



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

For

VETERANS HEALTH CARE and BENEFITS

1st SESSION of the 119th CONGRESS

Before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

February 26, 2025

Presented by

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EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) extends its sincere gratitude to the members of the House and Senate Veterans' Affairs Committees for upholding the tradition of these vital hearings, which provide a platform to address the needs of our nation's veterans, their families, caregivers, and survivors. Your unwavering commitment to improving the lives of those who have served is both commendable and essential to ensuring their sacrifices are honored.

We applaud the 118th Congress for the passage of the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*¹. This landmark legislation represents a significant step forward in addressing critical challenges facing veterans and their families. Its passage underscores the power of collaboration and bipartisan support in achieving meaningful reforms.

Despite this progress, much work remains. The 119th Congress has an opportunity to build upon this momentum by continuing to advance legislation that directly improves the lives of veterans and their loved ones. We encourage lawmakers to prioritize regular order and the passage of standalone bills. By advancing bills individually, Congress can ensure each initiative receives the attention it deserves, expediting the delivery of essential benefits and services to the veteran community.

MOAA stands ready to collaborate with the committees to advance key priorities this year that directly impact the veteran community. We are committed to working together to craft and pass meaningful legislation that enhances support for veterans and strengthens the Department of Veterans Affairs (VA). Our focus is on ensuring veterans receive high-quality, timely health care and the benefits they have earned without delay. By addressing these critical needs with urgency and dedication, we can uphold our nation's promise to those who have served and continue to honor their sacrifices. Something that is both a sacred duty and an essential element in ensuring the long-term viability of an all-volunteer force where potential recruits and family members evaluate the level of care our nation provides to its veterans when deciding whether or not to serve.

MOAA 2025 LEGISLATIVE PRIORITIES

VETERANS HEALTH CARE

- ***Veteran Caregiver Reeducation, Reemployment, and Retirement Act*** — Introduced in the 118th Congress², the bill seeks to extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers' transition into the workforce or retirement.

¹ Public Law 118-210, 118th Congress: <https://www.congress.gov/118/bills/s141/BILLS-118s141enr.pdf>.

² H.R. 9276 / S. 3885: <https://www.congress.gov/bill/118th-congress/house-bill/9276/text>.

- ***Servicemembers and Veterans Empowerment and Support (SAVES) Act*** — Introduced in the 118th Congress³, the bill expands health care and benefits for military sexual trauma survivors.
- ***Improving Menopause Care for Veterans Act***⁴ — The bill directs a study on menopause care furnished by the VA.
- ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act***⁵ — This bill aims to enhance veterans’ access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.

VETERANS BENEFITS

- ***TAP Promotion Act***⁶ — Introduced in the 118th Congress, the bill requires veterans service organization participation in the Transition Assistance Program process.
- ***Governing Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)***⁷ — Introduced in the 118th Congress, the bill imposes criminal penalties on those who seek to collect unreasonable and unauthorized fees for assisting with service-connected disability claims.
- ***Student Veteran Benefit Restoration Act***⁸ — Introduced in the 118th Congress, the bill provides that an individual’s VA educational assistance benefits must not be charged for a course or program if the VA determines the individual could not complete the course or program due to fraud.
- ***Student Veterans Transparency and Protection Act***⁹ — Introduced in the 118th Congress, the bill addresses the maintenance of the GI Bill Comparison Tool and administration of VA educational assistance.
- ***Love Lives On Act***¹⁰ — The bill allows a surviving spouse to retain the Survivor Benefit Plan and Dependency and Indemnity Compensation (DIC) at any age, regardless of whether they remarry.
- ***Caring for Survivors Act***¹¹ — The bill improves and expands eligibility for DIC to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.

³ H.R. 2441 / S. 1028: <https://www.congress.gov/bill/118th-congress/house-bill/2441>.

⁴ H.R. 219: <https://www.congress.gov/bill/119th-congress/house-bill/219>.

⁵ S. 275 / H.R. 740: <https://www.congress.gov/bill/119th-congress/senate-bill/275/>.

⁶ H.R. 3933 / S. 2888: <https://www.congress.gov/bill/118th-congress/house-bill/3933>.

⁷ H.R.1139 / S. 740: <https://www.congress.gov/bill/118th-congress/house-bill/1139>.

⁸ H.R. 1767: <https://www.congress.gov/bill/118th-congress/house-bill/1767/>.

⁹ S. 1309: <https://www.congress.gov/bill/118th-congress/senate-bill/1309>.

¹⁰ S. 410 / H.R.1004: <https://www.congress.gov/bill/119th-congress/senate-bill/410/text?s=2&t=12&q=%7B%22search%22%3A%22S.+410%22%7D>.

¹¹ H.R. 680: <https://www.congress.gov/bill/119th-congress/house-bill/680>.

CHAIRMEN BOST and MORAN, RANKING MEMBERS TAKANO and BLUMENTHAL, and members of the committees, on behalf of the Military Officers Association of America (MOAA) and our more than 350,000 members, we sincerely appreciate the opportunity to once again present our legislative priorities for veterans' health care and benefits. MOAA is unwavering in its commitment to working alongside Congress and the Department of Veterans Affairs (VA) in the 119th Congress to safeguard and strengthen these well-earned benefits.

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

VETERANS HEALTH CARE PRIORITIES

IMPROVEMENTS TO VETERANS CAREGIVING SUPPORT

Veteran Caregiver Reeducation, Reemployment, and Retirement Act

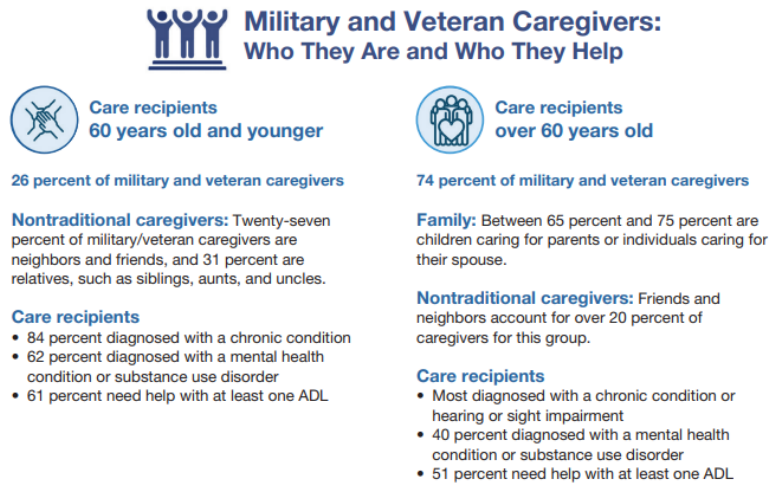
The Military Officers Association of America (MOAA), in partnership with the Quality Life Foundation, joined forces with the Elizabeth Dole Foundation, and other veteran organizations last year to build support for the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (H.R. 9276/S. 3885). This bipartisan legislation seeks to address critical gaps in caregiver support and improve economic stability and quality of life for caregivers of veterans.

