



2022 Legislative Victories for Veterans Second Session of the 117th Congress

Burn Pits, Agent Orange and other toxic exposures

S. 3373, the Sergeant First Class Heath Robinson Honoring Our Promise to Address Comprehensive Toxins (PACT) Act of 2022, known as the Honoring Our PACT Act, includes provisions to:

- Provide health care based on toxic exposures;
- Add 23 burn pit and toxic exposure-related diseases;
- Add hypertension as a presumptive disease associated with Agent Orange exposure;
- Concede exposure to burn pits and toxic environments;
- Provide a new framework for establishing presumptive diseases in the future;
- Expand radiation-risk activities to include veterans who participated in radiation cleanup at Enewetak Atoll, Palomares, Spain, and Thule, Greenland;
- Include Thailand, Cambodia, Laos, Guam, American Samoa and Johnston Atoll as conceded locations for Agent Orange exposure;
- Require registries for veterans who served at Ft. McClellan and for those exposed to per- and polyfluoroalkyl substances (PFAS) chemicals

DAV supported and testified on other versions of this bill as well. Our support was based on the following 2021–2022 DAV Resolutions:

- 156, Support legislation for studies and presumptive diseases related to PFAS exposure;
- 161, Support legislation to provide studies related to health care and benefits resulting from toxic exposures at Karshi-Khanabad Air Base, Uzbekistan;
- 080, Support legislation to provide for service connection for disabling conditions resulting from toxic and environmental exposures;
- 295, Support legislation that concedes exposure to herbicide agents of service members who served in Guam, American Samoa, and Johnston Atoll during the Vietnam era;
- 003, Support legislation authorizing presumptive service connection for certain diseases based on herbicide exposure of military personnel who served at air bases in Thailand during the Vietnam War;
- 163, Support legislation to expand radiation risk activities;
- 091, Support legislation to establish presumptive service connection for diseases and illnesses related to contaminants at Fort McClellan, Alabama;
- 093, Compensate Persian Gulf War veterans suffering from illnesses circumstantially linked to their service in the Persian Gulf War;
- 157, Support legislation for health care and concession of exposure for burn pits; and
- 162, Support legislation that recognizes presumptive service connection for hypertension and monoclonal gammopathy of undetermined significance as related to exposure to Agent Orange and herbicides.



The Honoring Our PACT Act was enacted on August 10, 2022, and became **Public-Law 117-168**. To view this bill, [click here](#).

Disability Compensation

- ▶ H.R. 7846, the Veterans' Compensation Cost-of-Living Adjustment Act of 2022, provided an 8.7% increase for all disability compensation rates effective December 1, 2022. DAV supported this bill in accordance with 2021–2022 DAV Resolution No. 070, to provide for realistic cost-of-living allowances.

The Veterans' Compensation Cost-of-Living Adjustment Act was enacted on October 10, 2022, and became **Public Law 117-191**. To view the bill, [click here](#).

Education & Employment

- ▶ S. 4089, the Veterans Rapid Retraining Assistance Program Restoration prohibits the VA from charging any entitlement to retraining assistance under the Veteran Rapid Retraining Assistance Program in situations where an individual was unable to complete a course or program as a result of the closure of an educational institution or the disapproval of a program by the state approving agency or the VA. DAV supported this legislation based on 2021–2022 DAV Resolution No. 265, to provide adequate funding and permanency for veterans' employment and/or training programs.

The Veterans Rapid Retraining Assistance Program Restoration Act was enacted on June 7, 2022, and became **Public Law 117-138**. To view the bill, [click here](#).

- ▶ S. 4458, the Ensuring Best Schools for Veterans Act of 2022, will clarify the requirements of the 85/15 rule, ensuring education programs can continue accepting veterans while maintaining oversight to prevent fraudulent programs from taking advantage of veterans. DAV supported S. 4458 in accordance with 2021–2022 DAV Resolution No. 174, which supports legislation that would improve and protect the VA's education benefits for service-disabled veterans.

The Ensuring Best Schools for Veterans Act of 2022 was enacted on August 26, 2022, and became **Public Law 117-174**. To view the bill, [click here](#).

- ▶ H.R. 6604, the Veterans Eligible to Transfer School (VETS) Credit Act, will address eligibility for VA educational assistance for individuals who are transferring credits due to the closure or disapproval of a program of education. DAV supported H.R. 6604 in accordance with 2021–2022 DAV Resolution No. 174, which supports legislation that would improve and protect the VA's education benefits for service-disabled veterans.

The Veterans Eligible to Transfer School Credit Act was enacted on December 12, 2022, and became **Public Law 117-297**. To view the bill, [click here](#).

