STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE HEARING

for

VETERANS HEALTH CARE and BENEFITS

2nd SESSION of the 119th CONGRESS

Before the

SENATE COMMITTEE ON VETERANS' AFFAIRS

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Presented by

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EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) submits this testimony to provide its views on selected legislation under consideration by the committee addressing veterans' health care, benefits, and measurable outcomes across the Department of Veterans Affairs (VA).

For purposes of this statement, MOAA focuses on those bills on which the association has taken a policy position, particularly measures that reflect bipartisan engagement or are well positioned to garner broad support, and where our experience advocating for veterans, families, caregivers, and survivors is most directly applicable to preserving and protecting benefits earned through service.

While several of these proposals represent incremental reforms, each one addresses clearly documented gaps that can have a meaningful impact on quality of life for veterans and those who support them.

MOAA offers its views to assist the committee in evaluating how these measures can be refined, resourced, and implemented to ensure veterans receive consistent, timely, and equitable care and benefits throughout their lives after service. We appreciate the committee's leadership and stand ready to work with Congress and the VA to advance policies that uphold the nation's enduring obligation to those who have served.

VA ENTERPRISE-WIDE

- **Stuck On Hold Act[1]** — Directs the VA to implement automated callback functionality on each VA customer service phone line (excludes emergency/crisis hotlines) to reduce average wait times to 10 minutes or less so veterans are not forced to remain on hold while trying to access assistance.
- **National Veterans Strategy Act[2]** — Requires the president to define "veteran success" and develop and implement a national strategy, creating a broader cross-sector federal framework for measuring and improving post-service outcomes.
- **Optimizing the Veterans Affairs Workforce for Veterans Act (Draft Legislation)** — Requires the VA to develop and regularly update a five-year strategic human capital plan to better align staffing with demand for veterans' health care and benefits delivered across the enterprise. Also requires advance notice and justification to Congress and employees before any workforce reductions and strengthens oversight of VA reorganizations.

VETERANS HEALTH CARE

- **Mammography Access for Veterans Act[3]** — Expands and makes permanent VA's tele-mammography pilot program to improve access to breast cancer screening, especially for veterans who face geographic or facility-based barriers.

[1] **S. 3170**: https://www.congress.gov/bill/119th-congress/senate-bill/3170.
[2] **S. 3726**: https://www.congress.gov/bill/119th-congress/senate-bill/3726.
[3] **S. 3395**: https://www.congress.gov/bill/119th-congress/senate-bill/3395.

- **Disabled Veterans Dignity Act**[4] — Requires the VA to establish a formal program to address bowel and bladder care needs for veterans with spinal cord injuries and disorders (SCI/D), supporting dignity, independence, and caregiver assistance in the home setting.
- **Veterans Spinal Trauma Access to New Devices (STAND) Act**[5] — Offers annual preventive health evaluations to veterans with SCI/D and expands access to new assistive and rehabilitative technologies and devices that can strengthen mobility, independence, and quality of life.
- **Women Veterans Specialty Care Access Act**[6] — Requires the VA to ensure women veterans can schedule women's specialty care appointments without first obtaining a referral, reducing administrative barriers to gender-specific care.
- **Maternal Health for Veterans Act (Draft Legislation)** — Strengthens VA maternity care programs by requiring annual reporting on maternal health outcomes, disparities, and program activities, while authorizing $15 million annually (FY 2027 – FY 2031) to support maternity care coordination.

VETERANS BENEFITS

- **Justice for ALS Veterans Act**[7] — Extends increased Dependency and Indemnity Compensation (DIC) to the surviving spouse of a veteran whom the VA has determined died from amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) regardless of how long the veteran had the disease.

- **FRAUD in VA Disability Exams Act**[8] — Requires the VA to proactively detect and audit fraudulent disability benefits questionnaires (DBQs), refer suspected misconduct to investigators, notify affected claimants, and provide annual reports to Congress while protecting veterans from having benefits reduced unless fraud is proven in court.

- **Presumptive CLARITY Act**[9] — Requires the VA to regularly update a public online tracker showing which toxic exposure-related conditions and veteran cohorts are being considered for adding or removing presumptive service connection, including each case's status, timelines, and opportunities for public comment.

- **Veterans Appeals Improvement and Modernization Act 2.0**[10] — Reforms the VA appeals system by increasing veterans' flexibility to change review lanes, improving decision notices from the Board of Veterans' Appeals, expanding electronic communications, enhancing data transparency and oversight, modernizing case management systems, and commissioning independent reviews to reduce delays, errors, and unnecessary remands in the appeals process.

