2026
Mid-Winter Conference

Benefits Protection Team Legislative Workshop

February 22, 2026

Jon Retzer
National Legislative Director
jretzer@dav.org

Naomi Mathis
Deputy National Legislative Director
nmathis@dav.org

Kevin Miller
Assistant National
Legislative Director
kmiller@dav.org

Shamala Capizzi
Associate National
Legislative Director
scapizzi@dav.org

Joseph Lemay
Associate National
Legislative Director
jlemay@dav.org

Shane Liermann
Legislative
Policy Advisor
sliermann@dav.org

Support: **Lisa Bogle** | Sr. Legislative Support Specialist | lbogle@dav.org **Jeannette King** | Legislative Advocacy Support Specialist | jking@dav.org

National Legislative Interim Committee

- Al Labelle, Chairman (WI)
- Trent Dilks (MN)
- Gerald "J.R." Wilson (CA)
- Fred Wagar (NV)

Legislative Advocacy (2025)

- DAV departments submitted **652 resolutions/38 states**.
- **320 resolutions adopted** by delegates in 2025.
- There were **96 DAV Resolutions** included in legislation.
- DAV supporters sent over **603,954 emails** to Congress.
- **8 Public Laws** were enacted on veteran issues.

Legislative Victories for Veterans
First Session 119th Congress

In 2025 DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for veterans to include:

1. PL 119-31 – VA Home Loan Program Reform Act
2. PL 119-32 – ACES Act
3. PL 119-33 – PRO Veterans Act
4. PL 119-42 – Veterans' Compensation Cost-of-Living Adjustment Act
5. PL 119-43 – Medal of Honor Act
6. PL 119-54 – Fairness for Servicemembers and their Families Act
7. PL 119-56 – Veteran Fraud Reimbursement Act
8. PL 119-60 – National Defense Authorization Act for Fiscal Year 2026

The Victories for Veterans 119th Congress First Session is available on the advocacy section of DAV's website.

119th Congress
Senate Veterans Affairs Committee

Republicans (10)

Jerry Moran (KS) Chairman	
John Boozman (AR)	Kevin Cramer (ND)
Bill Cassidy (LA)	Tommy Tuberville (AL)
Dan Sullivan (AK)	Jim Banks (IN)
Thom Tillis (NC)	Tim Sheehy (MT)
Marsha Blackburn (TN)	

Democrats (9)

Richard Blumenthal (CT) Ranking Member	
Patty Murray (WA)	Tammy Duckworth (IL)
Bernie Sanders (VT)	Ruben Gallego (AZ)
Mazie Hirono (HI)	Elissa Slotkin (MI)
Maggie Hassan (NH)	Angus King (I-ME)

119th Congress
House Veterans Affairs Committee

Republicans (13)

Mike Bost (IL) Chairman	
Tom Barrett (MI)	Nancy Mace (SC)
Jack Bergman (MI)	Morgan Luttrell (TX)
Juan Ciscomani (AZ)	Greg Murphy (NC)
Abe Hamadeh (AZ)	Amata Radewagen (AS)
Jen Kiggans (VA)	Keith Self (TX)
Kimberlyn King-Hinds (MP)	Derrick Van Orden (WI)
Mariannette Miller-Meeks (IA)	

Democrats (10)

Mark Takano (CA) Ranking Member	
Julia Brownley (CA)	Timothy Kennedy (NY)
Nikki Budzinski (IL)	Morgan McGarvey (KY)
Maxine Dexter (OR)	Kelly Morrison (MN)
Herb Conaway (NJ)	Chris Pappas (NH)
Sheila Cherfilus-McCormick (FL)	Delia Ramirez (IL)

New Administration – New VA Leadership

Douglas A. Collins
Secretary

Paul R. Lawrence, Ph.D.
Deputy Secretary

Margarita Devlin
Principal Deputy Under Secretary for Benefits

John Bartrum
Under Secretary for Health

Samuel Brown
Under Secretary for Memorial Affairs

DAV 2026 Critical Policy Goals

1. Make the claims and appeals process work better for veterans.
2. Strengthen presumptive policies to ensure toxic-exposed veterans receive earned benefits in a timely manner.
3. Eliminate gaps in veterans mental health care and suicide prevention.
4. Modernize and strengthen benefits for survivors of disabled veterans.
5. Prevent Congress or VA from reducing, offsetting or taxing veterans benefits.

DAV 2026 Critical Policy Goals

6. Expand comprehensive dental care services to all service-disabled veterans.

7. Enhance long-term care by providing assisted living and increasing caregiver support.

8. Sustain the VA health care system by reforming infrastructure planning and funding mechanisms.

9. Protect veterans benefits and services by ending PAYGO offsets and budget caps that cut funding.

Resources

- **Handouts:**
  - 2026 Critical Policy Goals (full/condensed versions)
  - Veterans Independent Budget for FY 2027
  - Women Veterans: The Journey to Mental Wellness
  - Ending the Wait for Toxic-Exposed Veterans
  - Guidelines for a successful congressional meeting
- **PowerPoints:**
  - Will be posted at www.dav.org under Events/Mid-Winter 2026

Legislative Resources

Advocacy Efforts for 2026

- Make appointments with your elected officials when you return home.
- Please provide lawmakers with a copy of:
  - DAV Critical Policy Goals
  - The Veterans Independent Budget for FY 2027
  - Women Veterans: Journey to Mental Wellness
  - Ending the Wait for Toxic-Exposed Veterans

DAV CAN

- **Congressional Meeting Feedback Forms** are online at: davcan.org (select Meeting with Congress).

Presentation of DAV's Legislative Program

Tuesday, February 24th

10:00 a.m.

Dirksen Senate Office Building

Room G50

Coleman Nee
National Commander

Make the Claims and Appeals Process Work Better for Veterans

The Challenge

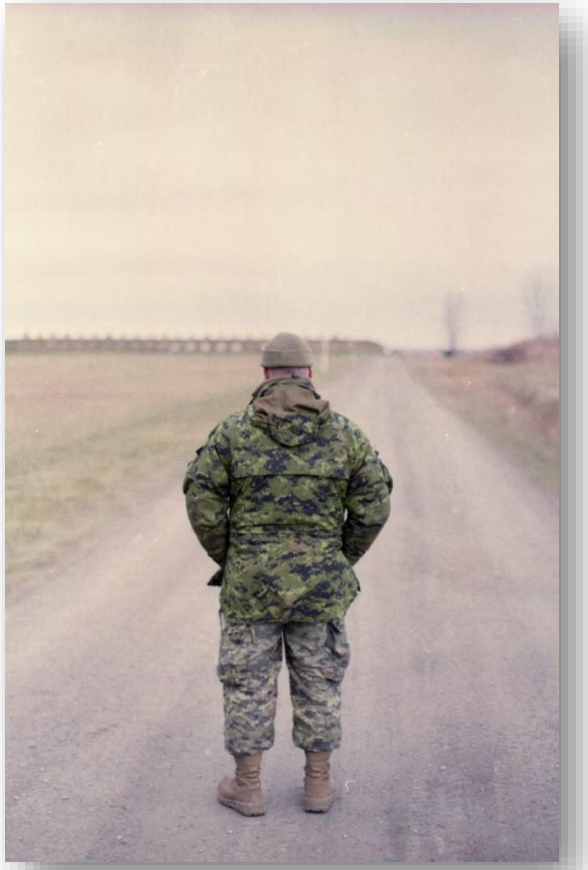
- Veterans file millions of claims annually for disability compensation and earned benefits.
- Hundreds of thousands of appeals are filed each year.
- Appeals Modernization Act (AMA) of 2017 improved VA efficiency, not veteran experience.
- The process remains complex and confusing despite reform.

