



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

LEGISLATIVE PRIORITIES

For

VETERANS HEALTH CARE and BENEFITS

2nd SESSION of the 119th CONGRESS

Before the

HOUSE and SENATE VETERANS' AFFAIRS COMMITTEES

February 24, 2026

Presented by

**Lieutenant General Brian T. Kelly, U.S. Air Force (Ret)
President and CEO**

EXECUTIVE SUMMARY

The Military Officers Association of America (MOAA) offers its deep appreciation to the members of the House and Senate Veterans' Affairs Committees for continuing this essential forum. These hearings remain vital to understanding and addressing the evolving needs of veterans, their families, caregivers, and survivors. My experience as the Air Force's deputy chief of staff for Manpower, Personnel, and Services (A1) reinforced a core truth: Caring for our people — through service and long after they leave uniform — is a lifelong obligation and fundamental to sustaining the all-volunteer force.

While the committees have continued their active oversight, progress over the past year on several important Department of Veterans Affairs (VA) health care and benefits challenges has moved more gradually than hoped. Key policy areas including disability claims processing, appeals modernization, workforce readiness, caregiver support, survivor benefits, and equitable access for underserved communities would benefit from continued attention to fully meet veterans' needs. These ongoing gaps continue to influence veterans' experiences, at times adding challenges to accessing care and benefits, increasing the complexity of already demanding VA processes, and placing additional pressure on VA systems as demand grows.

Throughout my career, I witnessed how critical it is to support servicemembers across a full continuum of care and responsibility. Their hardest transitions often occur after they remove the uniform — navigating medical systems, civilian employment, family stability, and earned benefits. That is why MOAA's work is so essential. We stand at the intersection of service and veteran life, and no organization understands the transition space better. Every day, MOAA helps servicemembers, veterans, and their families make informed decisions about careers, education, health care, retirement planning, and service-earned benefits.

MOAA has long supported efforts to identify efficiencies and save taxpayer dollars, so long as those savings never come at the expense of veterans. As VA's restructuring moves forward, the real measure of success will not come from MOAA or any veterans service organization (VSO), but from the veterans who have earned the right to timely, high-quality services. Their experiences and outcomes will guide our support; we will listen closely and bring their feedback directly to VA and congressional leaders.

MOAA also plays a prominent leadership role within The Military Coalition by providing expertise, coordination, and trusted advocacy, helping shape cohesive policy positions and unifying the voices of more than 35 military and veterans service organizations. Building on that leadership, MOAA remains committed to working with the committees, the VA, and the administration to strengthen VA's core functions and ensure veterans and their families receive the care and benefits they earned through their service. Supporting them is both a solemn responsibility and a strategic investment in the future of the all-volunteer force, as today's servicemembers look to how our nation honors those who served before them.

MOAA'S KEY 2026 LEGISLATIVE PRIORITIES

MOAA has identified three bills as key priority legislation for the 119th Congress. We urge lawmakers to prioritize these bills, which would provide meaningful improvements in the lives of not just veterans, but their caregivers and survivors.

- ***The Veteran Caregiver Reeducation, Reemployment, and Retirement Act*¹** would extend health coverage, provide bereavement counseling upon a veteran's death, and support caregivers' transition into the workforce or retirement. Caregivers provide a vital service not just to their loved ones, but to the VA care system as a whole – they should not have to risk their mental health or financial future as part of these duties.
- ***The Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act*²** would hold fraudulent agents accountable and deter exploitation of veterans and survivors navigating complex claims processes by reinstating criminal penalties for predatory agents. These actions would help restore trust in the VA claims process while protecting veterans who could spend thousands of dollars for unaccredited “help” filing an initial claim.
- ***The Major Richard Star Act*³** would end the unjust dollar-for-dollar offset that reduces retirement pay for combat-injured veterans, allowing those medically retired due to combat-related disabilities to receive both full Department of War (DoW) retirement pay and VA disability compensation concurrently. This bill, which has been cosponsored by a wide majority of lawmakers through several sessions, fulfills Congress' original intent to provide for these warriors and puts a stop to a “wounded veteran tax” that has unfairly targeted tens of thousands of veterans and their families.

OTHER MOAA LEGISLATIVE PRIORITIES

MOAA has identified these bills as additional priorities for the current Congress. We will continue our effort to secure their passage as standalone legislation or as part of a veterans-focused legislative package.

- ***Servicemembers and Veterans Empowerment and Support (SAVES) Act*⁴** — Expands evidentiary standards and counseling access related to military sexual trauma (MST), along with health care and benefits services, for MST survivors.
- ***Improving Menopause Care for Veterans Act*⁵** — Requires a Government Accountability Office (GAO) review and a VA strategic plan for standardized menopause care.

¹ H.R. 2148 / S. 879: <https://www.congress.gov/bill/119th-congress/house-bill/2148/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/879/text>

² H.R. 1732: <https://www.congress.gov/bill/119th-congress/house-bill/1732/text>

³ H.R. 2102 / S. 1032: <https://www.congress.gov/bill/119th-congress/house-bill/2102/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/1032/text>

⁴ H.R. 2576 / S. 1245: <https://www.congress.gov/bill/119th-congress/house-bill/2576/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/1245/text>

⁵ H.R. 219: <https://www.congress.gov/bill/119th-congress/house-bill/219/text>

- ***Mammography Access for Veterans Act*⁶** — Makes VA’s tele-mammography pilot permanent and requires nationwide access within two years, improving early detection and health equity for women, rural, disabled, and other underserved veterans.
- ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*⁷** — 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.
- ***(Draft Bill) Military Toxic Exposures and Environmental Hazards Executive Office Act*** — Directs the VA to establish the Toxic Exposures and Environmental Hazards Office within the Office of the Secretary of Veterans Affairs to create a single entity charged with building a unified framework for handling toxic exposure claims.
- ***Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act*⁸** — Increases the rate of Dependency and Indemnity Compensation (DIC) to provide additional financial support for survivors, and increases the rate of Special Monthly Compensation (SMC) to boost financial support for catastrophically service-connected disabled veterans.
- ***TAP Promotion Act*⁹** — Expands and strengthens outreach for the Transition Assistance Program to ensure separating servicemembers and their families receive timely, consistent information about the benefits, employment resources, and services available as they transition to civilian life.
- ***Love Lives On Act*¹⁰** — Eliminates penalties that reduce survivor benefits when widows or widowers remarry, allowing surviving spouses to rebuild their lives without sacrificing financial security.

VETERANS’ LEGISLATION SUPPORTED BY MOAA

In addition to the above legislation, MOAA has endorsed the following bills.

VETERANS HEALTH CARE

- ***Servicewomen and Veterans Menopause Research Act*¹¹** — Directs the VA and DoW to study service-related menopause impacts and improve care.
- ***Lactation Spaces for Veteran Moms Act*¹²** — Requires a lactation space in each VA medical center.

⁶ H.R. 7411 / S. 3395: <https://www.congress.gov/bill/119th-congress/house-bill/7411/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/3395/text>

⁷ H.R. 740 / S. 275: <https://www.congress.gov/bill/119th-congress/house-bill/740/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/275/text>

⁸ H.R. 6047: <https://www.congress.gov/bill/119th-congress/house-bill/6047/text>

⁹ H.R. 1845: <https://www.congress.gov/bill/119th-congress/house-bill/1845/text>

¹⁰ H.R. 1004 / S. 410: <https://www.congress.gov/bill/119th-congress/house-bill/1004/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/410/text>

¹¹ H.R. 2717 / S. 1320: <https://www.congress.gov/bill/119th-congress/house-bill/2717/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/1320/text>

¹² H.R. 1646 / S. 778: <https://www.congress.gov/bill/119th-congress/house-bill/1646/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/778/text>

- ***Improving VA Training for Military Sexual Trauma Claims Act*¹³** — Mandates trauma-informed training and streamlined MST claims processing.
- ***Building Resources and Access for Veterans' Mental Health Engagement (BRAVE) Act*¹⁴** — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.
- ***Improving Veteran Access to Care Act*¹⁵** — Requires the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
- ***CHAMPVA Children's Care Protection Act*¹⁶** — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the military's TRICARE program.
- ***Dental Care for Veterans Act*¹⁷** — Provides dental care to all veterans enrolled in VA's health care system, eliminates statutory eligibility restrictions for VA dental care, and makes dental care part of the standard medical benefits package for veterans.
- ***Veterans Accessibility Advisory Committee Act*¹⁸** — Creates an independent advisory body to improve accessibility for veterans with disabilities.
- ***Fisher House Availability Act*¹⁹** — Allows TRICARE beneficiaries, including active-duty servicemembers and families, to use VA Fisher House lodging on a space-available basis when traveling for medical care, expanding eligibility beyond veterans to reduce travel burdens.