- **Carlton H. Ingram Veterans' Benefits Protection Act**[11] — Requires the VA disability rating schedule to evaluate certain service-connected conditions based on a veteran's

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[4] **S. 3647**: https://www.congress.gov/bill/119th-congress/senate-bill/3647.
[5] **S. 3988**: https://www.congress.gov/bill/119th-congress/senate-bill/3988.
[6] **S. 3999**: https://www.congress.gov/bill/119th-congress/senate-bill/3999.
[7] **S. 749**: https://www.congress.gov/bill/119th-congress/senate-bill/749.
[8] **S. 3000**: https://www.congress.gov/bill/119th-congress/senate-bill/3000.
[9] **S. 3098**: https://www.congress.gov/bill/119th-congress/senate-bill/3098.
[10] **S. 3286**: https://www.congress.gov/bill/119th-congress/senate-bill/3286.
[11] **S. 4140**: https://www.congress.gov/bill/119th-congress/senate-bill/4140.

underlying level of impairment absent the beneficial effects of medication or treatment when a baseline can be established, while preserving eligibility for compensation related to treatment side effects or aggravation.

CHAIRMAN MORAN, RANKING MEMBER BLUMENTHAL, and members of the committee, on behalf of the Military Officers Association of America (MOAA) and the more than 350,000 MOAA members and the 22 million service members, veterans, families, caregivers, and survivors we represent, thank you for the opportunity to provide our expert views on the legislation under consideration. MOAA appreciates the committee's attention to these issues and the opportunity to highlight provisions that strengthen the systems veterans rely upon after service.

MOAA welcomes the opportunity to continue working with the committee and the VA as these measures move forward to ensure lasting improvements to these systems.

Neither MOAA nor its subsidiary charities hold any federal grants, subgrants, contracts, or subcontracts related to the subject matter of the hearing.

LEGISLATION

VA ENTERPRISE-WIDE

Stuck On Hold Act (S. 3170)

Challenge
Excessive wait times on VA customer service phone lines remain a pervasive and well-documented barrier to accessing VA services. For many — especially older veterans, those with disabilities, caregivers, and survivors — the phone is the primary or only reliable way to resolve health care, claims, and benefits issues. Lengthy holds, dropped calls, and inconsistent call handling delay care, jeopardize benefits deadlines, and erode trust in the system. These barriers compound stress during periods of medical need, transition, or grief, and disproportionately affect those least able to navigate complex digital alternatives.

Policy Solution
The Stuck On Hold Act requires the VA to implement automated callback functionality across its customer service lines, allowing veterans to receive assistance without remaining on hold. This commonsense modernization aligns VA practices with widely accepted customer service standards, reduces call abandonment, improves efficiency, and curtails unnecessary wait times.

MOAA supports this bill as a low-cost, flexible reform that will improve access and reliability for veterans, their families, caregivers, and survivors.

National Veterans Strategy Act (S. 3726)

Challenge
The federal government invests more than $300 billion annually in veterans' programs, yet it lacks a unified framework to define and measure long-term veteran success. Programs span multiple agencies with limited coordination, resulting in fragmented services and difficulties in assessing whether investments translate into improved health, economic security, education, and community integration outcomes. Without shared outcome-based metrics, veterans and their families continue to experience uneven transitions and gaps in support.

Policy Solution
The National Veterans Strategy Act, much like the National Security Strategy already mandated by Congress, provides a step toward a unifying framework to articulate national objectives, define shared outcomes, and coordinate efforts across agencies responsible for supporting the veteran community. Given the scale and complexity of the federal government's investment in veterans' programs, a National Veterans Strategy is both appropriate and necessary to promote accountability, transparency, and long-term effectiveness.

MOAA supports this bill and endorses the establishment of such a strategy. To strengthen its durability and effectiveness across administrations, MOAA offers several recommendations as guardrails for implementation. These include:

- Ensuring established metrics used to define veteran success or return on investment also clearly center on evaluating the performance of government policies and systems.
- Recognizing families, caregivers, and survivors as integral stakeholders. They are essential to a veteran's health, well-being, and long-term stability.
- Ensuring metrics support long-term strategic planning and congressional oversight, allow sufficient time for programs to mature, and include consistent oversight mechanisms to preserve continuity across administrations.
- Create required timelines for frequency of publishing and updating the strategy to include associated delivery dates to the Congress.

Additionally, with respect to coordination between the VA and the Department of War (DoW), the legislation would benefit from clearer delineation of roles and responsibilities. While VA-DoW collaboration is appropriate and necessary for servicemember transition activities, DoW's mission and statutory authorities are more limited. Clarifying DoW's role and confining it to specific, established functions such as transition programs, seamless transition of key health and personnel data, and information sharing would support effective interagency coordination without expanding responsibilities beyond its mandated mission.

With these elements in place, a National Veterans Strategy can serve as a lasting, bipartisan framework that aligns goals, resources, and outcomes — strengthening the nation's commitment to members of the broader veterans community who rely on a stable, coordinated system of support.

Optimizing the Veterans Affairs Workforce for Veterans Act (DRAFT)

Challenge

The VA workforce is central to the delivery of health care, benefits, and memorial services for millions of veterans and their families. Yet VA workforce decisions such as hiring surges and freezes, reorganizations, and reductions in force have long been driven by short-term pressures rather than anchored in a cohesive, data-driven, long-term workforce strategy.