Persistent Barriers

- Long delays.
- Complex filing requirements.
- Inconsistent decisions.
- Confusing notifications.
- Difficulty understanding evidentiary standards.
- Challenges navigating higher level reviews and Board appeals.

Impact on Vulnerable Veterans

- Veterans with severe disabilities.
- Terminally ill veterans.
- Veterans with urgent financial needs.
- Delays harm health, stability, and families.



AMA: Progress & Gaps

- **Progress:**
  - Faster decisions
  - Effective date protection
  - Additional appeal lane options
- **Gaps:**
  - Inconsistent duty to assist
  - Uneven evidence development
  - Poor written communication
  - Rising Board caseloads and wait times

What Veterans Deserve

- Veterans deserve a system that is:
  - Simple
  - Efficient
  - Transparent

Simplify Filing

- Allow claims initiation by phone.
- Eliminate effective date penalties for submitting incorrect forms.
- Improve clarity and accuracy of decision notification letters.

Improve Exams

- Strengthen training and quality control.
- Allow veterans to certify symptom statements.
- Create a medical examiner portal for DBQs.

Key Legislation

H.R. 1039: Clear Communication for Veterans Claims Act.

- VA would partner with a federally funded research center.
- Implement evidence-based improvements from research.
- Consult with VSOs for guidance.

Critical Policy Goal Recommendations

- VA should simplify benefits filing by eliminating effective date penalties for incorrect forms, allowing claims to be initiated by phone, and improving the clarity and accuracy of decision letters.
- VA should strengthen the disability examination process through enhanced training and quality control, permitting veterans to certify lay statements, and creating a medical examiner portal to streamline private DBQ submissions and reduce unnecessary appeals.

Strengthen Presumptive Policies to Ensure Toxic-Exposed Veterans Receive Earned Benefits in a Timely Manner

The Challenge

- Service members have faced toxic exposures for more than a century.
- Many toxic wounds take decades to appear.
- By the time illnesses emerge, exposure documentation is often impossible.
- Veterans continue to face barriers to accessing earned care and benefits.

A Century of Exposures

- World War I - Mustard gas
- World War II - Atomic testing
- Vietnam - Herbicides
- Persian Gulf War - Sarin gas
- Camp Lejeune - Contaminated water
- Iraq and Afghanistan - Burn pits
- PFAS (Polyfluoroalkyl substances) in firefighting foam
- Numerous unmonitored or undocumented environmental hazards

The PACT Act: Progress Completion

- Largest expansion of toxic exposure benefits in a generation.
- Created dozens of new presumptive conditions.
- Improved access to care for millions.

BUT:

- No comprehensive framework for future exposures.
- Location-specific exposures remain unrecognized — Fort McClellan, and PFAS-contaminated locations.
- Gaps in environmental monitoring and data collection.

The 34.1-year Problem

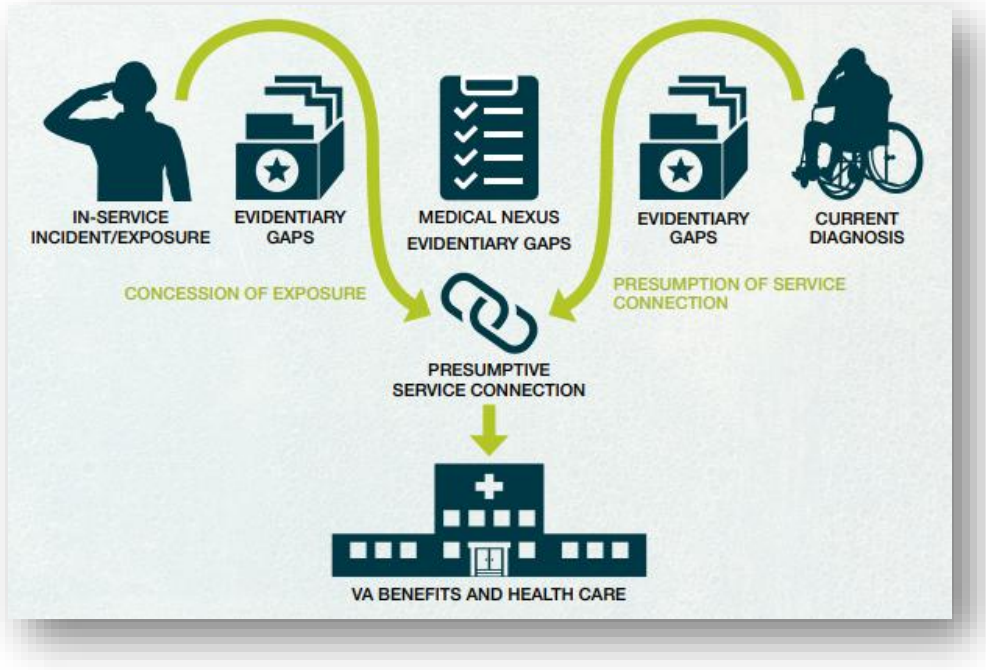
- DAV–Military Officers Association of America (MOAA) report: **34.1 years** on average from first exposure to presumptive recognition.
- Veterans wait decades for care and benefits.
- The system is reactive, slow, and structurally incapable of timely action.

Presumption Challenge

- Exposures are often invisible, undocumented, or classified.
- Diseases may not appear for decades.
- Research efforts are fragmented and slow.
- Veterans bear the burden of proving exposure and causation.

Findings: A Flawed System

- No mandated acknowledgment of exposure events.
- No requirement to concede exposure.
- No statutory timelines for scientific review.
- No triggers for presumptive decisions.
- No transparency or accountability.



Modern Framework

Three Distinct, Mandated Steps:

1. Acknowledgment of Exposure Events.
2. Concession of Exposure.
3. Presumption of Service Connection.

Each step must include timelines, thresholds, and triggers.

Key Legislation

H.R. 5339 — Susan E. Lukas 9/11 Servicemember Fairness Act

- Establishes presumptions for diseases associated with toxin exposure at the Pentagon Reservation beginning on September 11, 2001.

S. 2220 — FORGOTTEN Veterans Act

- Establishes presumptions for veterans exposed to radiation and toxins at the Nevada Test and Training Range.

H.R. 3639 — Veterans Exposed to Toxic PFAS Act

- Provides health care and establishes presumptive service connection for veterans and dependents exposed to PFAS.

Critical Policy Goal Recommendations

- Congress should establish a new framework for toxic exposure presumptives that includes separate steps for the acknowledgment of exposure events, concession of exposure and presumption of service connection.
- Congress should enact legislation that directs VA to expand research, create independent scientific review and establish a veterans' advisory commission to ensure prompt, transparent and equitable decisions.

Thank you!