Health Care

- ▶ H.R. 4591, the VA Electronic Health Record Transparency Act, requires VA to report quarterly on (1) the costs of its Electronic Health Record Modernization Program, including by describing all



expenses driven by the program; and (2) the performance metrics and outcomes of the program. DAV supported this legislation in accordance with 2021–2022 DAV Resolution No. 009, urging VA to provide service-connected veterans meaningful access to personal health information.

The VA Electronic Health Record Transparency Act was enacted on June 23, 2022, and became **Public Law 117-154**. To view the bill, [click here](#).

- ▶ H.R. 5754, the Patient Advocate Tracker Act, requires the Office of Patient Advocacy within the Veterans Health Administration to establish an information technology system that allows veterans or their representatives to electronically file a complaint with a patient advocate and review the status of a filed complaint. DAV supported and testified on this legislation in accordance with 2021–2022 DAV Resolution No. 508, to strengthen and protect the VA health care system.

The Patient Advocate Tracker Act was enacted on September 16, 2022, and became **Public Law 117-175**. To view the bill, [click here](#).

Life Insurance

- ▶ H.R. 8260, the Faster Payments to Veterans’ Survivors Act, modifies policies and procedures related to the payment of benefits under certain life insurance programs administered by VA. If a primary beneficiary has not made a claim for payment within one year (currently two years) after the death of the insured under the National Service Life Insurance (NSLI) program or the United States Government Life Insurance (USGLI) program, the VA is authorized to make payment to another designated beneficiary as if the primary beneficiary had predeceased the insured. DAV supported this legislation in accordance with 2021–2022 DAV Resolution No. 036, supporting meaningful claims processing reform.

The Faster Payments to Veterans’ Survivors Act was enacted December 27, 2022, and became **Public Law 117-313**. To view the bill, [click here](#).

Military sexual trauma (MST)

- ▶ H.R. 2724, requires the Department of Veterans Affairs to ensure that each individual who files a claim relating to military sexual trauma is assigned a peer support specialist during the claims process, unless the individual elects to not have such support. It also requires a peer support specialist to be trained as a victim advocate who may not be responsible for any part of adjudicating the individual’s claim. DAV supported this legislation in accordance with 2021–2022 DAV Resolution No. 074, to oversee and evaluate claims for residuals of MST.

The VA Peer Support Enhancement for MST Survivors Act was enacted December 27, 2022 and became **Public Law 117-271**. To view the bill, [click here](#).

- ▶ H.R. 6961, Dignity for MST Survivors Act, modifies communications and procedures for VA and BVA (Board of Veterans’ Appeals) regarding claims for compensation based on MST experienced by veterans. It requires VA to ensure each member of BVA is offered annual training on MST and proceedings that concern a claim for compensation based on MST. A proceeding



that concerns a claim for compensation based on MST may not be assigned to a member of the BVA (or a panel of members) unless such persons have completed the annual training. DAV supported this legislation in accordance with 2021–2022 DAV Resolution No. 074, to oversee and evaluate claims for residuals of MST.

The Dignity for MST Survivors Act was enacted December 27, 2022, and became **Public Law 117-300**. To view the bill, [click here](#).

- ▶ H.R. 7335, MST Claims Coordination Act modifies VA claims process for claims related to MST. During or immediately after a medical examination, hearing before BVA, or other relevant event, the Veterans Benefits Administration (VBA) must coordinate with the Veterans Health Administration (VHA) to provide veterans who elect to receive materials with outreach letters, information on the Veterans Crisis Line, information on how to make an appointment with a mental health provider, and other information on available resources relating to MST. Additionally, VHA and VBA must provide such materials with the determination the VA provides to the claimant in connection with a claim for compensation. DAV supported this legislation in accordance with 2021–2022 DAV Resolution No. 074, to oversee and evaluate claims for residuals of MST.

The MST Claims Coordination Act was enacted December 27, 2022, and became **Public Law 117-303**. To view the bill, [click here](#).

Transition Assistance

- ▶ S. 1198, the Solid Start Act, permanently authorizes and expands the Solid Start program, which is a VA outreach program for veterans in their first year of separation from the military. Specifically, the act requires VA to coordinate with the Department of Defense to prioritize outreach to veterans who have accessed mental health resources prior to separation from the Armed Forces. DAV testified and supported this legislation in accordance with 2021–2022 DAV Resolution No. 128, to monitor and improve services to transitioning service members.

The Solid Start Act was enacted on October 17, 2022, and became **Public Law 117-205**. To view the bill, [click here](#).

Women Veterans

- ▶ S. 2102, the Dr. Kate Hendricks Thomas SERVICE Act, expands eligibility for VHA mammography screenings to veterans who served in certain locations during specified periods, including those who were exposed to toxic substances. DAV supported and testified on this bill in accordance with 2021–2022 DAV Resolution No. 015, to support enhanced medical services for women veterans.

