEMENT
SUBMITTED TO THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
119TH CONGRESS, SECOND SESSION

May 20, 2026

Chairman Bost, Ranking Member Takano, and Members of the Committee:

We thank you for the opportunity to present this statement for the record at this hearing, which includes many notable bills addressing higher education and veterans' education benefits. Veterans Education Success is a nonprofit organization with the mission of advancing higher education success for veterans, service members, and military families, and protecting the integrity and promise of the GI Bill® and other federal education programs.

In this statement, we address the following legislative proposals: the *Student Veteran Benefit Restoration Act of 2025,* the *Veterans Readiness and Employment Improvement and Accountability Act of 2025*, the *Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025*, and the *Veterans Affairs Advisory Committee Oversight Act of 2025*. We applaud the Committee's dedication to our Nation's veterans and look forward to working closely with the staff on advancing many of these important topics for broader consideration.

H.R. 1391, the *Student Veteran Benefit Restoration Act of 2025*

This bill would establish a much-needed pathway for VA to restore education benefits to veterans and beneficiaries who used those benefits at schools that engaged in fraud, deceptive practices, or other serious misconduct, while also allowing VA to seek repayment from the institutions responsible for that harm.

Veterans count on the GI Bill to facilitate a smooth transition from military service to a successful civilian career. Veterans rely on VA's program eligibility as a "stamp of approval" to identify quality programs. Both veterans and taxpayers are entitled to a reasonable return on investment for the GI Bill.

We have heard from hundreds of students that schools have actively misled them by promising high-quality education but providing substandard instruction, promising job placement, credentials, and salaries that students cannot obtain with their degrees, changing degree requirements after the student has enrolled, or lying about the real cost of tuition. Unfortunately, too many programs that are approved for GI Bill benefits are currently engaging in this kind of misconduct. Bad actor schools cause serious harm to the veterans they are meant to help, leaving veterans with worthless credits, burdensome debts, and wasted benefits.
Despite providing poor results and misleading veterans about their offerings and outcomes, many of these programs and schools continue to rake in millions of taxpayer dollars through the recruitment and exploitation of veterans and the abuse of their hard-earned GI Bill benefits.

Wasting taxpayer funds on subpar education programs is entirely ***preventable.***

Several years ago, the U.S. Department of Justice (DOJ) seized the bank accounts of the House of Prayer Christian Church – a purported "bible school" that we exposed and brought to VA's attention, as veterans were being blatantly cheated out of their GI Bill and abused by an alleged cult leader.[1, 2] The recouped funds went to the U.S. Department of the Treasury, but the defrauded veterans got nothing. The veterans who gave their hard-earned GI Bill to House of Prayer, thinking it was a legitimate bible college, never got their GI Bill back, even though the U.S. Treasury took the school's assets as recompense for the stolen GI Bill.

In another example, DOJ recouped more than $150 million from Retail Ready Career Center and sent the owner, Jonathan Dean Davis, to jail for 19 years after he had swindled thousands of veterans, taking their GI Bill and their housing allowance but providing nothing of value in return.[3] But when the federal government recovered $150 million, the defrauded veterans got nothing. They *could not* get their GI Bill benefits back.

Even worse, veterans are sometimes the *only* students who are not made whole. For example, students with federal student loans from ITT Technical Institute have had their U.S. Department of Education (ED) loans discharged due to evidence of widespread fraud and gross negligence. Yet, student veterans who used their GI Bill to attend ITT Technical Institute cannot get their GI Bill benefits restored because of the fraud. The GI Bill statute currently does allow restoration for closed schools, but not for fraud. The only veterans helped by the current statute are those who were enrolled at or near the time a school closes or loses program approval. But students who experienced the fraud and withdrew earlier get nothing.

We believe it is an absolute betrayal of student veterans that students can get their federal student loans discharged, yet veterans cannot get back their GI Bill benefits. The fact that veterans are defrauded out of their hard-earned GI Bill is blatantly counter to Congress's vision for the impact of the GI Bill. Furthermore, when the federal government successfully recovers funds from a school that engaged in fraud or gross negligence, Congress should, at a minimum, require that those recovered funds be directed first toward restoring affected students' education benefits.

In the 118th Congress, the House passed H.R. 1767, the *Student Veteran Benefit Restoration Act*, by a nearly unanimous vote of 406-6. There is widespread agreement on the fundamental disparity affecting veterans, and we encourage this Congress to finally pass the Student Veteran Benefit Restoration Act with the following technical improvements.

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[1] *United States of America v. $115,800.00 in U.S. Currency Funds* (Jan. 6, 2023), https://vetsedsuccess.org/wp-content/uploads/2023/01/House-of-Prayer-Bible-Seminary.pdf.

[2] Veterans Education Success, *Our Letter to VA and Georgia SAA Regarding House of Prayer Christian Church* (Aug. 2020), https://vetsedsuccess.org/letter-to-va-and-georgia-saa-regarding-house-of-prayer-christian-church/.

[3] United States Attorney's Office, Northern District of Texas Press Release, *For-Profit Trade School Sentenced to Nearly 20 Years for Defrauding VA, Student Veterans* (Sept. 22, 2021), https://www.justice.gov/usao-ndtx/pr/profit-trade-school-sentenced-nearly-20-years-defrauding-va-student-veterans.

Technical Feedback

Retroactivity. In the strongest possible terms, we urge the Committee to consider making restoration fully retroactive, or, at a minimum, to establish a defined retroactive period. As the language currently stands, the bill applies only to periods occurring on or after enactment. That "forward only" structure would leave out many of the veterans and family members that this bill should be directly intended to address, including veterans harmed by well-documented institutional fraud over time, like the DOJ targets, House of Prayer and Retail Ready, where the government already collected funds that could be used to give the veterans their GI Bill benefits.

If full retroactivity is not feasible, we urge the Committee to at least consider a time-limited retroactive period or a narrower retroactive rule tied to specific triggers. To have no retroactivity whatsoever would be an implicit acknowledgment that veterans and their families deserve to have their benefits restored, but that those who should get such treatment were "defrauded too early." This would be a slap in the face to the thousands of veterans who have filed complaints with VA and brought their concerns to Congress over the years, and we strongly press the Committee to address this issue in some manner.

Funds Recovery. We believe the bill should add a restoration trigger for any instance in which the federal government recovers funds from a school due to fraud, deceptive conduct, substantial misrepresentation, gross negligence, or similar conduct, or to any settlement of such allegations. If DOJ, VA, ED, Treasury, or another federal entity recovers funds from an institution because that institution wrongfully obtained taxpayer dollars connected to veterans' education benefits, those recovered funds should be used primarily to restore affected veterans' education benefits. We believe the basic rule should be that when the government recovers money on behalf of defrauded veterans, it should be directed to making those veterans whole. Veterans should not be left holding the bag while the Treasury takes the funds representing veterans' benefits.