Shamala Capizzi
Associate National Legislative Director
(202) 554-3501
scapizzi@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources

Eliminate Gaps in Veteran's Mental Health Care & Suicide Prevention

What is VA Doing?

- The Department of Veterans Affairs Veterans Health Administration is a recognized leader in suicide prevention.
- The VA also provides wrap-around supportive services to address:
  - care coordination;
  - case management; and
  - social determinants such as employment, housing and vocational training.

Reduce Rates of Suicide Among Veterans

Continue to provide additional resources for mental health services, for VHA to both strengthen and improve its suicide prevention efforts.

- Ensure continuity of care across all settings.
- Mandate suicide prevention training for community providers.
- Require trauma-informed care training aligned with VA standards.
- DAV identified gaps in gender-specific suicide prevention.
- Over 50 recommendations issued in 2024 Women Veterans report.

GAPS

- VA has invested heavily in mental health and suicide prevention.
- Veteran suicide rates remain unacceptably high.
  - **6,398** veterans died by suicide in 2023
  - **17.5** per day
- Persistent gaps affect underserved populations.

Challenges in Community Care

- VA clinicians receive lethal-means safety training.
- Trauma-informed care is standard within VA facilities.
- Community care providers are not held to same standards.
- Veterans increasingly rely on community care networks.
- Inconsistent training undermines suicide prevention efforts.

WHAT'S AT STAKE

Women veterans are dying by suicide at a rate higher than their civilian counterparts. In 2024:

The suicide rate among women veterans was

103.1%

higher than for nonveteran women.

The rate of suicides involving firearms among women veterans was

168.3%

higher than among nonveteran women. Overall, firearms were involved in **49%** of suicide deaths among women veterans.

Among women using VA health care, the suicide rate was

45.3%

higher for those who reported experiencing military sexual trauma (MST).

Fund Lethal-means Safety Efforts

Firearm access continues to play a central role in veteran suicide, underscoring the need for timely intervention, secure storage practices and comprehensive mental health support.

Key Legislation

- **H.R. 3863 – VA Mental Health Outreach and Engagement Act**
  - Offer mental health consultations for service-connected veterans.
- **H.R. 2717 / S. 1320: Servicewomen and Veterans Menopause Research Act**
  - Research related to menopause, perimenopause.
  - Hormone and non-hormone treatments.

Critical Policy Goal Recommendations

- The VA should mandate, or Congress should require, community care providers treating veterans to complete suicide prevention and lethal-means safety training.
- The VA should require all community providers to receive trauma-informed care training consistent with VA standards.

Veterans Crisis Line

“988”

Press 1

Thank you!

Naomi Mathis
Deputy National Legislative Director
(202) 554-3501
nmathis@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources

Preventing Congress or VA From Reducing, Offsetting or Taxing Veterans Benefits

Remove Restrictions on Concurrent Receipt

- Over 6 million veterans receive VA disability compensation for service-connected conditions.
- Current law prevents some veterans from receiving full military retirement pay concurrently with VA disability compensation.
- Affected veterans include:
  - Those medically retired.
  - Those rated 40% or less disabled.

Why This is Inequitable

- Veterans must forfeit a portion of earned retirement pay to receive disability compensation.
- These benefits serve distinct and unrelated purposes:
  - Military retirement compensates for length of service.
  - VA disability compensation offsets loss of earning capacity due to service-connected disabilities.
- No other federal retirees have this penalty.

Partial Fix, Incomplete Solution

- In 2004, Congress eliminated the offset for veterans rated 50% or higher.
- Veterans rated below 50% and many medical retirees were excluded.
- Persistent inequities among equally disabled veterans.

Special Separation Pay (SSP) Offset

- SSP is a one-time lump-some payment to service members who separate voluntarily or involuntarily under DOD reduction in force programs.
- Federal law requires veterans to repay SSP if they receive VA disability compensation.
- SSP and disability compensation are also unrelated benefits.
- This policy further penalizes service-disabled veterans.

Growing Threats to Disabled Veterans

Proposals have emerged to:

- Tax VA disability compensation.
- Reduce benefit levels.
- Phase out Individual Unemployability (IU) after Social Security retirement age.

These proposals would compound existing inequities.

DAV Position

DAV strongly opposes:

- Any reduction, taxation, or offset of VA disability compensation.

DAV supports:

- Eliminating all offsets of any military retirement or SSP against VA Disability Compensation.
- Protection of earned benefits for all service-disabled veterans.

Key Legislation

- **S. 1032 / H.R. 2102** – Major Richard Star Act - would allow concurrent receipt for medical retirees with combat-related disabilities.
- **H.R. 303** – Retired Pay Restoration Act – would restore concurrent receipt for longevity retirees rated below 50%.
- **H.R. 333** – Disabled Veterans Tax Termination Act, would provide full concurrent receipt for longevity retirees (20+ years) rated below 50% and
  - Chapter 61 medical retirees—those medically retired due to service-connected disabilities before reaching 20 years of service.

Critical Policy Goal Recommendations

- Congress should enact legislation to eliminate all offsets of any military retirement or separation pay against VA disability compensation.
- Congress must ensure, through word and deed, that it will reject all attempts to reduce, offset or tax veterans' disability benefits.

Modernize and Strengthen Benefits for Survivors

Why This Matters

- Our nation’s obligation to veterans extends to the families they leave behind.
- Dependency and Indemnity Compensation (DIC) is meant to provide financial stability for survivors.
- Current law leaves many survivors under-supported and unfairly excluded.

What is DIC?

DIC is a tax-free monthly benefit for survivors of:

- Veterans who die from service-connected conditions.
- Veterans rated 100% P&T for 10 years.
- Veterans rated 100% for 5 years immediately after discharge.
- Service members who die in the line of duty.
- Former POWs rated 100% for at least 1 year.

DIC Parity Problem

- Survivors receive 41% of the veteran’s benefit
- 2026 100% disability rate (veteran w/ spouse): $4,158
- 2026 basic DIC rate: $1,699
- Federal civil service survivors receive up to 55% of retirement benefit

What Parity Would Mean

- If DIC matched 55%, survivors would receive $7,000+ more per year.
- This aligns veterans' survivors with federal civilian survivors.
- Ensures financial stability for families who sacrificed alongside the veteran.

Unfair Penalties

The 10-year cliff:

- A veteran rated 100% P&T for 9 years and 11 months → no DIC eligibility.

The remarriage penalty:

- Surviving spouses lose DIC if they remarry before age 55.

Key Legislation

H.R. 680 / S. 611 — Caring for Survivors Act

- Raises DIC to 55%.
- Reduces the 10-year eligibility rule to a graduated benefit at 5 years.

H.R. 1004 / S. 410 — Love Lives On Act

- Eliminates remarriage penalties.
- Restores earned survivor benefit.

Critical Policy Goal Recommendations

- Enact comprehensive legislation to modernize and strengthen DIC support for survivors of disabled veterans.
- Eliminate the remarriage age penalty for a surviving spouse so that they remain eligible for DIC benefits regardless of when they choose to remarry.

Thank you!