The need for enhanced support is increasingly urgent due to the exponential growth of the aging veteran population. Veterans aged 65 and older represent a significantly larger share of VA patients compared to other health care systems. Approximately 80% of veterans will require long-term support services as they age, according to VA projections.

Our nation's 14.3 million military and veteran caregivers represent 5.5% of the adult population, according to *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, a September 2024 RAND report¹². Notably, 74% of these caregivers provide care for servicemembers and veterans aged 60 or older. About 55,000 of these caregivers are enrolled in the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC), where they receive clinical support through the VA health system.

¹² September 2024 RAND Report, *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, https://www.rand.org/pubs/research_reports/RRA3212-1.html.

FIGURE S.1
Military and Veteran Caregiving Experiences Differ by the Age of the Care Recipient



- ***Veteran Caregiver Reeducation, Reemployment, and Retirement Act Provisions***

The proposed legislation recognizes the critical role of those in the PCAFC and aims to address the financial, professional, and emotional challenges they face, often over many years. It seeks to extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers as they transition into the workforce or retirement. Key provisions include:

- *Reeducation*
 - Reimburse up to \$1,000 for caregiver licensure fees and grant access to VA training modules for continuing education credits.
 - Study the feasibility of a “returnship” program to help caregivers reenter the workforce.
- *Reemployment*
 - Offer employment assistance for those reentering the workforce.
 - Study barriers and incentives to hiring former caregivers within the VA.
- *Retirement*
 - Provide retirement planning services.
 - Study the feasibility of establishing a retirement plan specifically for caregivers.

A Son Looks to Reenter the Workforce After Years of Caregiving for his Vietnam Veteran Father:

He cared for his father, a Vietnam veteran with Parkinson’s disease linked to Agent Orange exposure, for nearly a decade. While grateful for the opportunity to support his father, the son struggled financially after his father’s passing — he had been out of the workforce for years and found it difficult to secure employment due to outdated job skills and employment gaps. Despite having prior experience in IT, he was unable to obtain a job without additional certifications, which he couldn’t afford. He applied for dozens of positions but faced hiring discrimination due to his long gap in employment. The proposed “returnship” program in this legislation would provide structured pathways for caregivers like him to reenter the workforce, with potential hiring incentives for VA and other federal employers to recruit experienced caregivers.

- **Caregiver-Veteran Needs**

The 2011 legislation¹³ establishing the PCAFC introduced a monthly stipend for primary caregivers providing personal care to veterans. Unique at its inception and still unmatched in U.S. health systems, Congress mandated the stipend be paid directly to caregivers as “unearned income.”

However, this designation prevents caregivers from contributing to Social Security or retirement accounts. This issue is compounded in many veteran households, where most income — from sources such as caregiver stipends, VA disability compensation, Social Security disability payments, Supplemental Security Income, and Combat-Related Special Compensation — is classified as “unearned.”

Veteran caregivers provide indispensable support to aging and disabled veterans, yet they face profound financial, emotional, and professional challenges. The RAND report sheds light on the gaps in services and unmet needs faced by caregivers and the veterans they serve:

- *Veteran Demographics:* Caregivers supporting veterans aged 60 or older often are burdened by financial barriers to accessing care.
- *Caregiver Costs:* Caregivers frequently incur significant out-of-pocket expenses to provide essential care.
- *Mental Health Impact:* Among caregivers assisting veterans under age 60, 42% meet the criteria for depression.

¹³ Public Law 111-163, 111th Congress: <https://uscode.house.gov/statutes/pl/111/163.pdf>.

The report underscores the critical role caregivers play, highlighting the personal sacrifices they make to meet veterans' needs. Many caregivers forgo career advancement, neglect retirement savings, and endure emotional and physical strain to fulfill their caregiving responsibilities.

A Spouse Caregiver to a Post-9/11 Veteran:

She became his caregiver, singlehandedly meeting their family's needs and tending to her husband's challenging mental and physical health conditions. She gave up her professional career in education to be a full-time family caregiver for her husband while raising their two young sons.

"I lost my professional identity, my personal income, and my access to contribute to Social Security and my personal retirement accounts," she said. "I suffered health issues because I would miss my appointments to take him to his appointments."

To address these challenges, comprehensive legislative action is needed to:

- Enhance caregivers' financial stability through targeted support programs.
- Provide reeducation and professional development opportunities to help caregivers reenter the workforce.
- Mitigate the long-term financial impact of caregiving through enhanced retirement and pension benefits.

Implementation of VA PCAFC Regulations

The 2018 MISSION Act¹⁴ mandated expansion of the PCAFC to include pre-9/11 veterans, marking a significant advancement in supporting veteran families. However, since the program's official rollout on Oct. 1, 2020, its implementation has faced numerous challenges. High denial rates, inconsistent discharge practices, and administrative inefficiencies have hindered veterans and caregivers from accessing this essential support.

Over the past two years, the VA has collaborated with veterans service organizations (VSOs), advocacy groups, and other stakeholders to address these challenges and align the PCAFC with the MISSION Act's congressional intent. Efforts have centered on revising regulations, streamlining application and review processes, and enhancing transparency in eligibility determinations.