VETERANS BENEFITS

- ***Streamlining the Solid Start Communications Act*²⁰** — Improves VA's outreach to newly separated veterans by enhancing and standardizing the Solid Start Program, ensuring veterans receive timely, accurate information about their benefits and how to access them.
- ***Simplifying Forms for Veterans Claims Act*²¹** — Requires the VA to streamline and simplify benefits forms, reducing administrative burdens and making it easier for veterans and survivors to submit complete, accurate claims.
- ***Delivering Digitally to Our Veterans Act*²²** — Expands VA's digital communications and online tools to allow veterans to access, track, and manage their benefits electronically to improve speed, accuracy, and user experience.

¹³ H.R. 2201: <https://www.congress.gov/bill/119th-congress/house-bill/2201/text>

¹⁴ H.R. 6024 / S. 609: <https://www.congress.gov/bill/119th-congress/house-bill/6024/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/609/text>

¹⁵ H.R. 6038 / S. 607: <https://www.congress.gov/bill/119th-congress/house-bill/6038/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/607/text>

¹⁶ H.R. 1404 / S. 605: <https://www.congress.gov/bill/119th-congress/house-bill/1404/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/605/text>

¹⁷ H.R. 210: <https://www.congress.gov/bill/119th-congress/house-bill/210/text>

¹⁸ S. 1383: <https://www.congress.gov/bill/119th-congress/senate-bill/1383/text>

¹⁹ H.R. 3726 / S. 3119: <https://www.congress.gov/bill/119th-congress/house-bill/3726/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/3119/text>

²⁰ H.R. 3386: <https://www.congress.gov/bill/119th-congress/house-bill/3386/text>

²¹ H.R. 1286: <https://www.congress.gov/bill/119th-congress/house-bill/1286/text>

²² H.R. 3481 / S. 2101: <https://www.congress.gov/bill/119th-congress/house-bill/3481/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/2101/text>

- ***Modernizing All Veterans and Survivors Claims Processing Act*²³** — Updates VA’s outdated claims processing systems to reduce delays, eliminate backlogs, and improve transparency for veterans and survivors navigating the benefits process.
- ***Combat Veterans Pre-Enrollment Act*²⁴** — Automatically pre-enrolls eligible combat veterans in VA health care upon separation, ensuring immediate access to care and benefits without unnecessary administrative delays.
- ***Giving Reservists a Valiant Eternity (GRAVE) Act*²⁵** — Extends burial and memorial benefits to certain National Guard and Reserve members, ensuring they receive the same dignity and recognition in death as their active-duty counterparts.
- ***Veteran Burial Timeliness and Death Certificate Accountability Act*²⁶** — Requires the VA and partnering agencies to improve the timeliness and accuracy of death certificates and burial processing so surviving families can access benefits without unnecessary delays or administrative barriers.
- ***Veterans Scam and Fraud Evasion (VSAFE) Act*²⁷** — Strengthens protections against fraud and identify theft by establishing a Veterans Scam and Fraud Evasion Officer at the VA to oversee reporting and interagency coordination, and to implement enforcement actions to prevent benefit-related scams.
- ***Student Veteran Benefit Restoration Act*²⁸** — Restores VA education benefits to student veterans whose schools close or engage in fraud, ensuring they are not penalized for institutional misconduct beyond their control.
- ***Caring for Survivors Act*²⁹** — Improves VA support and benefits for survivors of deceased servicemembers and veterans, including enhanced counseling, case management, and an increase in DIC rates.

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 the more than 356,000 servicemembers, veterans, and families we represent, thank you for the opportunity to testify on our legislative priorities for veterans’ health care and benefits. MOAA looks forward to working with Congress and the VA throughout the year to close out the 119th Congress with legislation that strengthens VA’s long-term viability and safeguards the earned benefits relied upon by our veteran community.

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

²³ H.R. 3854: <https://www.congress.gov/bill/119th-congress/house-bill/3854/text>

²⁴ H.R. 683: <https://www.congress.gov/bill/119th-congress/house-bill/683/text>

²⁵ H.R. 4928: <https://www.congress.gov/bill/119th-congress/house-bill/4928/text>

²⁶ H.R. 4398 / S. 2309: <https://www.congress.gov/bill/119th-congress/house-bill/4398/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/2309/text>

²⁷ H.R. 1663 / S. 2683: <https://www.congress.gov/bill/119th-congress/house-bill/1663/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/2683/text>

²⁸ H.R. 1391: <https://www.congress.gov/bill/119th-congress/house-bill/1391/text>

²⁹ H.R. 2055 / S. 611: <https://www.congress.gov/bill/119th-congress/house-bill/2055/text> / <https://www.congress.gov/bill/119th-congress/senate-bill/611/text>

VETERANS HEALTH CARE PRIORITIES

IMPROVE LONG-TERM SUPPORT FOR VETERANS' CAREGIVERS

Veteran Caregiver Reeducation, Reemployment, and Retirement Act

Family caregivers are an indispensable, yet often overlooked, component of the nation's veterans health care, long-term services, and support systems. Millions of military and veteran caregivers provide daily, uncompensated care to veterans who are aging, disabled, or managing complex service-connected injuries and illnesses. These caregivers enable veterans to remain in their homes, reduce avoidable institutional care, and help stabilize already strained VA, federal, and community health care resources. Yet despite their critical role, caregivers frequently are forced to sacrifice their own financial security, career advancement, physical health, and emotional well-being.

The need for caregiver support will intensify as the nation's veteran population ages. Veterans age 65 and older comprise a rapidly growing share of VA patients, and VA projections indicate approximately 80% will require some level of long-term support services as they age.

There are an estimated 14.3 million military and veteran caregivers — about 5.5% of the U.S. adult population — and nearly three-quarters care for veterans age 60 or older³⁰. These individuals provide assistance ranging from transportation and medication management to complex medical and behavioral health support, often over many years.

The VA provides important clinical support, training, and a monthly stipend for roughly 67,000 caregivers enrolled in its Program of Comprehensive Assistance for Family Caregivers (PCAFC). However, that stipend is classified as unearned income, meaning caregivers are unable to build Social Security credits, retirement savings, or other long-term financial protections during years of full-time caregiving. As a result, many caregivers emerge from their caregiving role — whether due to a veteran's recovery, loss of eligibility, or death — financially insecure and disconnected from the workforce.

While PCAFC and related programs have improved caregiver recognition and clinical support, significant gaps remain:

- **Economic insecurity:** Caregivers often forgo wages, promotions, and retirement contributions with no mechanism to offset long-term financial harm.
- **Barriers to workforce reentry:** Years spent outside the labor force create gaps in employment history, expired licenses, and skills mismatches.
- **Mental and emotional strain:** Prolonged caregiving is associated with elevated rates of depression, anxiety, and burnout.
- **Abrupt loss of support:** When caregiving ends, many caregivers lose access to VA services with little transition assistance.

³⁰ RAND Report, Sept. 24, 2024: *America's Military and Veteran Caregivers: Hidden Heroes Emerging from the Shadows*, https://www.rand.org/pubs/research_reports/RRA3212-1.html.

Absent targeted reforms, these challenges could leave caregivers reliant on public assistance, shifting costs rather than reducing them.

2024 RAND Report — *America’s Military and Veteran Caregivers, Hidden Heroes Emerging from the Shadows:*

Care recipients benefit from the work these caregivers do, and caregivers benefit as well. But caregiving is not without its costs, both financial and emotional. About one third of military/veteran caregivers thought they need mental health care but don’t receive it — mainly because they don’t have the time. Individuals reported spending \$8,583 out of pocket each year on delivering care and forgoing more than \$4,000 in annual income.

One Caregiver of an Army Veteran:

“I provide assistance with basically everything. I have to take care of the house. I have to help him get a shower, get his shoes on, his pants ... I transport him to appointments. I go to the store for him.”

