

# Veterans of Foreign Wars Legislative Priorities



**Fall Legislative Conference  
Washington, D.C  
September 7-11, 2025**

**Visit us at: [www.vfw.org/LegislativePriorities](http://www.vfw.org/LegislativePriorities)**

## Community Care Reform

### The VFW's Concern:

While community care is a necessary component of Department of Veterans Affairs (VA) health care, administrative barriers prevent veterans from receiving timely, high-quality services. Despite seeing some improvements with the passage of the *VA MISSION Act of 2018* (Public Law 115-182), veterans still face confusing eligibility rules, delayed referrals, billing disputes, and inconsistent communication and coordination. These challenges are especially harmful for those in rural areas who rely heavily on community providers. Growing numbers of women veterans depend on community care for specialty care including mammograms, maternity services, and fertility treatment. Veterans in mental health crises may require immediate inpatient services outside of VA facilities. Additionally, veterans living overseas—many of whom support American military or diplomatic interests—face additional barriers when attempting to access VA health care through the Foreign Medical Program (FMP). This program currently restricts eligibility to those with service-connected disabilities or participation in rehabilitation programs, and requires veterans to seek out their own providers and apply for reimbursement. This uncoordinated care leaves many abroad without reliable access to medical services and poses unnecessary risks to national security.

For these reasons, the VFW strongly supports strengthening oversight, transparency, and coordination of these programs to ensure veterans receive clear information about eligibility, referrals, and scheduling, and to ensure community providers receive timely payments to maintain a strong network. The VFW also seeks to modernize the FMP by expanding eligibility to all veterans abroad, removing barriers tied to disability status or rehabilitation, modernizing payment systems, and exploring provider networks outside the United States. The combined result would improve health care coordination, reduce treatment delays, prevent gaps in care, and ensure that veterans in the states or overseas have timely access to services in their local communities.

### The VFW Urges Congress to:

Pass H.R.740 / S.275, *Veterans' ACCESS Act of 2025*, to ensure veterans receive clear information and timely health care by improving the efficiency, oversight, and coordination of VA's community care program.

Pass H.R.467, *Foreign Medical Program Modernization Act of 2025*, to expand access to health care for veterans living abroad by modernizing reimbursement systems and strengthening global care options.

Note: For H.R.740 cosponsorship, please email Matt Brennan at [matt.brennan@mail.house.gov](mailto:matt.brennan@mail.house.gov).

For S.275 cosponsorship, please email Jase Rapert at [jase\\_rapert@moran.senate.gov](mailto:jase_rapert@moran.senate.gov).

For H.R.467 cosponsorship, please email Noah Garber at [noah.garber@mail.house.gov](mailto:noah.garber@mail.house.gov).

## Exploring Alternative PTSD Treatments

### The VFW's Concern:

According to the Department of Veterans Affairs (VA), more than 40 percent of veterans in the VA system have a service-connected disability rating for mental health. The VFW acknowledges the growing need for alternative treatments for post-traumatic stress disorder (PTSD)/mental health conditions. Currently, veterans seeking mental health care are predominantly directed to two types of medications—selective serotonin reuptake inhibitors (SSRIs) or serotonin-norepinephrine reuptake inhibitors (SNRIs)—as well as various evidence-based therapies to reduce PTSD symptoms. Veterans have expressed to the VFW their concern that VA may be overprescribing these medications for mental health conditions. While today's standard treatments are successful for some individuals, many report experiencing only temporary relief of symptoms, adverse side effects, and difficulties when going off medications. To ensure patient safety, the VFW urges VA to provide written informed consent to all veterans before starting long-term treatment with psychiatric medications, so they fully understand potential risks, benefits, and alternatives.

With nearly 2.5 million veterans using VA mental health services, it has the unique capacity to lead the nation in advancing innovative treatments. Just as VA pioneered telemedicine, cardiovascular care, and prosthetics, it can now do the same for PTSD care. Because not all treatments work for everyone, the VFW urges Congress and VA to research and provide alternative, non-conventional solutions for veterans. Some such treatments that have shown potential include stellate ganglion block, hyperbaric oxygen therapy, ketamine infusion, MDMA-assisted therapy, medical cannabis, and other plant-based alternative therapies.

### The VFW Urges Congress to:

Pass H.R.4837, *Written Informed Consent Act*, to expand informed consent requirements to include five additional medication categories to ensure veterans are fully aware of the risks and benefits of these medications.

Pass H.R.2623, *Innovative Therapies Centers of Excellence Act of 2025*, to designate five VA medical centers as specialized hubs focusing on cutting-edge PTSD treatments for veterans.

Note: For H.R.4837 cosponsorship, please email Tyler Zidlicky at [tyler.zidlicky@mail.house.gov](mailto:tyler.zidlicky@mail.house.gov).

For H.R.2623 cosponsorship, please email Alicia Seagraves at [alicia.seagraves@mail.house.gov](mailto:alicia.seagraves@mail.house.gov).

## Retirement and Military Personnel

### The VFW's Concern:

For more than two decades, Congress has failed to address the long-standing injustice of withholding military retirement pay from disabled veterans. Department of Defense (DOD) military retirement pay and Department of Veterans Affairs (VA) disability compensation are separate, distinct benefits earned for different reasons, yet Congress continues to wrongly treat their concurrent receipt as “double-dipping.” The VFW believes this policy is fundamentally unfair, and it is far past time for Congress to act.

In 2004, Congress authorized full concurrent receipt for veterans with at least 20 years of service and a 50 percent service-connected disability rating or higher. While this was a positive step, the VFW believes the 50 percent threshold is arbitrary and unjust. Veterans rated below 50 percent still endure sacrifices, risks, and challenges, yet they are excluded from full benefits with no reasonable explanation. This exclusion has left many veterans frustrated and feeling abandoned by the very system that should be supporting them.