These reactive decisions can have serious downstream effects. Staffing volatility and sudden organizational changes risk disrupting continuity of care within the Veterans Health Administration (VHA), slowing claims processing and appeals resolution within the Veterans Benefits Administration (VBA), and straining the National Cemetery Administration's (NCA) ability to provide timely and dignified burial services. Veterans may experience longer wait times for appointments or benefits decisions, while caregivers and survivors often face added difficulty obtaining consistent information or assistance during periods of vulnerability.

The lack of advance notice and transparency surrounding major workforce decisions also complicates congressional oversight and undermines workforce morale. Employees who deliver frontline services to veterans may face uncertainty about their roles, workloads, and future employment, which can impair recruitment, retention, and institutional knowledge. Absent a comprehensive workforce planning framework, the VA risks misaligning staffing levels with demand, even as the veteran population ages, service utilization patterns change, and new statutory responsibilities are added.

Policy Solution

The Optimizing the Veterans Affairs Workforce for Veterans Act would establish clear, reasonable guardrails for more deliberate and accountable workforce planning by requiring the VA to develop and regularly update a rolling five-year strategic human capital plan. In addition to strengthening long-term planning, the legislation would improve transparency and accountability by requiring advance notice and justification for significant workforce actions, such as reorganizations or reductions in force. These provisions enhance congressional oversight and provide greater clarity and predictability to employees without mandating specific staffing levels, prohibiting management reforms, or constraining VA leadership's ability to respond to changing conditions. Provisions in the bill explicitly prioritize recruitment and retention strategies for veterans, military spouses, caregivers, and survivors, reinforcing VA's role as a mission-aligned employer

MOAA conditionally supports this bill and its balanced approach, provided adequate resources are made available for its implementation. Establishing a robust workforce planning framework can improve continuity of care, stabilize service delivery, and better align staffing decisions with veterans' needs — all while preserving VA's operational flexibility. With sufficient resources and sustained oversight, this legislation would strengthen workforce governance in a way that benefits both the veterans who rely on VA services and the employees who depend on stable, well-structured systems to deliver them.

VETERANS HEALTH CARE

Mammography Access for Veterans Act (S. 3395)

Challenge
Women veterans represent a growing and increasingly diverse segment of the veteran population, yet many continue to face disproportionate barriers to timely, gender-specific preventive care. Access to breast cancer screening remains uneven across the VA health care system, particularly for women veterans living in rural or underserved communities or those served by VA facilities without on-site mammography services.

Distance, transportation challenges, limited appointment availability, and workforce shortages can delay or discourage routine screening, even among women who are otherwise engaged in VA care. These barriers increase the likelihood of breast cancer being detected at later stages, when treatment is more invasive, outcomes are poorer, and costs to both the veteran and the VA health care system are significantly higher.

These access challenges are compounded for women veterans juggling caregiving responsibilities, employment obligations, or service-connected disabilities. Delayed screening worsens health outcomes and perpetuates gender-based disparities in preventive care, impeding VA's ability to deliver comprehensive care to women veterans.

Policy Solution
The Mammography Access for Veterans Act builds on a successful VA pilot program by expanding and making permanent the department's tele-mammography initiative. Allowing mammograms to be performed locally — through VA facilities, mobile units, or community partners — and interpreted remotely by qualified specialists significantly reduces travel burdens and scheduling delays while maintaining clinical quality and standards of care.
Tele-mammography has demonstrated its value in improving early detection, expanding reach in underserved areas, and increasing screening participation rates among women veterans who might otherwise forgo preventive care. Early detection not only improves survival and quality of life for veterans, but it also reduces long-term treatment costs and strain on the VA health care system.

MOAA supports this bill as a proven, cost-effective, and scalable solution that strengthens VA's capacity to deliver equitable, preventive women's health care nationwide. By institutionalizing tele-mammography, Congress can help ensure that location, facility limitations, or workforce shortages do not determine whether women veterans receive timely, lifesaving breast cancer screening.

Disabled Veterans Dignity Act (S. 3647)

Challenge
Veterans with spinal cord injuries and disorders (SCI/D) are among the most medically vulnerable populations served by the VA. Many rely on daily bowel and bladder care to prevent

life-threatening complications such as infections, sepsis, pressure injuries, and repeated hospitalizations. This care is not incidental or optional; it is essential to maintaining health, preserving dignity, and enabling veterans to live safely in their homes.

This complex and medically necessary care is most often performed by family caregivers or agencies in the home setting. However, support for bowel and bladder care varies significantly across VA facilities and regions. Family caregivers performing medically complex tasks typically delivered in institutional settings often face inconsistent eligibility decisions, reimbursement challenges, and inadequate guidance or training.

These gaps place an enormous burden on caregivers, many of whom are already balancing family, financial, and other responsibilities alongside their own health needs. For veterans, inconsistent access to reliable support can lead to avoidable medical complications, loss of independence, and in some cases forced placement in long-term institutional care because adequate home-based assistance is unavailable or unsupported. This outcome runs counter to veterans' preferences, caregiver capacity, and VA's stated goal of supporting non-institutional care whenever appropriate.