On Dec. 6, 2024, the VA published proposed amendments to PCAFC regulations in the *Federal Register*¹⁵, inviting public comments through Feb. 4, 2025. These proposed changes aim to improve the program's effectiveness and better serve veterans and their families. This initiative

¹⁴ MOAA - Trump Signs MISSION Act Reforming VA Health Care: <http://www.moaa.org/Content/Take-Action/Top-Issues/Currently-Serving/Trump-Signs-MISSION-Act-Reforming-VA-Health-Care.aspx>.

¹⁵ Federal Register – Amendments to PCAFC: <https://www.federalregister.gov/documents/2024/12/06/2024-28079/amendments-to-the-program-of-comprehensive-assistance-for-family-caregivers>.

underscores the VA’s ongoing commitment to refining the PCAFC to address the evolving needs of veteran communities.

MOAA is actively working with VSOs and other stakeholder groups to ensure meaningful improvements to the PCAFC and other VA caregiving support programs by:

- **Monitoring the Regulatory Process:** Advocating for final regulations that address high denial rates, refine eligibility criteria, enhance caregiver services, and align with congressional intent.
- **Identifying Major Issues:** Collaborating with Congress, the VA, and external stakeholders to address unresolved challenges and propose legislative solutions when necessary.
- **Facilitating Dialogue:** Hosting MOAA-QoLF Roundtable forums to foster communication between government and nongovernment sectors. These forums aim to generate innovative insights and solutions to improve caregiving services for the veteran community.

MOAA Recommends:

- ***Congress enacts the Veteran Caregiver Reeducation, Reemployment, and Retirement Act — Extends health coverage, provides bereavement counseling upon a veteran’s death, and supports caregivers as they transition into the workforce or retirement.***
- ***Congress and the VA partner with MOAA and other VSO/stakeholder groups to improve the PCAFC and other caregiving services that enhance the lives of veterans, their families, caregivers, and survivors.***

STRENGTHEN SUPPORT SERVICES AND RESEARCH PROGRAMS FOR WOMEN, MINORITY, AND UNDERSERVED VETERANS

The VA has made commendable progress in expanding health care services to address the needs of women, minority, and other underserved veteran populations. However, challenges remain in ensuring equitable and comprehensive care, and in addressing the unique barriers that highlight the need for strengthened support services and research programs.

Current State of VA Services

The VA provides a range of health care services tailored to women veterans, including preventative and routine care, menopausal and life cycle care, mental health support, and other specialized programs. While these programs address critical needs, disparities in access, quality of care, and outcomes persist.

- **Barriers to Care**
Women veterans often face obstacles when accessing VA health services, as noted in a 2024 VA report¹⁶:
 - *Limited Provider Availability:* Nearly 20% of women veterans cited distance to VA facilities as a barrier to care.
 - *Lack of Awareness of Benefits:* Many women veterans are unaware of the services available to them, leading to underutilization of VA health care.

¹⁶ February 2024, *Study of Barriers for Women Veterans to VA Health Care:*
<https://www.womenshealth.va.gov/WOMENSHEALTH/docs/Study-of-Barriers-for-Women-Veterans-to-VA-Health-Care.pdf>

- *Navigational Challenges*: Complex VA systems can deter women from seeking care, which emphasizes the need for improved understanding of these barriers.
- **Disparities in Care**
 - *Women Veterans*: Women make up about 9.4% of the veteran population. They face unique health challenges, including a high prevalence of mental health conditions and obesity, which increases the risk of chronic conditions like diabetes, high blood pressure, and heart disease. Women veterans may face barriers to accessing care, including limited availability of gender-specific services within the VA. The VA has implemented initiatives like the Whole Health for Women Workshop to address some of these disparities¹⁷.
 - *Minority Veterans*: As of 2023, minority veterans constitute approximately 27% of the veteran population. This includes about 12% identifying as Black or African American and 8% Hispanic or Latino. A 2023 JAMA Network study found that Black and Hispanic veterans experience greater barriers to accessing care compared to their White counterparts. These disparities resulted in longer wait times and reduced availability of services¹⁸. Research also indicates that Black veterans have higher mortality rates, highlighting significant disparities in health outcomes.
 - *Underserved Veterans*: Veterans from potentially vulnerable populations, including racial and ethnic minorities, often face disparities in health care access and quality. Factors contributing to these disparities include income, education, social context, perceived discrimination, and patient-level preferences¹⁹.
- **Data Collection Deficiencies**: The VA faces challenges in collecting comprehensive data on race, ethnicity, and gender. A 2024 VA report noted that inadequate data collection impedes efforts to identify and address disparities in care delivery²⁰.

Additionally, MOAA is grateful to our partners at Disabled American Veterans (DAV) for continuing their series on the women veteran’s journey. *Women Veterans: The Journey to Mental Wellness* reports²¹ bear serious review and action by the VA and Congress in addressing the mental health challenges facing women veterans.

A Woman Veteran’s Experience at the Washington, D.C., VA Medical Center:

“I can’t praise the emergent care I received at my VA medical center enough. During a deeply traumatic period, I turned to the VA for mental health support, and the compassion and professionalism I encountered made all the difference. From my initial consultation with my

¹⁷ VA Office of Health Equity, Women Veterans Healthy Living:

https://www.va.gov/HEALTHEQUITY/Women_Veterans_and_Healthy_Living.asp.

¹⁸ January 2023 JAMA Network, *Disparities in Wait Times for Care Among U.S. Veterans by Race and Ethnicity*:

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800706?utm_source=chatgpt.com.

¹⁹ VA Office of Research and Development: https://www.research.va.gov/topics/health_equity.cfm.

²⁰ August 2024 *Veterans Health Administration Patient Experience at the Intersection of Gender and Race-Ethnicity: Special Report from National Veteran Health Equity Report*:

https://www.va.gov/HEALTHEQUITY/docs/NVHER_WV_Intersectionality_Chartbook_508_08222024.pdf.

²¹ DAV Women Veterans Reports: <https://www.dav.org/get-help-now/veteran-topics-resources/women-veterans/>.

primary care provider to the seamless handoff to the mental health clinic, every step of the process reassured me that my well-being was a priority. I'm incredibly grateful for the ongoing care and support I continue to receive — my counselor is truly phenomenal!"