To address these shortfalls, MOAA strongly supports passage of the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act*. This bipartisan legislation represents a pragmatic and fiscally responsible step toward recognizing caregivers as partners in care and preparing them for long-term economic stability.

MOAA urges Congress to prioritize comprehensive caregiver policy in the remainder of the 119th Congress by advancing legislation that reflects the full lifecycle of caregiving — from active caregiving service to post-caregiving transition. Caregivers enable veterans to live with dignity and independence; they should not be left to rebuild their own lives alone once that service ends.

By strengthening education, employment, and retirement pathways for caregivers, Congress can honor their sacrifices, sustain the capacity of VA’s care system, and ensure veterans’ families are not forced to trade their own futures to care for those who served.

MOAA Recommends:

- ***Congress enact the Veteran Caregiver Reeducation, Reemployment, and Retirement Act*** (H.R. 2148 / S. 879) to expand caregiver support through:
 - **Reeducation**
 - Reimburse up to \$1,000 for licensure fees.
 - Provide access to VA training modules for continuing education credits.
 - Study feasibility of a “returnship” program for workforce reentry.
 - **Reemployment**
 - Offer employment assistance for former caregivers.

- Study barriers and incentives for hiring caregivers within the VA.
- **Retirement**
 - Provide retirement planning services.
 - Study feasibility of a caregiver-specific retirement plan.

Implementation of VA PCAFC Regulations

Established in 2010 and expanded by Congress through the 2018 VA MISSION Act (P.L. 115-182) to cover veterans of all service eras, PCAFC remains a critical lifeline for veterans with severe injuries and the family members who support them. However, PCAFC continues to operate under an Oct. 1, 2020, regulation that has led to high denial rates, inconsistent eligibility decisions, and administrative delays. These shortcomings undermine congressional intent and disrupt continuity of care for veterans and their caregivers who rely on the program’s support.

In June 2022, the VA paused caregiver reassessments and dismissals after identifying flaws in eligibility evaluations and assessment processes. While MOAA supported this pause to prevent improper loss of benefits, it was intended as a temporary measure. Instead, the VA has repeatedly extended protections for caregivers approved prior to Oct. 1, 2020 — known as the “legacy cohort” — most recently delaying dismissals until 2028³¹. These extensions preserve benefits for current participants but leave PCAFC in prolonged regulatory limbo, with no clear resolution for caregivers evaluated under post-2020 criteria.

The VA has not published revised PCAFC regulations nor provided a timeline for doing so. The absence of updated, finalized rules perpetuates uncertainty, restricts access to benefits for eligible veterans and caregivers, and limits the ability of VSOs to provide effective guidance.

MOAA Urges:

- The VA to publish and implement revised PCAFC regulations without further delay, accompanied by a clear, transparent implementation timeline that ensures continuity of care and restores confidence in the program’s long-term stability.

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

Women, minority, and other underserved veterans comprise a growing and increasingly diverse segment of the veteran population. From FY 2000 to FY 2023, the proportion of women veterans increased from 6.3% to 11.3% — totaling approximately 2.1 million today — and is projected to reach 17.2% of living veterans by 2043³². Minority veterans represent roughly 27% of the veteran population, including significant Black, African American, and Hispanic/Latino communities³³. Despite expanded gender-specific and minority-focused services, persistent disparities remain in access to care, quality, and health outcomes across the VA system.

³¹ VA News, Nov. 20, 2025, *VA Extends Caregiver Support Program Eligibility for “Legacy” Veterans, Caregivers*: <https://news.va.gov/press-room/va-extends-caregiver-support-program-eligibility-for-legacy-veterans-caregivers/>.

³² Facts and Statistics - Women Veterans Health Care: <https://www.womenshealth.va.gov/materials-and-resources/facts-and-statistics.asp>.

³³ VA Health Equity Data on Minority Veterans: <https://www.va.gov/HEALTHYEQUITY/dataviz/minorityVeterans.html>.

Recent VA³⁴ and independent studies³⁵ highlight persistent barriers that delay or deter care for underserved veterans. These include geographic distance to VA facilities, lack of benefit awareness, system complexity, and inconsistent application of trauma informed practices — an especially serious concern for survivors of military sexual trauma (MST). Mental health challenges, including MST-related trauma and elevated suicide risk among women veterans, underscore the need for targeted research, culturally competent care, and improved outreach. Yet key evidence gaps remain in areas such as menopause, toxic exposures, and MST-related mental health, limiting VA’s ability to establish consistent standards of care and claims adjudication.

Deputy Assistant Inspector General, VA Office of Inspector General, Senate Committee on Veterans’ Affairs testimony on equity for women veterans (April 10, 2024):

“While VA has expanded women veterans’ services, our oversight work continues to identify deficient programs that are not adequately supporting the needs of women veterans, particularly in accessing gender-specific and trauma-informed care.”

A clear example of ongoing gender-based inequities is the lack of dedicated lactation spaces in VA medical centers. The Congressional Budget Office reports 26 VA facilities lack a designated lactation room, with the VA estimating about \$25,000 per site to create such a space (an overall cost of roughly \$1 million over FY 2025-2030³⁶). These are modest, high-impact investments, especially as half of the women veterans who use VA health care are of child-bearing age.

Without accessible, hygienic, private lactation spaces, many new mothers — including those managing postpartum recovery, mental health conditions, or MST-related needs — face avoidable barriers that can deter them from fully engaging in VA care.

Compounding these challenges is VA’s slow translation of research into routine clinical practice. The VA has found it can take up to 17 years for a small fraction of research findings to be implemented³⁷, while GAO³⁸ has identified weaknesses in VA’s processes for prioritizing and operationalizing research investments. As a result, providers lack timely guidance, training remains uneven, and underserved veterans face continued access and trust barriers — leaving more than 1 million women veterans disengaged from VA care.

³⁴ VA Report, 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>.

³⁵ Disabled American Veterans Report, 2024, *Women Veterans: The Journey to Mental Wellness*: <https://www.dav.org/wp-content/uploads/Women-Veterans-Study-2024.pdf>.

³⁶ CBO Score for S. 778, *Lactation Spaces for Veteran Moms Act*: <https://www.cbo.gov/publication/61638>.

³⁷ VA Health Systems Research News, Jan. 4, 2023: https://www.hsrdr.research.va.gov/news/research_news/research-010423.cfm.

³⁸ GAO Report, January 2020, *VA Health Care: Efforts to Prioritize and Translate Research into Clinical Practice*, <https://www.gao.gov/assets/gao-20-211.pdf>.

MOAA Recommends:

Congress and the VA advance initiatives and legislation that strengthens support services, expands research, improves demographic data collection, and ensures trauma-informed, culturally competent care for all veterans. The following bills are cost-effective, high-impact investments that uphold our moral obligation to provide equitable service-earned health care and benefits.

- **Expanding Research and Gender-Specific Care**
 - *Servicewomen and Veterans Menopause Research Act* (H.R. 2717 / S. 1320) — Directs the VA and DoW to study service-related menopause impacts and improve care.
 - *Improving Menopause Care for Veterans Act* (H.R. 219) — Requires a GAO review and a VA strategic plan for standardized menopause care.
 - *Mammography Access for Veterans Act* (H.R. 7411 / S. 3395) — Makes VA’s tele-mammography pilot permanent and mandates nationwide access within two years via tele-screening, VA medical facilities, or mobile units. Improves early detection and health equity for women, rural, and disabled veterans.
 - *Lactation Spaces for Veteran Moms Act* (H.R. 1646 / S. 778) — Requires a lactation space in each VA medical center.
- **Enhancing Mental Health and MST Support**
 - *Improving VA Training for Military Sexual Trauma Claims Act* (H.R. 2201) — Mandates trauma-informed training and streamlined MST claims processing.
 - *Servicemembers and Veterans Empowerment and Support (SAVES) Act* (H.R. 2576 / S. 1245) — Expands evidentiary standards and MST-related counseling access, and strengthens coordination between VA health care and benefits systems.
 - *Building Resources and Access for Veterans’ Mental Health Engagement (BRAVE) Act* (H.R. 6024 / S. 609) — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.

IMPROVE VA MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS

The VA has expanded mental health and suicide prevention efforts in recent years, including the Veterans Crisis Line, REACH VET predictive analytics, and Vet Centers. These initiatives have improved outreach and crisis response, yet suicide among veterans remains unacceptably high, with an average of 17.5 veteran deaths per day³⁹. Women veterans face particularly elevated risk⁴⁰, with suicide rates 92% higher than those of non-veteran women, underscoring the need for gender-responsive prevention strategies. At the same time, approximately one-third of VA patients live in rural areas, where access to timely, high-quality mental health care remains limited⁴¹.

Significant structural challenges continue to hinder VA’s ability to deliver consistent and effective mental health services. Rural veterans often face long travel distances, transportation

³⁹ 2025 National Veteran Suicide Prevention Annual Report: https://www.mentalhealth.va.gov/suicide_prevention/data.asp.

⁴⁰ Disabled American Veterans Report, 2024, *Women Veterans: The Journey to Mental Wellness*: <https://www.dav.org/wp-content/uploads/Women-Veterans-Study-2024.pdf>.

⁴¹ GAO Testimony, May 15, 2024, *VA Health Care: Opportunities to Improve Access for Veterans Living in Rural Areas*: <https://www.gao.gov/assets/gao-24-107559.pdf>.

barriers, and inadequate telehealth infrastructure⁴². Workforce shortages further strain the system: in FY 2025, VA reported more than 4,400 severe staffing shortages, a 50% increase from the prior year, with behavioral health and substance use disorder positions among the hardest to fill⁴³. Vet Centers — critical, community-based providers of stigma-free counseling — face facility deficiencies and technology limitations that restrict their capacity to meet rising demand⁴⁴.

Current suicide prevention programs, while impactful, have not produced sustained reductions in veteran suicide rates. Gaps remain in early intervention, community-based care, and tailored approaches for high-risk populations, particularly women veterans and survivors of military sexual trauma⁴⁵. Programs often fail to fully integrate gender-specific risk factors, limiting effectiveness for women veterans and contributing to disparities in outcomes. Addressing these gaps requires targeted investments, workforce flexibility, and strengthened infrastructure.

MOAA Recommends:

Congress strengthen VA mental health care and suicide prevention by enacting and fully funding legislation that expands access, addresses staffing shortages, and modernizes community-based care:

- ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*** (H.R. 740 / S. 275) — 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.
- ***Building Resources and Access for Veterans’ Mental Health Engagement (BRAVE) Act*** (H.R. 6024 / S. 609) — Improves Vet Center capacity, suicide prevention programs, and outreach for women veterans.

IMPROVE VETERANS’ ACCESS TO VA HEALTH CARE

Serving more than 9 million enrolled veterans, VA’s health care system remains a cornerstone of veteran well-being. However, despite recent legislative expansions under the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210), Sergeant First Class Heath Robinson Honoring Our PACT Act (P.L. 117-168), and the 2018 VA MISSION Act (P.L. 115-182), access gaps persist. Workforce shortages, aging and inadequate facilities, and inconsistent care coordination strain the system and threaten VA’s ability to sustain timely, high-quality care as demand continues to grow.

The VA’s infrastructure backlog exceeds \$150 billion, with many facilities more than 50 years old — conditions that threaten patient safety, limit service availability, and delay modernization efforts needed to support 21st-century care delivery⁴⁶.

⁴² VA Rural Health Fact Sheet, April 2024: https://www.ruralhealth.va.gov/docs/issue-briefs/Rural_Telehealth_Fact_Sheet_508c.pdf.

⁴³ 2025 VA OIG VHA Severe Staffing Shortage Report: <https://www.vaogig.gov/sites/default/files/reports/2025-08/vaogig-25-01135-196-final.pdf>.

⁴⁴ GAO Report, Nov. 13, 2024: *VA Vet Centers: Opportunities Exist to Improve Asset Management and Identification of Future Counseling Locations*: <https://files.gao.gov/reports/GAO-25-106781/index.html>.

⁴⁵ VA Women’s Health Research Network, September 2024, *Preventing Suicide Among Women Veterans: A Need for Trauma-Informed, Women-Centric Approaches*: https://www.hsrdr.research.va.gov/centers/womens_health/suicide-prevention-snapshot.pdf.

⁴⁶ *The Independent Budget for Fiscal Years 2026-2027*: https://www.dav.org/wp-content/uploads/IB_FY26_27.pdf.

Further, GAO has identified persistent deficiencies in VA community care scheduling and oversight that continue to impede timely, coordinated access to care under the MISSION Act. Weak referral management and monitoring, particularly acute in rural areas, contribute to delays and limited access to mental health, specialty, and substance use services⁴⁷. Access gaps are further compounded by restrictive dental eligibility, leaving most enrolled veterans without comprehensive oral health coverage and driving preventable emergency department utilization⁴⁸. According to GAO, addressing these risks requires stronger governance and data-driven oversight of purchased care while sustaining VA's core capabilities in its direct care system to ensure timeliness, quality, and continuity of care⁴⁹.

MOAA Recommends:

Congress make transformative improvements to veterans' health care by advancing legislation that closes critical gaps in access, coverage, and equity. This can be achieved by enacting the following bills to modernize VA systems and expand essential services:

- ***Improving Veteran Access to Care Act*** (H.R. 6038 / S. 607) — Requires the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
- ***CHAMPVA Children's Care Protection Act*** (H.R. 1404 / S. 605) — Expands VA health care coverage to age 26 for young adult children of veterans who are permanently and totally disabled, have died of a service-connected disability, or lost their life on active duty and did not qualify for the military's TRICARE program.
- ***Dental Care for Veterans Act*** (H.R. 210) — Provides dental care to all veterans enrolled in VA's health care system, eliminates statutory eligibility restrictions for VA dental care, and makes dental care part of the standard medical benefits package for veterans.
- ***Veterans Accessibility Advisory Committee Act*** (S. 1383) — Creates an independent advisory body to improve accessibility for veterans with disabilities.
- ***Fisher House Availability Act*** (H.R. 3726 / S. 3119) — Allows TRICARE beneficiaries, including active-duty servicemembers and families, to use VA Fisher House lodging on a space-available basis when traveling for medical care, expanding eligibility beyond veterans to reduce travel burdens.

VA HEALTH CARE DELIVERY AND FACILITY MODERNIZATION

Recent changes in VA's approach to health care delivery and management have revealed persistent weaknesses in scheduling, oversight, and coordination. GAO has found that these shortcomings undermine timely access and continuity of care, particularly as the VA balances an expanding community care network with its direct care system. While VA direct care often delivers higher-quality outcomes than purchased care⁵⁰, inconsistent access standards and fragmented coordination between the two create delays and confusion for veterans. GAO's

⁴⁷ GAO Testimony, May 15, 2024, *VA Health Care: Opportunities to Improve Access for Veterans Living in Rural Areas*: <https://www.gao.gov/assets/gao-24-107559.pdf>.

⁴⁸ AIDPH & CareQuest Institute for Oral Health Report, March 2023: *Inadequate Dental Care for Veterans Is Painful and Costly*: <https://aidph.org/wp-content/uploads/2024/04/Inadequate-Dental-Care-for-Veterans.pdf>.

⁴⁹ GAO Testimony, Feb. 12, 2025, *Veterans Health Care: Opportunities to Improve Access to Care Through the Veterans Community Care Program*: <https://files.gao.gov/reports/GAO-25-108101/index.html>.

⁵⁰ VA Report, October 2024, *VA Versus Non-VA Quality of Care: A Living Systematic Review*: <https://www.hsrd.research.va.gov/publications/esp/quality-of-care-review.cfm>.

findings underscore the need for targeted modernization to strengthen governance, improve care integration, and ensure accountability across both VA in-house and community-based care.

VA's capacity challenges are multifaceted. Aging facilities burdened by deferred maintenance and widespread staffing shortages, particularly in clinical disciplines, are compounded by inefficient human resource processes. Together, these constraints reduce access, prolong wait times, and place at risk VA's ability to carry out its four core, integrated missions: health care delivery, research, workforce training, and emergency preparedness.

Disabled American Veterans, Paralyzed Veterans of America, and Veterans of Foreign Wars, The Independent Budget (IB) for Fiscal Years 2026-2027:

“We call on Congress to focus on ensuring that VA remains the primary provider and coordinator of care for veterans and that community care is available and accessible to veterans as needed to support and supplement their VA care ... Our nation has a sacred obligation to ensure that veterans, their families, and their survivors receive the care and benefits they have earned and deserve. The IBVSOs call on Congress to fully fund VA to ensure that health care and benefits are available in a timely manner to those who have sacrificed in their service to the American people.”