The Dr. Kate Hendricks Thomas SERVICE Act was enacted on June 7, 2022, and became **Public Law 117-133**. To view the bill, [click here](#).

- ▶ S. 2533, the Making Advances in Mammography and Medical Opinions (MAMMO) Act requires the VA to submit a strategic plan for improving breast imaging services for veterans, implement



a three-year pilot program to provide tele-screening mammography services for veterans who live in locations where access to breast imaging services at a VA facility is difficult or unfeasible, and upgrade all mammography services at its facilities to use three-dimensional breast imaging. DAV supported and testified on this bill in accordance with 2021–2022 DAV Resolution No. 015, to support enhanced medical services for women veterans.

The Making Advances in Mammography and Medical Opinions (MAMMO) Act was enacted on June 7, 2022, and became **Public Law 117-135**. To view the bill, [click here](#).

Veterans Auto and Education Improvement Act of 2022

On December 22, 2022, Congress passed H.R. 7939, also known as the Veterans Auto and Education Improvement Act of 2022. This legislation includes revised language from the House passed H.R. 3304, the AUTO for Veterans Act, and several veterans' education provisions.

Automobile Grants & Improvements

This law authorizes VA to provide an additional automobile allowance immediately to eligible veterans if 30 years have elapsed since the date they received their first automobile grant. Ten years after the enactment of this section, veterans who have waited more than 10 years would be eligible for the additional automobile allowance. Additionally, this changes the definition of “medical services,” to include certain vehicle modifications like van lifts, which are offered through VA’s Automobile Adaptive Equipment (AAE) program. A provision designates non-articulating trailers designed to transport powered wheelchairs, powered scooters, or other similar mobility devices as adaptive equipment.

This section was based on H.R. 1361, H.R. 3304, and S. 444, which DAV supported in accord with 2019-2021 DAV Resolution No. 364.

Education

This bill provides permanent authority for the application of certain flexibilities to assist veterans with their educational assistance benefits during emergency situations. Specifically, the bill extends certain program adjustments that were implemented during the COVID-19 emergency to other emergency situations that may arise and have an effect on veterans and their educational assistance benefits.

Among other flexibilities, the bill:

- Authorizes the Department of Veterans Affairs to continue to provide educational assistance, including monthly housing stipends or subsistence allowances, for programs of education that have been converted to distance learning due to an emergency or health-related situation;
- Ensures that an educational assistance payment will not be charged against any entitlement to educational assistance or counted against the aggregate period in situations where an individual was unable to complete a course or program due to an emergency situation;
- Extends the time limitation for using educational assistance under the Montgomery GI Bill, Post-9/11 GI Bill, or vocational rehabilitation program when institutions are closed due to an emergency situation or executive order;
- Authorizes the payment of work-study allowances during emergency periods;
- Ensures an educational assistance payment shall not be charged against an individual's



entitlement if the individual was unable to complete a course or program due to the temporary closure of an educational institution or the temporary termination of a program by reason of an emergency situation; and

- Adjusts the administration of certain benefits for veterans participating in an apprenticeship or other on-job training.

DAV supported this original education bill in accord with 2021–2022 DAV Resolution No.

174. The Veterans Auto and Education Improvement Act of 2022 was enacted on January 5, 2023.

To view this bill, [click here](#).

Veterans Authorizing Provisions in the Consolidated Appropriations Act of 2023 (Public Law 117-328)

In December 2022, the Senate and House passed the Appropriations Act that would fund the government through September 2023. This included an omnibus veterans' bill with multiple sections reflecting DAV-supported legislation from the 117th Congress. Below is a breakdown of veteran's provisions included in the omnibus in two divisions and by section.

Please note, this only includes those veteran's provisions supported by DAV. To view the entire bill, [click here](#).

Division A – Joseph Maxwell Cleland and Robert Joseph Dole

Memorial Veterans Benefits and Health Care Improvement Act of 2022

Health Care

- **Sec. 102. Department of Veterans Affairs treatment and research of prostate cancer.** This requires VA to establish a clinical pathway for all stages of prostate cancer and for VA to submit to Congress a plan that provides for continuous VA research funding that supports prostate cancer research and positions VA as a national resource for prostate cancer detection and research. This is based on legislation, S. 2720 and H.R. 4880, the Veterans Prostate Cancer Treatment and Research Act, which DAV supported in accordance with 2021–2022 DAV Resolution Nos. 101 and 207.
- **Sec. 142. Claims for payment from Department of Veterans Affairs for emergency treatment furnished to veterans.** Provides a deadline of 180 days for the filing of claims for payment of veterans' nonservice-connected emergency treatment. Veterans may not be held liable for payment if a claim was submitted after 180 days due to administrative effort by either the individual or entity, or VA. For treatment of service-connected conditions, it removes veterans' financial liability for emergency care costs in the event individual or entity, or VA, make an error. This section is based on S. 1875, the Veterans' Emergency Care Claims Parity Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 079.