Joseph Lemay
Associate National Legislative Director
(202) 554-3501
jlemay@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources

Expand Comprehensive Dental Care Services to All Service-Disabled Veterans

The Situation

- 9 million enrolled veterans.
- Approximately 25% of VA enrolled veterans are eligible.
- FY 2025 nearly 888,000 received dental care, which is only 1/3 of eligible veterans.
- The VA operates approximately 1,380 health care facilities, but dental care is available at just over 200 sites—about 15% of all locations

Dental Benefits Program Eligibility

- Service-connected for a dental disability.
- Service-connected combined 100% P&T or Total Disability based on Individual Unemployability (TDIU).
- Enrolled in Veteran Readiness and Employment (VR&E).
- Homeless residential rehabilitation program.
- Former prisoner of war (POW).
- 180 days of discharge from active duty.

VHA Care System Model – Whole Health

- VA health care system model treats the whole health of the veteran.
  - holistic
  - integrated
  - preventative medical services
- However, the lack of dental care represents a critical gap in VA's health care coverage.

Veterans Dental Care Facts

- High Tooth Loss After Service.
  - that 45% of surveyed veterans—approximately 4,000 individuals—have lost permanent teeth
- Veterans are 4.5 times more likely to report a negative impact on functioning and work due to poor oral health.
- Oral Health and Chronic Disease Impact.
  - Heart disease
  - Diabetes
  - Oral cancers

Veterans Dental Care Facts

- Potential Massive Cost Savings.
- Veterans Face Higher Dental Expenses.
  - Every $1 spent on dental care translates to $1 saved in diabetes treatments and $2 saved in heart disease management.
  - According to the American Institute for Dental Public Health (AIDPH) VHA could save up to $3.4 billion in medical costs.

VHA Dental Gaps

- 7+ million enrolled veterans are not eligible for dental care.
- PACT Act increased dental eligibility by 330,000 veterans.
- 1/3 of veterans – Community Care Network.

Elizabeth's Dole Act (P.L.118-210)
Dental Pilot Program

- Two-year pilot program.
- Two VISN – 1 (New England) & 15 (Midwest).
- Chronic health condition: Ischemic Heart Disease.
- Mobile dental clinics and home-based dental care.

Key Legislation

H.R. 210 – Dental Care for Veterans Act of 2025

- This bill would mandate that the VA provide dental care to veterans in the same manner as other medical services.
- DAV CAN actions taken over 11,314.

Critical Policy Goal Recommendations

- Enact legislation to expand eligibility for full dental care coverage to all service-disabled veterans.
- Provide funding to increase the number of VA dentists and other oral clinicians, open new dental clinics and expand treatment space in VA health care facilities.
- Work with its community care networks to increase the availability of dentists and other oral health care specialists to improve access across the country.

Enhance Long-Term Care by Providing Assisted Living Care and Increasing Caregiver Support

Aging Veteran Population

- 8 million+ veterans are aged 65+—Vietnam-era veterans reaching 75+ in 2026.
- Nearly 1.3 million veterans aged 85+ today—projected to increase 33% over next 10 years; women 85+ more than double.
- Additionally, there are tens of thousands of aging veterans with disability ratings of 50% and 60% who need LTC services but do not currently have mandatory eligibility under the law.

Extended Care Services vs. Geriatrics

- **Extended Care Services:** Residential and community-based programs supporting individuals with comprised self-care ability due to chronic conditions, injuries or disability (all ages).
- **Geriatrics:** Programs focused on health improvement, independence and quality of life for older adults and younger veterans with complex chronic care needs.

VHA Eligibility Overview

Enrollment + clinical need required — Veterans must be enrolled in VA health care with documented clinical need for LTSS.

- **Priority Groups 1–3**: Highest priority for nursing home placement and institutional LTSS. Disability ratings of 70% or higher have automatic eligibility.
- **Priority Groups 4–6**: discretionary institutional access based on clinical need and local capacity. Eligibility is guaranteed if the clinical need is based on a service-connected condition.
- **Priority Groups 7–8**: lowest priority; means-tested with discretionary institutional access; HCBS may still be available.

Geriatrics and Extended Care – Programs

- Community Living Centers (CLCs)
- Community Residential Care (CRCs)
- Community Nursing Homes (CNHs)
- State Veterans Homes (SVHs)

Geriatrics and Extended Care – Programs

Home and Community-Based Services (HCBS)

- Personal Care Services
- Homemaker/Home Health Aide
- Caregiver Support Services
- Hospital in Home (HiH)
- Adult Day Health Care
- Medical Foster Care
- Veteran Directed Care
- Skilled Home Health Care
- Palliative Care and Hospice (in all settings)
- Program of All-Inclusive Care for the Elderly
- Geriatric Patient-Aligned Care Team

Program of Comprehensive Assistance for Family Caregivers (PCAFC)

- Must be enrolled in VA care and complete required assessments.
- Has a designated caregiver (18+) able to train and provide ongoing support.
- Veteran/service member with a serious service-connected injury/illness (70%+ rating).
- Needs in-person direct care for 6+ months (ADLs or supervision).
- Legacy caregivers have been approved to remain in the PCAFC through September 30, 2028

VA’s Long-Term Care Network

- 134 VA-operated Community Living Centers.
- VA provides care to around 9,000 veterans each day.
- 175 VA-supported State Veterans Homes.
- Hundreds of community-based skilled nursing facilities under contract with the VA.
- VA supports approximately 40,000 long-term care beds.

The Gap in VA's Long-Term Care System

Why Current Options Fall Short

- Many veterans need more support than home-based care, but do not require nursing home placement.
- VA lacks a middle-tier assisted living option, leaving veterans with limited and often costly alternatives.
- Caregivers face burnout, limited respite, and inconsistent support, threatening veterans' ability to remain at home.
- Without new authority and integrated support, demand will outpace VA capacity, leading to avoidable institutionalization.

Key Legislation

S. 879/H.R. 2148, the Veteran Caregiver Reduction, Reemployment and Retirement Act

- Extending medical coverage.
- Employment assistance.
- Retirement planning services.

H.R. 109, the TEAM Veterans Caregivers Act

- Formally recognize caregivers within VA health records.
- 90-day temporary extension.

H.R. 1970, the Providing Veterans Essential Medication Act

- Reimburse costly medication.
- VA provided the costly medication.

Critical Policy Goal Recommendations

- Require Assisted Living Alternatives to skilled nursing care for service-disabled veterans.
- Develop Graduated Care Facilities for seamless aging transitions.
- VA should enhance long-term care programs with integrated caregiver support.

Thank you!

Kevin Miller
Assistant National Legislative Director
(202) 554-3501
kmiller@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources

Sustain the VA Health Care System by Reforming Infrastructure Planning and Funding Mechanisms

VA Health Care Infrastructure Crisis

- Largest integrated health system serving 7+ million veterans annually.
- 1,750+ access points and 5,600+ buildings nationwide.
- Over 150 million square feet of space, much of it aging.
- Many facilities approaching or exceeding 60 years old.
- Infrastructure strain directly affects access and quality of care.

Chronic Underinvestment

- VA estimates $85B needed over 10 years ($8.5B annually).
- FY 2026 construction request: only $2.1B.
- Decades of insufficient funding across administrations.
- Past reform efforts have failed.
- Underfunding fuels unsustainable growth in community care.