Court Findings. We encourage the Committee to expand subsection (b)(3) beyond court findings of fraud – which has a very narrow definition – to also include findings of gross negligence, substantial misrepresentation, deceptive practices, or comparable misconduct. For comparison, VA's regulations at 38 CFR § 46.1 describe "gross negligence" as the performance of service which is "materially worse than substandard," or the "absence of even slight care or diligence; it implies a thoughtless disregard of consequences or indifference to the rights of others." In the GI Bill statute, students who experience similar levels of negligence should also be made whole.

The bill's current narrow definition of fraud imposes an unrealistically high burden of proof, requiring the demonstration of intent. It is typically difficult to prove the defrauder's intent; moreover, the defrauder's intent is irrelevant if the bad actor clearly cheated veterans and took their benefits. It does not matter if the House of Prayer genuinely believed it was "saving souls" while it took veterans' benefits; what is important is that it cheated veterans of their GI Bill. Furthermore, bad actors are more likely to obscure the intent behind their behavior, making "fraud" a uniquely high bar to meet.

The Committee should expressly add substantial misrepresentation and gross negligence to ensure the restoration pathway reaches serious misconduct that may not fit neatly into a common-law fraud finding but still produces the same practical result for veterans: wasted benefits, worthless credits, and no meaningful education in return.

Non-Court Findings. The bill should not make court action the only meaningful pathway to restoration. Court findings are important, but they are not the only reliable basis for determining that an institution engaged in serious misconduct. The Committee should also allow restoration based on final determinations by VA, ED, DOJ, state attorneys general, State approving agencies, accreditors, or other appropriate oversight entities. Otherwise, veterans harmed by schools whose misconduct is resolved through administrative action, settlement, receivership, loss of approval, or closure may still be excluded.

Restoration Delays. We recommend that the Committee clarify that any institutional appeal process should not delay restoration to veterans. The bill is appropriately fair to schools in requiring VA to establish an appeal process for institutions that are required to repay funds, separate from the appeal process under 38 U.S.C. § 3696(i). But the bill should also be fair to veterans. Schools' right of appeal should be limited to the institution's repayment obligation and should not operate as a stay of restoration for affected veterans. Veterans should not have to wait years for a school to exhaust every procedural maneuver before their entitlement is restored. As the Committee publicly noted recently, "Student veterans have earned a stress-free environment while pursuing their higher education — not financial chaos."[4] Once VA has determined that restoration is warranted, the student veteran should not be forced to linger in uncertainty while the institution appeals its repayment obligation.

Additionally, we encourage the Committee to consider existing appeal processes within VA rather than establishing new bureaucratic approaches to these issues. The bill could rely on existing processes for recoupment and for deciding whether to revoke school approval, such as 38 U.S.C. § 3696(f) and (g), 38 U.S.C. § 3690, and 38 U.S.C. § 3685(b) and (c). For instance, the bill could provide that whenever the Secretary has made a determination to restore entitlement in accordance with [(a) and (b)], the Secretary shall require a review and determination under 38 U.S.C. § 3696(f) and (g) and the Under Secretary of Benefits shall make a finding regarding any amounts to be refunded to the Department as a condition to continued approval.

School Closures. Subsection (b)(5) should be simplified and aligned with existing school closure restoration authority. As drafted, the bill appears to require both fraud and subsequent closure. That approach may be more limiting than current law and would require unnecessary complexity in a process that is already too burdensome. The Committee should establish a clear restoration rule for students who are unable to complete their approved program due to school closures or program disapproval. Sudden closures can leave veterans with unfinished programs, nontransferable credits, missing transcripts, and exhausted benefits, regardless of whether the closure was caused by fraud, financial collapse, loss of approval, accreditor action, state action, or institutional abandonment. The restoration standard should focus on the harm to veterans, not the procedural path by which the school failed.

[4] House Committee on Veterans' Affairs, "GW must provide Congress with a detailed plan on how they will fix these issues with past and present student veterans enrolled in the accelerated MBA program," X (May 8, 2026), https://x.com/HouseVetAffairs/status/2052844577933975639.

Repayment Scope. We also support VA's testimony suggesting that the bill should ensure that institutional repayment matches the full scope of restored benefits.[5] As drafted, proposed subsection (c)(1) appears to require repayment only of the amounts paid directly to the institution, generally tuition and fees. VA correctly notes that this would not include payments made directly to beneficiaries, such as monthly housing allowances, book and supply stipends, chapter 35 payments, Montgomery GI Bill payments, Montgomery GI Bill Selected Reserve payments, and certain Veterans Readiness and Employment benefits. We agree with VA that, when VA restores entitlement due to institutional fraud or deceptive conduct, the institution should be responsible for the total amount of taxpayer dollars paid as a result of that conduct, including amounts paid to both the school and the beneficiary.

Administrative Note. We echo VA's testimony that the bill should be codified as a new 38 U.S.C. § 3699E rather than § 3699C.[6] VA accurately determined that 38 U.S.C. § 3699C and 3699D already exist, so the proposed new section number should be updated throughout the bill, including in the clerical amendment to the table of sections.

School Closures Issue

If the school closure issue is not fully addressed in H.R. 1391, we encourage the Committee to separately make two additional technical fixes to existing law:

First, the *Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act of 2026* established the most recent authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2026.[7, 8]

However, VA needs to be able to continue restoring benefits when a school closes or a program is disapproved beyond this date, and we encourage the Committee to extend the period of coverage at least five additional years, through September 30, 2031.

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[5] Phillip Christy, "Statement of Mr. Phillip Christy, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics, and Construction, Department of Veterans Affairs, Before the Committee on Veterans' Affairs, U.S. House of Representatives," U.S. House Committee on Veterans' Affairs (Mar. 18, 2026), https://docs.house.gov/meetings/VR/VR00/20260318/119040/HHRG-119-VR00-Wstate-ChristyP-20260318.pdf.

[6] *Id.*

[7] Public Law 119–37, *Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026*, Section 7202, 119th Congress, 1st Session. (2025), https://www.congress.gov/119/plaws/publ37/PLAW-119publ37.pdf.

[8] The *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* had also previously established the authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2025.
Public Law 118-210, *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, Section 211, 118th Congress, 2nd Session (2024), https://www.congress.gov/bill/118th-congress/house-bill/8371; the *Fiscal Year 2024 VA Extenders Legislation* was the preceding authority for VA to restore GI Bill benefits to students who were pushed out of their programs due to a closure or disapproval before September 30, 2025. Reference Public Law No. 118-19, *Continuing Appropriations, Fiscal Year 2024 Act*, 118th Congress, First Session (Oct. 6, 2023), https://www.congress.gov/118/plaws/publ19/PLAW-118publ19.pdf.