Modernization challenges also extend to VA's digital infrastructure. The Electronic Health Record Modernization program remains stalled, with significant cost growth and ongoing concerns regarding interoperability and implementation readiness⁵¹. Meanwhile, the VA continues to rely on aging VistA platforms and fragmented financial and acquisition systems that limit data integration, complicate care coordination, and undermine operational efficiency. Together, outdated physical and digital infrastructure threatens VA's ability to deliver seamless, high-quality care and sustain its nationally significant roles in clinical training and medical research.

MOAA Recommends:

To continue modernization of workforce, infrastructure, and health care delivery to ensure veterans receive timely, high-quality care, and to sustain VHA's role as a national health care leader, Congress should:

- **Ensure sustained, predictable funding to modernize VHA's workforce systems** — recruitment, retention, and training — while avoiding stopgap measures that delay mandates and hinder modernization.
- **Invest in modernizing and maintaining VA's facility infrastructure** to provide safe, efficient, and resilient environments aligned with long-term VHA mission requirements.

⁵¹ GAO Report, Feb. 24, 2025, *Electronic Health Record Modernization: VA Is Making Incremental Improvements, but Much More Remains to Be Done*: <https://www.gao.gov/products/gao-25-108091>.

⁵¹ GAO Report, July 1, 2021: *Veterans Affairs: Systems Modernization, Cybersecurity, and IT Management Issues Need to be Addressed*: <https://www.gao.gov/products/gao-21-105304>.

- **Work collaboratively with the VA to preserve and strengthen VHA’s direct care system**, safeguarding its foundational missions while ensuring veterans have timely access to high-quality services.
- **Enact provisions** included in the:
 - ***Veterans’ Assuring Critical Care Expansions to Support Servicemembers (ACCESS) Act*** (H.R. 740 / S. 275) — Standardizes VA residential rehabilitation and treatment infrastructure; establishes a pilot for veterans to self-schedule outpatient mental health and substance use treatment at community facilities; modernizes VA’s scheduling systems and telehealth infrastructure; and mandates an online health care portal for managing community care referrals, scheduling, and appeals.
 - ***Building Resources and Access for Veterans’ Mental Health Engagement (BRAVE) Act*** (H.R. 6204 / S. 609) — Requires a GAO report evaluating VHA’s real-estate model for expanding Vet Centers, guiding modernization of facility infrastructure and IT systems.
 - ***Improving Veteran Access to Care Act*** (H.R. 6038 / S. 607) — Directs the VA to establish an interdisciplinary patient team to modernize scheduling, coordinate services, and cut wait times.
 - ***Veterans Accessibility Advisory Committee Act*** (S. 1383) — Creates an independent advisory body to improve accessibility for veterans with disabilities.

VETERANS BENEFITS PRIORITIES

A strong Veterans Benefits Administration (VBA) must be predictable, transparent, and veteran-centric. MOAA appreciates the meaningful investments Congress has made in modernization and staffing, but persistent gaps in enforcement authority, communications, transition assistance, and fraud prevention continue to delay or deny access to earned benefits. These challenges disproportionately impact newly separated veterans, medically retired servicemembers, veteran students, and survivors navigating the system during periods of vulnerability.

MOAA urges Congress to address these weaknesses through targeted, bipartisan reforms.

ELIMINATING PREDATORY VA BENEFITS CLAIMS AGENTS

Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act

Federal law clearly establishes that only VA-accredited representatives — attorneys, claims agents and organizations — may assist veterans with disability claims in exchange for compensation. Accreditation requires training, ethical compliance, continuing education, and fee oversight under 38 U.S.C. §§ 5901 and 5904 and 38 C.F.R. §§ 14.629-14.636⁵².

⁵² 38 U.S.C. §§ 5901 and 5904 and 38 C.F.R. §§ 14.629-14.636: <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section5901&num=0&edition=prelim> / <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title38-section5904&num=0&edition=prelim> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.629> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.630> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.631> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.632> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.633> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.633>

However, in 2006, Congress removed VA’s authority to enforce penalties against unaccredited individuals charging illegal fees, creating a regulatory gap. In the absence of enforcement, predatory companies have emerged with business models designed to exploit that gap, targeting veterans and survivors at their most vulnerable moments, charging excessive contingency-style fees, and interfering with legitimate claims processing.

The risk has intensified in recent years. According to the VA, the average disability claim takes more than 84 days⁵³, leaving many veterans frustrated and searching for assistance. The PACT Act’s passage significantly expanded eligibility for toxic exposure benefits, dramatically increasing the number of new and reopened claims. While the act was a critical step forward in caring for toxic-exposed veterans, it created a rapidly growing pool of new claimants who face heightened risk of being targeted by predatory consultants operating outside VA oversight.

Numerous unaccredited companies now offer to “prepare,” “coach,” or “consult” on VA claims. Fee structures range from large upfront payments to contingency-style fees totaling five times the amount of awarded benefits. For example, a veteran filing an initial claim and receiving a rating of 100 percent could face a fee of \$20,000.⁵⁴ These companies commonly advertise that they can “maximize ratings,” “expedite decisions,” or uncover conditions a veteran “did not know about,” using sophisticated, data-driven marketing campaigns across social media platforms. Some even boast about employment of their own medical review networks that will provide nexus letters and diagnosis of conditions associated with higher disability ratings. These activities are not subject to VA accreditation requirements or fee oversight.

A Retired Navy Petty Officer First Class and Veteran Advocate

“For over two decades, I have volunteered helping veterans prepare VA claims, and in recent months I’ve seen veterans contacted almost immediately after filing by companies promising guaranteed disability ratings for a percentage of their back pay. These callers possess detailed, sensitive information about newly submitted claims and falsely imply they are affiliated with the VA, pointing to a dangerous breach of trust that exposes veterans to exploitation and demands immediate oversight and accountability.”

The growth of this industry has been dramatic. Some companies claim they have assisted tens of thousands of veterans and collectively generated millions in disability increases. Advertising and lobbying expenditures for these companies have surged accordingly, reflecting the emergence of

[ECFR2d861683c66a39/section-14.634](https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.634) / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.635> / <https://www.ecfr.gov/current/title-38/chapter-I/part-14/subject-group-ECFR2d861683c66a39/section-14.636>

⁵³ Department of Veterans Affairs: <https://www.va.gov/disability/after-you-file-claim/>

⁵⁴ Veteran disability compensation rates: <https://www.va.gov/disability/compensation-rates/veteran-rates/>

a mature, profit-driven sector built around VA claims processing. In 2025 alone, one such company reported \$1.86 million in lobbying expenditures.⁵⁵

Veterans report aggressive marketing campaigns, data-targeted solicitations, and contracts that are difficult to understand or terminate. Complaints have risen to the point that the VA created a Claims Predator Toolkit⁵⁶ and a reporting system⁵⁷ to help veterans identify and report suspected abuses.

Despite these efforts, VA's enforcement tool remains extremely limited. Today, VA's primary recourse against unaccredited agents is a cease-and-desist letter – an action that is frequently ignored. In 2024, the VA sent 25 cease-and-desist letters⁵⁸ to as many companies, yet at least 21 of those companies are still in business targeting veterans and survivors.

The 2006 repeal of criminal penalties was intended to provide veterans with greater choice, based on the belief that attorneys had become well-versed in veterans' law and could serve as a resource in the claims process. What Congress could not have anticipated was the rise of highly sophisticated, data-driven companies – often staffed by former VA raters – using modern digital marketing techniques to extract earned benefits directly from veterans and survivors.

This environment erodes trust in the VA system, undermines accredited representatives, and exposes veterans and survivors to financial exploitation with little recourse.

MOAA urges Congress to take action against these for-profit, predatory agents. Restoring criminal penalties for unaccredited individuals who charge unauthorized fees will deter fraudulent practices while preserving veterans' access to legitimate, accredited assistance.

MOAA Recommends:

- ***Congress enact the Governing Unaccredited Representatives Defrauding (GUARD) VA Benefits Act*** (H.R. 1732) to ensure earned disability benefits are retained by veterans and survivors, not lining the pockets of VA claim sharks. The legislation:
 - Restores criminal penalties for unaccredited individuals charging unauthorized fees.
 - Reinstates accountability mechanisms Congress originally intended to protect the VA claims process.
 - Deters fraudulent practices while preserving access to legitimate, accredited assistance.