Policy Solution

The Disabled Veterans Dignity Act addresses these longstanding gaps by establishing a clear, statutory VA program that formally recognizes bowel and bladder care for veterans with SCI/D as medically necessary services. By codifying this care within statute, the legislation provides clarity and consistency across the VA health care system, reducing variability in access and administration.

MOAA supports this bill, with requisite funding to implement and sustain the program, as a way to standardize eligibility, reimbursement, and oversight to ensure consistent access to support nationwide; prioritize home-based care and caregiver assistance whether services are delivered by family caregivers or agencies performing necessary care; and strengthen accountability through VA's SCI/D Centers of Excellence. While the legislation may increase upfront utilization and administrative responsibilities, the potential to reduce costly hospitalizations and long-term institutional care may offset these costs.

Veterans Spinal Trauma Access to New Devices (STAND) Act (S. 3988)

Challenge

Veterans with SCI/D face significantly elevated risks of secondary medical complications over time, including chronic pain, pressure injuries, cardiovascular disease, infections, obesity, and progressive loss of mobility. While VA's SCI/D system of care provides specialized treatment, access to consistent preventive evaluations and emerging assistive and rehabilitative technologies remains uneven across facilities and regions.

Gaps in preventive services can allow manageable conditions to worsen into medical crises requiring hospitalization or long-term institutional care. At the same time, limited or inconsistent

access to modern assistive technologies — such as advanced mobility devices or rehabilitative equipment — can restrict independence, limit community participation, and diminish quality of life for veterans living with spinal trauma. For family caregivers, declining mobility and preventable complications increase physical, emotional, and financial strain.

Policy Solution
The Veterans STAND Act seeks to address these gaps by authorizing annual preventive health evaluations for SCI/D veterans and expanding access to innovative assistive and rehabilitative devices that support mobility, independence, and long-term health. Regular evaluations can identify emerging medical issues earlier, allowing for timely interventions that reduce the risk of costly secondary complications and hospitalizations. Expanded access to modern assistive technologies also supports veterans' ability to live independently, remain engaged in their communities, and reduce reliance on higher levels of care.

MOAA supports this bill with requisite funding to ensure the VA has the resources needed to implement these provisions effectively. When properly resourced, this legislation can strengthen preventive care, promote independence, and improve quality of life for veterans with spinal trauma and the family caregivers who support them. While implementation will require careful consideration of capacity, staffing, and cost, these investments have the potential to offset long-term expenses by preventing more severe medical outcomes.

Women Veterans Specialty Care Access Act (S. 3999)

Challenge
Women veterans continue to face unnecessary administrative barriers when seeking gender-specific specialty care, including referral requirements that can delay access to gynecological services and other types of care. These barriers can be particularly disruptive for veterans managing chronic conditions, pregnancy, postpartum concerns, or trauma-related health needs, and they may discourage sustained engagement with VA care.

Recognizing these challenges, the VA took an important administrative step in December 2025 to expand access within its direct health care system[12] by allowing women to schedule gynecology appointments without obtaining a referral. While this policy change represents meaningful progress, it is not yet codified in statute and remains vulnerable to future administrative reversal.

Policy Solution
The Women Veterans Specialty Care Access Act aims to expand scheduling in the community and broaden it to other specialty care such as obstetric, maturity, and postpartum care. However, rapid expansion of direct scheduling into the Veterans Community Care program, absent sufficient safeguards, poses significant risks. Inconsistent care coordination, gaps in medical records exchange, fragmented billing, and unclear accountability can weaken VA's statutory roles as the primary coordinator of care. These risks are especially acute for maternity and

[12] *VA Makes It Easier for Women Veterans to Access Gynecology Care*: https://news.va.gov/press-room/va-makes-it-easier-for-women-veterans-to-access-gynecology-care/.

postpartum care, where continuity, timely follow-up, and comprehensive records are essential to maternal and infant health.

MOAA supports codifying the December 2025 policy allowing women veterans to directly schedule gynecological services within VA's direct care system. Locking in this access improvement would reduce administrative barriers, improve timeliness of care, and reinforce VA's integrated women's health model by ensuring the policy endures across administrations.

However, MOAA urges a cautious, phased approach to any expansion of direct scheduling into the Veterans Community Care program. Such an expansion should be contingent on the establishment of clear guardrails that preserve VA's statutory role as the primary care coordinator under the MISSION Act. These guardrails should include reliable, closed-loop medical records exchange; coordinated scheduling and billing processes with third-party administrators; clear accountability for follow-up and continuity of care; and a demonstrated assessment of VA and community provider capacity and associated costs.

MOAA appreciates the willingness of Senators Blackburn's and Hassan's offices to work closely with MOAA and other veterans service organizations (VSOs) engaged in VA women veterans programs, and we look forward to continuing that collaboration with the committee to ensure the legislation strengthens women veterans' access to specialty care in a way that is sustainable, coordinated, and centered on long-term health outcomes.

