

STATEMENT OF
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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.