⁵⁵ Veterans Guardian Lobbying Expenditures (2025): <https://www.opensecrets.org/federal-lobbying/clients/summary?id=D000089168>

⁵⁶ DigitalVA Claims Predators Fraud Prevention Campaign: <https://digital.va.gov/outreach-toolkits/claims-predators-fraud-prevention-campaign/>

⁵⁷ Veteran, Service Member, Family Fraud Evasion (VSAFE): <https://vsafe.gov/va-toolkit/va-fraud-prevention-kit/disability-and-pension-benefits/>

⁵⁸ The War Horse Article, Dec. 2, 2025, *VA Warned These Companies They May Be Breaking the Law. Most Are Still in Business*: <https://thewarhorse.org/veterans-affairs-claim-benefit-company-letters/>

KEEPING FAITH WITH THOSE WHO BEAR THE COST OF WAR

Eliminating the “Wounded Veterans Tax”

Combat-injured servicemembers who are medically retired before completing 20 years of service face a unique and unjust penalty: a dollar-for-dollar offset that reduces their earned retirement pay by the amount of VA disability compensation they receive.

While Congress has partially addressed this inequity through Combat-Related Special Compensation (CRSC), more than 50,000 combat-injured veterans remain excluded from full concurrent receipt. Nearly 28,000 of these veterans have 10 or more years of service yet are denied the same benefits afforded to longevity retirees despite injuries sustained in combat.

Retired Army National Guard Staff Sergeant

“I am the sole provider for my family. We have three children, and the passage of the Richard Star Act would be life-changing for us due to some of my conditions having gotten worse over the years, especially last year with no improvement. Passage ... would be life-changing considering my dependency on my wife, which limits both of our ability to seek any form of additional income which we desperately need.”

This policy penalizes those forced out of service due to wounds incurred in defense of the nation and undermines trust in the military compensation system.

MOAA Recommends:

- **Congress enact the Major Richard Star Act** (H.R. 2102 / S. 1032) so combat-injured servicemembers are not forced to forfeit earned retirement pay to receive VA disability compensation. This bill:
 - Allows combat-injured medical retirees to receive both DoW retirement pay and VA disability compensation concurrently.
 - Ends the so-called “wounded veterans tax” without expanding benefits beyond those already earned.

Ensure Continued Focus on Toxic Exposures

Following the passage of the PACT Act, MOAA and Disabled American Veterans (DAV) co-authored the *Ending the Wait for Toxic-Exposed Veterans*⁵⁹ report to highlight four recommendations that will ensure future veterans do not face decades-long delays in acknowledgment of and compensation for toxic-exposure related illnesses. While the VA has previously committed to open and transparent communication with the veterans’ community on

⁵⁹ MOAA/DAV Report, September 2024, *Ending the Wait for Toxic-Exposed Veterans*: <https://www.dav.org/ending-the-wait/>

the implementation of the PACT Act, the community remains concerned that the lack of a formal Office of Toxic Exposures will diminish the intent of Congress to not only care for toxic-exposed veterans, but to improve policies to address future exposures.

MOAA, DAV, and other VSOs are pursuing a draft bill that would establish the Executive Office of Military Toxic Exposures and Environmental Hazards within the VA. This bill acknowledges the importance of formalizing this office to ensure ownership and accountability within the VA. Having a central coordinating body for toxic exposure policy across the VA central office and the benefits and health administrations, the Board of Veterans' Appeals, the Veterans Experience Office, and the Office of the Secretary will ensure continuity of support, timely outreach, education, and assistance for toxic-exposed veterans, their families, caregivers, and survivors.

MOAA Recommends:

- ***Introduce and enact the Military Toxic Exposures and Environmental Hazards Executive Office Act*** to ensure critical coordination of efforts across the VA to support toxic-exposed veterans, their families, caregivers, and survivors.

Enhanced Support for Catastrophically Wounded Servicemembers and Military Survivors

Catastrophically wounded servicemembers and their families shoulder lifelong burdens that current benefits simply do not reflect. Special Monthly Compensation⁶⁰ (SMC) was designed to offset the extraordinary costs associated with severe combat injuries, but its value has not kept pace with modern medical realities, inflation, or the true cost of long-term caregiving. As a result, many severely wounded veterans are forced to rely on spouses and family members as unpaid, full-time caregivers, often at the expense of household income, career advancement, and financial stability.

The *Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* would take a meaningful step toward correcting this imbalance by increasing SMC for catastrophically wounded veterans whose service-connected injuries require constant care and supervision. These veterans survived the battlefield, but their injuries impose permanent, compounding costs that far exceed standard disability compensation.

Home modifications, specialized transportation, sophisticated medical equipment, and full-time care come at a high cost, one made higher when factoring in lost earnings for those supporting these veterans. Updating SMC is not about creating new entitlements; it is about restoring the original intent of the benefit and ensuring those with the most severe wounds are not left behind as costs continue to rise.

Equally urgent is the need to strengthen Dependency and Indemnity Compensation (DIC) for surviving spouses. Survivors often lose not only their loved ones, but also long-term financial security, retirement planning, and household stability. DIC rates lag other federal survivor benefits, leaving many survivors struggling to meet basic needs despite the ultimate sacrifice

⁶⁰ Veteran Special Monthly Compensation rates: <https://www.va.gov/disability/compensation-rates/special-monthly-compensation-rates/>

made by their servicemember. Increasing DIC acknowledges that the cost of service does not end at death and that surviving spouses deserve dignity, stability, and predictability.

Failing to modernize SMC and DIC sends a damaging message to today's servicemembers and military families – that even the most profound sacrifices will be met with outdated and insufficient support. Congress must act to reaffirm the nation's commitment to those who have borne the heaviest costs of war. Strengthening SMC and DIC through this legislation is an investment in the integrity of the all-volunteer force and the promise we make to every individual who raises their right hand to serve.

MOAA Recommends:

- *Congress enact the amended Sharri Briley and Eric Edmundson Veterans Benefits Expansion Act* (H.R. 6047) to provide enhanced financial support to catastrophically wounded veterans and survivors.

ENHANCING THE SERVICEMEMBER-TO-CIVILIAN TRANSITION

The Transition Assistance Program (TAP) is intended to serve as the bridge between military service and civilian life, yet its execution remains uneven across installations and services. Common challenges include insufficient preparation time prior to separation; inconsistent delivery of benefits education; limited attention to mental health, social reintegration, and family readiness; and poor tracking and accountability for outcomes.

As a result, many servicemembers leave active duty without a clear understanding of the benefits they have earned or how to access them, increasing the risk of unemployment, financial instability, and untreated health conditions.

Integrating VSOs into TAP is essential to ensuring servicemembers leave uniformed service with real-world guidance that extends beyond the classroom. VSOs offer lived experience, specialized expertise, and long-standing trust within the military community. These assets cannot be replicated by government-only instruction.

By engaging VSOs early in the transition process, servicemembers gain direct access to organizations that can help navigate benefits, employment, education, health care, and family support long after separation or retirement. This connection helps close the gap between what servicemembers are told during TAP and the practical steps they must take once they enter civilian life.

Equally important, VSO integration strengthens continuity of support at a moment when many servicemembers are most vulnerable to confusion, misinformation, or exploitation. VSOs can reinforce accurate information about earned benefits, provide follow-on assistance when challenges arise, and serve as trusted advocates when navigating confusing systems. Their presence within TAP is a step toward normalizing help-seeking behavior and reduces the likelihood of veterans falling through the cracks when they transition to civilian life.

MOAA is uniquely positioned to support this transition space because it serves simultaneously as a military service organization (MSO) and a VSO, supporting servicemembers while in uniform and continuing that support throughout retirement and veteran status. This continuity allows MOAA to reinforce accurate, timely information before separation, serving as a reliable resource as servicemembers navigate the complex realities of civilian life. MOAA can help bridge the gap between DoW and VA systems, helping servicemembers and families understand how today's transition decisions affect long-term benefits, health care, employment opportunities, and financial stability. Integrating organizations like MOAA into TAP reduces vulnerability during transition and ensures servicemembers leave uniformed service connected to an organization that will continue advocating for them long after their military service ends.