Maternal Health for Veterans Act (DRAFT)

Challenge
Pregnant veterans face unique and often elevated risks of maternal morbidity and mortality compared with the general population. These risks are especially pronounced for veterans living in rural or tribal areas, those from racial and ethnic minority communities, and those with service-connected disabilities, chronic health conditions, or histories of trauma, including military sexual trauma. Geographic barriers, limited access to obstetric providers, and complex care coordination requirements further complicate access to timely and appropriate maternity care.

While the VA has expanded maternity care coordination and community partnerships in recent years, persistent disparities in outcomes indicate a need for stronger accountability and more comprehensive data. Limitations in outcome reporting and stratified data hamper the department's ability to fully assess program effectiveness, identify where disparities persist, and determine whether existing maternity care initiatives are meeting the distinct needs of veteran populations. Without consistent, transparent data, it is difficult to assess progress, target improvements, or ensure equitable maternal health outcomes across the VA system.

Policy Solution
The Maternal Health for Veterans Act addresses these challenges by strengthening transparency and accountability within VA maternity care programs. The data-driven legislation requires annual reporting on maternal health outcomes, disparities, and program activities, which

provides Congress, department leadership, and the veterans community with clearer insight into how maternity care is being delivered and where improvements are needed. The bill also authorizes targeted funding to support maternity care coordination, recognizing the essential role coordinators play in helping pregnant veterans navigate VA and community care systems, manage referrals, and receive timely follow-up throughout pregnancy and postpartum recovery. While the legislation does not mandate specific outcome benchmarks or corrective actions, the data it generates is a necessary foundation for informed oversight and future policy decisions.

MOAA supports this bill as a meaningful step toward improving maternal health outcomes for veterans and their families. By enhancing transparency and sustaining care coordination capacity, this legislation can inform future reforms and ensure VA maternity programs evolve to better meet the needs of an increasingly diverse veteran population.

VETERANS BENEFITS

Justice for ALS Veterans Act (S. 749)

Challenge
According to the Amyotrophic Lateral Sclerosis (ALS) Research Program, a Congressionally Directed Medical Research Program, 1 in 6 people living with ALS are veterans and the average life expectancy for those diagnosed with ALS is two to five years[13]. Studies continually show military service increases the likelihood of developing ALS when compared with the general population. In 2006, the VA requested an assessment from the National Academies of Science, Engineering, and Medicine (NASEM) of the relationship between military service and the development of ALS. This assessment resulted in confirmation from the Institute of Medicine "that the existing evidence does in fact support an increased risk of ALS in veterans." Two years later, the VA established a presumptive service connection for ALS that made veterans with ALS eligible for full benefits[14].

The VA Health Administration website states that veterans are 1.5 times more likely to be diagnosed with ALS compared with those who never served. Veterans living with ALS face progressive loss of mobility, speech, swallowing, breathing, and independence. Those afflicted with ALS may also lose the ability to think and control their bowel and bladder. Based on the high number of veterans diagnosed with ALS, in 2021, the VA required each of its facilities to designate a specific ALS coordinator[15]. Additionally, the VA developed the ALS Veterans Handbook[16] to provide information, education, and resources to support veterans with ALS, their providers, caregivers, and survivors. Page 132 details the requirements for survivors to receive Dependency and Indemnity Compensation (DIC).

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[13] Amyotrophic Lateral Sclerosis Research Program Infographic:
https://cdmrp.health.mil/alsrp/pdfs/ALSRP%20Program%20Summary_10July25.pdf
[14] Relevance to National Security and Military Families (Defense Health Research Program):
https://www.als.org/sites/default/files/2020-04/navigating-als_military-veterans_als-in-military-white-paper_0.pdf
[15] VHA Directive 1101.07: https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=9423
[16] ALS Veterans Handbook: https://www.va.gov/HEALTH/docs/Amyotrophic_Lateral_Sclerosis_Veteran_Handbook-Veterans_Health_Administration.pdf

Regulations governing eligibility for DIC require a veteran to be rated at 100 percent for eight continuous years immediately preceding death[17]. These regulations prevent many surviving spouses of veterans who die following an ALS diagnosis from receiving compensation simply because the veteran's life expectancy is just two to five years after diagnosis. Their surviving spouses deserve compensation that reflects the veteran's service and the extraordinary caregiving sacrifice they carried through a terminal illness.

Policy Solution
The Justice for ALS Veterans Act would ensure surviving spouses of veterans who succumb to ALS receive the full benefits they have earned. These surviving spouses have served as caregivers to their veteran through years of an aggressive disease knowing there is no cure or effective treatment. Many spouses reduce work hours or leave employment entirely to provide round-the-clock care during the most financially and emotionally devastating period of their lives. The VA has already acknowledged the unique burden of ALS through presumptive service connection, dedicated ALS coordinators, and caregiver resources. Survivor policy should reflect that same reality. These enhanced benefits are earned through service and sacrifice.

