Veterans of Foreign Wars Legislative Priorities

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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.

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Concurrent Receipt Reform to End Earned Benefits Offset

The VFW's Concern:

For more than two decades, Congress has failed to fully address the long-standing injustice of withholding military retirement pay from disabled veterans. Military retirement pay and Department of Veterans Affairs (VA) disability compensation are separate benefits budgeted by separate federal agencies and earned for different reasons, yet current law continues to treat their concurrent receipt as "double-dipping."

In 2004, Congress authorized concurrent receipt for retirees with at least 20 years of service and a 50 percent or higher service-connected disability. This partial fix left behind disabled retirees rated below 50 percent and veterans medically retired under Chapter 61. More than 59,000 combat-injured Chapter 61 retirees continue to have their military retirement pay offset by VA disability compensation despite having earned both benefits. They are among more than 255,000 Chapter 61 retirees affected by concurrent receipt restrictions.

The VFW strongly believes Congress must end these offsets and fully address concurrent receipt. Military retirement obligations should be considered by the Committees on Armed Services and should not be financed at the expense of national defense or other veterans' benefits. Congress has existing tools, including the Military Retirement Fund, to responsibly fulfill these obligations.

The *Major Richard Star Act* is one of the most widely supported bipartisan bills in Congress and would provide concurrent receipt to combat-injured Chapter 61 retirees. However, the version included in the *Take Care of America's Veterans Act* is not the clean and complete H.R.2102 / S.1032. It would cap concurrent receipt at the amount a retiree would have earned through a 20-year longevity retirement, creating another offset for some combat-injured retirees.

The VFW Urges Congress to:

Pass the clean and complete H.R.2102 / S.1032, *Major Richard Star Act***,** either as a standalone bill or via the National Defense Authorization Act for Fiscal Year 2027, without caps or limitations that would create a new offset for combat-injured Chapter 61 retirees, and without financing this military retirement obligation through reductions to veterans' disability compensation or other earned benefits.

Hold hearings in the House and Senate Committees on Armed Services to examine broader concurrent receipt reform and the appropriate use of the Military Retirement Fund to fulfill earned military retirement obligations.

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Transition from Service

The VFW's Concern:

Leaving military service is often complicated by service-related ailments, family needs, loss of identity and support networks, and the required training to enter a new career field. Sadly, the initial year following discharge also comes with increased risk for crisis among veterans, including risk of homelessness, justice system involvement, and suicide, heightening the need to ensure all transitioning service members are connected to post-service benefits and resources as quickly as possible.

Accredited representatives are an important resource for transitioning service members and can assist with Department of Veterans Affairs (VA) Benefits Delivery at Discharge (BDD) claims. Through BDD, service members can file expedited benefit claims and complete medical evaluations before leaving service, enabling VA to provide disability ratings upon discharge. Receiving benefit decisions early helps minimize gaps in essential care, such as mental health counseling and medication management once service members officially leave the military.

In early 2024, VA launched an improved curriculum covering VA benefits and services during Transition Assistance Program (TAP) classes. TAP 6.0 includes offering the opportunity for accredited representatives who are physically present on military installations to connect with service members and assist them with initiating the VA claims process. Data shows this initiative has increased the number of transitioning service members receiving their benefits upon discharge, helping connect veterans more quickly to the benefits, health care, and resources they need to thrive after service.

The VFW believes it is critical that this practice is codified into law and made permanent. Since this is a current VA program, we anticipate this legislative fix would be cost neutral.

The VFW Urges Congress to:

Pass H.R.1845 / S.3938, *TAP Promotion Act,* either as a standalone bill or via the National Defense Authorization Act (NDAA) for Fiscal Year 2027 to codify VA's practice of including accredited claims representatives from national, state, and local organizations in TAP classes. The VFW opposes using the *TAP Promotion Act* to advance any legislative package that reduces or offsets veterans' earned disability compensation, including Section 108 of the *Take Care of America's Veterans Act*.

Note: For H.R.1845 cosponsorship, please email Daniel Carpenter at daniel.carpenter@mail.house.gov.
For S.3938 cosponsorship, please email Kate Durost at kate_durost@king.senate.gov.

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Written Informed Consent

The VFW's Concern:

Veteran suicide remains a crisis. Data from the Department of Veterans Affairs (VA) indicates 6,398 veterans died by suicide in 2023, which is an average of 17.5 deaths each day. It was the second-leading cause of death among veterans under age 45. Suicide rates remain substantially higher among veterans than non-veteran adults and are especially elevated among veterans ages 18-34.

Recent research found that 48 percent of veterans with post-traumatic stress disorder (PTSD) experience the concurrent use of two or more antidepressant, antipsychotic, or mood stabilizing medications, known as psychotropic polypharmacy, compared to 22 percent of veterans without PTSD. Some commonly prescribed psychiatric medications also carry a Food and Drug Administration (FDA) boxed warning identifying serious risks, making careful monitoring and clear communication essential. VA's Office of Inspector General has repeatedly identified gaps in the documentation of required informed consent discussions about the risks and benefits of newly prescribed medications. These findings underscore the need to strengthen communication and ensure veterans are fully informed about their treatment.

Psychiatric medications can be appropriate and life-changing when properly prescribed and monitored. But like any serious medical treatment, they require honest conversations and shared decision making. VA policy requires providers to discuss the risks, benefits, and alternatives of prescribed medications with veterans, yet the VA Office of Inspector General has identified gaps in compliance with and documentation of these requirements. Providing this important information in writing would strengthen the informed consent process and give veterans clear information they can review when making decisions about their care. Transparency builds trust, supports continued engagement in treatment, and reinforces a simple truth—mental health care is health care. For these reasons, the VFW supports strengthening written informed consent to ensure veterans receive safe, informed, and high-quality care.

The VFW Urges Congress to:

Pass H.R.4837 / S.3314, *Written Informed Consent Act,* to expand written informed consent requirements to ensure veterans receive clear, written information about the benefits, risks, alternatives, and expectations associated with long-term psychiatric medications.

Note: For H.R.4837 cosponsorship, please email Georgios Karides at georgios.karides@mail.house.gov.
For S.3314 cosponsorship, please email Julian Tucker at julian_tucker@sheehy.senate.gov.

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