Care for Aging Veterans

- **Sec. 162. Improvement of state veterans homes.** Requires VA to standardize the process for



entering into sharing agreements between state veterans homes and medical centers. It requires VA to monitor contractors used to conduct inspections of State homes. Deficiencies in those inspections would be required to be reported to VA and for VA to publish results of those inspections on its website, as well as corrective actions planned. It also requires VA to ensure that catastrophically disabled veterans in state homes are not paying medication copayments, for parity with those who reside elsewhere. This section is based on S. 1965 and H.R. 6332, the Planning for Aging Veterans Act of 2021, which DAV supported in accordance with 2019–2021 DAV Resolution No. 072.

- ▶ **Sec. 163. Geriatric psychiatry pilot program at state veterans homes.** Requires a two-year VA pilot program to provide geriatric psychiatry assistance to veterans living at state veterans homes. State homes with a high proportion of residents with unmet mental health needs, state homes located in mental health professional shortage areas, and state homes in rural or highly rural areas should be given consideration for this pilot program. This section is based on S. 1965 and H.R. 6332, the Planning for Aging Veterans Act of 2021, which DAV supported in accordance with 2019-2021 DAV Resolution No. 072.
- ▶ **Sec. 164. Support for aging veterans at risk of or experiencing homelessness.** Directs VA to work with public housing authorities and local organizations to assist aging homeless veterans in accessing existing housing and supportive services. This section is based on S. 1965 and H.R. 6332, the Planning for Aging Veterans Act of 2021, which DAV supported in accordance with 2019-2021 DAV Resolution No. 072.
- ▶ **Sec. 165. Secretary of Veterans Affairs contract authority for payment of care for veterans in non-Department of Veterans Affairs medical foster homes.** Allows the VA to pay for veterans to receive care in medical foster homes – an existing VA long-term care program for veterans who are unable to live independently and prefer a family setting – for five years after the enactment of this bill. It permits VA to pay for no more than a daily average of 900 veterans receiving care in a medical foster home in a given year. It requires VA to create a system to monitor this program and requires the Government Accountability Office to submit reports to Congress regarding the implementation of this program. This section is based on S. 2852 and H.R. 7158, the Long-Term Care Veterans Choice Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 372.

Research Matters

- ▶ **Sec. 181. Inapplicability of Paperwork Reduction Act.** Excludes VHA research activities from certain requirements under the Paperwork Reduction Act. This section is based on H.R. 5721, the VA Infrastructure Powers Exceptional Research (VIPER) Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 133.
- ▶ **Sec. 182. Research and Development.** Fixes an issue with how VA researchers are paid for research conducted outside of their VA allocated research hours, provided the research conducted still meets the VA criteria for compensation. This section is based on H.R. 5721, the VIPER Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 133.
- ▶ **Sec. 183. Expansion of hiring authorities for certain classes of research occupations.** Expands VA's authority to hire statisticians, economists, informaticists, and data scientists for research



purposes. These positions are crucial for VA research. This section is based on H.R. 5721, the VIPER Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 133.

- **Sec. 184. Comptroller General study on dedicated research time for certain personnel of the Department of Veterans Affairs.** Mandates a Government Accountability Office (GAO) study on the time and resources dedicated to VA-appointed clinician-scientists. A report will be due two years after enactment and should include information on clinician-scientists with dedicated time for research (a common promise when these employees are hired) and what the effects of current policies are on recruitment, retention, and research productivity. This section is based on H.R. 5721, the VIPER Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 133.

Mental Health Care

- **Sec. 193A. Prohibition on collection of copayments for first three mental health care outpatient visits of veterans. Prevents VA from imposing or collecting copayments for a veteran's first three mental health care outpatient visits each calendar year, beginning 180 days after bill enactment.** This provision will terminate five years after the enactment of this bill. This section is based on S. 4951 and H.R. 7589, REMOVE Copays Act, which DAV supported in accordance with 2022-2023 DAV Resolution No. 141.

Other Matters

- **Sec. 195. Improved transparency of, access to, and usability of data provided by Department of Veterans Affairs.** Requires a review of data that is publicly available on the Access to Care section of VA's website and for VA to consult with veterans service organizations, veterans, and caregivers of veterans to gather insights about potential modifications that could help improve users' understanding and use of the data. This section is based on S. 1319 and H.R. 2775, the VA Quality Health Care Accountability and Transparency Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 368.