Second, a minor technical adjustment related to program disapproval issues would have a highly consequential impact on student veterans. At present, 38 U.S.C. § 3699 allows veterans to have their benefits restored under limited circumstances, such as a change to "a provision of law enacted after the date on which the individual enrolls at such institution affecting the approval or disapproval of courses under this chapter" or "the Secretary prescribing or modifying regulations or policies of the Department affecting such approval or disapproval." In consultation with Committee staff, we urge the addition of a section (iii) that states "or for any other reason" because program disapproval due to a provision of law is a very narrow circumstance, and does not help the tens of thousands of veterans who are affected every year by disapprovals.

In addition, to support veterans who attended closed schools, colleges should be required to implement safeguards against sudden shutdowns. VA should ensure schools have an orderly closure process that provides students with adequate advance notice, viable transfer options, and guaranteed permanent access to their transcripts and records.[9] We believe a 2020 Maryland law provides a valuable model of this approach.[10]

H.R. 6904 – the *Veterans Readiness and Employment Improvement and Accountability Act of 2025*

This bill would revise the Veteran Readiness and Employment (VR&E) program and seek to strengthen program accountability and to improve how VA supports disabled veterans pursuing rehabilitation and employment. While the stated purpose is to make the program more effective in helping eligible veterans prepare for, obtain, and maintain suitable work, we oppose the measures contained therein for the reasons outlined below.

Background

As noted in our previous statements to Congress, we have continued to receive complaints from veterans about VR&E.[11, 12, 13] These complaints continue to tell the story that the VR&E benefits process is often too complicated and stressful. Veterans get tired of fighting for what they deserve, and all too often, some counselors prove to be unresponsive or even antagonistic to a veteran's interests.

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[9] Section 207 of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* established the requirement for Title 38-participating institutions to provide students with an "official transcript in a digital format." However, we believe this requirement is not adequate, as most employers and virtually all institutions to which a student may wish to transfer would insist on directly receiving a transcript from previously attended schools. Transcripts supplied by students are viewed as unreliable because their indirect chain of custody could have allowed them to be altered. Furthermore, transcripts are merely a snapshot of a subset of data from the comprehensive academic records of students.

[10] Maryland orderly school closure law: SB 446 (enacted May 7, 2020), http://mgaleg.maryland.gov/mgawebsite/Legislation/Details/SB0446?ys=2020RS.

[11] Veterans Education Success, "VES Written Statement on Evaluating the Effectiveness of VA Vocational Rehabilitation and Employment Programs Before the House Committee on Veterans' Affairs Committee on Economic Opportunity" (Jun. 4, 2019), https://vetsedsuccess.org/wp-content/uploads/2019/06/VES_SFR_VRE_06032019-1.pdf.

[12] Veterans Education Success, "Our Statement for the Record on the Topic of 'Veteran Readiness and Employment: Is VA Succeeding?'" (Sept. 15, 2022), https://vetsedsuccess.org/wp-content/uploads/2022/09/VES-SFR-VRE-Hearing-HVAC-EO-September-15-2022.pdf.

[13] Veterans Education Success, "Our Statement for the Record on the Topic of 'Examining the Effectiveness of the Veterans Readiness and Employment (VR&E) Program'" (Dec. 11, 2024), https://vetsedsuccess.org/wp-content/uploads/2024/12/Statement-For-the-Record-VRE-HVAC-EO-Dec-2024.pdf.

Highlighted below are specific areas of concern raised by veterans who have contacted us, followed by related recommendations for potential solutions to the challenges they face.

A. Veterans feel VR&E and its counselors steer them away from high-quality programs or push them to enroll in low-quality programs.

Many veterans have told us that VR&E counselors steer them away from top colleges and towards low-quality online programs. One recent veteran, a 100% disabled 12-year service member, was denied approval for an Ivy League business school. The counselor dismissed it as too expensive despite its clear career advantages and the likelihood of higher earnings. Veterans find the approval process arbitrary, as the same schools are approved for others.

B. Veterans complain that applying for and using VR&E benefits is too difficult; counselors have denied their admission to the VR&E program, denied their education program, or refused to cover certain programmatic costs without a reasonable explanation, causing tremendous stress.

One veteran who came to us for help was denied VR&E funding for essential coursework materials, including a laptop, with no apparent reason beyond a vague claim of insufficient funds. Others report difficulty using VR&E for graduate or professional degrees, with counselors blocking doctoral programs and instead approving degrees that do not align with their disabilities or vocational goals. Some counselors improperly decide that advanced degrees are unnecessary, even after veterans have already started their programs. Many veterans believe counselors lack training to assess how disabilities impact career options.

C. VR&E counselors are often challenging to reach and do not provide timely information and responses to veterans.

Veterans frequently report unresponsive, incompetent, or even antagonistic counselors who seem more focused on disqualifying them than helping. Some are repeatedly reassigned counselors, receiving conflicting guidance and decisions. Many worry about retaliation.

One veteran considered withdrawing from VR&E entirely after a year without a response from his counselor. A medically retired Army veteran s to even start the program.

To address this challenge, we recommend to the Committee to mandate reducing the maximum client-to-counselor ratio from 125 to 85. This will facilitate veterans' receipt of timely, individualized support. While VA has worked to reduce this number, 125 remains too high for counselors to address veterans' needs adequately, and veterans continue to report unresponsive counselors.

Technical Feedback

Based on the feedback we've received from veterans, we believe the bill does not address the core concerns of the most frequently cited issues pertaining to this program. We do applaud the intent to make the program more efficient and to provide a higher return on investment to taxpayer dollars, which we strongly support. However, several features in the current language may ultimately undercut the overall intent of the program in supporting the employment readiness of disabled veterans.

We offer the following input on key sections of the bill for consideration of the Committee:

Section 2, Section 3. VA correctly points out that existing statutory authority already addresses these topics, per 38 U.S.C. § 3111 and 38 U.S.C. § 3103(c), respectively.[14] We have no additional comments.

Section 4. While we support reviewing payments over $5,000, we encourage this authority to be delegated to a lower level to prevent bureaucratic roadblocks from delaying legitimate expenditures. We support the requirement for an annual report for post facto accountability and suggest that perhaps a higher threshold for payments could instead be considered for Secretary-level authority.

Section 5. We remain concerned about capping all Federal funds at a specific level, such as $250,000 in this proposal, without the possibility of a waiver or individual review, as it may be applied unevenly given the nature of non-Title 38 funds. We recommend the Committee add the option for individual veterans to seek waivers of this cap on a case-by-case basis. In some instances, costs may exceed this cap but are truly necessary to achieve a positive long-term outcome, such as the cost of independent living adaptations. We believe most individuals would rarely incur costs above the proposed limits, but the program should offer some flexibility for specialized cases. If the Committee does consider adding a waiver provision, we would support including this data element in the annualized report discussed in section 4 of the bill.

