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Veterans' Benefits

The VFW's Concerns:

On April 24, 2020, the Department of Veterans Affairs (VA) rescinded its decades-long policy of permitting accredited service officers to review ratings decisions during the 48-hour period prior to their final approval. The 48-hour review policy was an essential feature of the VA claims process. During this review, service officers had the opportunity to review VA decisions to ensure that all claimed conditions had been addressed and properly adjudicated. After reviewing a rating decision, service officers were permitted to notify VA of any irregularities, missed conditions, typographical errors, or other mistakes before a disability rating was formally released. This process allowed for errors to be corrected without requiring veterans to seek redress in the time-consuming and oftentimes costly claims appeal process. In other words, the 48-hour review guaranteed a timelier delivery of benefits to veterans and reduced the workload of VA's appeals infrastructure.

This policy also served as an independent quality control check prior to VA's own internal review procedure. Independent quality control is a widespread and commonsense practice. The Internal Revenue Service (IRS) permits taxpayers to review the taxes they paid during the previous year and to claim a refund for any overpayment. Unlike the well-known expression "measure twice, cut once," VA is measuring once and cutting once. By not permitting service officers to review its work, any mistakes can result in a savings for VA through the nonpayment of benefits it is required to deliver under the law. VA's cancellation of the 48-hour review policy is tantamount to the theft of benefits. This is no different from the IRS dismissing tax refunds and depositing overpayments back into the treasury.

Another significant roadblock to veterans receiving appropriate disability ratings is the refusal of VA to add certain diseases to the list of conditions presumed to be associated with Agent Orange exposure. Toxic exposures during military service, including open air burn pits, have caused invisible yet grave health complications for our nation's service members, past and present. Congress has established streamlined options for certain veterans who suffer from these conditions, such as Gulf War Illness, to receive benefits. However, the current structure for recognizing the health effects of new exposures, or adding health conditions to known exposures, makes it difficult for veterans to prove that their health conditions are related to military service.

In 2018, the National Academies of Sciences, Engineering, and Medicine concluded that sufficient evidence exists to link bladder cancer, hypothyroidism, and parkinsonism to Agent Orange exposure. It is nearly impossible for veterans who are suffering from these life-threatening conditions to receive benefits. The Senate version of the *National Defense Authorization Act for Fiscal Year 2021* (NDAA) contains a provision to add these diseases to VA's Agent Orange presumptive conditions list. Accordingly, we strongly urge Congress to keep this provision in the final version of the NDAA.

The VFW's Solutions:

- Congress must pass H.R. 7443/S. 3761, *Veterans Claim Transparency Act of 2020*, which would rightfully reinstate the 48-hour review.
- Congress must keep the provision to add bladder cancer, hypothyroidism, and parkinsonism to the list of presumptive conditions associated with exposure to Agent Orange in the final version of the *National Defense Authorization Act for Fiscal Year 2021*.

Veterans' Health Care

The VFW's Concerns:

In May 2020, the VFW conducted a health care survey of its membership. VFW members reported a significant increase in telehealth usage since the President's declaration of a national emergency on March 13, 2020. The COVID-19 pandemic changed the dynamic of the American health care system. As Veterans Health Administration (VHA) facilities and other health care systems throughout the nation applied a public health response, health care providers converted patient appointments to communication through telephone or video. Telehealth is playing a critical role in maintaining veterans' mental and physical well-being during a time of social distancing and quarantine. VFW respondents reported that a majority 47% of VHA routine care appointments were converted to telehealth. From March to mid-August 2020, the Department of Veterans Affairs (VA) increased telehealth visits by 1,309%.

For many rural and underserved veterans, connectivity remains a critical issue. Through Accessing Telehealth through Local Area Stations (ATLAS), the VFW has worked with VA and Philips to leverage VA's anywhere to anywhere authority to expand telehealth options for veterans who live in rural areas. More than 20 VFW posts have been identified as possible telehealth centers, with plans to deploy five VFW ATLAS sites in the first phase of the program.

Veterans total 13 percent of adult suicides in the United States, with an average of 17.5 veterans and service members who die by suicide every day, according to the *VA 2019 National Veteran Suicide Prevention Annual Report*. Of those veterans, only six are actively enrolled in VA. Reports have also consistently indicated veterans ages 18-34 are the most likely to die by suicide.

Women veterans comprise approximately 10 percent of the veteran population and are the fastest growing cohort within the veteran community. They remain 2.2 times more likely to die by suicide than non-veteran women. VA has made progress in gender-specific health care for women, but more is needed. VA must ensure it addresses privacy concerns, expands the amount of time new mothers are given to find health care coverage for their newborns, increases staff cultural competency, eliminates harassment and assault, and makes other improvements to women veterans health care.

The VFW's Solutions:

- Congress must pass H.R. 7879, *VA Telehealth Expansion Act*, which awards grants for the expansion of telehealth capabilities and provision of telehealth services to veterans through VA and the Veterans Community Care Program.
- The Senate must pass S. 514/H.R. 3224, *Deborah Sampson Act*.
- The House must pass the Senate-passed version of S. 785, *Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019*, which would provide VA the authority it needs to expand suicide prevention efforts, and provide the opportunity to expand telehealth capabilities to veterans in rural and highly rural areas.

Concurrent Receipt

The VFW's Concerns:

Military retirees with 20 or more years of service qualify for retirement pay based on their dedicated service to our nation. These same veterans may also qualify for disability compensation for any injuries that were caused or aggravated by their military service. Prior to 2004, military retirees could not receive retirement pay and disability compensation because it was erroneously perceived as a duplication of benefits. In 2004, the VFW pushed Congress to implement a phase-in of full concurrent receipt for retirees who are rated 50 percent disabled or greater.

The VFW has long argued that retired pay and VA service-connected disability compensation are fundamentally different benefits, granted for different reasons. Military retired pay is earned by 20 or more years of service in the United States Armed Forces, allowing retirees to maintain their standard of living while attempting to enter the civilian job market for the first time in the middle of their prime working years. Service-connected disability compensation is a benefit meant to supplement a veteran's lost earning potential as a result of the disabilities he or she incurred while in service.

The VFW acknowledges that eliminating full concurrent receipt all at once is a significant task. However, Congress should chip away at the unjust offset by first eliminating the offset for medical disability retirement. Service members found to be unfit for continued service due to physical disability may be retired if the condition is permanent and stable, and the disability is rated by the Department of Defense (DOD) as 30 percent or greater. These veterans are referred to as Chapter 61 retirees—almost 20% of whom are discharged due to combat-related injuries and have had the benefits they deserve unjustly denied for years.

The VFW's Solution:

- Congress must pass H.R. 5995, *Major Richard Star Act*, and S. 3393, which would enable Chapter 61 veterans discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset.