

Veterans of Foreign Wars Legislative Priorities



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**VFW Washington Conference
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Community Care Reform

The VFW's Concern:

Department of Veterans Affairs (VA) community care must operate as a unified and veteran-centric system rather than a collection of disconnected programs with different rules and access pathways. While the Community Care Network has become a structured, accountable model under the *VA MISSION Act of 2018*, other VA community care programs—most notably the Foreign Medical Program and CHAMPVA—remain largely unstructured, paper-based, and disconnected from modern health care delivery. This fragmentation creates confusion, delays care, burdens families, and undermines confidence in VA. It needs to establish consistency across all community care programs by applying common standards for eligibility verification, provider networks, care coordination, and claims processing, regardless of where care is delivered or who receives it.

As part of this effort, the VFW supports modernizing the Foreign Medical Program to enable predictable, coordinated care for both service-connected and non-service-connected conditions, and exploring responsible structural reforms to CHAMPVA, including options to expand access beyond families of veterans who are 100 percent permanent and total, while preserving program integrity. A consistent, modern community care ecosystem would reduce administrative burden, improve access, strengthen oversight, and better reflect the nation's obligation to veterans and their families. The VFW also believes that Congress must ensure that VA builds on recent CHAMPVA modernization efforts by expanding digital access, streamlining eligibility and claim processing, and ensuring timely, transparent care for all beneficiaries.

The VFW Urges Congress to:

Pass H.R.740 / S.275, *Veterans' ACCESS Act of 2025*, to ensure veterans receive clear information and timely health care by improving the efficiency, oversight, and coordination of VA's community care program.

Pass H.R.467, *Foreign Medical Program Modernization Act of 2025*, to expand access to health care for veterans living abroad by modernizing reimbursement systems and strengthening global care options.

Note: For H.R.740 cosponsorship, please email Matthew Telford at matthew.telford@mail.house.gov.
For S.275 cosponsorship, please email Jase Rapert at jase_rapert@moran.senate.gov.
For H.R.467 cosponsorship, please email Noah Garber at noah.garber@mail.house.gov.

Concurrent Receipt Reform to End Earned Benefits Offset

The VFW's Concern:

For more than two decades, Congress has failed to address the long-standing injustice of withholding military retirement pay from disabled veterans. Department of Defense (DOD) military retirement pay and Department of Veterans Affairs (VA) disability compensation are separate and distinct benefits, earned for different reasons, yet current law continues to treat their concurrent receipt as “double-dipping.” The VFW believes this policy is fundamentally unfair, inconsistent with modern military compensation principles, and long overdue for reform.

In 2004, Congress took an important step by authorizing concurrent receipt for retirees with at least 20 years of service and a 50 percent or higher service-connected disability. While this was a positive step, the VFW believes the 50 percent threshold is arbitrary and unfair. Veterans rated below 50 percent incurred risks, injuries, and sacrifices for our nation, yet they remain excluded from full benefits without clear policy justification. This partial fix has created confusion, inequity, and frustration among disabled retirees.

The problem is especially acute for veterans who are medically retired under Chapter 61, including those injured in combat. More than 50,000 Chapter 61 retirees, some of whom need ongoing care and support, continue to have an offset between their DOD retirement pay and VA disability compensation despite having earned both benefits. Many of these veterans face lifelong medical needs and reduced earning capacity, making it particularly harmful to their long-term financial stability and family well-being.

The VFW strongly believes Congress must end the offset of earned benefits and fully address concurrent receipt. This issue should be evaluated squarely within the Armed Services Committees, where military compensation, retirement policy, and readiness impacts are properly considered. Importantly, the cost of correcting this injustice should not be framed as a tradeoff against national defense or other veterans' benefits. Congress has existing tools including the Military Retirement Fund to responsibly finance earned retirement obligations without forcing harmful offsets or false budgetary choices. Every year of delay perpetuates financial hardship and erodes trust among those who fulfilled their service commitments in good faith. The VFW calls on the 119th Congress to finally resolve this issue and ensure disabled retirees receive the benefits they earned through honorable service.

The VFW Urges Congress to:

Pass 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, to enable Chapter 61 retirees who sustained combat-related injuries to receive their vested DOD retirement pay and VA disability compensation without offset.

Advance broader concurrent receipt reform by eliminating offsets between DOD military retirement pay and VA disability compensation for all disabled retirees.

Hold hearings in the House and Senate Armed Services Committees to examine the history, equity, and fiscal treatment of concurrent receipt, including the appropriate use of the Military Retirement Fund and available budgetary mechanisms to fulfill earned retirement obligations.

Written Informed Consent for Suicide Prevention

The VFW's Concern:

Veteran suicide remains a crisis. An estimated 155,000 veterans have died by suicide since 2001, with nearly a third of these deaths occurring while under Department of Veterans Affairs (VA) care. Suicide rates among veterans ages 18–34 have more than doubled and remain significantly higher than among non-veterans.

Approximately 70 percent of veterans treated by VA are prescribed psychiatric medications and reporting has shown that nearly half of veterans diagnosed with post-traumatic stress disorder (PTSD) are prescribed multiple psychiatric medications at once, commonly referred to as “combat cocktails.” These prescription rates are substantially higher than those of non-veterans. Many of these medications also carry Food and Drug Administration (FDA) Boxed Warnings related to suicidal thoughts and behaviors, making careful monitoring and clear communication essential. VA’s Office of Inspector General has identified gaps in documentation of informed consent discussions and weaknesses in medication safety protocols. These findings make clear that we must strengthen communication and oversight across the system.

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. Written informed consent is already standard for many high-impact therapies and has not been shown to discourage care. By clearly explaining benefits, risks, alternatives, and expectations up front, written informed consent brings mental health treatment into the open and reinforces a simple truth—mental health care is health care. Transparency builds trust, keeps veterans engaged in care, and helps prevent avoidable crises. For these reasons, the VFW supports strengthening written informed consent and improving oversight of psychiatric prescribing practices 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.

Pass H.R.6858, *Veteran Suicide Prevention Act*, to direct the Secretary of Veterans Affairs to conduct a review of the deaths of certain veterans who died by suicide, and the role prescribing practices and medication management may have played in these deaths.

Note: For H.R.4837 cosponsorship, please email Tyler Zidlicky at tyler.zidlicky@mail.house.gov.

For S.3314 cosponsorship, please email Heidi Thom at heidi_thom@sheehy.senate.gov.

For H.R.6858 cosponsorship, please email Josh Orenstein at josh.orenstein@mail.house.gov.

Modernizing VA Brain Health Care

The VFW's Concern:

The Department of Veterans Affairs (VA) treats millions of veterans for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and other brain health conditions, many of which are complex, overlapping, and highly individualized. While VA has expanded access to mental health services, veterans continue to report that existing treatment approaches do not work for everyone, particularly for those with persistent or co-occurring conditions. With nearly 2.5 million veterans using VA mental health services, it is uniquely positioned to modernize brain health care by strengthening the research and clinical infrastructure needed to better understand and treat PTSD, TBI, and related neurological conditions in an evidence-based and veteran-centric way.

PTSD and TBI are frequently treated through separate systems despite significant clinical overlap. Veterans with both conditions often experience fragmented care, underscoring the need for a more integrated and realistic approach to brain health treatment. Modernizing VA brain health care is not about prematurely endorsing specific therapies or bypassing scientific standards. It is about ensuring VA has the capacity to responsibly study promising approaches to make informed decisions about if and how they should be integrated into care.

The VFW Urges Congress to:

Pass H.R.2623, *Innovative Therapies Centers of Excellence Act of 2025*, to authorize VA to establish Centers of Excellence to research and evaluate innovative approaches to treating PTSD and related conditions, and to develop the evidence and clinical expertise needed to inform future care decisions.

Pass H.R.6444, *Blast Overpressure Research and Mitigation Task Force Act*, to improve coordination, research, and care delivery between VA and the Department of Defense for veterans experiencing TBI, PTSD, and related conditions due to blast exposure.

Pass S.800, *Precision Brain Health Research Act of 2025*, to strengthen VA's ability to conduct advanced brain health research focused on individualized care for conditions such as PTSD and TBI.

Pass S.2737, *Veterans National Traumatic Brain Injury Treatment Act*, to expand VA's national TBI treatment infrastructure and improve access to specialized, interdisciplinary care to support more coordinated brain health treatment.

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Issue Contact: Nancy Springer at nspringer@vfw.org for Predatory Claims Companies & Emerging Toxic Exposures
Issue Contact: Joy Craig at jcraig@vfw.org for Transition from Service
Issue Contact: Joe Grassi at jgrassi@vfw.org for Post-9/11 GI Bill Book Stipend

Other Areas of Concern

Cracking Down on Predatory Claims Companies

While the VFW respects a veteran's right to choose who assists with a Department of Veterans Affairs (VA) disability compensation claim, we remain deeply concerned about unaccredited actors commonly known as "Claim Sharks" who exploit veterans through deceptive and predatory business practices. Although federal inaction persists, recent court decisions affecting state-level legislation demonstrate growing momentum to hold these actors accountable.

The VFW urges Congress to enact legislation that would meaningfully prohibit the exploitation of veterans by unscrupulous Claim Sharks, strengthen the VA accreditation system, and oppose proposals such as H.R.3132, *CHOICE for Veterans Act of 2025*, that would place veterans in debt merely for seeking their earned benefits.

Transition from Service

In early 2024, VA launched its improved Transition Assistance Program (TAP) 6.0 benefits and services curriculum that includes an accredited representative to physically assist service members with filing their Benefits Delivery at Discharge claims. Data show this initiative has been effective in increasing the number of transitioning service members receiving their benefits upon discharge.

The VFW urges Congress to pass H.R.1845, *TAP Promotion Act*, to codify this facet of VA's TAP curriculum.

Post-9/11 GI Bill Book Stipend

The Post-9/11 GI Bill remains one of the most impactful benefits earned through military service that helps veterans pursue higher education and career advancement. However, its book stipend has not changed since the program's establishment in 2009 and has not kept pace with inflation or the rising cost of education.

The VFW urges Congress to pass H.R.1965, *Veteran Education Assistance Adjustment Act*, to adjust the Post-9/11 GI Bill book stipend from \$1,000 to \$1,400, and to include annual increases based on the Consumer Price Index to keep pace with inflation and rising costs.

Emerging Toxic Exposures

Presumptions of service connection play a critical role in reducing the evidentiary burden on veterans seeking VA disability compensation. Accordingly, the VFW is deeply concerned by VA's September 2025 decision to remove male breast cancer from the *Honoring our PACT Act of 2022* (Public Law 117-168) presumptive list without transparently releasing publicly available scientific data to explain the removal.

The VFW urges Congress to conduct oversight hearings to ensure VA administers the legislation's presumption decision process transparently and in full compliance with the law.