Section 6. This section would allow vocational rehabilitation specialists (VRS) to redevelop the individualized vocational rehabilitation plan for a veteran and, in effect, the plan's vocational feasibility. Presently, this authority is limited to vocational rehabilitation counselors (VRC). Due to the distinct education requirements between VRS's and VRC's, we oppose effectively lowering the standard of academic training that would result from this change, and encourage the Committee to maintain the highest possible standards for VA staff who have the authority to approve rehabilitation plans.

Section 7. We believe this section would create inconsistent housing payment rules across VR&E and other VA education benefit programs. Specifically, the provision would require VA to calculate the Post-9/11 GI Bill subsistence allowance for certain VR&E participants based on the zip code of the veteran's residence, rather than the zip code of the school, when the school is more than 25 miles from the veteran's home. That approach would treat VR&E participants differently from Post-9/11 GI Bill students and other beneficiaries whose housing support is tied to the institution's location, even when those students may be enrolled in the same program. If the goal is to address whether VR&E participants receive sufficient housing and expense support, we encourage the Committee to consider that issue directly rather than creating a location-based exception that may introduce new inequities across benefit programs.

Section 8. We support this section, with the caveat that newly established employment counselor roles should not draw on already strained staffing resources across the rest of the VR&E program. We would also encourage these new roles to engage with community resources, including career placement services at local colleges and universities, to amplify ongoing employment efforts further.

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[14] Phillip Christy, "Statement of Mr. Phillip Christy, Principal Executive Director and Chief Acquisition Officer, Office of Acquisition, Logistics, and Construction, Department of Veterans Affairs, Before the Committee on Veterans' Affairs, U.S. House of Representatives," U.S. House Committee on Veterans' Affairs (Mar. 18, 2026), https://docs.house.gov/meetings/VR/VR00/20260318/119040/HHRG-119-VR00-Wstate-ChristyP-20260318.pdf.

Section 9. We strongly recommend that the Committee prioritize the recommendations of experts on disability policy and benefits, especially those from Disabled American Veterans and Paralyzed Veterans of America. There are many nuanced and intricate details involved in determinations of total disability and VR&E eligibility, and we believe cost-cutting should not be the only priority for the Committee.

Based on the issues addressed above, we make the following recommendations on VR&E for the Committees' consideration:

- **Staff Ratio.** Reduce the maximum client-to-counselor ratio from 125 to 85 to ensure veterans receive timely, individualized support. While VA has worked to reduce this number, 125 remains too high for counselors to address veterans' needs adequately, and veterans continue to report unresponsive counselors.

- **Counseling Consistency.** Require *increased* training for VR&E counselors to ensure consistent, high-quality guidance. Too many veterans are steered into low-quality schools while others are approved for top-tier institutions. Counselors should be trained to avoid recommending schools with federal caution flags or law enforcement actions. They should be empowered to approve graduate degrees when needed to help veterans achieve their vocational goals. Additional training and explicit guidance would improve program delivery and the veteran experience.

- **System Modernization.** Continue to improve and modernize the VR&E case management system to prevent payment delays and reduce administrative burdens. Given the financial hardships many veterans face, timely payments are critical. We commend the e-VA Document Repository and Automation Initiative, which significantly reduces the burden on both veterans and counselors by streamlining required documentation.

- **Housing Allowance Parity.** Establish a Monthly Housing Allowance (MHA) for VR&E students at rates comparable to the Post-9/11 GI Bill to keep pace with rising living costs.[15]

We thank the Committee for your attention to this critical program and consideration of these recommendations. We will continue to provide feedback based on what we hear from the veterans we work with on an ongoing basis.

H.R. 6843 – the *Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025*

This measure proposes the creation of a "Veterans Economic Opportunity and Transition Administration" within the U.S. Department of Veterans Affairs (VA), to be overseen by a new Under Secretary. The purpose of this new Administration would be to manage and administer various programs that deliver economic opportunity benefits to veterans, their dependents, and survivors. The bill would also require the Secretary to provide an annual report to Congress on the programs administered by the Under Secretary for Veterans Economic Opportunity and Transition.

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[15] Veterans Education Success, "Statement for the Record, House Committee on Veterans' Affairs Economic Opportunity Committee Hearing, *Getting Veterans to Work after COVID-19*" (Jul. 21, 2020), https://vetsedsuccess.org/our-sfr-for-july-21-hvac-economic-opportunity-Committee-hearing-getting-veterans-to-work-after-covid-19/.

Various versions of this legislation have been proposed over the last decade, the last of which we commented on in the Senate with S. 291; this version included support from several organizations that testified at that hearing.[16, 17, 18,19] Notably, many other iterations of this proposal have passed the House of Representatives, though none have passed the full Congress.[20] A previous sticking point had been the inclusion of a provision that would have moved the U.S. Department of Labor (DoL) Veterans' Employment and Training Service (VETS) program under the proposed new Administration within VA. Given the politically tenuous nature of such a component, we would encourage the Committee to consider removing subsection (4) of § 8002 of the bill.

While we do not know if a new Administration would do a better job administering the GI Bill, experience clearly shows that the Veterans Benefits Administration (VBA) continues to struggle with its competing missions of delivering disability compensation benefits and a wide variety of economic opportunity benefits, such as the GI Bill.

In 2018, VBA established the Office of Transition and Economic Development (TED), now known as Outreach, Transition, and Economic Development (OTED), in response to earlier proposals similar to this legislation.[21, 22] The establishment of that office acknowledged that VBA had been structurally unprepared to meet the modern needs of veterans in terms of transition and economic opportunity. We believe much of the office is geared towards transition, more so than economic opportunity and tools of empowerment such as the GI Bill.[23] Despite this office's existence for the past eight years, significant barriers to economic opportunity for veterans remain.