Benefits Matters

- **Sec. 201. Improvements to process of the Department of Veterans Affairs for clothing allowance claims.** Currently, veterans with a clothing allowance must re-apply each year. This section improves the grant process to allow for continuous payments without re-application if veterans meet VA regulations that determine whether the wear or tear on clothing from a prosthetic, orthopedic appliance, or medication is as likely as not subject to no change for the duration of use. This section is based on S. 2513, the Brian Neuman Department of Veterans Affairs Clothing Allowance Improvement Act of 2021, and H.R. 4772, the Mark O'Brien VA Clothing Allowance Improvement Act, which DAV supported in accordance with 2022-2023 DAV Resolution No. 019.
- **Sec. 202. Medical opinions for certain veterans with service-connected disabilities who die of COVID-19.** Requires VA to determine whether a previously identified service-connected injury or ailment served as a principal or contributing factor for veterans who died from COVID-19 when survivors file for Dependency and Indemnity Compensation (DIC). Requires VA to provide



information about applying for DIC when a veteran dies from COVID. It mandates an annual report on the effects of this provision on DIC compensation claims. It also mandates studies on denied claims where COVID-19 played a role in the death of the veteran. This section is based on provisions from S. 89 and H.R. 746, the Ensuring Survivor Benefits during COVID-19 Act of 2021, which DAV supported in accordance with 2019-2021 DAV Resolution No. 360.

Education

- ▶ **Sec. 211. Native VetSuccess at Tribal Colleges and Universities Pilot Program.** Establishes three regional pilot programs at no less than two Tribal Colleges and Universities for a VetSuccess program, which provides a VA vocational rehabilitation counselor and a VA Vet Center Outreach Coordinator on campus. It requires a report on the effectiveness of the program, including information on number of participants at program locations, types of services provided, graduation rate of participants, employment rates post-graduation, feedback on how to improve the program, and a detailed proposal on the possibility of extending the program permanently and/or expanding the amount of program locations. This section is based on H.R. 2878, the Native VetSuccess at Tribal Colleges and Universities Pilot Program Act, which DAV supported in accordance with 2021-2022 DAV Resolution No. 272.
- ▶ **Sec. 212. Education for separating members of the Armed Forces regarding registered apprenticeships.** Requires the Department of Labor (DOL) to provide information concerning apprenticeship programs during Transition Assistance Program classes. This section is based on H.R. 147, the BRAVE Act, which DAV supported in accordance with 2021-2022 DAV Resolution No. 128.
- ▶ **Sec. 213. Websites regarding apprenticeship programs.** Requires DOL to include information regarding apprenticeships on their websites. This section is based on H.R. 147, the BRAVE Act, which DAV supported in accordance with 2021-2022 DAV Resolution No. 128.
- ▶ **Sec. 216. Establishment of protections for a member of the Armed Forces who leaves a course of education, paid for with certain educational assistance, to perform certain service.** Prevents colleges and universities from failing or taking punitive action against a student using educational benefits who is forced to withdraw from courses in order to meet National Guard or Reserve obligations. It requires educational institutions to refund all money, including housing and administrative costs, to a student forced to withdraw due to National Guard or Reserve obligations. This section is based on H.R. 5603, the Protections for Student Veterans Act, which DAV supported in accordance with 2021-2022 DAV Resolution No. 174.
- ▶ **Sec. 232. Extension of time limitation for use of entitlement under Department of Veterans Affairs educational assistance programs by reason of school closures due to emergency and other situations.** Allows for the extension of GI Bill delimiting dates during national emergencies. This section is based on S.1936 and H.R.2167, the GI Bill National Emergency Extended Deadline Act, which DAV supported in accordance with 2021-2022 DAV Resolution No. 174.
- ▶ **Sec. 233. Extension of period of eligibility by reason of school closures due to emergency and other situations under Department of Veterans Affairs training and rehabilitation program for veterans with service-connected disabilities.** Extends period of eligibility for Veteran Readiness and Employment (VR&E) during emergencies. This section is based on S.1936 and



H.R.2167, the GI Bill National Emergency Extended Deadline Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 174.

- **Sec. 234. Period for eligibility under Survivors' And Dependents' Educational Assistance Program of Department of Veterans Affairs.** Removes age restrictions for survivors using the VA DEA program after August 2023. This section is based on S.1936 and H.R.2167, the GI Bill National Emergency Extended Deadline Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 174.

