



Pending Legislation

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Statement of

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Veterans of Foreign Wars of the United States

For the Record

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Committee on Veterans' Affairs

Subcommittee on Health

With Respect To

Pending Legislation

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Chairman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide testimony regarding this pending legislation.

H.R. 2283, RECOVER Act

The VFW supports the intent of this legislation that would establish a pilot program providing grants to outpatient mental health facilities for culturally competent, evidence-based care for veterans. Too many veterans, especially in rural, underserved, and high-risk communities, still face barriers to timely mental health and addiction services. This proposal offers a targeted way to expand access while reinforcing veteran-centered, evidence-driven care.

The VFW is encouraged by the focus on accountability, clinical outcomes, and the commitment not to charge veterans for care. Removing cost as a barrier is essential, especially for veterans who are uninsured, underinsured, or concerned about finances. Prioritizing services in high suicide risk communities aligns this pilot with national suicide-prevention strategies.

To that end, the VFW strongly urges Congress to ensure that veteran and military service organizations have a formal role in helping establish the standards for cultural competency under this program. Even if these organizations are not eligible for grant funding, they represent and serve the veteran population every day and bring an essential perspective on what culturally competent care should look like in practice. Their involvement would help ensure that standards reflect veterans' lived experiences rather than narrow or academic interpretations.

The VFW urges that community-based mental health care must complement, not replace, Department of Veterans Affairs (VA) services. This pilot must strengthen the overall system, not create disconnected silos. Set and enforce strong standards for care coordination,

medical record sharing, and referral paths back to VA to guarantee continuity of treatment, especially for veterans with complex, chronic, or co-occurring conditions. Do not drop coordination demands, remove record sharing, or weaken VA's role. Such actions would fragment care and jeopardize outcomes. The success of this initiative depends on direct action to maintain and improve integration across care points.

The VFW urges Congress to take immediate action to ensure this pilot supplements but does not replace investment in VA's mental health system. Congress must fully invest in VA's own capacity and guarantee that expanding access through trusted partners strengthens, rather than undermines, VA's central role in coordinating veteran care. Do not let privatization weaken accountability and disrupt continuity for those who served.

H.R. 2426, Veterans Mental Health and Addiction Therapy Quality of Care Act

The VFW strongly supports improving the quality, safety, and accountability of mental health and addiction care for veterans. However, we cannot accept this legislation as written because it does not provide VA with the authority, data access, or tools needed to conduct the required comparison.

The legislation requires an independent review of quality across VA and non-VA care. However, community providers do not collect or standardize data like VA does. Without comparable clinical metrics such as suicide-risk screenings, treatment adherence, or use of evidence-based practices, comparing outcomes would be flawed. Any study based on incomplete data risks producing misleading results.

The VFW is also concerned that the legislation relies heavily on raw utilization measures, such as the number of visits, as proxies for quality and effectiveness. Visit counts alone do not capture changes in symptom severity, functional status, treatment intensity, or care transitions over time. Veterans' mental health and substance use needs often fluctuate, and meaningful evaluation must account for clinical trajectories, not just service volume. Without this context, the legislation risks reducing complex care decisions to superficial metrics that do not reflect real outcomes.

This legislation also omits key tools VA would need. It does not guarantee access to community-provider data, reporting standards for non-VA providers, or risk adjustment for patient complexity and social factors. Without these, VA cannot make a fair or accurate comparison.

This approach could unintentionally undermine accountability. It may create the appearance of oversight without the substance needed for improvement. Worse, incomplete or poorly contextualized findings could be misused to justify policy decisions that restrict access or shift resources based on unreliable conclusions.

Veterans deserve real accountability, not just rhetoric. Any legislation claiming to measure the quality of mental health and addiction care must initially ensure the tools, data, and standards exist to make those measurements accurate, fair, and actionable. Without these foundations, this legislation risks creating conclusions that neither improve care nor serve the best interests of veterans.

H.R. 4509, NOPAIN for Veterans Act

The VFW does not support legislation that would amend Title 38 to require VA to add non-opioid pain drugs and biologicals to its formulary on a set timeline. These products must be FDA-approved, reduce certain types of pain, and not work on opioid receptors. The VFW has not yet issued a resolution on this matter.