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[16] Notable interest in various iterations of this legislation has has come from the Veterans of Foreign Wars (VFW), Disabled American Veterans (DAV), Vietnam Veterans of America (VVA), American Veterans (AMVETS), Paralyzed Veterans of America (PVA), and Student Veterans of America (SVA). The concept has also been previously endorsed in the annual Independent Budget produced by DAV, PVA, and VFW.
[17] Hubbard, William, "Testimony of Mr. William Hubbard, Chief of Staff, Student Veterans of America" Apr. 30, 2019, https://www.congress.gov/116/meeting/house/109320/witnesses/HHRG-116-VR10-Wstate-HubbardW-20190430.pdf.
[18] Independent Budget, https://www.independentbudget.org/wp-content/uploads/2023/02/TIB-EAE1-Create-an-Economic-Opportunity-Administration-Within-The-Department-of-Veteran-Affairs-VA.pdf.
[19] U.S. Senate Committee on Veterans' Affairs, "Hearing to Consider Pending Legislation" (Apr. 26, 2023), https://www.veterans.senate.gov/2023/4/hearing-to-consider-pending-legislation.
[20] Six iterations of this legislation have been proposed over the past 15 years, including H.R. 2494 (117th Congress), H.R. 2045 (116th Congress), H.R. 5644 (115th Congress), H.R. 2327 (113th Congress), H.R. 2481 (113th Congress), and H.R. 3719 (111th Congress); on three occasions, the legislation passed the U.S. House of Representatives unanimously, including H.R.s 2494, 2045, and 2481. https://www.congress.gov/. Accessed Apr. 20, 2023.
[21] Devlin, Margarita, "Statement of Margarita Devlin, Principal Deputy Under Secretary for Benefits, Veterans Benefits Administration, Department of Veterans Affairs, before the House Committee on Veterans' Affairs Committee on Economic Opportunity" (Apr. 9, 2019), https://www.congress.gov/116/meeting/house/109258/witnesses/HHRG-116-VR10-Wstate-DevlinM-20190409.pdf.
[22] U.S. Department of Veterans Affairs, "Outreach, Transition and Economic Development," https://benefits.va.gov/transition/index.asp. Accessed Apr. 20, 2023.
[23] Rawls, Cheryl, "Statement of Ms. Cheryl Rawls, Executive Director, Outreach, Transition and Economic Development Service Department of Veterans Affairs before the Committee on Disability Assistance and Memorial Affairs Committee on Veterans' Affairs U.S. House of Representatives" (Feb. 8, 2022), https://docs.house.gov/meetings/VR/VR09/20220208/114386/HHRG-117-VR09-Wstate-RawlsC-20220208-U1.pdf.

The notable failures of the current VBA include the following:

1. Delays

In 2023, VBA publicly announced a technical flaw that delayed GI Bill housing allowance (MHA) payments for more than 280,000 student veterans.[24] For nearly 4,000 of these veterans, VBA had to work with Treasury to mail hard-copy checks to the individuals to ensure continuity of on-time payments.[25] We applaud the VBA leadership for ultimately finding solutions to this challenge, but we believe it indicates broader systemic issues; veterans should never be exposed to doubt about whether they will be able to pay rent in a given month.

Earlier this year, we testified before this Committee regarding the detrimental delays in VA's education programs, including the sudden interruption in GI Bill payments that left students and survivors without timely benefits or clear answers this past fall. Students who depend on these benefits faced immediate financial consequences, including housing insecurity, vehicle repossession, and uncertainty about whether they could remain enrolled. At the same time, VA's GI Bill hotline was unavailable during the federal government shutdown, and stakeholders outside VA were forced to determine the scope of the problem on their own.

2. Failure to Protect Veterans from Fraud and Predatory Schools

VA's attention to implementing critical consumer protection laws has been inconsistent, or entirely lacking in certain instances, over the past several decades. For example, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 added 38 U.S.C. § 3696 to the requirements governing the administration of veterans' educational benefits. Section 3696 prohibits schools from participating in the GI Bill if they utilize "advertising, sales, or enrollment practices of any type which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation."[26]

VA's inadequate implementation of Section 3696 (1) prevents GI Bill beneficiaries from making an informed choice when deciding where to use their hard-earned benefits, and (2) undermines the integrity of the GI Bill by allowing schools that engage in fraud to receive taxpayer support. Even more troubling, schools, including Alta (Westwood College), Corinthian, ITT, and former EDMC brands (Argosy, Art Institutes, South University), that engaged in deceptive advertising and enrollment tactics have closed precipitously, leaving beneficiaries without a degree after having wasted some or all of their benefits.[27] We remain deeply concerned about the continued ability of predatory schools to defraud veterans out of their hard-earned GI Bill benefits. More recent examples of failing to provide adequate responses have included:

- ***House of Prayer.*** In 2022, the public became widely aware of the shocking allegations associated with a system of schools misleadingly called the *House of Prayer Christian*

[24] U.S. Department of Veterans Affairs, "Important Update About GI Bill Monthly Payments for Students" (Mar. 31, 2023), https://content.govdelivery.com/accounts/USVAVBA/bulletins/3522215.
[25] U.S. Department of Veterans Affairs, "Update on Post 9/11 GI Bill MHA Delayed Payment for March 2023" (Apr. 19, 2023), https://content.govdelivery.com/accounts/USVAVBA/bulletins/355e1e1.
[26] U.S. Code, Section 3696, https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section3696&num=0&edition=prelim. Accessed Apr. 20, 2023.
[27] Veterans Education Success, "VA Still Not Enforcing 1974 Ban on Schools that Engage in Deceptive Advertising and Recruiting" (Oct. 2019), https://vetsedsuccess.org/va-still-not-enforcing-1974-ban-on-schools-that-engage-in-deceptive-advertising-and-recruiting/.

Church.[28] This case culminated in a raid by the Federal Bureau of Investigation, two years after our initial report to VA.[29, 30]

- ***Perdoceo.*** In 2021, we alerted VA to law enforcement's concerns about Perdoceo Education Corporation, formerly known as the Career Education Corporation, which encompasses American InterContinental University, Colorado Technical University, California Southern University, and Trident University International.[31] Nearly every state in the nation sued Perdoceo for defrauding students – especially veterans – as did the Federal government, and yet VA did nothing. In 2019, 36 veterans and military service organizations wrote to VA to raise these concerns and highlight the states' lawsuit, and, despite years of community-wide concerns, no meaningful action has been taken to date.[32]

- ***FastTrain* and *Retail Ready Career Center.*** It is unacceptable that veterans should have to wonder why obvious scams like *FastTrain College* and *Retail Ready Career Center* were approved in the first place.[33] Veterans should be able to count on VA's "stamp of approval" as the level of quality they – and taxpayers – expect.

3. Implementation of Existing Statutes

School Closures. In August 2021, we wrote a memorandum to VA expressing our concern about the language on its GI Bill Restoration Page.[34, 35] Under the VETS Credit Act, veterans must sign a declaration stating that if they transfer 12 or more credits, they are ineligible for full

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[28] Beynon, Steve and Novelly, Thomas. "How a Church Allegedly Scammed Millions in VA Money from Vets," Military.com (Jul. 19, 2022), https://www.military.com/daily-news/2022/07/19/how-church-allegedly-scammed-millions-va-money-vets.html.

[29] Koch, Alexandra, "FBI raids Georgia churches near military bases, sources say church was targeting soldiers," USA Today (Jun. 24, 2022), https://www.usatoday.com/story/news/nation/2022/06/24/fbi-raids-house-prayer-churches/7724801001/.

