



# Pending Legislation

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Statement of

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For the Record

United States Senate  
Committee on Veterans' Affairs

With Respect To

**Pending Legislation**

Washington, D.C.

Chairman Moran, Ranking Member Blumenthal, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, I would like to thank you for the opportunity to present our views on legislation pending before this committee.

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## **S. 219, Veterans Health Care Freedom Act**

The VFW does not support this legislation to create a pilot program to allow veterans to receive primary care through arrangements outside the Department of Veterans Affairs (VA). When veterans enroll in VA health care, they have chosen VA as their care provider.

When in the military, service members use the military health system, and when direct care is unavailable or unfeasible, the military provides highly coordinated care in the community. Veterans expect the same level of coordination from VA, not fractured care.

The VFW advocates for veterans to receive their care within the VA medical system, which provides veteran-centric health care and creates an environment where veterans feel understood and comfortable. While VA's Community Care Network is an essential supplement when care cannot be provided within VA, it should not replace VA care.

Recent articles published in the *Journal of General Internal Medicine* and the *Journal of the American College of Surgeons* conducted a systematic review of studies on VA health care, concluding that it is consistently as good as, or better than, non-VA health care. VFW surveys also indicate that veterans who use VA care have high satisfaction rates and would recommend it to others.

## **S. 585, Servicemember to Veteran Health Care Connection Act of 2025**

The VFW supports this legislation that would establish a process to provide VA with health care

enrollment information of members of the armed forces within 180 days before leaving service. VA would use this information to evaluate eligibility and contact veterans within 30 days after separation to assist and facilitate enrollment, and schedule initial primary care appointments for authorized veterans. This legislation aims to simplify the process of enrolling in the VA health care system at the earliest moment. The VFW sees this as a positive step to ensure transitioning service members have access to health care, creating a

seamless transition from military to civilian life.

### **S. 599, Driver Reimbursement Increase for Veteran Equity (DRIVE) Act of 2025**

The VFW supports this legislation to increase the payment of mileage reimbursement for veterans traveling for medical care under the VA Beneficiary Travel program. This legislation would ensure that veterans are fairly compensated for their travel expenses related to medical care, thereby alleviating potential financial burdens caused by delayed reimbursements.

### **S. 605, CHAMPVA Children's Care Protection Act of 2025**

The VFW supports this legislation to extend the age limit for children eligible for medical coverage under the Civilian Health and Medical Program of VA (CHAMPVA). This legislation aims to expand health care access for these young adult children of veterans, ensuring continuity of care during a crucial life stage and reducing coverage gaps for military families. This initiative aligns with current health insurance standards and is a legislative priority for the VFW.

### **S. 635, Veterans Homecare Choice Act of 2025**

The VFW supports the intent of this legislation to expand eligible care providers under the Veterans Community Care Program by formally recognizing nurse registries. This change would increase home-based care options for veterans and broaden their access to home- and community-based services. By allowing veterans to receive care from a larger pool of qualified caregivers, especially in areas where traditional providers are limited, this legislation promotes greater flexibility and choice in health care delivery for veterans.

However, there are concerns about the proposed definition of "nurse registry," which

includes both health professionals and homemakers/companions. While homemakers and companions should be recognized, they should be listed separately in subsection (c) with a distinct definition provided in subsection (q). VA already has a program that offers homemaker services--the VA Caregiver Support Program--that could serve as a model for the proposed bill.

Participants in these contracts should possess qualifications equivalent to those of VA employees in similar roles, with each state responsible for verifying their reliability and certification. Utilizing contract vehicles, such as the Community Care Network, would help ensure that the care delivered meets VA standards and maintains patient safety. Licensed and certified providers should be distinctly separate from non-licensed providers in the definition, which should specify the types of care that non-licensed individuals are authorized to provide.

### **S. 649, Guard and Reserve GI Bill Parity Act of 2025**

The VFW strongly supports this legislation to allow any day in uniform for which military pay is received to count toward Post-9/11 GI Bill eligibility, creating parity for National Guard and Reserve members. Currently, Post-9/11 GI Bill eligibility is based on active duty service for at least 90 days. For those in the reserve components, initial skills and training periods are deemed non-qualifying service. Also, full-time National Guard service and certain responses to national emergencies do not qualify.