MOAA supports this bill, which does not create a broad new entitlement but corrects a narrow inequity affecting families confronting one of the most aggressive service-connected diseases recognized by the VA. The eight-year rule may function reasonably in many disability contexts, but it does not account for rapidly terminal illnesses such as ALS. Families facing ALS should spend their final years focused on care, not worrying whether an arbitrary timeline will prevent them from receiving survivor benefits.

FRAUD in VA Disability Exams Act (S. 3000)

Challenge
Veterans deserve a disability claims process built on trust, accuracy, and fairness. Yet there are growing reports of fraud tied to private companies that generate nexus letters, DBQs, and other supporting evidence for VA disability claims. In some cases, companies have marketed services that promise inflated ratings, rely on questionable medical documentation, or charge excessive fees to veterans seeking access to benefits they have already earned.

These practices harm veterans in multiple ways. They can expose veterans to financial exploitation, create false expectations, delay legitimate claims, and undermine confidence in the broader disability compensation system. Fraudulent documentation can also place honest veterans at risk by increasing scrutiny across the system and consuming resources that should be focused on timely decisions for legitimate claims.

MOAA has long warned against predatory actors seeking to profit from veterans' earned benefits. Through support of the GUARD VA Benefits Act[18], MOAA has consistently argued no industry should exist solely to monetize access to benefits veterans earned through service. The

[17] Current DIC Rates for Spouses and Dependents (VA): https://www.va.gov/family-and-caregiver-benefits/survivor-compensation/dependency-indemnity-compensation/survivor-rates/
[18] GUARD VA Benefits Act: https://www.congress.gov/bill/119th-congress/house-bill/1732

same principle applies here: Veterans should not be steered into paying for fraudulent or misleading evidence as part of navigating a complex claims process.

At the same time, Congress must carefully protect veterans who hold valid disability ratings but may have unknowingly relied on documentation from a company later found to have engaged in fraud. Many veterans acted in good faith, trusted advertised services, and relied on VA's adjudication process. They should not become collateral damage because bad actors exploited weaknesses in the system.

This issue should not be partisan. Protecting veterans from fraud, preserving confidence in VA disability compensation, and ensuring earned benefits go to those entitled to them are bipartisan responsibilities.

Policy Solution
The FRAUD in VA Disability Exams Act offers an opportunity to strengthen safeguards around medical evidence used in disability claims while protecting veterans who acted in good faith. Congress should advance this legislation on a bipartisan basis and ensure it becomes part of a broader effort to defend veterans from exploitation.

MOAA supports a final bill that would:

- Establish clear penalties for individuals or entities that knowingly submit fraudulent medical evidence in support of VA claims.
- Improve oversight of recurring patterns of suspicious nexus letters, DBQs, or medical opinions while preserving due process.
- Enhance coordination between the VA, inspectors general, licensing boards, and law enforcement when fraud is suspected.
- Increase education to ensure claimants understand they can receive free assistance from accredited veterans service organizations, attorneys, and claims agents.
- Complement reforms championed in the GUARD VA Benefits Act by targeting another business model that profits from confusion in the claims system.

Just as important, legislation should explicitly protect veterans who acted honestly and whose claims were approved through VA's adjudication process. If a company is later exposed as fraudulent, veterans should receive:

- Notice and an opportunity to respond before any adverse action.
- Individualized review based on the totality of evidence, not automatic rating reductions.
- Access to accredited representation during any reexamination.
- Protection from overpayment recoupment when the veteran did not knowingly participate in fraud.
- Expedited reevaluation pathways to replace tainted evidence with legitimate medical evidence.

Veterans should never lose earned benefits because they were misled by bad actors. Accountability must fall on those who exploit veterans. Congress should move forward in a bipartisan manner to protect veterans, preserve trust in the disability system, and reinforce a simple principle: Earned benefits are not a marketplace for fraud.

Presumptive CLARITY Act (S. 3098)

Challenge

Veterans exposed to toxic substances during military service have too often waited decades for recognition of the illnesses linked to those exposures. From Agent Orange to burn pits and other environmental hazards, the history of toxic exposure policy has been marked by delay, fragmented decision-making, inconsistent standards, lack of transparency, and years of uncertainty for veterans and their families.

The joint Disabled American Veterans (DAV)/MOAA *Ending the Wait* report[19] documents this systemic problem and highlights how veterans repeatedly have been forced to wait far too long for presumptive decisions while scientific evidence develops, agencies debate standards, and generations of affected veterans age, become seriously ill, or die before relief arrives.

While the PACT Act represented historic progress, it did not fully solve the structural challenge of how the VA should evaluate future toxic exposure conditions in a timely, transparent, and consistent way. Veterans still need a process they can understand, trust, and rely upon when new evidence emerges. Unclear pathways for establishing presumptions result in veterans and survivors facing uncertainty about whether illnesses will ever be recognized. Claims are filed and denied while policy questions remain unresolved. Congress is repeatedly forced to legislate condition by condition rather than relying on a credible standing framework. Meanwhile, veterans and their families bear medical, financial, and emotional burdens during prolonged delays.