As diversity among the veteran population evolves, it is essential for the VA to address the changing needs of the veteran community. By strengthening support services and research programs, the VA can ensure equitable access to care and improve outcomes for all veterans including women, minority, and the underserved.

MOAA Recommends Congress:

- **Enacts the Servicemembers and Veterans Empowerment and Support (SAVES) Act** — Expands health care and benefits for survivors of military sexual trauma.
- **Enacts the Improving Menopause Care for Veterans Act** — Directs a study on menopause care furnished by the VA.

IMPROVEMENTS TO VA MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS

MOAA commends the committees for their collaborative efforts in the final days of 2024 to conclude two years of critical legislative work by passing the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*.

At that time, MOAA and other organizations pledged to prioritize expanding veterans' access to care through the VA mental health Residential Rehabilitation Treatment Program (RRTP)²² as one of our highest priorities for this Congress. This commitment followed the failure to adopt the RRTP provision in the Dole Act. We are dedicated to identifying statutory and regulatory pathways to address this issue while holding the VA accountable for ongoing efforts to improve RRTP access. This includes implementing policies and ensuring clear communication with veterans who urgently need these vital services.

About a third of the 8.3 million veterans receiving VA health care reside in rural areas that lack accessible addiction and mental health treatment options. These veterans often face financial constraints and limited transportation options, further hindering their ability to access care.

Audits of VA programs have highlighted several such barriers:

- **May 15, 2024, Government Accountability Office (GAO) Report, Veterans Health Care — Opportunities to Improve Access for Veterans Living in Rural Areas²³**: Rural veterans often face challenges such as limited transportation options and longer travel distances to VA facilities, which can impede access to care. The VA has implemented measures like transportation services and mobile medical units to mitigate these issues.
- **Sept. 4, 2024, VA Office of Inspector General (OIG) Report — A Hiring Initiative to Expand Substance Use Disorder (SUD) Treatment Needed Stronger Coordination, Planning, and Oversight²⁴**: The report found that the Veterans Health Administration (VHA)

²² VA Residential Rehabilitation Treatment Program: <https://www.mentalhealth.va.gov/get-help/va-residential-rehabilitation/locator.asp>.

²³ May 2024 GAO Report, *Opportunities to Improve Access for Veterans Living in Rural Areas*: <https://www.gao.gov/assets/gao-24-107559-highlights.pdf>.

²⁴ September 2024 VA OIG Report, *A Hiring Initiative to Expand Substance Use Disorder Treatment Needed Stronger Coordination, Planning, and Oversight* <https://www.vaioig.gov/reports/review/hiring-initiative-expand-substance-use-disorder-treatment-needed-stronger>.

fell significantly short of its hiring goals for expanding SUD treatment. By the end of fiscal year 2022, only 26% of the approved positions had been filled, hindering the VA's capacity to provide timely and comprehensive SUD services.

These reports underscore the ongoing challenges the VA faces in delivering SUD and other treatment services to veterans, especially those in rural areas, and highlight the need for continued efforts to improve access and address workforce shortages.

MOAA thanks Chairmen Moran and Bost for introducing the *Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*²⁵, particularly the RRTP provisions in the bill, at a critical time for veterans' mental health care. More work is needed to expand and strengthen mental health and substance use treatment in communities, especially rural areas where VA services are limited. We look forward to collaborating with the committees and urge close cooperation with VSOs and stakeholders during the legislative process.

Further, we encourage the VA and Congress to expand access to and improve the services offered by VA Vet Centers, recognizing their critical role in supporting veterans' mental health and overall well-being. These centers provide free, community-based counseling and outreach services to veterans, active-duty servicemembers, and their families, addressing issues such as PTSD, substance use, and readjustment challenges after military service.

Vet Centers have grown in popularity due to their accessible, stigma-free environment and tailored support. Many veterans prefer Vet Centers because they often offer a more personal and informal atmosphere compared to larger VA hospitals. The need for enhanced infrastructure, technology, and outreach is driven by the increasing demand for these services as the veteran population evolves. In fiscal year 2023, 13% of the 300 Vet Centers monitored by the VHA's Readjustment Counseling Service Office had physical condition issues, according to a 2024 GAO report²⁶.

Investments in modern facilities and technology could expand telehealth services, allowing veterans in remote areas to access care. Outreach initiatives should increase awareness of Vet Center services, ensuring more veterans know about the support available to them.

MOAA Recommends Congress:

- ***Enacts the Veterans' Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act (S. 275 / H.R. 740) — Enhances veterans' access to care by establishing community care access standards, increasing availability of lifesaving treatments for mental health and addiction, and considering factors such as veteran preference and continuity of care when referring veterans to community providers.***
- ***Works with the VA to expand access to VA Vet Centers and improve infrastructure, technology, and outreach to veterans.***

²⁵ S. 275 / H.R. 740: <https://www.congress.gov/bill/119th-congress/senate-bill/275/text>.

²⁶ November 2024 GAO Report, *VA Vet Centers: Opportunities Exist to Improve Asset Management and Identification of Future Counseling Locations*: <https://www.gao.gov/products/gao-25-106781>.

MODERNIZATION OF VHA WORKFORCE AND FACILITY INFRASTRUCTURE MANAGEMENT

Workforce

The VHA continues to face significant staffing shortages in both critical medical and support positions — shortages which adversely affect the delivery of care to veterans. In a fiscal year 2024 report²⁷, the VA OIG highlighted that 86% of VHA facilities reported severe occupational staffing shortages for medical officers and 82% reported severe shortages for nurses. Psychology was the most frequently reported clinical shortage, with 61% of facilities indicating a severe deficit in this area. A shortage of custodial workers was the most commonly reported among nonclinical roles, noted by 59% of facilities.

These staffing deficits have tangible impacts on patient care. The GAO has also noted that recent legislative changes expanding veterans' eligibility for services have significantly affected VHA's staffing efforts. Persistent staffing shortages in both clinical and nonclinical roles, in addition to hiring pauses or freezes within the VHA, impact the organization's ability to deliver timely and effective care to veterans. Addressing these shortages is crucial to ensuring veterans receive the high quality health care they deserve.