Additionally, veterans who medically retire under Chapter 61, including combat-injured and ill veterans, continue to suffer due to the offset of their retirement pay and disability compensation. More than 50,000 Chapter 61 retirees, including those who need ongoing care and support, do not have full access to their vested retirement pay and service-connected disability compensation, creating financial hardship for them and their families.

Congress must act now to end the policy of offsetting benefits, fulfill its promises, and prevent further harm to disabled veterans. The cost of full concurrent receipt is far outweighed by the moral obligation to honor their sacrifices. The VFW calls on the 119th Congress to pass legislation that will show them their service is truly valued. Every year of delay only deepens the financial and emotional toll on these veterans who have already given so much to this country.

### The VFW Urges Congress to:

Pass S.1032 / H.R.2102, *Major Richard Star Act*, either as a standalone bill or via the National Defense Authorization Act for Fiscal Year 2026 (proposed Senate Amendment 2968) to enable Chapter 61 retirees who sustained combat-related injuries to receive their vested DOD retirement pay and VA disability compensation without offset.

Pass legislation to eliminate any offset of DOD military retirement pay and VA disability compensation.

## Transition from Service

### The VFW's Concern:

Leaving military service is often complicated by service-related ailments, family needs, loss of identity and support networks, and the required training to enter a new career field. Sadly, the initial year following discharge also comes with increased suicide risk among veterans, heightening the need to ensure all transitioning service members are connected to post-service benefits and resources as quickly as possible.

One of the best resources to utilize are accredited representatives who can help with Department of Veterans Affairs (VA) Benefits Delivery at Discharge (BDD) claims. These representatives can be from the national, state, or local level. Through BDD, service members can file expedited claims and complete medical evaluations before leaving service, enabling VA to provide disability ratings upon discharge. Receiving accelerated claims decisions means BDD participants are better able to minimize gaps in essential care like mental health counseling and medication management once they officially leave service.

In early 2024, VA launched its improved curriculum of VA benefits and services covered during Transition Assistance Program (TAP) classes. TAP 6.0 includes having an accredited representative physically present to assist service members with filing their BDD claims. Data shows this initiative has been effective in increasing the number of transitioning service members receiving their benefits upon discharge. It also has the potential to positively affect factors that can contribute to the downward spiral toward suicide, thereby saving lives.

The VFW would like to see this practice codified into law and made permanent. Since this is a current VA program, we anticipate this legislative fix would be cost neutral.

### The VFW Urges Congress to:

Pass H.R.1845, *TAP Promotion Act*, either as a standalone bill or via the National Defense Authorization Act (NDAA) for Fiscal Year 2026 (Section 551 of the House NDAA) to codify VA's practice of including accredited claims representatives from national, state, and local organizations in TAP classes.

Note: For cosponsorship, please email Colin Hawkins at [colin.hawkins@mail.house.gov](mailto:colin.hawkins@mail.house.gov).

## Other Areas of Concern

### **Unaddressed Toxic Exposures**

Veterans frequently contact the VFW about toxic exposures not included in the *Honoring Our PACT Act of 2022* (Public Law 117-168). Examples include but are not limited to water contamination at Fort McClellan, Alabama, and those who served as air crews, nuclear technicians, and submariners. This legislation established an enduring framework for a presumption decision process to guide the Department of Veterans Affairs (VA) ongoing, systematic evaluation of toxic exposures. Ensuring transparency and accountability in these evaluations requires consistent congressional oversight.

The VFW urges Congress to conduct oversight hearings to ensure VA's transparency and compliance in administering the PACT Act's presumption decision process.

### **Cracking Down on Predatory Claims Companies**

While the VFW respects the right of veterans to choose who assists with VA disability compensation claims, we remain deeply concerned about unaccredited actors who exploit earned benefits. These entities we call Claim Sharks often charge veterans exorbitant fees for services that are otherwise available at no cost. They suggest that their high volume of business makes them more effective than accredited representatives and falsely imply that their involvement can secure faster decisions or higher disability ratings. The VFW supports legislative efforts that require VA accreditation for anyone assisting with the preparation, presentation, or prosecution of claims; any associated fees to be reasonable and never put veterans into debt; and safeguards to protect against unaccredited, predatory actors.

The VFW urges Congress to pass legislation to truly prohibit the exploitation of veterans by unscrupulous Claim Sharks and strengthen the VA accreditation system, and to oppose legislation like H.R.3132, *CHOICE for Veterans Act of 2025*, that would put veterans seeking their earned benefits into debt.

### **GI Bill Improvements**

Despite an increase in deployments since September 11, 2001, National Guard and Reserve members do not always earn their VA education benefits at the same rate as active duty service members. Currently, Post-9/11 GI Bill eligibility is based on active duty service for at least 90 days. Initial skills and training periods are deemed non-qualifying service for those in the reserve components, and full-time National Guard service and certain responses to national emergencies do not qualify. In addition, the book stipend associated with the Post-9/11 GI Bill has not been increased since 2009, and students in online learning programs currently receive a housing stipend rate that is only half the national average.

The VFW urges Congress to pass H.R.1423 / S.649, *Guard and Reserve GI Bill Parity Act of 2025*, to create equity for National Guard and Reserve members by allowing any day in uniform for which military pay is received to count toward Post-9/11 GI Bill eligibility; H.R.1965, *Veteran Education Assistance Adjustment Act*, to increase the book stipend from \$1,000 to \$1,400 for veterans using Post-9/11 GI Bill education benefits, and include annual increases for the stipend based on the Consumer Price Index; and H.R.3753, *Expanding Access for Online Veteran Students Act*, to increase the monthly housing stipend to the full national average rate for students in approved online courses of study.