H.R. 5999, To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to furnish an opioid antagonist to a veteran without requiring a prescription or copayment

The VFW strongly supports expanding access to opioid antagonists through VA without prescription or copayment barriers. Overdose deaths are rising, including among veterans. Removing obstacles to emergency treatment shows commitment to prevention and harm

reduction.

Veterans face unique risks for opioid misuse, such as chronic pain, injuries, and mental health conditions like post-traumatic stress disorder. Broad, stigma-free access to overdose-reversal medication lets veterans, families, and communities act quickly when seconds count. This approach aligns with proven public health plans that emphasize early action and local responses.

While the VFW supports the intent of this legislation, we believe safeguards are needed. Opioid antagonists are generally safe but may pose risks for veterans with certain health issues or medicines. If available without a prescription, veterans should get counseling from a VA pharmacist. This would ensure informed use, help find risks, and reinforce safe use. Informed consent and patient safety must remain central, even if the drug is over the counter.

The VFW is also concerned about the fiscal implications of removing all copayments for these medications. VA has faced budget pressures in recent years despite funding increases. Congress must consider how a no-copay requirement would affect pharmacy budgets if demand increases. Expanding access should not come at the expense of sustainability or force VA to divert resources from other critical services.

The VFW believes making opioid antagonists widely available through VA should serve as a gateway to care, not a standalone solution. When paired with strong referral pathways to substance use disorder treatment, mental health services, and peer support, this policy can save lives while strengthening long-term recovery.

H.R. 6001, Veterans with ALS Reporting Act

The VFW supports this legislation that would require the VA Secretary to establish a triennial amyotrophic lateral sclerosis (ALS) monitoring, tracking, and reporting program. Under this requirement, VA would assess the incidence and prevalence of ALS among

veterans, describe the resources VA and the Centers for Disease Control and Prevention (CDC) provide to veterans living with ALS, identify any gaps in those resources, develop a strategy to evaluate risk-reduction therapies aimed at lowering ALS incidence and prevalence among veterans, establish pathways for veterans receiving VA-provided ALS care to participate in VA-sponsored clinical trials and research, and recommend legislative solutions to address barriers to reducing ALS incidence and prevalence in the veteran population.

Additionally, this legislation would direct VA to track ALS prevalence among veterans through the VA ALS Registry and the CDC's biorepository. According to VA's va.gov website, studies indicate that veterans are approximately 1.5 times more likely to develop ALS than individuals with no history of military service. Establishing this comprehensive monitoring and reporting framework would better equip VA to evaluate the effectiveness of risk-reduction strategies and improve outcomes for veterans living with ALS.

The VFW has long been a staunch advocate for legislation benefiting ALS patients and their survivors. Notably, during the 2021–2022 timeframe, the VFW Department of Virginia authored national VFW resolutions calling for commonsense modifications to ALS survivors' benefits. These advocacy efforts helped advance the *Justice for ALS Veterans Act of 2025*, in support of which the VFW provided favorable testimony.

H.R. 6444, Blast Overpressure Research and Mitigation Task Force Act

The VFW supports this legislation that would directly advance the VFW's longstanding legislative priorities and active resolutions focused on traumatic brain injury (TBI), blast overpressure exposure, and related neurological and cognitive health conditions.

Modern service members, particularly those in combat arms and high-exposure occupational specialties, face repeated blast exposure that can result in cumulative, often poorly understood injuries with lifelong consequences. This legislation takes an important step toward addressing those gaps by directing VA, in coordination with the Department of Defense, to establish a task force to align research, improve clinical care, and develop mitigation strategies for blast-related injuries.

The VFW's support reflects our commitment to strengthening research, diagnosis, and

treatment of blast overpressure injuries, ensuring affected veterans receive timely, evidence-based care, and improving long-term health outcomes for those who have borne the physical and cognitive costs of military service.