It is vital that VHA staffing remains a priority. Having critical health care providers in place to coordinate and refer veterans, as needed, into the community will help ensure veterans are receiving timely access to high quality health care. The VA must remain the primary coordinator of outside care.

Nurses Organization of Veterans Affairs (NOVA):

“The VA workforce is facing shortages but continues to meet challenges every day. We encourage Congress and the administration to support the health care workforce so that VA can deliver timely access to the highest level of care our Veterans deserve.” – NOVA President Cathy Giasson, DNP, MHA, RN, NE-BC, CPHQ

Facility Infrastructure

The department is also grappling with significant infrastructure challenges that impact its ability to provide optimal care to veterans. Recent reports indicate it is facing an infrastructure backlog exceeding \$150 billion. The Independent Budget²⁸, a collaborative effort by Veterans of Foreign

²⁷August 2024 OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2024: <https://www.vaog.gov/reports/national-healthcare-review/oig-determination-veterans-health-administrations-severe-0>.

²⁸ The Independent Budget (2026-2027): https://independentbudget.org/wp-content/uploads/2025/02/IB_FY26_27_D7_w.pdf.

Wars (VFW), Disabled American Veterans (DAV), and Paralyzed Veterans of America (PVA), highlights this significant backlog and emphasizes the need for increased funding to address critical infrastructure projects.

Compounding the problem are staffing shortages in facilities management and construction roles. The lack of adequate staffing in these areas can lead to delays in maintenance and construction projects, further exacerbating infrastructure challenges.

The VHA's aging infrastructure, substantial maintenance backlog, and insufficient staffing in critical support roles pose significant challenges to delivering quality care to veterans.

Addressing these issues requires substantial investment and strategic planning to modernize facilities and ensure adequate staffing for maintenance and construction projects.

Balance Between VA Direct Care and Purchased Care

The VHA is tasked with providing comprehensive health care to our nation's veterans. However, the current allocation of resources between VA direct care and purchased community care requires careful balancing to ensure the sustainability and effectiveness of the VA health care system.

According to VA officials, approximately 40% of veterans' care is provided through community care. This significant shift diverts funding from the direct care system to community care, often at higher costs compared to providing care within the VHA.

The MISSION Act²⁹ was designed to enhance veterans' access to care by integrating community care options. Congress intended for the VA to establish a high-performing integrated network that leverages community care as a relief valve, ensuring veterans receive timely care without undermining the VA's core capabilities. The goal is to supplement, not replace, the VA's direct care system.

To protect and preserve the VA's direct care system, MOAA believes it is crucial to strike a balance between direct and purchased care. The VHA does not operate in isolation. It is an integral partner in delivering essential health care throughout the United States. Few Americans fully understand the VA's important contributions to our nation's health system. It has four statutory missions³⁰ — to deliver health care; conduct research³¹; train and educate health professionals³²; and respond to war, terrorism, national emergencies, and national disasters³³. By ensuring the right balance of community care to supplement VA care, the department can execute its critical missions and provide veterans with the best possible care.

The VA is operating in fiscal year (FY) 2025 under a continuing resolution, meaning it is functioning at FY 2024 funding levels. It is essential for Congress to promptly pass funding for this fiscal year and ensure the VA is fully funded for FY 2026, including mandated advanced

²⁹ Public Law 115-182, 115th Congress: <https://www.congress.gov/115/plaws/publ182/PLAW-115publ182.pdf>.

³⁰ VHA Partnerships Bridge Gaps for Veterans: <https://www.va.gov/HEALTHPARTNERSHIPS/docs/22NewsletterVol06Issue03.pdf>.

³¹ VA Office of Research and Development: https://www.research.va.gov/for_veterans/default.cfm.

³² VA Office of Academic Affiliations: <https://www.va.gov/oaaf/>.

³³ VA's Fourth Mission: https://www.va.gov/VHAEMERGENCYMANAGEMENT/docs/4TH-MISSION_FAQs_508.pdf.

appropriations for FY 2027, by the Oct. 1 start of the new fiscal year. The VA requires predictable funding to continue providing essential services, meet the growing demand for veterans' health care, and execute recent congressional mandates outlined in the:

- ***Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act***³⁴ — Provides significant relief to veterans and their families by expanding benefits, enhancing services, and improving long-term care solutions.
- ***Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act***³⁵ — Expands VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances.
- ***Deborah Sampson Act***³⁶ — Implements health care, readjustment assistance, legal, and supportive programs and services for women veterans.
- ***John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act***³⁷ — Expands veterans access to VHA, community care, and caregiver support programs.
- ***Commander John Scott Hannon Veterans Mental Health Care Improvement Act***³⁸ — Provides access to care and program improvements to VA mental health services and suicide prevention programs.

MOAA Recommends Congress:

- ***Appropriates funding to stabilize and modernize VHA's workforce and human resource support systems, and facility infrastructure, to meet current and future needs of veterans and VA staff.***
- ***Works with the VA to preserve VHA's direct care system to include its foundational missions and services.***
- ***Secures annual appropriations for the VA to execute at the start of each fiscal year, ending the use of stopgap measures preventing the department from implementing its congressional mandates.***

VETERANS BENEFITS PRIORITIES

TOXIC EXPOSURES

PACT Act Implementation

Following the passage of the *Sergeant First Class Heath Robinson Promise to Address Comprehensive Toxics (PACT) Act*³⁹, the VA made a commitment to open and transparent

³⁴ Public Law 118-210, 118th Congress: <https://www.congress.gov/118/bills/s141/BILLS-118s141enr.pdf>.

³⁵ Public Law 117-168, 117th Congress: <https://www.congress.gov/117/plaws/publ168/PLAW-117publ168.pdf>.

³⁶ Public Law 116-315, 116th Congress: <https://www.congress.gov/116/plaws/publ315/PLAW-116publ315.pdf>.

³⁷ Public Law 115-182, 115th Congress: <https://www.congress.gov/bill/115th-congress/senate-bill/2372/text>.

³⁸ Public Law 116-171, 116th Congress: <https://www.congress.gov/116/plaws/publ171/PLAW-116publ171.pdf>.

