

Protect Veterans' Disability Compensation from Legislative Offsets

The VFW's Concern:

The VFW strongly opposes provisions within H.R.9237 / S.4744, *Take Care of America's Veterans Act*, that would reduce future veterans' disability compensation to pay for other veteran programs. While the VFW supports many of the bill's underlying goals, we cannot support financing those priorities by reducing earned benefits for future disabled veterans. Disability compensation is not a government spending program to be trimmed when convenient. It is earned compensation for injuries and illnesses incurred through military service. The Veterans Affairs Schedule for Rating Disabilities (VASRD) exists to reflect medical evidence and functional impairment, not to generate savings for unrelated legislative priorities. Yet, Section 108 would codify controversial proposed rating changes for tinnitus and sleep apnea specifically to offset the cost of other provisions in the bill.

The VFW is deeply concerned by Congress inserting itself into the disability rating process. Changes to the VASRD have historically been made through a transparent regulatory system that requires medical review, public notice, and stakeholder input. Congress itself established this framework to ensure disability ratings remain evidence-based and insulated from political pressures. Legislating individual disability ratings bypasses that process and creates a dangerous precedent for future Congresses to target other service-connected conditions whenever budget offsets are needed. The proposal Congress seeks to codify originated from a 2022 Department of Veterans Affairs (VA) rulemaking effort that generated more than 2,600 public comments, but has never been finalized. VA recently stated that "no changes are planned or imminent" and that any final rule would require significant revisions before implementation. Congress should not legislate the outcome of an unfinished and heavily disputed regulatory process.

The conditions targeted by these proposed reductions are not minor disabilities. Tinnitus is the most common service-connected disability in the VA system and is closely associated with military noise exposure, blast injuries, and combat service. Sleep apnea is increasingly linked to service-connected conditions, particularly among veterans with post-traumatic stress disorder and traumatic brain injury. These disabilities can have lasting impacts on health, employment, and quality of life. Moreover, treatment is not the same as a cure. A CPAP machine helps manage sleep apnea, but it does not eliminate the condition any more than medication cures other chronic illnesses. Veterans should be compensated based on the disability they live with, not penalized because they follow prescribed treatment plans.

The VFW is also concerned that projected reductions in Title 38 disability compensation are being used to finance the *Major Richard Star Act*, which addresses a separate Title 10 military retirement obligation. We strongly support enactment of a clean and complete *Major Richard Star Act*, but not at the expense of earned benefits for future veterans.

The VFW Urges Congress to:

Remove Section 108 of H.R.9237 / S.4744, *Take Care of America's Veterans Act*, and reject any provisions that reduce or offset future veterans' disability compensation to finance other legislation.

VOTE NO to advance the *Take Care of America's Veterans Act* if Section 108 is not removed.

Preserve the integrity of the VASRD by allowing disability rating changes to proceed through the established evidence-based regulatory process.

Reject the use of veterans' disability compensation as a budgetary pay-for and reaffirm that earned veterans' benefits are an obligation of the nation, not a source of savings to fund unrelated priorities.