H.R. 6526, Clarity on Care Options Act

The VFW supports the intent of this legislation to improve access, transparency, and accountability within the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). Far too often, CHAMPVA beneficiaries—primarily surviving spouses and dependents—struggle to identify health care providers who accept the program, leading to delays in care, unexpected out-of-pocket costs, and unnecessary stress during difficult times.

This legislation appears to be designed to create a more accurate and reliable understanding of provider participation in CHAMPVA by surveying current and prospective providers. If the purpose is to strengthen VA's internal data and build the foundation for a CHAMPVA provider database, the VFW supports that goal. However, the legislation's wording is too vague and leaves open whether this effort would result in a public, searchable directory that beneficiaries could use.

While the legislation's title suggests improved access for CHAMPVA users, the body does not clearly require VA to establish and maintain a public database for beneficiaries to locate participating providers. If Congress intends this legislation to improve real-world access, that requirement must be explicitly stated with clear definitions of who can access the database, how often it will be updated, and how it will be integrated into VA and CHAMPVA communications. Clarity between the title and substance is essential to ensure the policy delivers on its promise.

The VFW is encouraged by the inclusion of annual reporting to Congress, which can help identify geographic gaps in provider availability and inform future reforms. However, transparency alone is not enough. A directory, no matter how well designed, will not solve the problem if providers continue to decline CHAMPVA participation due to reimbursement challenges and administrative burdens. Congress and VA must use the data from this effort

not only to inform beneficiaries, but to drive reforms that strengthen provider participation and ensure CHAMPVA networks are adequate in every region.

Families who rely on CHAMPVA have already sacrificed enough in service to this nation. They deserve clear, dependable access to care, and this legislation is an important step toward delivering it. The VFW welcomes the opportunity to discuss CHAMPVA reform with the committee to ensure that all of VA's community care programs (Community Care Network, CHAMPVA, and the Foreign Medical Program) offer a similar structure and clarity to beneficiaries.

H.R. 6652, U.S. Vets of the FAS Act

The VFW supports legislation to expand access to health care for veterans living in the Freely Associated States (FAS), many of whom served honorably alongside U.S. forces yet face significant barriers to receiving the care they have earned. Geography should never determine whether a veteran can access timely, high-quality health services.

The VFW strongly supports the legislation's requirement that VA establish formal agreements with FAS governments and expand the use of telehealth and mail-order pharmacy services. These tools offer practical, cost-effective solutions to improve access in remote and underserved regions where traditional VA facilities are unavailable. Providing beneficiary travel assistance for in-person care further strengthens this legislation's commitment to equity and fairness.

The VFW emphasizes that expanding access must be accompanied by strong implementation planning and sustained funding. Delivering care across international borders presents logistical, technological, and administrative challenges that cannot be solved by statute alone. Congress must ensure VA has the resources and infrastructure needed to make these services reliable, not just available on paper.

The VFW urges that this effort be viewed as part of a broader commitment to veterans in the

FAS, not a limited or temporary solution. Telehealth and pharmacy access are critical first steps, but must be paired with long-term strategies to address specialty care, emergency services, and treatment continuity.

Discussion Draft, BEACON Act

The VFW supports legislation that creates grant programs within VA to support research and development of innovative treatments for traumatic brain injury, especially chronic mild TBI. It authorizes funding through 2028 for academic and nonprofit organizations to test new therapies and clinical approaches, with required oversight, annual evaluations, and coordination with existing mental health initiatives. The legislation mandates detailed reporting to Congress on research outcomes and recommendations to enhance TBI care for veterans. It also promotes the development, evaluation, and implementation of novel, evidence-based interventions to deliver more effective, patient-centered care for veterans with mild TBI.

Discussion Draft, Data Driven Suicide Prevention and Outreach Act

The VFW does not support this legislation that would establish a program to award grants for the development of predictive models to evaluate risk factors that contribute to the incidence of suicide among veterans, because it does not resolve fundamental gaps in data access and risks duplicating programs already in place at VA.

VA already operates multiple suicide-prevention and predictive-analytics initiatives, including existing risk-stratification tools and outreach models designed to identify veterans at elevated risk. Rather than strengthening these established programs, this legislation would create a parallel grant structure that republishes work VA is already authorized and funded to do, diverting attention and resources away from improving and fully implementing current efforts.