Key Legislation

S. 1846 – VA Design-Build Construction Enhancement Act of 2025

- Accelerates construction using design-build methods.
- Reduces delays and modernizes medical centers.

S. 2988 – VITAL Act of 2025

- Expands VA flexibility in leasing, construction standards, and asset management to modernize facilities faster and more efficiently.
- Consolidates oversight and requires long-term strategic planning to strengthen accountability and fiscal discipline.

Critical Policy Goal Recommendations

- Create a VA infrastructure process that matches care demand to facility capacity using proven capital planning methods.
- Require quadrennial VA reviews of infrastructure lifecycle costs, with Congress fully funding repairs and renovations through a capital reserve fund.
- Require VA to set project priorities every four years, with Congress funding at least the first two years of approved new or expanded facilities via a capital improvement fund.

Thank you!

Naomi Mathis
Deputy National Legislative Director
(202) 554-3501
nmathis@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources

Protect Veterans Benefits and Services by Ending PAYGO Offsets and Budget Caps That Cut Veterans' Funding

The Challenge

- Congress has adopted fiscal rules to limit federal spending regardless of need.
- These include budget caps, sequestration and PAYGO (Pay-As-You-Go).
- PAYGO requires cuts to existing benefits or revenue increases before adding new ones.

Why PAYGO is a Problem for Veterans

- Veterans' benefits have already been earned through service and sacrifice.
- PAYGO treats veterans' benefits like ordinary federal spending.
- This ignores the moral obligation to veterans.
- Congress has waived PAYGO many times in the past.

House and Senate Rules

- Senate PAYGO requires offsets within VA for any increase in mandatory spending.
- House CUTGO requires spending increases to be offset only by benefit cuts.
- Revenue increases cannot be used as offsets under CUTGO.
- These are adopted every new congress.

Impact on Veterans Legislation

- Congress is reluctant to cut existing veterans' benefits.
- This makes expanding or creating new VA benefits extremely difficult.
- Even widely supported veterans bills often stall.

Statutory PAYGO & Sequestration

- The Statutory PAYGO Act of 2010 looks at cumulative yearly spending.
- If net mandatory spending increases, OMB orders sequestration.
- Across-the-board cuts threaten veterans programs.

Budget Caps and VA Health Care

- Multiyear budget cap deals replace annual budgets.
- These caps limits VA discretionary spending.
- VA funding can be constrained below actual need.

Critical Policy Goal Recommendations

- Congress should exempt all veterans' programs, benefits and services from Statutory Pay-As-You-Go Act requirements, including sequestration, as well as any House and Senate PAYGO rules adopted for the 119th Congress.

- Congress and the Administration should exempt all federal budget Function 700: Veterans Benefits and Services from any budget cap deals in order to encourage VA budget requests that honestly reflect the true demand for veterans benefits and services.

2026
Mid-Winter Conference

FY 2027
Veterans Independent Budget

What is the Veterans Independent Budget — and Why It Exists

- Developed by DAV and VFW
- Reflects actual veteran needs, not political constraints
- Independent of VA and OMB proposals
- Focuses on care, benefits, and infrastructure
- Ensures transparency and accountability
- Provides Congress with an unbiased benchmark

FY 2027 Environment: Why This Year Is Different

- Staffing level reduced by 30,000
- Longest government shutdown in history
- VHA reorganization announced
- FY27 starts with major capacity deficits
- Suppressed demand now returning rapidly
- Inflation and workload growth outpacing budgets

PACT Act: Why Demand Is Surging

- Expanded eligibility for toxic exposure care
- More veterans enrolling in VA health care
- Higher complexity of medical conditions
- Increased mental health and long-term care needs
- More claims and appeals filed
- Outreach efforts driving additional enrollment
- Long-term demand will continue rising for years

Total Budget Authority — Why the Increase Is Necessary

- $223.37B total recommended for FY27
- 13% increase over FY26
- Driven by inflation and workload growth
- Supports expanded eligibility under PACT Act
- Addresses suppressed demand from prior years
- Prevents further workforce and capacity erosion
- Ensures VA can meet statutory obligations

VHA Topline: Why Medical Care Needs Growth

- $191.5B for total medical care
- 162M outpatient visits projected
- 188K new unique users expected
- 40,000 clinical vacancies to fill
- Rebuild internal care capacity
- Reduce overreliance on community care
- Support modernization of clinical operations

VBA, NCA, IT, and Construction Overview — Why These Accounts Matter

- VBA: 575K pending claims, 100K backlogged
- NCA: Growing burial needs for aging veterans
- IT: Modernization critical for efficiency
- EHRM: Supports continuity of care
- Construction: Decades of deferred maintenance
- Oversight and admin ensure accountability
- These accounts enable VA’s entire mission

Medical Services: Why Funding Must Increase

- $116.4B recommended (+19.4%)
- Supports direct VA care delivery
- Addresses suppressed demand
- Funds breakthrough therapies and drugs
- Reduces reliance on private sector care
- Expands mental health and women’s health services
- Supports modernization of clinical operations

VBA Workload: Why Capacity Must Be Sustained

- 1M+ PACT Act claims filed
- Backlog remains significant
- New hires require training time
- Automation tools not fully deployed
- Veterans deserve timely, accurate decisions
- Workload spikes expected through FY27
- Quality reviews require dedicated staffing

Admin, OIG, IT, EHRM — Why These Systems Are Foundational

- Oversight protects taxpayer dollars
- IT modernization reduces delays and errors
- Cybersecurity threats increasing
- EHRM essential for continuity of care
- These systems support every VA program
- Outdated systems slow claims and care delivery
- Workforce efficiency depends on modern tools

Construction: Why VA Must Catch Up After Decades of Underfunding

- Major and Minor construction needs exceed $85B
- State homes require modernization
- Cemetery expansion needed nationwide
- Infrastructure determines access and quality
- Delayed projects increase costs and risks
- Modern facilities improve recruitment and retention

Key FY 2027 Recommendations — Why They Are Essential

- Rebuild internal VA care capacity
- Modernize infrastructure and IT systems
- Strengthen mental health and suicide prevention
- Expand women’s health services
- Ensure timely benefits delivery
- Stabilize workforce recruitment and retention
- Improve coordination between VA and DoD

Strategic Imperatives for Congress

- Provide timely, stable appropriations
- Support multi-year infrastructure planning
- Ensure oversight of community care contracts
- Invest in VA workforce recruitment and retention
- FY27 could be a turning point for VA’s future
- Protect VA’s role as the primary provider of veteran care
- Strengthen accountability and transparency across programs

2026
Mid-Winter Conference

Interim Final Rule
4.10 Functional Impairment

VA Interim Final Rule on Functional Impairment 38 C.F.R. §4.10 (2/17/2026)

Addresses how medication effects are considered in VA disability evaluations.

- VA stated the rule clarified existing policy and would not affect current disability ratings.
- DAV immediately raised concerns that the rule could permit reduced ratings for veterans whose symptoms are controlled by medication, citing relevant CAVC decisions.
- On February 19, VA announced an immediate halt to enforcement of the interim final rule.
- Public comment period ends April 20, 2026.
- Let your voice be heard!

