

# **Legislation Signed into Law And Current Legislation Veteran Organizations Must Support**

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## **Legislation Signed into Law 2020-2021**

### **H.R. 6395 William M. Thornberry NDAA for Fiscal Year 2021 Public Law No 116-283**

#### **SEC. 751. STUDY ON EXPOSURE TO TOXIC SUBSTANCES AT KARSHIKHANABAD AIR BASE, UZBEKISTAN.**

(a) STUDY.—

(1) IN GENERAL.—The Secretary of Defense shall conduct a study on exposure to toxic substances by members of the Armed Forces deployed to Karshi-Khanabad Air Base, Uzbekistan, at any time during the period beginning on October 1, 2001, and ending on December 31, 2005.

(2) MATTERS INCLUDED.—The study under paragraph (1) shall include the following:

(A) An assessment regarding the conditions of KarshiKhanabad Air Base, Uzbekistan, during the period beginning on October 1, 2001, and ending on December 31, 2005, including an identification of any toxic substances contaminating the Air Base during such period.

(B) An epidemiological study of the health consequences of members of the Armed Forces deployed to the Air Base at any time during such period.

(C) An assessment of any association between exposure to toxic substances identified under subparagraph (A) and the health consequences studied under subparagraph (B).

(b) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the results of the study under subsection (a).

#### **SEC. 9109. ADDITIONAL DISEASES ASSOCIATED WITH EXPOSURE TO CERTAIN HERBICIDE AGENTS FOR WHICH THERE IS A PRESUMPTION OF SERVICE CONNECTION FOR VETERANS WHO SERVED IN THE REPUBLIC OF VIETNAM.**

Section 1116(a)(2) of title 38, United States Code, is amended by adding at the end the following new subparagraphs:

(I) Parkinsonism.

(J) Bladder cancer.

(K) Hypothyroidism.

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#### **SEC. 735. HEALTH ASSESSMENTS OF VETERANS DIAGNOSED WITH PANDEMIC DISEASES TO DETERMINE EXPOSURE TO OPEN BURN PITS AND TOXIC AIRBORNE CHEMICALS.**

(a) EXPOSURE TO OPEN BURN PITS AND TOXIC AIRBORNE CHEMICALS OR OTHER AIRBORNE CONTAMINANTS AS PART OF HEALTH ASSESSMENTS FOR VETERANS DURING A PANDEMIC AND INCLUSION OF INFORMATION IN REGISTRY.—

(1) HEALTH ASSESSMENTS AND PHYSICAL EXAMINATIONS.—

The Secretary of Veterans Affairs shall ensure that the first health assessment or physical examination furnished to a veteran under the laws administered by the Secretary after the veteran tests positive for a pathogen, such as a virus, with respect to which a public health emergency has been declared under section 319 of the Public Health Service Act (42 U.S.C. 247d) includes an evaluation of whether the veteran has been—

(A) based or stationed at a location where an open burn pit was used; or

(B) exposed to toxic airborne chemicals or other airborne contaminants relating to service in the Armed Forces, including an evaluation of any information recorded as part of the Airborne Hazards and Open Burn Pit Registry.

(2) INCLUSION OF INDIVIDUALS IN REGISTRY.—If an evaluation conducted under paragraph (1) with respect to a veteran establishes that the veteran was based or stationed at a location where an open burn pit was used, or that the individual was exposed to toxic airborne chemicals or other airborne contaminants, the individual shall be enrolled in the Airborne Hazards and Open Burn Pit Registry unless the veteran elects to not enroll in such registry.

(3) RULE OF CONSTRUCTION.—Nothing in this subsection may be construed to preclude eligibility of a veteran for benefits under the laws administered by the Secretary of Veterans H. R. 6395—317 Affairs by reason of the history of exposure of the veteran to an open burn pit not being recorded in an evaluation conducted under paragraph (1).

(b) STUDY ON IMPACT OF VIRAL PANDEMICS ON MEMBERS OF ARMED FORCES AND VETERANS WHO HAVE EXPERIENCED TOXIC EXPOSURE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study, through the Airborne Hazards and Burn Pits Center of Excellence (in this subsection referred to as the “Center”), on the health impacts of infection with a pathogen, such as a virus, with respect to which a public health emergency has been declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), including a coronavirus, to members of the Armed Forces and veterans who have been exposed to open burn pits and other toxic exposures for the purposes of understanding the health impacts of the pathogen and whether individuals infected with the pathogen are at increased risk of severe symptoms due to previous conditions linked to toxic exposure.

(2) PREPARATION FOR FUTURE PANDEMIC.—The Secretary, through the Center, shall analyze potential lessons learned through the study conducted under paragraph (1) to assist in preparing the Department of Veterans Affairs for potential future pandemics.

(c) DEFINITIONS.—In this subsection:

(1) The term “Airborne Hazards and Open Burn Pit Registry” means the registry established by the Secretary of Veterans Affairs under section 201 of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

(2) The term “coronavirus” has the meaning given that term in section 506 of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Public Law 116–123).

(3) The term “open burn pit” has the meaning given that term in section 201(c) of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 126 Stat. 2422; 38 U.S.C. 527 note).

## **H.R. 7105, The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 signed by President Trump and became Public Law No: 116-315 January 5, 2021.**

### **TITLE I—EDUCATION**

Subtitle A—Education Generally

Sec. 1001. Improvements to Edith Nourse Rogers STEM Scholarship program of Department of Veterans Affairs.

Sec. 1002. Expansion of eligibility for Fry Scholarship to children and spouses of certain deceased members of the Armed Forces.

### **TITLE II—BENEFITS**

Subtitle A—Benefits Generally

Sec. 2001. Revision of definition of Vietnam era for purposes of the laws administered by the Secretary of Veterans Affairs. Section 101(29)(A) of title 38, United States Code, is amended by striking “February 28, 1961” and inserting “November 1, 1955”.

Sec. 2002. Matters relating to Department of Veterans Affairs medical disability examinations.

Sec. 2003. Medal of Honor special pension for surviving spouses.

Sec. 2004. Modernization of service-disabled veteran’s insurance.

### **TITLE III—HEALTH CARE**

Subtitle A—Health Care Generally

Sec. 3001. Expansion of modifications to Veteran Directed Care program.

Sec. 3002. Prohibition on collection of a health care copayment by the Secretary of Veterans Affairs from a veteran who is a member of an Indian tribe.

Sec. 3003. Oversight for State homes regarding COVID–19 infections, response capacity, and staffing levels.

Sec. 3004. Grants for State homes located on tribal lands.

Sec. 3005. Continuation of Women’s Health Transition Training program of Department of Veterans Affairs.

### **TITLE IV—NAVY SEAL BILL MULDER**

Sec. 4001. Short title.

Subtitle A—Service-connection and COVID–19

Sec. 4101. Presumptions of service-connection for members of Armed Forces who contract Coronavirus Disease 2019 under certain circumstances.

Subtitle B—Assistance for Homeless Veterans

Subtitle C—Retraining Assistance for Veterans

### **TITLE V—DEBORAH SAMPSON**

Sec. 5001. Short title.

Subtitle A—Improving Access for Women Veterans to the Department of Veterans Affairs

### **S. 514/H.R. 3224, Deborah Sampson Act - included in H.R. 7105, Title V, Subtitle A—Improving Access for Women Veterans to the Department of Veterans Affairs**

This bill requires the Department of Veterans Affairs (VA) to ensure that gender-specific services are continuously available at every VA medical center and community-based outpatient clinic. Additionally, the VA must conduct a study, interviewing women veterans and employees, to assess the need for and use of extended hours as a means of reducing barriers to care.

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### **S. 785, Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, Public Law No: 116-171 on 17 October 2020**

To improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

\*\*\*\*\*VETERANS OF FOREIGN WARS 2020 PRIORITY\*\*\*\*\*

### **TITLE I—IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS**

Sec. 101. Strategic plan on expansion of health care coverage for veterans transitioning from service in the Armed Forces.