The sacrifices of these reserve component members have continued to be overlooked for decades despite an increase in deployments since September 11, 2001. Though they have served alongside active duty service members during increasingly frequent activations both domestic and abroad, they do not always earn their VA education benefits at the same rate. This inequity has been highlighted during the frequent activations due to natural disasters, the COVID-19 pandemic, and border security missions as National Guard and Reserve members have stood on the front lines administering relief and services.

The VFW has a long-standing partnership with Student Veterans of America (SVA), and for more than a decade we have mentored student advocates through the VFW-SVA Legislative

Fellowship program. The 2024-2025 fellows have advocated for this legislation on their campuses around the country, hosting roundtables, speaking on podcasts, collecting support through petitions, and bringing public awareness through social media campaigns. Our organizations will continue to bring attention and momentum to this important issue. We urge Congress to pass this legislation to allow reserve component members to rightfully earn GI Bill benefits for every day served.

### **S. 778, Lactation Spaces for Veteran Moms Act**

The VFW supports this legislation to mandate all VA medical centers provide safe, accessible, and private spaces for breastfeeding and expressing breast milk. This initiative promotes the health and dignity of veteran mothers by ensuring an inclusive environment at VA facilities nationwide, and reflects the increasing recognition of the unique needs of women veterans.

### **S. 784, Rural Veterans Transportation to Care Act**

The VFW supports this legislation that would expand eligibility for the Highly Rural Transportation Grant (HRTG) program. It would also grant as much as \$80,000 to state and county veterans service agencies, tribal organizations, and Veterans Service Organizations to purchase vehicles, including those compliant with the *Americans with Disabilities Act of 1990* (Public Law 101-336) to provide innovative transportation options for veterans in rural or highly rural areas traveling to and from medical treatment.

Unique to the HRTG program is the definition of “highly rural” as a location that contains no more than seven persons per square mile, which is a highly restrictive criterion. Other VA rural programs use the Rural-Urban Commuting Areas (RUCA) coding system to assess rurality. This bill would expand eligibility by including veterans who reside in either rural as defined by RUCA, or highly rural areas as defined by HRTG.

Public transportation options, taxis, and ridesharing companies that urban dwellers take for

granted are virtually non-existent in rural America, severely disadvantaging ill or injured veterans or those who do not drive or own a vehicle. This expanded program would satisfy a pressing need and ensure veterans could use their earned benefits regardless of where they live.

### **S. 800, Precision Brain Health Research Act of 2025**

The VFW supports this legislation to advance critical research of brain injuries caused by repetitive low-level blast exposure and related conditions like dementia and pituitary dysfunction. This bill would expand VA research, strengthen data sharing between VA and the Department of Defense, and launch large-scale studies on evidence-based treatments, including the potential use of growth hormone replacement therapy, to improve diagnosis and care for affected veterans. It would also formalize collaboration with the National Academies of Sciences, Engineering, and Medicine to validate biomarkers and guide future action. The VFW has long advocated for protecting service members from preventable injuries and ensuring veterans receive the best possible care. This legislation is a vital step toward that goal.

### **S. 827, Supporting Rural Veterans Access to Healthcare Services Act**

The VFW supports this legislation to extend and expand the VA transportation grant program. This program is designed to improve health care access for rural veterans and includes tribal organizations, Native Hawaiian organizations, and veterans from underserved communities. By enhancing transportation options, this bill would enable veterans to access VA health care facilities and travel to their appointments more easily, particularly those residing in rural, tribal, and remote areas. This legislation maintains the existing eligibility criteria and allows for reauthorization of the program every five years. Additionally, it promotes equitable access to care for underserved populations.

### **S. 879, Veteran Caregiver Reeducation, Reemployment, and Retirement Act**

The VFW supports this legislation to expand medical, employment, and other benefits for individuals serving as family caregivers for certain veterans. When caregivers' services are no longer needed, they often require assistance to re-enter the workforce. For those who have left their careers to become full-time caregivers, providing proper training, counseling, and support for reintegration into employment is crucial. This transition period is when support is most needed. Employment assistance is a valuable service and should be prioritized when caregivers conclude their roles in the program.