More critically, the legislation fails to address one of the most significant barriers to

effective suicide-prevention analytics: the absence of complete, timely data from non-VA providers. As more veterans receive care through community providers under the *VA MISSION Act of 2018* (Public Law 115-182), VA does not consistently receive behavioral health, substance use, and crisis intervention data in a way that allows for meaningful system-wide risk modeling. Without fixing this fundamental data-sharing gap, any new predictive model will be incomplete by design, limiting its accuracy and undermining its value.

The VFW is also concerned that expanding artificial intelligence–driven surveillance of veterans without first resolving interoperability, consent, and trust issues risks creating a system that feels focused on monitoring rather than on care. Veterans must not feel that technology is used to track them rather than support them.

Discussion Draft, Whole Health for Veterans Act

The VFW supports legislation to reduce financial barriers to wellness-focused services that promote veterans’ physical, mental, and emotional well-being. As VA continues its transformation toward a Whole Health System of Care, veterans must not be deterred from accessing preventive and supportive services because of cost, especially those with the greatest needs.

Whole Health well-being services such as coaching, stress management education, mindfulness practices, and integrative therapies play an important role in helping veterans manage chronic pain, post-traumatic stress, and the long-term effects of military service. By eliminating copayments for veterans in Priority Groups 1 through 5 and capping monthly copayments for other enrolled veterans, this legislation would improve access for the most vulnerable while maintaining a reasonable cost-sharing structure for higher-income veterans.

The VFW recognizes that Congress and VA must establish clear implementation guidance and oversight to ensure consistent application across all VA medical centers. Whole Health services should be delivered in a manner that is evidence-informed, veteran-centered, and fully integrated with clinical care, not as a substitute for needed medical treatment, but as a

complement that strengthens overall outcomes.

Discussion Draft, Veterans Health Desert Reform Act

The VFW supports the intent of this legislation that would improve access to hospital care and medical services for veterans living in rural and medically underserved areas. Too many veterans must travel excessive distances or face long delays simply to receive basic inpatient and specialty care. No veteran should be denied timely treatment because of where they live.

The VFW is encouraged by this legislation's efforts to use existing rural hospitals to close access gaps, while ensuring that veterans receive care comparable to that available through the Veterans Community Care Program (VCCP). Reimbursing participating hospitals at or above Medicare rates is a practical way to encourage provider participation, and the legislation's emphasis on oversight, quality tracking, and veteran satisfaction is essential for accountability. While this is a positive step, the VFW believes the language should be stronger and more precise. Rather than stating that rural hospitals should receive priority, the legislation should require the Secretary to select hospitals in rural and highly rural areas to ensure the policy reaches veterans facing the greatest access barriers.

The VFW emphasizes that any expansion of hospital care through non-VA providers must remain anchored within the VA health care system. Veterans receiving care under this program should continue to meet VA enrollment requirements and qualify for care under the VCCP. Expanding access should not mean removing veterans from VA oversight or creating parallel systems that weaken accountability.

The VFW is encouraged by the legislation efforts to leverage existing rural hospitals to close access gaps, while ensuring veterans receive care comparable to that available through the VCCP. Reimbursing participating hospitals at or above Medicare rates is a practical way to encourage provider participation, and the emphasis on oversight, quality tracking, and veteran satisfaction is critical to maintaining accountability.

The VFW stresses that any expansion of hospital care outside the VA system must be paired with strong care coordination and continuity standards. Veterans, especially those with complex or chronic conditions, depend on seamless communication between providers. Without clear requirements for information sharing, referral management, and follow-up care, even well-intended access solutions risk creating fragmented treatment and poorer outcomes.

The VFW cautions against policies that could unintentionally accelerate the privatization of veteran health care. Community partnerships should strengthen VA, not replace it. Expanding rural access must complement VA's mission and preserve its role as the coordinator of care, not erode it.

Chairman Miller-Meeks and Ranking Member Brownley, this concludes my statement. Again, thank you for the opportunity to offer comments on this pending legislation.

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Information Required by Rule XI2(g)(4) of the House of Representatives

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Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2026, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.