Federal Register
Public Comments

Guidelines for a Successful Congressional Meeting

GUIDELINES FOR A SUCCESSFUL CONGRESSIONAL MEETING

SCHEDULE THE MEETING

- Call, email or write your legislator's office to schedule the meeting.
- Generally, you will be asked about what specific issues you would like to discuss.
- Provide talking points for DAV's legislative priorities.

PREPARING FOR THE MEETING

- Meetings usually last 15 to 25 minutes, depending on the member's schedule.
- Plan to discuss no more than three or four issues.
- If you are attending the meeting as a group, pick a spokesperson to lead the discussion.
- Provide talking points for DAV's legislative priorities.
- Learn everything you can about the issue(s) you plan to discuss including any potential opposition the legislator may have so you are prepared to defend your position. (On veterans' issues, the opposition usually stems from costs to pay for the program or benefit being proposed.)

AT THE MEETING

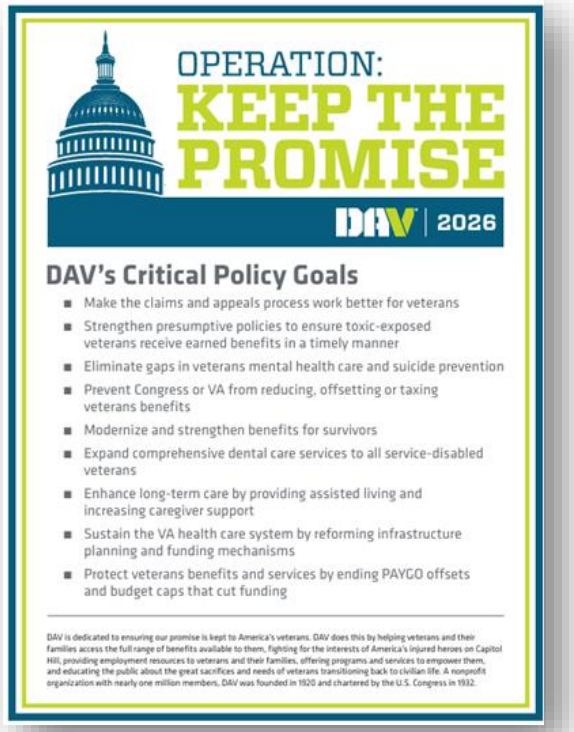
- Be punctual and arrive at least 5 minutes before the appointment time.
- Dress neatly and conservatively. Always be courteous and respectful.
- Do not be upset if you end up meeting with the legislator's staff. They are often more knowledgeable of individual issues than the legislators themselves, and they will inform the legislator of your views and requests.
- Introduce yourself and all members of your group to the legislator or staff members: tell them who you are and where you live. After a minute or two of "small talk," state your position on the issue(s) you came to discuss.
- Be concise, factual, brief and be sure to listen carefully to responses or concerns.
- Be ready to answer questions and discuss your issue in detail. If you cannot answer the question, let them know that you will ask someone from DAV's national legislative department to follow up. Make sure you inform the DAV legislative staff of the question and the person to contact in the legislator's office.
- If the legislator does not support an issue, you can respectfully debate the topic if you feel comfortable, but do not become over-argumentative. Emphasize the positives of your standpoint, and always end the conversation on a positive note.
- Remain nonpartisan throughout the meeting.
- Thank them for meeting.

AFTER THE MEETING

- Always send a follow-up email or letter thanking your legislator or staff members. Be sure to include any additional information you may have offered to provide in support of your issue. The follow-up message is important, because it confirms your commitment to your cause and helps build a valuable relationship between you and your representative.
- Stay in touch with congressional staff throughout the year.

Schedule the Meeting

- Call, email or write your legislator's office to schedule the meeting.
- Generally, you will be asked about what specific issues you would like to discuss.
- Provide talking points, DAV's Critical Policy Goals.



Preparing for the Meeting

- Limited time.
- Discuss no more than three or four issues.
- Meeting as a group, pick a spokesperson to lead the discussion.
- Provide talking points for DAV's legislative priorities.
- Learn everything you can about the issue(s) including any potential opposition, prepared to defend your position.

At the Meeting

- Be punctual.
- Dress professional. Always be courteous and respectful.
- Do not be upset if you end up meeting with the legislator's staff.
- Introduce yourself and all members of your group, tell them who you are and where you live.
- Be concise, factual, brief and be sure to listen.

At the Meeting (Cont.)

- Be ready to answer questions and discuss your issue in detail.
- Respectfully debate the topic if you feel comfortable, but do not become argumentative.
- Emphasize the positives of your standpoint and always end the conversation on a positive note.
- Remain nonpartisan throughout the meeting.
- Thank them for the meeting.

After the Meeting

- Always send a follow-up email or letter thanking your legislator or staff members.
- Be sure to include any additional information you may have offered to provide in support of your issue.
- Stay in touch with congressional staff throughout the year.
- Complete after action report of visit.

Thank you!

Jon Retzer
National Legislative Director
(202) 554-3501
jretzer@dav.org

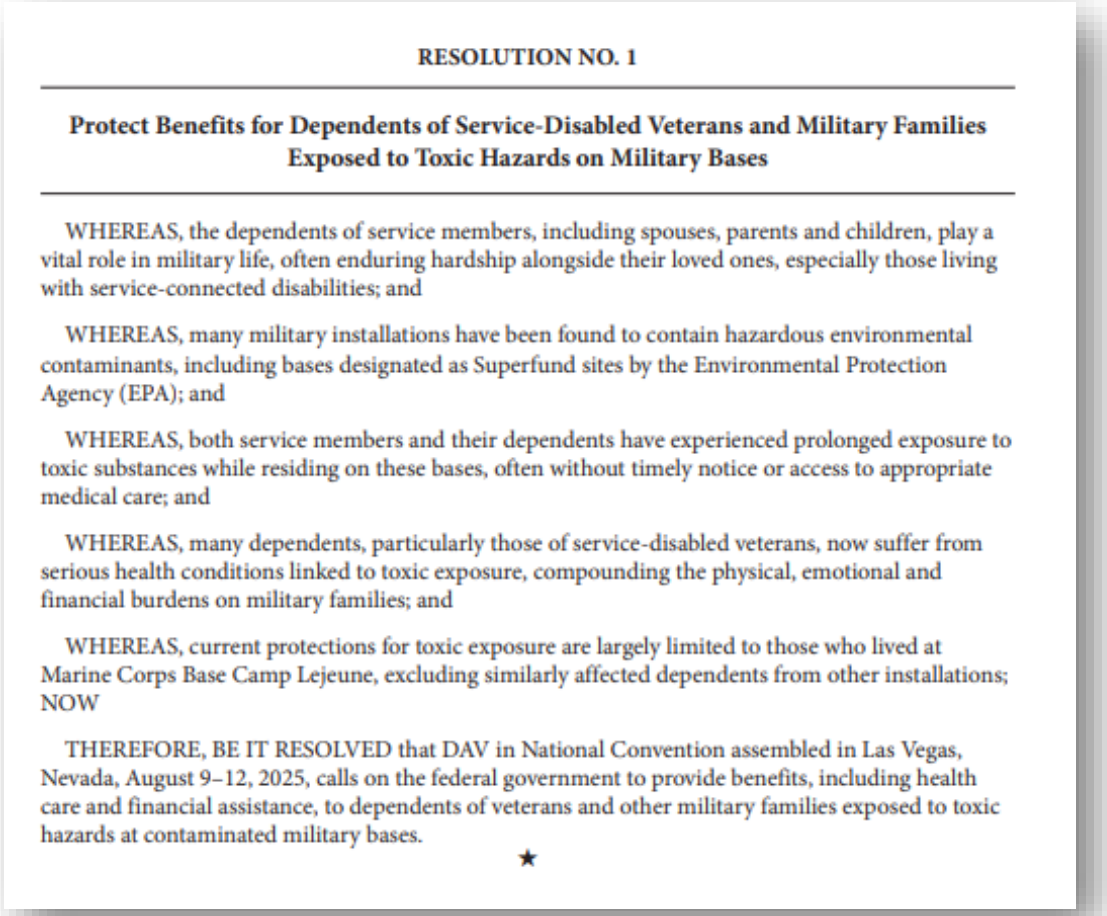
DAV Commander’s Action Network (DAV CAN)