### **S. 1318, Fallen Servicemembers Religious Heritage Restoration Act**

The VFW supports this legislation that would facilitate identifying the several hundred graves of American-Jewish service members buried overseas mistakenly under a Latin cross. It would also confirm the decedent's religious affiliation enabling descendants to apply for a replacement headstone without unduly burdening them with doing this painstaking research themselves. American-Jewish service members who fought and died for our country deserve to have their religious heritage properly recognized and honored. The VFW advocates rectifying this long-standing error to properly commemorate our war dead. An attractive feature of the bill is contracting with experienced nonprofit organizations rather than assigning the job to the relatively small staff of the American Battle Monuments Commission—the organization that administers, operates, and maintains these overseas cemeteries.

The large number of casualties and the chaos of war directly contributed to burials with inappropriate headstones. During World War I, more than 100,000 Americans fell abroad during the country's first large scale overseas combat deployment, and administrative errors were not uncommon. Complicating the situation during World War II, some American-Jewish service members who served in the European Theater deliberately concealed their religious affiliation to avoid torture or death if captured by the Nazis.

### **S. 1320, Servicewomen and Veterans Menopause Research Act**

The VFW supports this legislation to address gaps in medical research and health care for military women and veterans who are experiencing menopause, perimenopause, or mid-life

health issues. As more women serve in the military, the number of female veterans eligible for health care continues to grow. Women veterans have unique needs that should be considered throughout various stages of their lives. However, limited research on menopause and its effects restricts the development of effective treatment options and the training available for health care providers.

### **S. 1441, Service Dogs Assisting Veterans (SAVES) Act of 2025**

The VFW supports this legislation to require VA to establish a pilot program to grant funds to nonprofit organizations to provide service dogs to eligible veterans. Service dogs can assist veterans who have various physical, visual, auditory, and trauma-related disabilities or conditions, and help them regain independence. The service dogs would be provided at no cost, along with veterinary insurance policies. This legislation would enable more veterans to receive these support companions.

### **S. 1533, VA License Portability Act**

The VFW supports this legislation to permanently authorize license portability for contracted health care professionals to perform VA disability examinations. The disability examination system has evolved and expanded over many years. In 1996, VA established a pilot program to allow contracted physicians to assist with these examinations and granted temporary license portability. Since the fall of 2016, VA has transitioned from VA-conducted examinations in VA facilities to contracted examinations in non-VA settings for nearly all disability examinations. Exceptions are examinations that by law must be performed specifically by VA personnel.

This legislation would build upon this program by making license portability permanent, and expanding the categories of eligible health care professionals authorized to conduct disability examinations pursuant to contract specifications. The resulting increase in available providers would benefit all veterans by accelerating the initial stage of the disability claims process, and would be of particular assistance to rural and tribal veterans who often have few medical options near their homes.

## **S. 1543, Veterans Opportunity Act of 2025**

The VFW supports this proposal to establish the Veterans Economic Opportunity and Transition Administration within the Department of Veterans Affairs. VA is comprised of three administrations—the National Cemetery Administration (NCA), Veterans Health Administration, and Veterans Benefits Administration (VBA). VBA oversees not only compensation and pension, but also the GI Bill, vocational rehabilitation, housing and business loans, and the broadly defined Transition Assistance Program, which is shared with the Departments of Labor, Defense, and Homeland Security.

The VFW believes our nation's focus on the economic opportunities of our veterans must be permanent. In reality, not all veterans seek VA health care when they are discharged, they do not need assistance from NCA, and they do not all seek disability compensation. However, the vast majority are looking for gainful employment, education, or training. Congress should recognize the value of these programs by separating them into their own administration focused solely on their utilization and growth.

The VFW has long proposed that Congress create a fourth administration under VA with its own under secretary whose sole responsibility is the economic opportunity programs. This legislation would permit the new Under Secretary of Veterans Economic Opportunity and Transition Administration to focus resources, provide a champion for these programs, and create a central point of contact for Veterans Service Organizations and Congress. This would ensure that the GI Bill, Veteran Readiness and Employment, home loan, and other benefits centered on economic opportunity receive the attention they deserve.

Chairman Moran and Ranking Member Blumenthal, this concludes my statement. Again, thank you for the opportunity to offer our comments on these issues.