³⁹ Public Law 117-168, 117th Congress: <https://www.congress.gov/bill/117th-congress/senate-bill/3373>.

communication with the veterans' community. This is especially important during a time in which the department continues to develop new processes brought on by this historic legislation. As a member of the broader VSO community, MOAA has closely monitored the ways in which the VA develops regulations for the processes to examine future conditions, reviews pertinent research, and makes decisions for new presumptive conditions related to toxic exposures.

MOAA strongly supported the expansion of benefits to additional conditions affiliated with toxic exposures. For example, on Jan. 8, 2025, the VA announced⁴⁰ new measures that would expand benefits to veterans exposed to burn pits while serving in the military. The change expands the list of cancers presumed to be linked to burn pit exposure to include bladder cancer, ureter cancer, other genitourinary cancers, acute and chronic leukemias, and multiple myeloma. Veterans diagnosed with these conditions, along with their survivors, are now able to apply for access to VA care and benefits.

MOAA applauds continued efforts to expand benefits to toxic-exposed veterans and will continue to advocate on their behalf. To ensure the PACT Act is properly implemented so veterans can receive the care they need, we urge Congress to work with the VA to create the infrastructure, workforce, and funding required to support enterprise-wide efforts.

Ending the Wait Report

MOAA and DAV collaborated on *Ending the Wait for Toxic-Exposed Veterans*⁴¹, a detailed report providing reforms and continued improvements to the presumptive process for toxic-exposed veterans following passage of the PACT Act. The purpose of this effort was to prevent veterans from suffering such neglect ever again. While the PACT Act was historic and benefited veterans of all generations, we believe important work remains.

We do not, however, want to minimize the impact of the PACT Act. MOAA acknowledges that this law represents the most significant expansion of benefits and services for toxic-exposed veterans in more than 30 years. We applaud the expansion of VA health care and benefits for veterans exposed to burn pits, Agent Orange, and other toxic substances. We also support the inclusion of several process reforms by the VA to recognize related conditions. While the PACT Act made major improvements to how toxic exposures are treated by the VA, MOAA believes additional measures are required.

There are far too many veterans still waiting for formal VA recognition of service-connected toxic illnesses that would make them eligible for benefits and essential health care services. A critical part of this problem is the amount of time it takes for the establishment of a presumptive following the first incidence of service-related toxic exposure.

As part of the *Ending the Wait* report, MOAA and DAV found that since World War I, the VA has acknowledged 30 toxic exposures, 16 of which resulted in the establishment of a presumptive.

⁴⁰ VA Press Release: <https://news.va.gov/press-room/va-makes-several-cancers-presumptive-for-service-connection-lowering-the-burden-of-proof-for-veterans-to-receive-no-cost-health-care-and-earned-benefits/>.

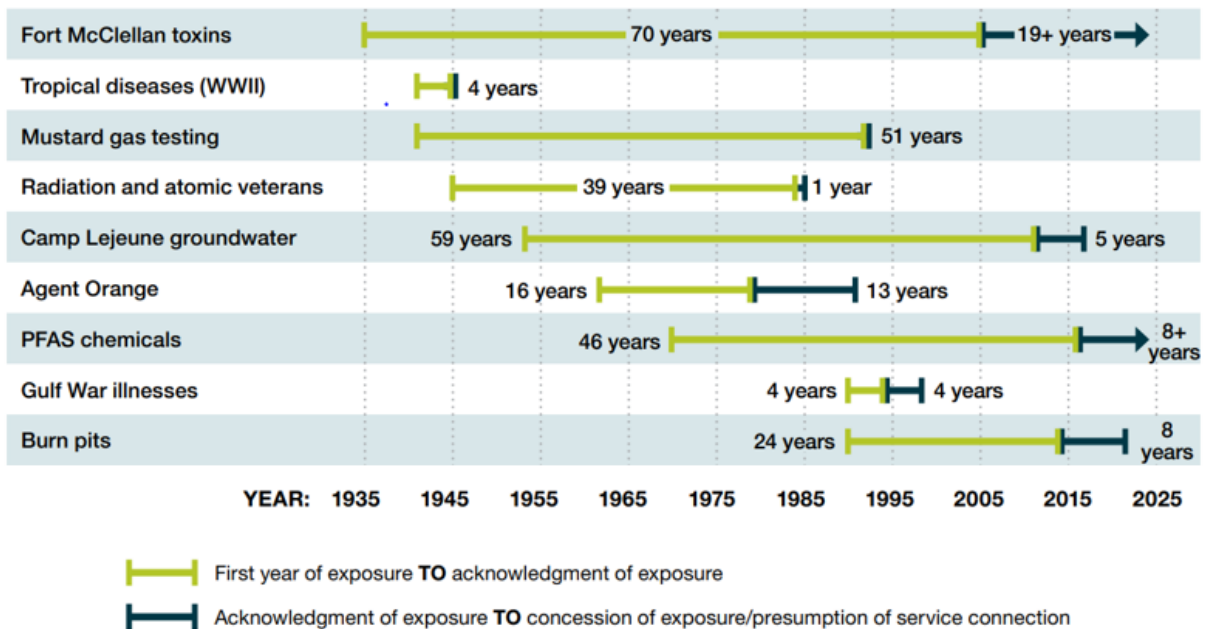
⁴¹ DAV-MOAA *Ending the Wait Report*: <https://www.endingthewait.org/>.

It takes approximately 34.1 years after the first incidence of military toxic exposure to the establishment of a presumptive. For all acknowledged exposures, it takes an average of 31.4 years from the first year veterans were exposed to an acknowledgment from the VA. With veterans facing that much time simply waiting for acknowledgement, it is clear where more work must be done.

Notable examples highlighting these wait times include:

- **Agent Orange:** Veterans were required to wait nearly 20 years following the last exposure and 30 years after the first use of Agent Orange until Congress created a presumptive.
- **Airborne Hazards and Burn Pits:** Veterans were required to wait nearly 20 years and 30 years after the Iraq/Afghanistan wars and the Persian Gulf War, respectively. The PACT Act created a new presumptive for burn pits and airborne hazards that added more than 20 diseases and illnesses.
- **Atomic Radiation:** Veterans exposed to ionizing radiation during atmospheric nuclear testing or the occupation of Hiroshima and Nagasaki were required to wait nearly 40 years before Congress enacted legislation providing a path to compensation for disabilities or deaths related to their exposure.