Rural Veterans Travel Enhancement

- **Sec. 241. Comptroller General of the United States report on fraud, waste, and abuse of the Department of Veterans Affairs beneficiary travel program.** Directs GAO to conduct a study on waste, fraud, and abuse of the VA beneficiary travel program. This review will be helpful in assessing the effectiveness of the new Beneficiary Travel Self-Service System in reducing fraud and errors. This section is based on S. 2627 and H.R. 4961, the Rural Veterans Travel Enhancement Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 014.
- **Sec. 242. Comptroller General study and report on effectiveness of Department of Veterans Affairs beneficiary travel program mileage reimbursement and deductible amounts.** Directs GAO to conduct a study and issue a report on the effectiveness of the VA's travel program mileage reimbursement and deductible amounts. This report would focus on whether the current reimbursement rate is accurate and effective for mitigating the travel costs of veterans using the program to travel to and from VA facilities for medical appointments. This section is based on S. 2627 and H.R. 4961, the Rural Veterans Travel Enhancement Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 014.
- **Sec. 243. Department of Veterans Affairs transportation pilot program for low income veterans.** Creates a five-year, five-site pilot program whereby the VA Beneficiary Travel program will provide mileage reimbursement in advance of confirmed medical appointments for low-income veterans. This program is intended to provide support to veterans for whom the cost of gas to and from health care appointments can mean forgoing necessary medical care. This section is based on S. 2627 and H.R. 4961, the Rural Veterans Travel Enhancement Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 014.
- **Sec. 244. Pilot program for travel cost reimbursement for accessing readjustment counseling services.** Creates a five-year, five-site pilot program for providing veterans with financial support for transportation to and from Vet Center appointments. Previous programs were focused only on veterans eligible for the VHA Beneficiary Travel program, which has very different eligibility requirements and operates in an entirely different administration within VA. This section is based on S. 2627 and H.R. 4961, the Rural Veterans Travel Enhancement Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 014.

VA Beneficiary Debt Collection Improvement

- **Sec. 252. Prohibition of debt arising from overpayment due to delay in processing by the Department of Veterans Affairs.** Prohibits VA from establishing a debt due to an overpayment



if that overpayment was a result of a processing delay by VA. It requires that notices of debts include detailed explanations regarding rights to dispute the overpayment and ability to request a waiver. It delays the Department's ability to act on overpayments until 90 days after the date of the Secretary's notice as established. It also mandates an annual report on improvements to communication of debts and payment options for people who receive overpayments. This section is based on H.R. 2935, the VA Beneficiary Debt Collection Improvement Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 108.

- ▶ **Sec. 253. Prohibition on Department of Veterans Affairs interest and administrative cost charges for debts relating to certain benefits programs.** Changes the incursion of interest for certain debts, including overpayments, loans, pensions, and education assistance. Effective to debts incurred after enactment. This section is based on H.R. 2935, the VA Beneficiary Debt Collection Improvement Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 108.
- ▶ **Sec. 254. Extension of window to request relief from recovery of debt arising under laws administered by the Secretary of Veterans Affairs.** Extends the window to request relief from attempts to recover a debt by VA from 180 days to one year. This would go into effect two years after enactment. This section is based on H.R. 2935, the VA Beneficiary Debt Collection Improvement Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 108.
- ▶ **Sec. 255. Reforms relating to recovery by Department of Veterans Affairs of amounts owed by individuals to the United States.** Prohibits VA from deducting existing benefits from veterans indebted to VA due to overpayments while the debt is being disputed. Requires VA to update its website with timely information on disputing a debt as well as how to access resources to dispute a debt. It prohibits VA from attempting to collect a debt when the cost of recovery would be greater than the amount owed. This section is based on H.R. 2935, the VA Beneficiary Debt Collection Improvement Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 108.

Homeless Matters

- ▶ **Sec. 301. Adjustments of grants awarded by the Secretary of Veterans Affairs for comprehensive service programs to serve homeless veterans.** Removes the matching grants requirement for VA capital grants for at least five years following enactment of this Act, at which point the Secretary will have the option to require matching funds up to 30% of the cost of a project. Removes real property or equipment disposition requirements for past, present, and future grantees. These grants are essential for transitional housing facilities to make necessary infrastructure changes to their facilities to improve health and safety of veterans by converting from congregate to individual housing models. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act of 2021, which DAV supported in accordance with 2021-2022 DAV Resolution No. 119.
- ▶ **Sec. 302. Modifications to program to improve retention of housing by formerly homeless veterans and veterans at risk of becoming homeless.** Expands the Grant and Per Diem case managers program to include assisting veterans with accessing resources available to them provided by federal, state, local, and tribal governments. It allows for Grant and Per Diem case



managers in high-demand areas, who are undergoing training to meet requirements for their role, to provide these case management services under the supervision of an individual who does meet those requirements. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act of 2021, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.