MOAA Recommends:

- ***Congress enact the TAP Promotion Act*** (H.R. 1845) to enhance the Transition Assistance Program through:
 - **Expanding** outreach and awareness of TAP resources.
 - **Ensuring** consistent dissemination of information about benefits, employment, and support services.
 - **Strengthening** coordination with VSOs and community partners.

IMPROVED VA COMMUNICATIONS AND TIMELY ACCESS TO BENEFITS

The VA continues to rely on fragmented communications systems, outdated claims platforms, and overly complex forms that create barriers to access – particularly for newly separated veterans, survivors, and those with limited digital access or disabilities. These challenges result in missed enrollment windows, incomplete or inaccurate claims submissions, delays in care and compensation, and increased reliance on third parties, including predatory actors.

Reliance on limited communication methods and overly complicated forms can significantly reduce veterans' access to critical support programs and service-earned benefits. Many younger veterans, having grown up in a more tech-forward environment, are less likely to engage through traditional phone calls and instead prefer text messaging, online portals, and other digital communication tools. When agencies rely heavily on phone-based outreach or paper-driven processes, critical information may never reach veterans in the way they are most likely to receive and act on it.

At the same time, complex application processes create additional barriers that can delay or derail access to care and benefits. Filing claims for disability compensation, pension, and survivor benefits is often difficult, increasing the risk of processing delays, incorrect decisions, or outright denials. Transitioning servicemembers face added challenges, as they must wait until separation paperwork is finalized before applying for VA health care and other services. This gap can leave veterans temporarily without access to essential benefits, underscoring the need for simpler forms, earlier eligibility, and modernized communication methods that align with how today's veterans interact and seek support.

MOAA Recommends:

- **Enhancing Outreach and Simplifying Forms**
 - *Streamlining the Solid Start Communications Act* (H.R. 3386) – Expands forms of outreach for the VA Solid Start Program to “tailored lines of communication” including traditional mailings, text messaging, virtual chats, and other electronic messaging methods.
 - *Simplifying Forms for Veterans Claims Act* (H.R. 1286, passed by the House on May 19, 2025⁶¹) – Requires the VA to enter an agreement with a federally funded research and development center to assess the forms the VA sends to claimants and provide recommendations on how the VA can make the forms clearer and more organized.
 - *Delivering Digitally to Our Veterans Act* (H.R. 3481, passed by the House on Sept. 17, 2025⁶² / S. 2101) – Allows veterans the option to receive GI Bill information and benefits through electronic messages rather than traditional mail.
 - *Modernizing All Veterans and Survivors Claims Processing Act* (H.R. 3854, passed by the House on Sept. 15, 2025⁶³) – Requires the VA to plan for and implement technological improvements that modernize and automate claims processing; improve records retrieval, evidence compilation, interagency information sharing, correspondence generation, and dependency and education benefit coordination; and ensure accurate document labeling within the Veterans Benefits Management System.
- **Ensuring Timely Access**
 - *Combat Veterans Pre-Enrollment Act* (H.R. 683) – Automatically enrolls eligible combat veterans in VA health care upon separation.

PRESERVING DIGNITY AND HONOR IN VETERANS’ FINAL REST

Burial benefits and death documentation delays compound grief for families, can postpone access to survivor benefits and insurance payments, and can cause financial instability. National Guard and Reserve families are particularly vulnerable due to eligibility gaps and inconsistent processing.

Many reservists who served honorably are excluded from receiving a VA headstone or grave marker because they were never activated. When someone volunteers to serve this nation, they deserve honor and recognition worthy of their willingness to serve. Active duty service thresholds required by the VA to receive a headstone or grave marker result in the exclusion of members of the Reserve components who selflessly served in other capacities.

Delays or refusals by VA health care clinicians to sign death certificates for veterans who die from natural causes have created serious and unnecessary hardships for grieving families and local communities. In some cases, families have waited nearly eight weeks for a death certificate, delaying burial arrangements and preventing timely access to survivor and burial benefits, often at a moment of acute emotional and financial vulnerability. These delays persist despite the reality that modern VA care frequently relies on virtual appointments and ongoing medical

⁶¹ Congress.gov: <https://www.congress.gov/bill/119th-congress/house-bill/1286/all-actions>

⁶² Congress.gov: <https://www.congress.gov/bill/119th-congress/house-bill/3481/all-actions>

⁶³ Congress.gov: <https://www.congress.gov/bill/119th-congress/house-bill/3854/all-actions>

records rather than recent in-person visits, and VA clinicians routinely diagnose and treat patients remotely without legal risk. When VA providers do not sign death certificates promptly, responsibility is shifted to local coroners and medical examiners who have never treated the veteran, must request VA medical records, and incur avoidable costs and administrative burdens. Requiring VA clinicians to sign death certificates within 48 hours would streamline processes, reduce strain on local systems, and ensure veterans' families receive timely, compassionate support consistent with the service and sacrifice of their loved ones.

MOAA Recommends:

- ***Giving Reservists a Valiant Eternity (GRAVE) Act*** (H.R. 4928) – Expands VA eligibility for headstones and grave markers to certain Reserve component members who do not meet minimum active-duty service requirements but honorably served.
- ***Veteran Burial Timeliness and Death Certificate Accountability Act*** (H.R. 4398 / S. 2309) – Requires VA physicians or nurse practitioners to certify a veteran's death within 48 hours of learning of it to prevent burial delays and ensure timely access to survivor benefits.

ENHANCING FRAUD PROTECTIONS FOR VETERANS, THEIR FAMILIES, AND SURVIVORS

According to the Federal Trade Commission, veterans lost more than \$415 million due to fraud, identity theft, or other scams in 2024,⁶⁴ reflecting a growing pattern of increasingly sophisticated schemes that prey on the complexity of VA benefits and the credibility of individuals claiming to “help.” These scams siphon hard-earned benefits, compromise personal and financial data, undermine confidence in the VA system, and increase administrative burdens on VA staff. While the VA has taken steps to educate veterans and survivors about fraud and scams and to support those who fall victim,⁶⁵ stronger protections and accountability measures are essential to ensure veterans and their families are not exploited simply for seeking the benefits and assistance they have rightfully earned.

Equally important, GI Bill benefits should be restored for veterans who used their education benefits at colleges or universities that were later found to be fraudulent, deceptive, or in default. When an institution fails or is exposed for wrongdoing, the veteran – not the school – often bears the lasting consequences, losing both time and benefits with nothing to show for it. The recent indictment of members of the House of Prayer Christian Churches⁶⁶ demonstrates how far these schemes can go, with estimates of more than \$23.5 million paid to the school before the deception was discovered. Requiring veterans to absorb the loss of GI Bill benefits because of the delinquency of the school/program compounds the injustice and undermines the purpose of this education benefit as a pathway to opportunity and upward mobility. Restoring GI Bill eligibility in these cases ensures veterans are not punished for institutional misconduct beyond

⁶⁴ Federal Trade Commission, March 2025, *2024 Consumer Sentinel Network Data Book*: https://www.ftc.gov/system/files/ftc_gov/pdf/csn-annual-data-book-2024.pdf

⁶⁵ VA.gov, *Protecting Veterans from Fraud*: <https://www.va.gov/initiatives/protecting-veterans-from-fraud/>

⁶⁶ Justice Department Press Release, Sept. 10, 2025, *Eight Members of the House of Prayer Christian Churches Indicted for Fraud Schemes in Operation “False Profit”*: <https://www.justice.gov/usao-sdga/pr/eight-members-house-prayer-christian-churches-indicted-fraud-schemes-operation-false>

their control and requires the VA to provide more stringent oversight in determining which schools/programs are eligible for the GI Bill program.

MOAA Recommends:

- ***Veterans Scam and Fraud Evasion (VSAFE) Act*** (H.R. 1663, passed by the House on Jan. 20, 2026⁶⁷ / S. 2501) – Establishes a Veteran Scam and Fraud Evasion Officer within the VA to be responsible for fraud and scam prevention, reporting, and incident response plans.
- ***Student Veteran Benefit Restoration Act*** (H.R. 1391) – Restores GI Bill and other VA education benefits to veterans and beneficiaries who were defrauded by or attended schools that later lost approval, closed, or were found liable for fraud. Requires fraudulent institutions to repay the VA for improperly received education funds.

SURVIVOR BENEFITS PRIORITIES

Servicemembers are asked to accept extraordinary risks in defense of the nation, and they do so with the belief that if the unthinkable happens, their sacrifice will secure a lifelong equitable financial protection for their survivors that cannot be taken away. This expectation is rooted in long-standing federal commitments under Title 38, which affirm that benefits earned through service extend to surviving families. Survivors deserve nothing less than the full measure of support their servicemember earned.

Yet after the servicemember is gone, survivors learn that this promise has conditions that were not relayed by the servicemembers. By that time, it's too late: The clock cannot be unwound, and the service commitment cannot be retracted. The servicemember has made the ultimate sacrifice while the surviving family is left with a promise weakened by undisclosed limitations.

Love Lives On Act

Servicemembers volunteer to wear the uniform fully aware that their duty may one day require the ultimate sacrifice. They accept this risk believing and trusting that if that day comes, their families will be financially protected and supported in their absence. Our government reinforces this commitment through the benefits provided to surviving spouses immediately following a loss, signaling that the nation stands behind those left to carry on. This promise allows those in uniform to focus on the mission, confident that their spouse and family will be financially protected even if they are no longer physically present.

This is what Capt. John J. Sax believed the last day he kissed his pregnant wife, Amber, and almost 2-year-old daughter as he walked out the door for a routine training mission on June 8, 2022. Captain Sax had previously discussed with Amber the risk of death that can come with military service and had reassured her that she and their daughters would be left with financial stability. He also encouraged Amber to remarry, stating, “These girls can’t grow up without a dad. I’ve seen firsthand what that does to girls, and it can’t happen to our girls.”

⁶⁷ Congress.gov: <https://www.congress.gov/bill/119th-congress/house-bill/1663/all-actions>

Captain Sax believed his sacrifice would financially provide for his surviving family. He had no idea that the financial provision that came from his death had a serious condition – that his wife would not be able to remarry until she was 55 years old without the loss of the financial provisions left from his death.

When Captain Sax boarded a V-22 Osprey on his final day, he had no idea his family would have to choose between the financial provisions left from his death and his wish for his family unit to be rebuilt. The Osprey, an aircraft that had four fatal crashes between 2022 to 2023, resulted in 20 servicemember deaths, Captain Sax was one of these fatalities. The ages of these servicemembers ranged from 19 to 37; Captain Sax was 33. A GAO study of the crashes completed in 2025 found that between 2015 and 2024, the Osprey aircraft had a serious accident rate higher than the Departments of the Navy and Air Force fixed-wing and rotary-wing fleets.⁶⁸ The aircraft had a high safety risk for at least 10 years, yet it continues to be used and flown by the Marines, Navy, and Air Force.

The V-22 crash in June 2022 left Captain Sax’s widow to raise two young girls as a single parent. Amber’s girls will be 23 and 21 before Amber can remarry and grant her husband his wish to give her girls back a second parent to love and care for them, without a significant cost to her family’s financial security.

Through a known high-risk crash rate, a two-parent household was transformed into a single-parent household overnight, and the government has designed its survivor policy to financially incentivize these families to remain single-parent households. This policy does not make the surviving family whole. Captain Sax’s little girls will not have their father present to celebrate their graduations, walk them down the aisle at their weddings, nor be there to share in the joys of other special accomplishments and milestones. Members of the surviving family will always have a hole in their life because Captain Sax died through a known risk the government took with his life.

The *Love Lives on Act* is about ownership: Ownership for the known risks the government visits upon servicemembers. When the government determines a servicemember’s life is worth the risk of a warfighting capability or sending them into a combat situation that puts their lives in danger, it must own the result of that decision. Dependency and Indemnity Compensation (DIC) and the Survivor Benefit Plan (SBP) are not acts of charity – they are part of the enduring commitment our nation makes to the families of those who serve. These benefits reflect the long-term responsibility that comes with sending servicemembers into harm’s way and ensuring their loved ones are financially supported if the worst should happen. These payments were earned by the deceased servicemember for their surviving family in exchange for their life. Earned benefits should not have an age restriction, especially when the purpose of an indemnity payment is to “compensat[e] a person for damages or losses they have incurred due to a specified accident, incident, or event”⁶⁹. This payment is owed by the government to the surviving family because of its liability in loss of life.

⁶⁸ GAO Report, Dec. 8, 2025. *Osprey Aircraft: Additional Oversight and Information Sharing Would Improve Safety Efforts*: <https://www.gao.gov/products/gao-26-107285>

⁶⁹ Legal Information Institute: <https://www.law.cornell.edu/wex/indemnify>

Lauren Tomkiewicz, Surviving Spouse of Capt. Matthew Tomkiewicz

“My husband made the ultimate sacrifice in service to this country shortly after my 26th birthday. The Love Lives On Act recognizes that honoring our nation’s fallen heroes means allowing widows the freedom to grieve, heal, and rebuild their lives without being forced to wait until 55 to love again or face financial hardship. Supporting this act is a promise that our nation truly honors their sacrifice.”

MOAA Recommends:

- ***Congress enact the Love Lives On Act*** (H.R. 1004 / S. 410), which has strong bipartisan support in the House and Senate. This legislation would enable surviving spouses of all ages to keep the compensation their deceased spouse earned for the surviving family through their military service and stop the financial incentive to keep these surviving family members from reestablishing two-parent households.

Caring for Survivors Act

Dependency and Indemnity Compensation (DIC) for survivors was set at a monthly dollar value of \$1,154 in 1993, with an annual cost-of-living adjustment (COLA). As of 2026, the DIC monthly payment is \$1,669.36. Because DIC is based on a static dollar amount, the value of the baseline benefit has declined. In fact, the U.S. dollar has declined 58.8% in buying power over the last 33 years, making the buying power of \$1,154 in 1993 worth just \$474.95 today.⁷⁰ Even with the additional \$515.36 COLA addition to the benefit over time, the buying power of this benefit is still lower at \$990.31 (\$474.95+\$515.36) than originally intended.

MOAA Recommends:

- ***Congress enact the Caring for Survivors Act*** (H.R. 2055 / S. 610), which modernizes DIC by aligning survivor compensation with the more appropriate and sustainable benchmark of veterans’ disability compensation, ensuring the entitlement remains fair and adequate into the future. A survivor’s DIC benefit would be set at 55% of a 100% disability rating, matching the established 55% rate used for the Survivor Benefit Plan (SBP). This change ensures greater parity, fairness, and long-overdue modernization for surviving families.

⁷⁰ Consumer Price Index Inflation Calculator maintained by Official Data Foundation, sourcing the Bureau of Labor Statistics Consumer Price Index: <https://www.in2013dollars.com/us/inflation/1993?amount=1154>

CONCLUSION

MOAA's veteran priorities underscore the urgent need to strengthen and sustain the systems that serve veterans, as well as their families, caregivers, and survivors. Addressing these challenges demands sustained collaboration among Congress, the VA, the administration, MOAA, and the broader VSO community to ensure veterans lived experiences drive effective, durable policy solutions. We appreciate your leadership and commitment, and MOAA stands ready to work with Congress to fulfill our nation's enduring promises to those who have served.

BIOGRAPHY



Lt. Gen. Brian T. Kelly, USAF (Ret) President and CEO

Lt. Gen. Brian T. Kelly, USAF (Ret), is a native of New Jersey. He earned his bachelor's degree in aerospace engineering from the University of Notre Dame and holds two master's degrees, one in national resource strategy from National Defense University and another in military operational arts and sciences from Air University.

Kelly joined the Air Force in 1989 as a graduate of Notre Dame's ROTC program. In his 33-year Air Force career, Kelly served in a number of key command and staff positions, including commander, 92nd Mission Support Squadron, Fairchild AFB, Wash.; deputy director, manpower and personnel, Multi-National Security Transition Command, Iraq; director, manpower, personnel and administration, U.S. Southern Command, Fla.; commander, 31st Mission Support Group, Aviano Air Base, Italy; commander, 501st Combat Support Wing, RAF Alconbury, U.K.; director, manpower, personnel and services, Air Combat Command, JB Langley-Eustis, Va.; director, military force management policy for deputy chief of staff for manpower, personnel and services at the Pentagon; and commander, Air Force Personnel Center, JB San Antonio-Randolph, Texas.

At the time of his service retirement in 2022, Kelly had completed 3½ years serving as the Air Force's deputy chief of staff for manpower, personnel and services at the Pentagon.

Kelly took over as MOAA's president and CEO in January 2023.