For MOAA, this issue reaches beyond VA compensation. It affects trust in military service itself. Future servicemembers are watching whether the nation stands behind those harmed in service. This should not be a partisan issue. Veterans harmed by toxic exposure come from every state, every service, and every political background. A transparent and predictable presumptive process should command bipartisan support.

Policy Solution

The Presumptive CLARITY Act offers an opportunity to build a more transparent, evidence-based, timely framework for future presumptive decisions. Congress should advance the legislation on a bipartisan basis and ensure it addresses the root causes identified in the DAV/MOAA *Ending the Wait* report.

MOAA supports a strong final bill that would:

- Establish clear standards and timelines for reviewing emerging scientific evidence related to toxic exposures.
- Require transparent public explanations of how the VA evaluates evidence and reaches presumptive decisions.
- Create regular review cycles so conditions do not languish for years without action.
- Improve coordination between the VA, DoW, the National Academies, and outside experts.

[19] *Ending the Wait for Toxic-Exposed Veterans*: https://www.dav.org/ending-the-wait/

- Ensure Congress receives timely reports when evidence supports action or when delays persist.
- Provide veterans and survivors visibility into where conditions stand in the review pipeline.

The bill must be structured to avoid creating new bottlenecks. Transparency should lead to faster decisions, not simply more reports and more bureaucracy.

MOAA recommends the inclusion of strengthening amendments to ensure:

- Interim deadlines for agency action once evidence thresholds are met.
- Survivor considerations when veterans die before presumptions are finalized.
- Priority review for conditions affecting rapidly declining or terminal veterans.
- Regular publication of pending conditions under review.
- Safeguards to prevent administrations from indefinitely postponing difficult decisions.

The nation should not require veterans to wait another 30 years after exposure for answers. The *Ending the Wait* report makes clear that the current model has too often failed veterans; the Presumptive CLARITY Act can help replace uncertainty with accountability. Congress should move this legislation forward in a bipartisan manner to reinforce that when military service causes harm, veterans should not be forced to spend a lifetime proving it.

Veterans Appeals Improvement and Modernization Act 2.0 (S. 3286)

Challenge

The Veterans Appeals Improvement and Modernization Act of 2017[20] (AMA) replaced an outdated legacy appeals system that had become too slow, too complex, and too backlogged. In many respects, AMA has improved timeliness and created multiple review lanes intended to give veterans more choice and faster decisions.

However, implementation has also revealed several unintended consequences that continue to frustrate veterans seeking earned benefits. For many claimants – particularly older veterans, disabled veterans, survivors, and those without representation – the modernized system still feels overly technical, form-driven, and difficult to navigate.

Veterans can lose valuable effective dates because of "wrong form" filings, confusing intent-to-file rules, or technical missteps unrelated to the merits of their claims. Veterans who submit the right information on the wrong form, see their benefits delayed or reduced. In some cases, intent-to-file protections may be consumed by unrelated supplemental claims, undermining the claimant's original purpose.

Other concerns remain in the appeals process itself. Evidence submitted between an appealed decision and a hearing of the Board of Veterans' Appeals may need to be resubmitted, creating duplication, confusion, and unnecessary procedural hurdles. Veterans whose cases are remanded and denied again can lose their original board place in line and receive a new docket number,

[20] Veterans Appeals Improvement and Modernization Act of 2017: https://www.congress.gov/bill/115th-congress/house-bill/2288

forcing them to the back of the queue on the same issue. Multiple hearing appeals may proceed separately rather than efficiently being merged into one proceeding.

These problems are not mere administrative inconveniences. They can mean months or years of additional delay in compensation needed for housing, medical expenses, caregiving support, and family financial stability.

MOAA has consistently supported efforts to simplify veterans' access to earned benefits and reduce unnecessary bureaucracy. A system designed to help veterans should not penalize them for technical filing mistakes or procedural impediments. Veterans' claims should be approved or denied based on facts and law, not paperwork complexity.

Policy Solution

The Veterans Appeals Improvement and Modernization Act 2.0 offers Congress an opportunity to preserve the strengths of AMA while correcting known shortcomings that burden veterans and survivors. Congress should advance this legislation focused on reforms that will ensure fairness, simplicity, and veteran-centered outcomes.