COMPARISON OF SELECTED TOXIC EXPOSURE TIMELINES



To help rectify this issue, the *Ending the Wait* report recommends Congress enact legislation to codify a new legal framework built around the three steps in creating a presumptive: acknowledgment, concession, and presumption of service connection.

Each step in this proposed framework should have specific timelines, thresholds, decisions, and triggers that move the process toward a final resolution.

Step 1: Acknowledgement of Possible Toxic Exposure Risk

Acknowledgment only confirms that an incident occurred which may have been a toxic exposure impacting a group of servicemembers. Once acknowledged, the VA would be required to begin collecting and analyzing all relevant information about that incident. This would help determine whether a confirmed toxic exposure that affected a group of servicemembers did indeed take place.

Within 90 days of an acknowledgment, the VA must decide whether to establish a concession of exposure, defer this decision for up to 90 days to analyze additional data, or close the decision process without a concession of exposure.

Step 2: Concession of Exposure to Toxic Substance

Within 90 days following a formal acknowledgment of a toxic exposure, the VA's next step, if justified, would be to establish a concession of exposure, which would legally concede exposure to a toxic substance for a group of affected veterans, typically based on the time and location of their service.

Step 3: Presumption of Service Connection Between Exposure and Disease(s)

Following a concession of exposure, the VA must adopt a formal research plan to determine whether the toxic exposures covered under that concession can be linked to diseases and other health conditions. Following the establishment of a presumptive, the VA would be required to create an outreach plan for all veterans covered under the concession of exposure and should retroactively review any claims related to the covered conditions.

Other recommendations to follow later in this process include:

- Expand scientific understanding of toxic exposures through research, monitoring, surveillance, and oversight.
- Eliminate legal barriers to receiving toxic-exposure benefits for veterans, their families, and their survivors.
- Establish a new classification system for toxic exposures and presumptives.

MOAA Recommends Congress:

- ***Continues its oversight to monitor effective implementation of the PACT Act.***
- ***Collaborates with MOAA, DAV, and the broader VSO community to implement the Ending the Wait report's recommendations. As a critical first step, we urge Congress to create a new legal framework structured around the three steps in creating a presumptive — acknowledgment, concession, and presumption of service connection.***

VETERAN REINTEGRATION AND SUPPORT

VSO Integration in the Transition Assistance Program (TAP)

For many veterans, a smooth transition to civilian life is largely predicated on financial stability. This is especially true for those with service-connected disabilities. The Benefits Delivery at

Discharge (BDD) program⁴² is critical as it helps expedite access to VA care and compensation approximately 90 to 180 days prior to official separation. This is vital as it allows the VA to review service treatment records, schedule necessary exams, and evaluate claims. However, we believe omitting VSOs from this process creates an increased risk of incomplete or delayed claims.

For instance, MOAA is able to leverage our extensive expertise as both a VSO and a military service organization (MSO) to offer a nuanced perspective on transition-related issues. Our involvement in policy initiatives impacts both currently serving personnel and recently separated veterans, helping ensure there is comprehensive support for both the uniformed service and veteran communities.

Given the importance of these benefits for transitioning servicemembers, we believe Congress should mandate VSO inclusion in TAP. Early coordination among all parties involved has been shown to be more effective in streamlining approvals. No servicemember should navigate this critical juncture without an advocate's guidance to secure everything their service warrants. We therefore believe VSO inclusion merits formal codification into law.

In the 118th Congress, MOAA supported the *TAP Promotion Act*⁴³, which would require VSO involvement in the TAP process. We continue to support integration and believe it would result in a more effective process for servicemembers during an important period.

Ban Predatory Claims Companies

The PACT Act prompted a tremendous amount of progress involving the expansion of VA benefits. Similarly, initiatives such as the BDD and Solid Start⁴⁴ programs also have been beneficial. However, there are still too many veterans who remain susceptible to exploitation by predatory actors posing as advocates.

While accredited VSOs operate ethically, and within well-established legal guidelines, there also exists a more nefarious ecosystem. Within it are entities that manipulate search algorithms and dupe transitioning servicemembers or veterans who are seeking assistance. These aptly named "claims sharks" put profits before people and charge exorbitant fees to file claims, often through improper channels.

Veterans should be given robust protection from this type of dishonest behavior. If an organization genuinely seeks to provide valuable services to veterans, then they must adhere to existing rules. They should train their staff to abide by established VA standards and legally commit to serving the interest of the veteran community.

MOAA strongly urges Congress to eliminate the malleable regulatory environment that has enabled these predatory groups to thrive. In the 118th Congress, MOAA endorsed the *Governing*

⁴² **Benefits Delivery at Discharge (BDD) Program:** <https://www.benefits.va.gov/BENEFITS/benefits-delivery-discharge-program.asp>.

⁴³ **H.R. 3933 / S. 2888:** <https://www.congress.gov/bill/118th-congress/senate-bill/2888>.

⁴⁴ **Solid Start Program:** https://benefits.va.gov/benefits/solid-start.asp?trk=public_post_comment-text.

*Unaccredited Representatives Defrauding VA Benefits Act (GUARD VA Benefits Act)*⁴⁵, which mandates accredited certification for any organization aiding disability claims — blocking claims sharks from financially exploiting those who served.

We urge Congress to take immediate action to stop the harm being inflicted upon veterans by claims sharks that illegally act to siphon away their earned benefits.

MOAA Recommends Congress:

- ***Enacts the TAP Promotion Act*** — Mandates VSO inclusion in the TAP process. This would ensure servicemembers have additional advocates to assist during what can be a challenging time, both professionally and personally.
- ***Enacts the GUARD VA Benefits Act*** — Eliminates regulatory loopholes that have allowed claims sharks to prosper. Predatory behavior, especially that which impacts our nation's veterans, should be quickly shut down.

GI BILL

Restoration of Benefits

The GI Bill is an important benefit that has allowed many servicemembers and veterans to pursue educational opportunities. However, when a student using GI Bill benefits is defrauded by a school, we believe mechanisms should exist to rectify the situation.