- ▶ **Sec. 303. Modifications to homeless veterans reintegration programs.** Makes the Homeless Veterans Reintegration Program (HVRP) offered through the DOL permanent. This program helps connect homeless veterans connect with meaningful long-term employment. It increases minimum authorized appropriations to \$60,000,000 annually. It expands technical assistance and support to the whole grant and contract process, including during the application period when it is not currently available. It also directs the Secretary of Labor to emphasize outreach and technical assistance in states that do not currently have any HVRP programs. Lastly, it adds an annual report to Congress on the services provided through grantees and demographic data on veterans served and expands the biennial report to Congress to include further insight into the grantee applicant evaluation process, with a focus on applicants from states without existing grantees. This is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act of 2021 and S. 3094, the Reaching Every Homeless Veteran Act of 2021, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 304. Expansion and extension of Department of Veterans Affairs housing assistance for homeless veterans.** Reauthorizes and amends a VA program allowing the Secretary to sell, lease, rent, or donate a home repossessed due to VA Home Loan default to an entity providing services to at-risk or homeless veterans for the purpose of providing shelter or permanent housing for homeless veterans and their families. This section is based on H.R. 2878, the Native VetSuccess at Tribal Colleges and Universities Pilot Program Act, originally introduced in H.R. 2419, the Affordable Housing for Homeless Veterans Act of 2021. DAV supported both of these bills in accordance with 2021–2022 DAV Resolution Nos. 272 and 119, respectively.
- ▶ **Sec. 305. Training and technical assistance provided by Secretary of Veterans Affairs to certain entities.** Requires VA to provide training and technical assistance, primarily for the purpose of sharing best practices, to entities that provide services to veterans at risk of, experiencing, or transitioning out of homelessness. It removes caps on funding for VA Homeless Program Office to provide technical support and training to participants in the Supportive Services for Veterans Families Program and Grant Per Diem recipients. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act and S. 612, the Improving Housing Outcomes for Veterans Act. DAV supported both bills in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 306. Modification of eligibility requirements for entities collaborating with the Secretary of Veterans Affairs to provide case management services to homeless veterans in the Department of Housing and Urban Development-Department of Veterans Affairs supported housing program.** Requires Department of Housing and Urban Development-Department of Veterans Affairs (HUD-VASH) case management contracting recipients to have experience providing those services. This section is based on S. 2172, the Building Solutions for Veterans



Experiencing Homelessness Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.

- ▶ **Sec. 307. Department of Veterans Affairs sharing of information relating to coordinated entry processes for housing and services operated under Department of Housing and Urban Development Continuum of Care Program.** Requires VA to share information with VA staff regarding best practices for collaboration between VA, homelessness service providers, and other local partners, including entities associated with HUD. This section is based on S. 612, the Improving Housing Outcomes for Veterans Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 308. Department of Veterans Affairs communication with employees responsible for homelessness assistance programs.** Requires VA Under Secretary for Health to communicate the methods for performance measurement and how to obtain and provide feedback on performance measures to all employees working on issues related to homelessness assistance. This section is based on S. 612, the Improving Housing Outcomes for Veterans Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 309. System for sharing and reporting data.** Requires VA and HUD to work together to develop a system of information sharing between Homeless Management Information System (HMIS) of HUD and the Homeless Operations Management and Evaluation System of VA within three years of enactment. This section is based on S. 612, the Improving Housing Outcomes for Veterans Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 310. Pilot program on grants for health care for homeless veterans.** Requires VA to establish a five-year, five-site pilot program through which organizations providing transitional housing to veterans can apply for grants to fund hiring of on-site medical professionals and their supplies. The program must be distributed equitably across geographic regions, and must prioritize rural, tribal, and elderly veteran communities. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 311. Pilot program on award of grants for substance use disorder recovery for homeless veterans.** Requires VA to establish a five-year, five-site pilot program providing grants to substance use disorder recovery programs in the community for those programs to provide their services to veterans who are homeless, were previously homeless and are transitioning to permanent housing, or are at risk of becoming homeless. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 312. Report by Comptroller General of the United States on affordable housing for veterans.** Mandates a GAO study on the availability of affordable housing for veterans and the impact this availability has on veterans transitioning out of temporary housing provided by VA. This section is based on S. 2172, the Building Solutions for Veterans Experiencing Homelessness Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.
- ▶ **Sec. 313. Study on financial and credit counseling.** Directs VA to study the efficacy and barriers to credit and financial counseling for homeless and unstably housed veterans, and to provide



recommendations for improvements to these services. The Secretary is authorized to enter into a contract with an outside organization to conduct the study. The Secretary is required to submit an interim and final report to Congress on the study findings. This section is based on H.R. 1257, the Homeless Veterans CREDIT Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 119.