Legislative Resources

Resolution Writing: Techniques and Tips

How Can You Help?

Write, introduce, submit and approve federal or national resolutions to the National Legislative Director each year.



RESOLUTION NO. 1

Protect Benefits for Dependents of Service-Disabled Veterans and Military Families Exposed to Toxic Hazards on Military Bases

WHEREAS, the dependents of service members, including spouses, parents and children, play a vital role in military life, often enduring hardship alongside their loved ones, especially those living with service-connected disabilities; and

WHEREAS, many military installations have been found to contain hazardous environmental contaminants, including bases designated as Superfund sites by the Environmental Protection Agency (EPA); and

WHEREAS, both service members and their dependents have experienced prolonged exposure to toxic substances while residing on these bases, often without timely notice or access to appropriate medical care; and

WHEREAS, many dependents, particularly those of service-disabled veterans, now suffer from serious health conditions linked to toxic exposure, compounding the physical, emotional and financial burdens on military families; and

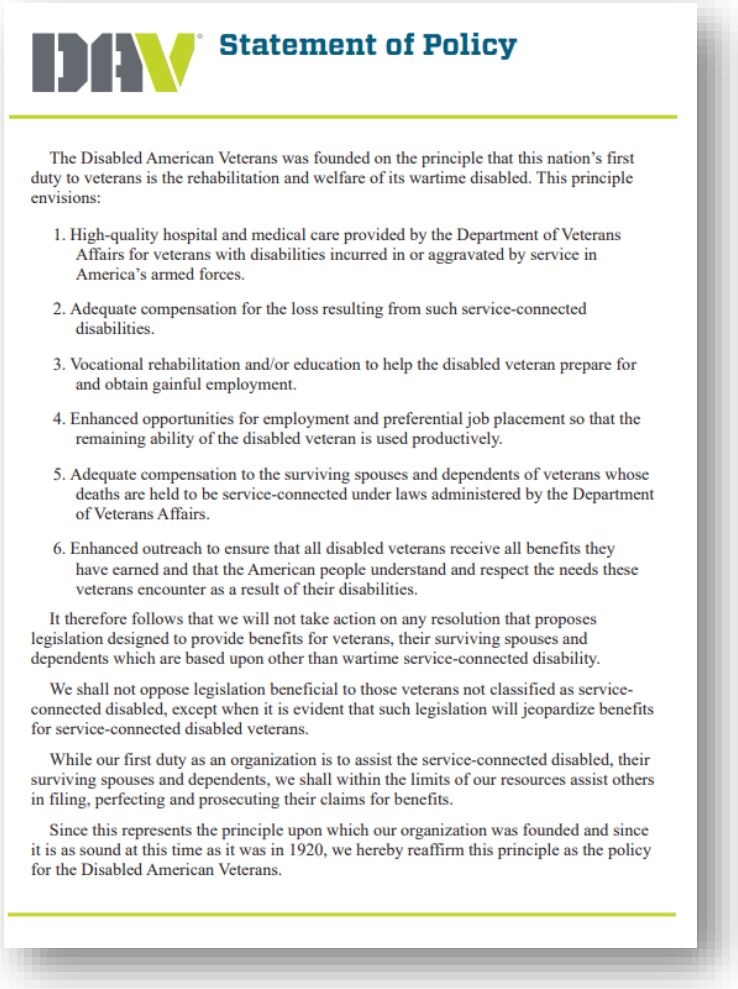
WHEREAS, current protections for toxic exposure are largely limited to those who lived at Marine Corps Base Camp Lejeune, excluding similarly affected dependents from other installations; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Las Vegas, Nevada, August 9–12, 2025, calls on the federal government to provide benefits, including health care and financial assistance, to dependents of veterans and other military families exposed to toxic hazards at contaminated military bases.

★

Before You Start

- Before you consider resolutions, make sure that you have read the DAV Statement of Policy.
- This clearly defines our mission and will help keep your resolutions on point.



DAV Statement of Policy

The Disabled American Veterans was founded on the principle that this nation's first duty to veterans is the rehabilitation and welfare of its wartime disabled. This principle envisions:

1. High-quality hospital and medical care provided by the Department of Veterans Affairs for veterans with disabilities incurred in or aggravated by service in America's armed forces.
2. Adequate compensation for the loss resulting from such service-connected disabilities.
3. Vocational rehabilitation and/or education to help the disabled veteran prepare for and obtain gainful employment.
4. Enhanced opportunities for employment and preferential job placement so that the remaining ability of the disabled veteran is used productively.
5. Adequate compensation to the surviving spouses and dependents of veterans whose deaths are held to be service-connected under laws administered by the Department of Veterans Affairs.
6. Enhanced outreach to ensure that all disabled veterans receive all benefits they have earned and that the American people understand and respect the needs these veterans encounter as a result of their disabilities.

It therefore follows that we will not take action on any resolution that proposes legislation designed to provide benefits for veterans, their surviving spouses and dependents which are based upon other than wartime service-connected disability.

We shall not oppose legislation beneficial to those veterans not classified as service-connected disabled, except when it is evident that such legislation will jeopardize benefits for service-connected disabled veterans.

While our first duty as an organization is to assist the service-connected disabled, their surviving spouses and dependents, we shall within the limits of our resources assist others in filing, perfecting and prosecuting their claims for benefits.

Since this represents the principle upon which our organization was founded and since it is as sound at this time as it was in 1920, we hereby reaffirm this principle as the policy for the Disabled American Veterans.