Sec. 102. Review of records of former members of the Armed Forces who die by suicide within one year of separation from the Armed Forces.

Sec. 103. Report on REACH VET program of Department of Veterans Affairs.

Sec. 104. Report on care for former members of the Armed Forces with other than honorable discharge.

### **TITLE II—SUICIDE PREVENTION**

Sec. 201. Financial assistance to certain entities to provide or coordinate the provision of suicide prevention services for eligible individuals and their families.

Sec. 202. Analysis on feasibility and advisability of the Department of Veterans Affairs providing certain complementary and integrative health services.

Sec. 203. Pilot program to provide veterans access to complementary and integrative health programs through animal therapy, agritherapy, sports and recreation therapy, art therapy, and posttraumatic growth programs.

Sec. 204. Department of Veterans Affairs study of all-cause mortality of veterans, including by suicide, and review of staffing levels of mental health professionals.

Sec. 205. Comptroller General report on management by Department of Veterans Affairs of veterans at high risk for suicide.

### **TITLE III—PROGRAMS, STUDIES, AND GUIDELINES ON MENTAL HEALTH**

Sec. 301. Study on connection between living at high altitude and suicide risk factors among veterans.

Sec. 302. Establishment by Department of Veterans Affairs and Department of Defense of a clinical provider treatment toolkit and accompanying training materials for comorbidities.

Sec. 303. Update of clinical practice guidelines for assessment and management of patients at risk for suicide.

Sec. 304. Establishment by Department of Veterans Affairs and Department of Defense of clinical practice guidelines for the treatment of serious mental illness.

Sec. 305. Precision medicine initiative of Department of Veterans Affairs to identify and validate brain and mental health biomarkers.

Sec. 306. Statistical analyses and data evaluation by Department of Veterans Affairs.

### **TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES**

Sec. 401. Study on effectiveness of suicide prevention and mental health outreach programs of Department of Veterans Affairs.

Sec. 402. Oversight of mental health and suicide prevention media outreach conducted by Department of Veterans Affairs.

Sec. 403. Comptroller General management review of mental health and suicide prevention services of Department of Veterans Affairs.

Sec. 404. Comptroller General report on efforts of Department of Veterans Affairs to integrate mental health care into primary care clinics.

Sec. 405. Joint mental health programs by Department of Veterans Affairs and Department of Defense.

### **TITLE V—IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE**

Sec. 501. Staffing improvement plan for mental health providers of Department of Veterans Affairs.

Sec. 502. Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.

Sec. 503. Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs.

Sec. 504. Expansion of reporting requirements on Readjustment Counseling Service of Department of Veterans Affairs.

Sec. 505. Briefing on alternative work schedules for employees of Veterans Health Administration.

Sec. 506. Suicide prevention coordinators.

Sec. 507. Report on efforts by Department of Veterans Affairs to implement safety planning in emergency departments.

### **TITLE VI—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS**

Sec. 601. Expansion of capabilities of Women Veterans Call Center to include text messaging.

Sec. 602. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.

## **TITLE VII—OTHER MATTERS**

Sec. 701. Expanded telehealth from Department of Veterans Affairs.

Sec. 702. Partnerships with non-Federal Government entities to provide hyperbaric oxygen therapy to veterans and studies on the use of such therapy for treatment of post-traumatic stress disorder and traumatic brain injury.

Sec. 703. Prescription of technical qualifications for licensed hearing aid specialists and requirement for appointment of such specialists.

Sec. 704. Use by Department of Veterans Affairs of commercial institutional review boards in sponsored research trials.

Sec. 705. Creation of Office of Research Reviews within the Office of Information and Technology of the Department of Veterans Affairs.

## **H.R.886 - Veteran Treatment Court Coordination Act of 2019 Public Law 116-153 116th Congress**

It is the sense of Congress that veteran's treatment courts are a successful program aimed at helping veterans charged with nonviolent crimes receive the help and the benefits for which the veterans are entitled.