MOAA supports a final bill that would include the following improvements:

- Adopt a "No Wrong Form" Policy: The VA should accept any submission that clearly communicates the benefit sought as a valid claim or review request, regardless of whether the veterans used the technically correct form. Where multiple interpretations exist, the VA should construe filings in the manner most favorable to the veteran.
- Protect Intent-to-File Rights: Intent-to-file protections should not be unintentionally consumed by supplemental claims or temporary total claims where the veteran already has separate statutory filing protections. Veterans use intent-to-file tools to preserve benefits, and administrative rules should not defeat that purpose.
- Simplify Supplemental Claim Rules: Congress should clarify that supplemental claims generally apply to issues denied within the prior year rather than requiring veterans to remember every issue ever denied over decades of interaction with the VA. This will reduce confusion and make the process more workable.
- Improve Board Hearing Evidence Rules: Veterans, representatives, and veterans law judges should be allowed to identify relevant documents already in the claims file for consideration by the Board of Veterans' Appeals rather than forcing resubmissions. This will reduce clutter, confusion, and delay.
- Preserve Docket Position After Remands: When the board remands an issue and the VA denies the same issue again, veterans should retain their original board docket placement rather than being sent to the back of the line.
- Consolidate Multiple Hearings: The VA should have the authority to merge multiple pending hearing appeals for the same veteran when practical, reducing administrative waste and repeated burdens on claimants.
- Improve Notice and Transparency: If a case is dismissed or procedurally defective, the VA should provide a clear written explanation and guidance on next steps, preserving meaningful access to further review.

MOAA supports efforts to refine AMA so the system works as intended to produce faster decisions, clearer options, and fewer delays without sacrificing fairness.

Carlton H. Ingram Veterans' Benefits Protection Act (S. 4140)

Challenge
Veterans' disability compensation should reflect the true impact of service-connected conditions, and once a veteran has established a disability rating under the rules in place at the time, that rating should not be reduced simply because medical science advances or treatment options improve.

Many veterans live with chronic conditions tied to military service, including pain disorders, respiratory illness, sleep disorders, mental health conditions, neurological injuries, and other long-term impairments. Over time, new medications, devices, therapies, and clinical approaches may emerge to better manage symptoms and improve quality of life. Such advancements are positive and should be celebrated.

However, better treatment does not erase the fact that these veterans incurred disabilities through service and often faced years of pain, diminished health, career disruption, and family hardship. Nor does treatment always reverse cumulative damage. Many veterans continue to live with residual limitations, side effects, recurring symptoms, and long-term consequences even when a condition is better managed.

In February 2026, the VA published an interim final rule[21] (IFR) that raised widespread concern by changing how disability evaluations could account for the ameliorative effects of medication and treatment. Many veterans feared the rule could reduce established ratings because their conditions were being managed more effectively. Following significant bipartisan concern from Congress, veterans, and advocacy organizations, the VA rescinded the rule.

Veterans should never be penalized for taking prescribed medications, attending therapy, using assistive devices, or otherwise complying with treatment plans. Responsible health management should not lower earned benefits.

Many medications carry serious side effects such as fatigue, dizziness, gastrointestinal distress, sexual dysfunction, weight change, cognitive slowing, or other burdens. A treatment that helps one symptom may create new impairments. Compensation policy must recognize this reality.

Ratings should reflect how a condition impacts work, family life, mobility, cognition, sleep, and daily functioning over time. This accounts for times when flare-ups occur or medication is less effective.

Changes to disability ratings can affect access to dependent benefits, caregiver programs, education assistance, health care priority groups, adaptive housing, and other avenues of support. Fair rating standards protect more than a veteran's monthly compensation.

[21] Evaluative Rating: Impact of Medication (Federal Register): https://www.federalregister.gov/documents/2026/02/17/2026-03068/evaluative-rating-impact-of-medication

Veterans make life decisions based on their ratings, including housing and employment choices, caregiving arrangements, family budgets, and access to related benefits. Even the implication that benefits could be retroactively reduced by this new rule undoubtedly undermines trust in the entire VA disability compensation system. MOAA appreciates the VA's decision to rescind the IFR and to stop the appeal of *Ingram v. Collins.*

Without a clear statutory fix, however, future administrations could revisit similar policies. That uncertainty creates anxiety for disabled veterans who depend on compensation. Disability compensation exists because of the underlying service-connected condition and its impact on a veteran's life, not because a veteran can temporarily mask symptoms through medication or treatment.

As with all legislation seeking to enhance quality of life for our veterans, this issue should not be partisan. Veterans of every background rely on disability compensation, and no veteran should have to choose between protecting their health and protecting their earned benefits. Ensuring ratings are fair, stable, and based on actual disability should be a bipartisan commitment.

Policy Solution
The Carlton H. Ingram Veterans' Benefits Protection Act would codify an important principle in law: VA disability ratings should discount the beneficial effects of medication or treatment when evidence can establish a veteran's baseline level of disability without temporary improvements provided by such medication or treatment. This will help ensure compensation reflects the true severity of service-connected conditions rather than a medicated snapshot taken on exam day.

MOAA supports this bill, and Congress should advance it on a bipartisan basis to provide long-term certainty to veterans and their families. Passing this bill reaffirms the notion that when veterans earn disability compensation through service-connected sacrifice, medical progress should improve their health, not reduce their benefits.

CONCLUSION

MOAA appreciates the committee's ongoing work on issues central to veterans' health care and benefits. We respectfully encourage continued coordination with VSOs and other stakeholders to strengthen and advance this collection of meaningful legislation. Continued collaboration will help ensure these measures are informed by the experiences and needs of the veteran community and implemented in ways that produce lasting improvements for veterans, families, caregivers, and survivors.