MOAA supports the restoration of veterans' education benefits in cases of fraud. Enabling the VA to do so, through measures such as the previously introduced *Student Veteran Benefit Restoration Act*⁴⁶, would not only help mitigate the damage of fraud but would place veterans in a comparable situation to traditional students. These individuals, using Department of Education resources, can recoup funds from schools in instances of fraud.

GI Bill Comparison Tool

The VA's GI Bill Comparison Tool⁴⁷ offers critical support for veterans who seek to best understand their earned benefits and plan for their next steps in the education process. MOAA believes it is important to build on the established success of this tool and expand the data it offers. This will help ensure student-veterans have the most complete and transparent information, which in turn will allow them to make the most informed decisions for their future.

To achieve greater transparency, MOAA encourages Congress to improve the GI Bill Comparison Tool with updated metrics to help support those considering a return to school.

Previously supported legislation, such as the *Student Veterans Transparency and Protection Act*⁴⁸, would help enhance transparency and enable those considering educational opportunities to make the best-informed decision possible.

⁴⁵ S. 5089: <https://www.congress.gov/bill/117th-congress/senate-bill/5089>.

⁴⁶ H.R. 1767: <https://www.congress.gov/bill/118th-congress/house-bill/1767/>.

⁴⁷ VA GI Bill Comparison Tool: <https://www.va.gov/education/gi-bill-comparison-tool/>.

⁴⁸ S. 1309: <https://www.congress.gov/bill/118th-congress/senate-bill/1309>.

90/10 Rule

Federal law requires for-profit colleges to derive at least 10% of their revenue from areas other than government financial aid assistance. For many years, however, a loophole existed that directly impacted the veteran community. Earned benefits, such as the GI Bill, were not subject to the 90/10 delineation. As such, many for-profit colleges aggressively focused their recruiting on troops and veterans.

A Senate report⁴⁹ highlighted how “Servicemembers, veterans, spouses, and family members have become highly attractive prospects to for-profit colleges, and many schools have put significant resources into recruiting and enrolling students eligible for these benefits.” As the report articulated, in many cases veterans became “dollar signs in uniform.”

By closing this loophole and reclassifying GI Bill benefits as federal funding, Congress removed an incentive for for-profit educational institutions to target servicemembers. We urge Congress to let this regulation remain intact and oppose its repeal.

MOAA Recommends Congress:

- ***Enacts the Student Veteran Benefit Restoration Act*** — *Authorizes the VA to restore GI Bill benefits in instances of fraud.*
- ***Enacts the Student Veterans Transparency and Protection Act*** — *Improves the GI Bill Comparison Tool, thereby enabling students to make critical educational choices with transparent information available. Congress should build upon previous actions to further enhance transparency. For example, valid complaints addressed toward schools only date back six years; we believe this cap should be eliminated so potential students can view all relevant information. In addition, Congress should ensure that valid school criticisms cannot be removed solely due to an institution’s objection.*
- ***Refrains from repealing the closure of the 90/10 rule loophole. Benefits such as the GI Bill should remain classified as federal funding.***

Survivors

In previous Congresses, MOAA has supported the following survivor bills: *The Love Lives On Act*⁵⁰, which allows a surviving spouse to retain the Survivor Benefit Plan and Dependency and Indemnity Compensation (DIC) at any age, regardless of whether they remarry; and the *Caring for Survivors Act*⁵¹, which improves and expands eligibility for DIC to the survivors of servicemembers who die while serving on active duty, or of service-connected disabled veterans.

Current law penalizes surviving spouses if they choose to remarry before age 55. Most surviving spouses from the post-9/11 era are widowed in their 20s or 30s, which means the nation is asking them to wait more than 20 years to move forward in their lives. These survivors often have children they must now raise alone. As military spouses are among the most unemployed and underemployed populations in the United States, these survivors rely heavily on their survivor

⁴⁹ **Congressional Report:** https://www.help.senate.gov/imo/media/for_profit_report/ExecutiveSummary.pdf.

⁵⁰ **S. 1266:** <https://www.congress.gov/bill/118th-congress/senate-bill/1266>.

⁵¹ **S. 414:** <https://www.congress.gov/bill/118th-congress/senate-bill/414>.

benefits to help offset the loss of pay from their late spouse and their own lost income as a result of a highly mobile military lifestyle.

If a surviving spouse's subsequent marriage ends in death, divorce or annulment, while most benefits can be restored, they lose TRICARE forever. If a surviving spouse was previously eligible for or insured through CHAMPVA, that benefit can be restored. The Love Lives on Act seeks to provide parity with other federal programs by restoring TRICARE benefits to survivors if a subsequent marriage ends.

Opting to remarry should not negatively impact a surviving spouse's financial security. They earned these benefits through the service and sacrifice of their servicemember or veteran and through their own sacrifice as a military family member.

Dependency and Indemnity Compensation (DIC) is a tax-free monetary benefit paid to eligible surviving spouses, children, or parents of servicemembers whose death was in the line of duty or resulted from a service-connected illness or injury. DIC is equal to 43% of what a 100% disabled veteran receives and has only increased due to cost-of-living-adjustments. MOAA seeks to increase DIC to 55% of the compensation rate paid to a 100% disabled veteran to enhance financial security for survivors.

MOAA Recommends Congress:

- ***Enacts the Love Lives On Act*** (S. 410 / H.R. 1004) — *Reverses penalties faced by surviving military spouses who remarry prior to age 55.*
- ***Enacts the Caring for Survivors Act*** (H.R. 680) — *Improves and expands eligibility for DIC.*

CONCLUSION

MOAA's 2025 veteran community priorities underscore the critical need for comprehensive support and advocacy for our veterans. These priorities are essential to ensuring the well-being of those who have served our nation. Collaboration between lawmakers and organizations like MOAA and other VSOs is vital. Such partnerships amplify the voices of veterans, ensuring their needs are met through effective legislation and policy changes. Thank you for your continued leadership and commitment to the veteran community. MOAA is eager to partner with the Congress to ensure our nation's promises to its veterans are fulfilled.

BIOGRAPHY

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

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

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