Statement of Policy

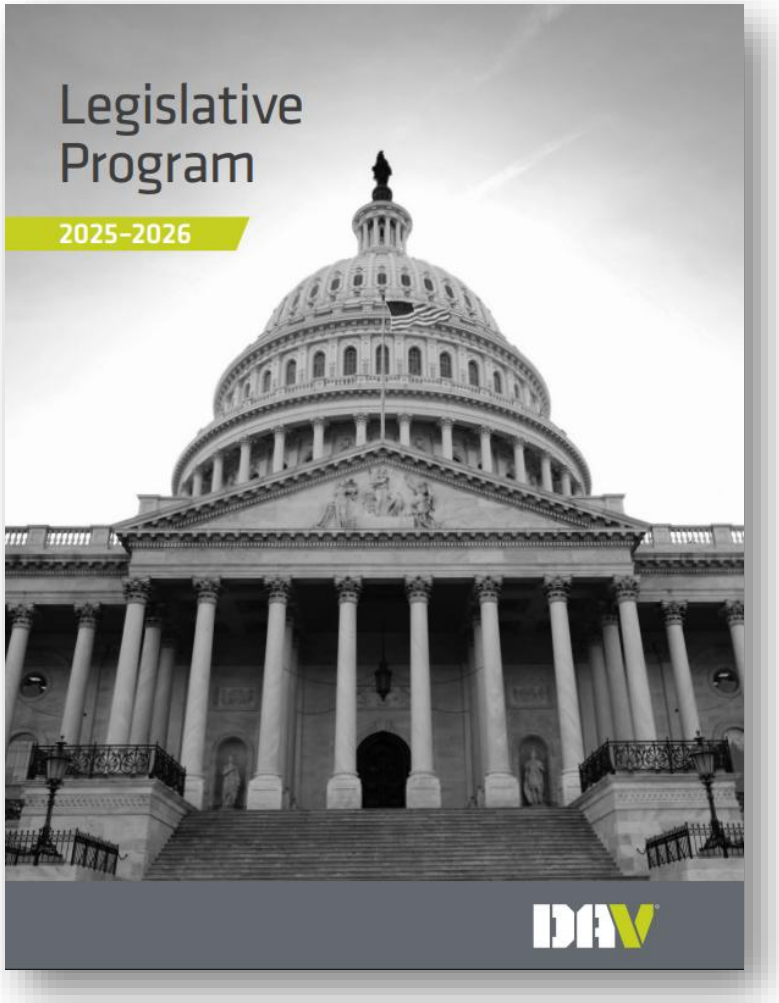
This nation's first duty to veterans is the rehabilitation, and welfare of its wartime disabled.

- High-quality hospital and medical care
- Adequate compensation for service-connected disabilities
- Vocational rehabilitation and education
- Employment and preferential job placement
- Adequate compensation to surviving spouses and dependents.
- Enhanced outreach to ensure all disabled veterans receive all benefits they have earned

Existing and New Resolutions

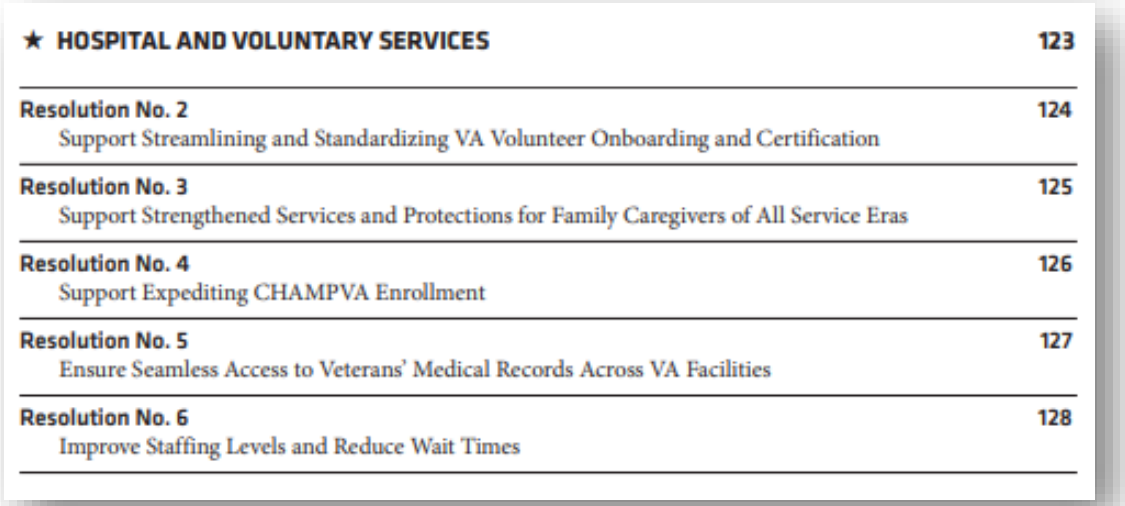
There are two ways you can help:

- Submit an existing resolution.
- Write a brand-new resolution.



How Many Existing Resolutions Should be Submitted?

In many cases, we need some of the existing resolutions to be submitted for the upcoming year; however, we ask that you refrain from submitting the entire resolution book. Consider those that are important for you and your fellow members.



Example of a Resolution

TITLE

WHEREAS

Oppose Reduction, Taxation or Elimination of Veterans Benefits

WHEREAS, veterans benefits are earned benefits paid to veterans and their families for their service to the nation; and

WHEREAS, veterans benefits are part of a covenant between our nation and its defenders; and

WHEREAS, certain government leaders have continued to attack veterans benefits in an attempt tax those benefits, reduce them or eliminate them completely; and

RESOLVED

EAS, these attacks recur with regularity and serious intent; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Orlando, Florida, August 6–9, 2022, vigorously opposes reduction, taxation or elimination of veterans benefits.

It Starts with an Idea

Write statements that provide the context or reasoning behind your idea.

General format of how a "whereas" clause is structured:

- Whereas, [statement of fact or circumstance]
- Whereas, [additional context or reasoning]
- Whereas, [further context if needed]

Writing Resolutions

Part One

- Title/statement of purpose
  - Support Mary Leading the Lamb

Writing Resolutions

Part Two

- Whereas Clause or Justification
  - WHEREAS, Mary had a little lamb, little lamb, little lamb;
  - WHEREAS, Mary had a little lamb who’s fleece was white as snow; NOW

Writing Resolutions

Part Three

- Resolved clause
  - THEREFORE, BE IT RESOLVED that everywhere that Mary went the lamb was sure to go.

Writing Resolutions

TITLE

WHEREAS

RESOLVED

Support Compensable Evaluations for Certain Disabilities Currently at Zero Percent

WHEREAS, the Department of Veterans Affairs (VA) Schedule for Rating Disabilities assigns a noncompensable rating for asymptomatic disabilities; and

WHEREAS, a noncompensable rating does not contemplate required medications, prosthetic appliances or employment interference; and

WHEREAS, the VA Schedule for Rating Disabilities provides a compensable rating of 10% for other disabilities that require medication only, such as chronic fatigue disorder, coronary artery [illegible] and hypothyroidism; NOW

THEREFORE, BE IT RESOLVED that DAV in National Convention assembled in Orlando, Florida, August 6–9, 2022, supports the assignment of a compensable evaluation of 10% for noncompensable disabilities that require medication or prosthetic appliances or show employment interference.

Legislative Team is Here to Assist

If you need assistance with your resolutions at the chapter, committee or department level, please reach out to the legislative department for assistance:

202-554-3501

When Are Resolutions Due to National Legislative Team?

July 17, 2026
at
resolutions@dav.org

Thank you!

Naomi Mathis
Deputy National Legislative Director
(202) 554-3501
nmathis@dav.org

DAV Commander's Action Network (DAV CAN)

Legislative Resources