[30] Veterans Education Success, "Our Letter to VA and Georgia SAA Regarding House of Prayer Christian Church" (Aug. 1, 2020), https://vetsedsuccess.org/letter-to-va-and-georgia-saa-regarding-house-of-prayer-christian-church/.

[31] Veterans Education Success, "Summary of Veteran and Servicemember Student Complaints about Perdoceo Education Corporation" (Sept. 1, 2021), https://vetsedsuccess.org/summary-of-veteran-and-servicemember-student-complaints-about-perdoceo-education-corporation/.

[32] Letter from Veterans and Military Service Organizations to the Secretary of the U.S. Department of Veterans Affairs (Feb. 14, 2019), https://static1.squarespace.com/static/556718b2e4b02e470eb1b186/t/5c6db4db1905f4690dd06f6f/1550693596300/VSO+Letter+to+VA+Secretary-1.pdf.

[33] Ayala, Eva-Marie, "Hundreds of veterans scramble after Garland for-profit college closes," The Dallas Morning News (Sept. 28, 2017), https://www.dallasnews.com/news/education/2017/09/28/hundreds-of-veterans-scramble-after-garland-for-profit-college-closes/.

[34] Hubbard, William, "Memorandum From William Hubbard to Department of Veterans Affairs on Changes to VBA Webpage" (Aug. 17, 2021), https://vetsedsuccess.org/memorandum-from-william-hubbard-to-department-of-veterans-affairs-on-changes-to-vba-webpage/.

[35] U.S. Department of Veterans Affairs, "Restoration of Benefits After School Closure or if a School is Disapproved for GI Bill Benefits," https://www.benefits.va.gov/GIBILL/Restoration.asp. Updated March 15, 2023.

GI Bill restoration.[36] Despite this new law, VA presented burdensome logistical hurdles for veterans to use the benefits they earned.

Our testimony is in no way intended to take away from the incredible work of the many hardworking VBA teams. In fact, quite the opposite. When these professionals are given the full opportunity to succeed, the result is a more reliable and higher-quality set of opportunities for the ultimate customer of VA: our Nation's veterans.

It's possible a new Administration and Under Secretary could help to address these issues, though the premise remains untested. We encourage the Committee to deliberate thoroughly on the long-term implications of continuing with the current system, which is clearly inadequate.

H.R. 6764, the *Veterans Affairs Advisory Committee Oversight Act of 2025*

This bill would establish a Veterans Economic Opportunity and Transition Advisory Committee (VEOTAC) to advise VA on the effectiveness of education benefits, vocational rehabilitation, employment assistance, transition services, job training, and entrepreneurship training in helping veterans successfully readjust to civilian life and achieve economic stability. The Committee would also review barriers faced by veterans in employment, higher education, and job training, advise on interagency coordination, and recommend strategies to support veterans at risk of homelessness or unemployment.

Based on our organizational expertise, we note that our comments pertain strictly to the proposed Section 550(a). We support this section of the bill, and believe it is clearly distinguishable from the existing Veterans Advisory Committee on Education (VACOE), which has a singular stated purpose, "To provide advice to the Secretary of Veterans Affairs on the administration of education and training programs for Veterans and Servicepersons, Reservists, Guard personnel and for dependents of Veterans, including programs under Chapters 30, 32, 35, and 36 of title 38, and chapter 1606 of title 10, U.S.C."[37]

In contrast, the proposed VEOTAC, as outlined in the bill, would serve to:

- *Advise the Under Secretary for Benefits regarding the effectiveness of the educational benefits, vocational rehabilitation, employment assistance, and transition services furnished by the Secretary in enabling veterans to readjust to civilian life and achieve economic stability successfully.*
- *Assemble and review information on the needs of veterans in readjusting to civilian employment, higher education, and job training. Such information shall include identified barriers that veterans, including women, minority, and economically disadvantaged veterans, face in such readjustment.*
- *Assess the effectiveness of the educational benefits, vocational training, job placement, and entrepreneurship training furnished by the Secretary in improving economic opportunities for veterans.*

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[36] Veterans Education Success, Our Press Release: Senate Passes Important "VETS Credit Act" Unanimously, Bill Heads to the President for Signature," https://vetsedsuccess.org/our-press-release-senate-passes-important-vets-credit-act-unanimously-bill-heads-to-the-president-for-signature/.

[37] U.S. Department of Veterans Affairs, Advisory Committee Management Office, "Veterans' Advisory Committee on Education" (May 5, 2025), https://department.va.gov/advisory-committee-management/veterans-advisory-committee-on-education/.

- *Advise the Under Secretary regarding means to improve interagency coordination and partnership between the Department and other Federal, State, and local entities to promote employment, skills training, and financial stability for veterans.*
- *Identify and recommend strategies, including early intervention, supportive services, and employer outreach, to assist veterans at risk of homelessness or unemployment.*

We believe these are all valuable areas for expert review and go well beyond the scope of any existing VA advisory committees, either in part or in combination. We also believe this would place greater emphasis on program outcomes rather than merely measuring "dollars spent, veterans served," which has plagued the historical culture of VA. In particular, we strongly support the intent of "[assessing] the effectiveness of the educational benefits," a long-standing challenge for VBA, that would benefit from external expert input.

We also believe that the establishment of VEOTAC could yield valuable insights, including the validity of establishing such an Administration, in the absence of an existing Economic Opportunity and Transition Administration. We thank Representative Keith Self for introducing this legislation, and support section 550(a) of the bill.

Information Required by Rule XI, Clause 2(g)(4) of the House of Representatives and the Rules of the House Committee on Veterans' Affairs

Pursuant to Rule XI, clause 2(g)(4) of the House of Representatives, Veterans Education Success has not received any federal grants in Fiscal Year 2026, nor has it received any federal grants in the two previous Fiscal Years.

Information Required by the Rules of the House Committee on Veterans' Affairs Regarding Foreign Government and Foreign Adversary Funding

Pursuant to the Rules of the House Committee on Veterans Affairs, and consistent with the definitions outlined in P.L. 118-50, Division H, § 2(g)(1), Veterans Education Success has not received any contracts, grants, or payments originating with a foreign government, a foreign adversary-controlled entity, or an entity or country of particular concern.

Prepared Statement of the Student Veterans of America

STATEMENT OF

STUDENT VETERANS OF AMERICA

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

HEARING ON THE TOPIC OF:

PENDING LEGISLATION

May 20, 2026

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SVA

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SVA

Chairman Bost, Ranking Member Takano, and Members of the Committee: Thank you for inviting Student Veterans of America (SVA) to submit a statement for the record on the legislation pending before you today.