# Legislation Veteran Organizations Must Support 2021-2022

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## **S 4166 Ensuring Survivors Benefits during COVID-19 Act of 2020**

To require the Secretary of Veterans Affairs to secure medical opinions for veterans with service-connected disabilities who die from COVID-19 to determine whether their service-connected disabilities were the principal or contributory causes of death, and for other purposes.

## **S.89 - A bill to require the Secretary of Veterans Affairs to secure medical opinions for veterans with service-connected disabilities who die from COVID-19 to determine whether their service-connected disabilities were the principal or contributory causes of death, and for other purposes. *117th Congress (2021-2022)***

## **S.4572, Presumptive Benefits for War Fighters Exposed to Burn Pits & Other Toxins Act**

The bill would establish a list of new diseases as service-connected for which veterans can receive VA benefits as a result of toxic exposure while serving in the military. The bill would amend 38 U.S.C. (the same section that provided for Vietnam veterans exposed to Agent Orange), to add the new list of diseases, including:

- Asthma that was diagnosed after service in a country or territory listed
- Cancer of any type
- Chronic bronchitis
- Chronic obstructive pulmonary disease
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease
- Lymphoma
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis

The bill outlines the criteria for veterans eligible for presumptive conditions as those having served on active duty on or after August 2, 1990 and having spent a minimum of 15 or more cumulative days in one of the countries identified in the bill or received a campaign medal for deployment to one of the missions considered part of the Global War on Terror and Gulf War. These countries are:

- Afghanistan
- Bahrain
- Burkina Faso
- Cameroon
- Chad
- Diego Garcia
- Djibouti
- Egypt
- Ethiopia
- Gabon
- Ghana
- Iraq
- Jordan
- Kenya
- Kuwait
- Kyrgyzstan
- Libya
- Mali
- Niger
- Nigeria
- Oman
- Pakistan
- Philippines
- Saudi Arabia
- Somalia
- South Sudan
- Sudan
- Syria
- Tajikistan
- Tunisia
- Turkey
- United Arab Emirates
- Uzbekistan
- Yemen

In addition, the Secretary of Veterans Affairs, in conjunction with the National Academies of Sciences (NAS), are directed to evaluate petitions to determine whether there is scientific

evidence of a link between human disease and exposure to one of the covered toxins, for potential addition to the list of presumptive diseases. Following the recommendation by NAS the Secretary must add that disease to the list or publicly state why it is not being added. Finally, the bill would create a presumption for disability or death incurred by a civilian federal employee caused by the same list of diseases and would make it compensable under the Federal Employees' Compensation Act (FECA) if that employee had served overseas in same list of countries or territories in support of military operations.

### **H.R. 7443/S. 3761, Veterans Claim Transparency Act of 2020**

Would rightfully reinstate the 48-hour review. 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.

\*\*\*\*\*VETERANS OF FOREIGN WARS 2020 PRIORITY\*\*\*\*\*

### **H.R. 5995, Major Richard Star Act, and S. 3393**

Would enable Chapter 61 veterans discharged due to combat-related injuries to be entitled to DOD longevity payment and VA disability compensation without offset.

This bill provides that a combat-disabled uniformed services retiree with fewer than 20 years of creditable service may concurrently receive, without reduction.

- veterans' disability compensation, and
- retired pay or combat-related special compensation.

\*\*\*\*\*VETERANS OF FOREIGN WARS 2020 PRIORITY\*\*\*\*\*

**H.R.333 - To amend title 10, United States Code**, to permit retired members of the Armed Forces who have a ***service-connected disability rated less than 50 percent*** to receive concurrent payment of both retired pay and veteran's disability compensation, to ***extend eligibility for concurrent receipt to chapter 61 disability retirees with less than 20 years of service***, and for other purposes. 117th Congress (2021-2022)

**H.R.185 - To amend title 10, United States Code**, to include a single comprehensive disability examination as part of the required Department of Defense physical examination for separating members of the Armed Forces, and for other purposes. 117th Congress (2021-2022)