With a mission focused on empowering student veterans, SVA is committed to providing an educational experience that goes beyond the classroom. Through a dedicated and expansive network of on-campus chapters across the country, SVA aims to inspire yesterday's warriors by connecting student veterans with a community of like-minded chapter leaders. Every day these passionate leaders work to provide the necessary resources, network support, and advocacy to ensure student veterans, military-connected students, their families, caregivers, and survivors can effectively connect, expand their skills, and ultimately achieve their greatest potential.

SVA thanks the Committee for considering several pieces of legislation that would impact student veterans, military-connected students, their families, caregivers, and survivors in higher education.

H.R. 210, Dental Care for Veterans Act

SVA supports the intent of H.R. 210, *Dental Care for Veterans Act*, which would provide dental care to all veterans enrolled in the VA health care system. Currently, VA dental care is limited by statute and extends eligibility to those that have a disability-rating at 100% with a service-connected disability, prisoner-of-war status, a service-connected dental condition, unhoused or enrolled in Chapter 31 Veteran Readiness and Employment (VR&E).[1,2] Utilization of Chapter 33, Post-9/11 GI Bill education benefits alone does not confer eligibility for VA dental services, leaving many student veterans without access to essential oral health care.

According to VA, of the nearly nine million veterans enrolled in VA health care, approximately 26 percent are eligible for dental care.[3] In fiscal year 2025 alone, 888,051 veterans received dental care through VA, with more than 3.5 million dental procedures delivered through community care.[4] These figures underscore both the scale of need and the limitations of the current eligibility framework.

This small but impactful population underscores that dental care is not optional, it is essential to veteran success. Oral health directly affects confidence, which in turn shapes classroom engagement, academic persistence, and performance in interviews. SVA's annual Census reinforces the depth of this gap, highlighting that a significant share of student veterans lack access to dental coverage.[5] Nearly 75 percent of student veterans work while enrolled,

[1] 38 U.S. Code § 1710, 1712.
[2] U.S. Dept. of Veterans Affairs, *VA Dental Care*, last updated Jan. 12, 2026, https://www.va.gov/health-care/about-va-health-benefits/dental-care/.
[3] U.S. Dept. of Veterans Affairs, *VA Moves to Improve Dental Care Access for Eligible Veterans*, Feb. 10, 2026, https://news.va.gov/press-room/va-moves-to-improve-dental-care-access-for-eligible-veterans/.
[4] Id.
[5] Student Veterans of America. (2023). *SVA Census*. https://studentveterans.org/research/sva-census/

SVA

often in hospitality and retail roles where benefits are limited or nonexistent.[6] In these sectors, only 40–55 percent of full-time workers are offered dental benefits, and just 10–20 percent of part-time workers have any access at all, leaving many without even the option to enroll.

Without this coverage, student veterans frequently delay or skip routine care, leading to pain, missed classes, difficulty concentrating, and reduced academic performance. Untreated dental issues can also undermine a student veteran's confidence and professional presence during interviews, internships, and early career opportunities.[7]

Expanding eligibility through H.R. 210 would recognize oral health as a critical component of overall well-being, ensuring access to dental care that supports not only physical health but also the confidence, stability, and employment readiness student veterans need to succeed in school and transition into meaningful careers.[8] By allowing a veterans' dental record to be maintained within VA's electronic health records system, this legislation will improve care coordination and eliminate gaps between VA and community care providers. Phased expansion eligibility would ensure that VA will be able to acquire the resources necessary to build capacity, hire providers, and maintain high-quality care in a responsible manner.

H.R. 1391, Student Veterans Benefit Restoration Act of 2025

SVA supports the intent of H.R. 1391, Student Veterans Benefit Restoration Act, which would restore VA education benefit entitlement to veterans, dependents, and survivors who are unable to complete their program and are victims of institutional fraud. The legislation also mandates that institutions repay VA the associated funds it had received. We offer several recommendations below to ensure the bill adequately addresses the full scope of the underlying issue.

Student veterans, dependents, and survivors, who used their VA education benefits, should not be penalized for the misconduct of institutions that engage in fraud. However, as written, this legislation only applies to future violations of fraud. SVA recommends that this legislation should include retroactive restoration of education entitlements for students affected before enactment. A purely prospective fix would help future students, but it would leave behind many veterans who already lost benefits at institutions that collapsed, misled students, or were subject to enforcement actions. Congress does not need to resolve every past case in one stroke, but the bill should at least provide a reasonable lookback period or other mechanism for veterans harmed before enactment to seek restoration. Without some retroactive coverage, the legislation would draw an arbitrary line between veterans harmed before the bill and veterans harmed after it, even when the underlying conduct is the same. SVA welcomes

[6] Id; *See also* Aubrey Wagner, Matthew Rae, and Gary Claxton, *Part-Time Workers Have Less Access to Employer-Based Coverage Than Full-Time Workers*, KFF Health News, Sept. 19, 2025, https://www.kff.org/private-insurance/part-time-workers-have-less-access-to-employer-based-coverage-than-full-time-workers/; See also

[7] Am. Inst. of Dental Pub. Health, *Issue Brief: Oral Cancer Prevention For Veterans*, last accessed May 20, 2026, https://aidph.org/wp-content/uploads/2025/11/Issue-Brief-Oral-Cancer-Prev-Vets.pdf.

[8] Id.

collaboration in working with this Committee and VA to determine an appropriate amount of time.

H.R. 4114, EVEST Act

SVA supports H.R. 4114, *Ensuring Veterans' Smooth Transition (EVEST) Act*, which would automatically enroll eligible veterans in VA's health care system within sixty (60) days of their transition out of the military.

SVA has previously testified on how veterans routinely navigate overlapping jurisdictions among the Department of Veterans Affairs, the Department of Education, the Department of Defense (DoD), and the Department of Labor, each operating with distinct definitions, timelines, and data systems.[9] The burdensome, and oft confusing enrollment process, leads to veterans not obtaining essential health care when they may need it most upon transitioning out of the military. By requiring VA to notify veterans of their enrollment and provide clear, accessible options to opt out, it helps ensure veterans are aware of their eligibility while maintaining their autonomy. Requiring a Government Accountability Office review within 180 days will provide valuable insight into the most effective methods for reaching veterans of different ages and geographic areas.

H.R. 6843, Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025

SVA supports H.R. 6843, *Establishing the Veterans Economic Opportunity and Transition Administration Act of 2025*, which would create a new Veterans Economic Opportunity and Transition Administration within VA. This administration would be responsible for overseeing programs related to education benefits, VR&E, housing assistance, and other transition-related services.

In 2026, the GI Bill remains one of the most powerful tools for veteran success, offering pathways to higher education, economic mobility, and long-term well-being. For many transitioning service members, the GI Bill serves as their first interaction with VA, making it a defining moment that shapes their trust in the whole of VA. A smooth, transparent experience encourages veterans to explore the full range of VA benefits and services, from mental health care to career resources, while systemic hurdles discourage engagement. If fully optimized, the GI Bill can serve as the "front door" to VA, ensuring that veterans not only achieve the economic mobility promised by their service and education but also remain engaged in the broader network of programs designed to support them, and their families throughout their lives. However, it must be noted that the preparation for transition is a fundamental responsibility of DoD and not VA. This legislation would be one step towards creating a seamless transition from the moment a servicemember raises their right hand to taking off the uniform by creating improved coordination between DoD and VA. SVA has been a staunch advocate of improving the transition process, and can be seen in our Statement for the Record (SFR) from the May 17, 2023, House Committee on Veterans' Affairs Economic Opportunity Hearing discussing the Transition Assistance Program.[10] To facilitate strong coordination, both VA and DoD must ensure they are accountable to each other, Congress, VSO/MSOs, and most importantly – the servicemember and veteran.

[9] Student Veterans of America, *Testimony Before the Senate and House Committees on Veterans' Affairs*, Mar. 3, 2026, https://docs.house.gov/meetings/VR/VR00/20260303/118976/HHRG-119-VR00-Wstate-BarletT-20260303.pdf.
[10] Student Veterans of America, *Testimony Before the Subcommittee of Economic Opportunity of the House Committee on Veterans' Affairs*, May 17, 2023, https://docs.house.gov/meetings/VR/VR10/20230517/115740/HHRG-118-VR10-Wstate-KinchA-20230517.pdf.

SVA

The continued success of veterans in higher education in the Post-9/11 era is no mistake or coincidence. In our Nation's history, educated veterans have always been the best of a generation and the key to solving our most complex challenges. Today's student veterans carry this legacy forward.

We thank the Chairman, Ranking Member, and the Committee Members for your time, attention, and devotion to the cause of veterans, military-connected students, their families, caregivers and survivors.

Prepared Statement of With Honor Action

Chairman Bost, Ranking Member Takano, and Members of the Committee,

With Honor Action appreciates the opportunity to submit this Statement for the Record. We thank the Committee for its leadership and commitment to strengthening mental health services for the most vulnerable veteran populations.

With Honor Action is a bipartisan, nonprofit organization that works to strengthen democracy and fight polarization in Congress through principled veteran leadership. Our work includes endorsing legislative solutions to our Nation's most pressing issues, connecting military veteran Members of Congress across the aisle to forge bipartisan bonds, and building coalitions of like-minded organizations to demonstrate constituent support for commonsense policies.

We work with the 38 members of the For Country Caucus in the House of Representatives, all of whom are military veterans, and who have taken our pledge to serve with integrity, civility, and courage. We also work closely with 11 Senate allies to reach bicameral consensus. These congressional leaders leverage their military experience and leadership to build support for and pass legislation in national security, national service, and veterans' affairs.

With Honor Action supports H.R. 8044, the Get Justice-Involved Veterans Behavioral Assistance and Care for Key Health Outcomes to Maintain Empowerment (BACK HOME) Act

It is no secret that mental health services are a critical component of veterans' health care. Nearly one in five service members returning from Iraq and Afghanistan, or around roughly 300,000 people, have symptoms of Post-Traumatic Stress (PTS), or major depression, and approximately 19 percent have been diagnosed with a possible traumatic brain injury (TBI).[1] The symptoms of these conditions—difficulty controlling impulses, heightened aggression, an inability to feel safe—can lead to behavior that results in arrest, often for the very people who were trained and ordered to respond that way in combat. In fact, veterans experiencing PTS are 61 percent more likely to become involved in the criminal justice system than veterans without it, and those with a TBI are 59 percent more likely to face criminal justice involvement than veterans without one.[2]

Unfortunately, the Department of Veterans Affairs (VA) is prohibited from treating veterans who are patients or inmates at institutions of other government agencies with a duty to provide care or services, such as prisons. The *Get Justice-Involved Veterans BACK HOME Act*, introduced by For Country Caucus Vice Chair Rep. Herb Conaway and caucus member Rep. Morgan Luttrell, would set up a pilot program in five locations that allows the VA to provide mental health services to incarcerated veterans, with a priority for those experiencing service-connected disabilities related to PTS, TBI, or Military Sexual Trauma. This crucial bill would also encourage prisons, where feasible, to establish dedicated veteran housing units more conducive to effective rehabilitation programs.

The *Get Justice-Involved Veterans BACK HOME Act* addresses gaps in care for an incredibly vulnerable subset of veterans. It is estimated that one in three of the Nation's 19 million veterans report having been arrested and booked in their lifetime, and more than 181,000 are behind bars.[3] And, veterans also have an incredibly high recidivism rate. One national inmate survey shows that 62 percent of veterans in jails report four or more prior arrests, and 68 percent of veterans in prison report at least one prior episode of incarceration.[4]

Ensuring incarcerated veterans have access to mental health resources that are specifically tailored to service-connected issues can help reduce the rate of recidi-

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[1] Tanielian, T., & Jaycox, L. H. (Eds.). (2008). Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. RAND Corporation. Retrieved from https://www.rand.org/pubs/monographs/MG720.html

[2] Council on Criminal Justice. (2024, November 19). From Service to Sentencing: Unraveling Risk Factors for Criminal Justice Involvement Among U.S. Veterans. Retrieved from https://councilоncj.org/from-service-to-sentencing-unraveling-risk-factors-for-criminal-justice-involvement-among-u-s-veterans/

[3] Council on Criminal Justice, Veterans Justice Commission. (2023). *Honoring Service, Advancing Safety: Supporting Veterans from Arrest Through Sentencing*. Chaired by former U.S. Secretary of Defense and U.S. Senator Chuck Hagel. Retrieved from https://vjc.councilоncj.org/vjc-reports/arrest-through-sentencing

[4] Blonigen, D. M., Shaffer, P. M., Smith, J. S., Cucciare, M. A., Timko, C., Smelson, D., Blue-Howells, J., Clark, S., & Rosenthal, J. (2021). Recidivism Treatment for Justice-Involved Veterans: Evaluating Adoption and Sustainment of Moral Reconation Therapy in the US Veterans Health Administration. *Administration and Policy in Mental Health and Mental Health Services Research*, 48(6), 992–1005. https://doi.org/10.1007/s10488–021–01113-x. Retrieved from https://pmc.ncbi.nlm.nih.gov/articles/PMC7847225/

vism among veterans, allowing them to enter back into civilian life and reduce the risk of being incarcerated again.

With Honor Action is proud to endorse this bill, and now we urge the Committee to ensure sustained support for justice-involved veterans and provide pathways for them to get the mental health care that they need to heal and re-enter civilian life. We thank the Committee for holding today's hearing and for its consideration of this vital legislation.