Other Matters

- ▶ **Sec. 401. Department of Veterans Affairs supply chain resiliency.** Requires VA to submit a report to the Senate and House Veterans Committees (SVAC and HVAC) no later than 90 days from enactment on the types of items the Secretary considers critical to the ongoing COVID-19 response and future pandemics. It requires VA and DOD to enter into an agreement no later than one year from enactment for the VA to participate in the Warstopper program currently run by the Defense Logistics Agency. It requires VA to submit a report no later than 450 days after enactment to SVAC and HVAC on the implementation of the plan for VA to join the Warstopper program. This section is based on S. 887 and H.R. 2082, the VA Supply Chain Resiliency Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 019.
- ▶ **Sec. 402. Improvements to equal employment opportunity functions of Department of Veterans Affairs.** Clarifies the role of VA's Equal Employment Opportunity Director and VA facility Equal Employment Opportunity staff, and requires managers to report instances of harassment to Office of Resolution Management. It mandates additional annual training for all VA staff on sexual harassment and employment discrimination, which must begin within 180 days of enactment. It also mandates reports to Congress every 180 days on progress related to sexual harassment and employment discrimination reporting requirements. This section is based on S. 1243 and H.R. 2704, the Improving VA Accountability to Prevent Sexual Harassment and Discrimination Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 429.
- ▶ **Sec. 403. Department of Veterans Affairs Information Technology Reform Act of 2022.** This section, as well as Section 404, is intended to improve VA's project management, planning, and prioritization functions over its information technology programs and to more regularly report to Congress so as to increase accountability and improve VA IT performance. Requires VA to report to Congress before proceeding on major IT projects including those with life cycle costs projected at more than \$1 billion or \$200 million annually. Reports must include the project's estimated acquisition, implementation, and life cycle costs; implementation schedule and milestones; and key business, functional, and performance objectives. The section requires VA to report to Congress on changes or variances to these projects' baseline plans when those changes meet the thresholds outlined in the section (i.e. if the project misses or changes significant cost, schedule, and IT functionality targets). It requires VA to ensure major IT projects are managed by interdisciplinary teams with relevant credentials and certifications. It brings oversight of VA Financial Services Center's IT employees/contractors, operations, security, and related functions under the authority of VA's Chief Information Officer. It also requires VA to submit to Congress, copies of annual reports it produces on VA's IT portfolio for the Office of Management and Budget (OMB). Additionally, it requires VA's annual budget submission to include a list of



active VA IT projects, a prioritized list of unfunded projects, and a projection of VA IT funding needs over the next three years. This section is based on S. 731 and H.R. 2250, the Department of Veterans Affairs Information Technology Reform Act of 2021, which DAV supported in accordance with 2022–2023 DAV Resolution No. 070.

- ▶ **Sec. 404. Report on information technology dashboard information.** Requires VA to report to Congress on the ratings, rankings, and risk categorization of VA IT projects that VA uses to report to OMB under existing law. This section is based on S. 731 and H.R. 2250, the Department of Veterans Affairs Information Technology Reform Act of 2021, which DAV supported in accordance with 2022–2023 DAV Resolution No. 070.
- ▶ **Sec. 406. Plan for reduction of backlog of Freedom of Information Act requests.** Requires VA to establish and implement a plan for reducing its backlog of requests under the Freedom of Information Act (FOIA) including through technology and improved procedures. It requires VA to request that the Office of Government Information Services of the National Archives and Records Administration conduct an assessment of VA's compliance with FOIA. It mandates, for five years, annual reports from VA on its FOIA compliance improvement efforts and make such reports available on its website. This section is based on S. 2163, the VA FOIA Reform Act of 2021, which DAV supported in accordance with 2021–2022 DAV Resolution No. 036.

Division B - STRONG Veterans Act of 2022

Training to Support Veterans' Mental Health

- ▶ **Sec. 101. Mental health and suicide prevention outreach to minority veterans and American Indian and Alaska Native veterans.** Native Americans serve in the US military in disproportionately high rates and die by suicide at disproportionately high rates, as well. This bill directs VA to ensure that every VA medical center has at least one minority veteran coordinator, trained by VA in consultation with tribes and tribal programs in culturally appropriate mental health promotion and suicide prevention approaches. The minority veteran coordinators must work with facility suicide prevention coordinators to document and implement mental health outreach and services to tribes in their catchment areas. This section is based on S. 5181 and H.R. 912, the American Indian and Alaska Native Veterans Mental Health Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 251.
- ▶ **Sec. 102. Expansion of Vet Center workforce.** This section increases Vet Center capacity by mandating the hiring of 50 additional full-time equivalent employees for Vet Centers. It is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- ▶ **Sec. 103. Expansion of mental health training for Department of Veterans Affairs.** Within three years, this section directs VA to add an additional 250 paid trainee slots in covered mental health disciplines to the VA workforce. The term "covered mental health disciplines" refers to psychiatry, psychology, advanced practice nursing (with a focus on mental health or substance use disorder), social work, licensed professional mental health counseling, and marriage and family therapy. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care



Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.

➤ **Sec. 104. Expansion of scholarships and loan repayment programs for mental health providers.**

This section directs VA to include not fewer than an additional (as compared to academic year 2021) 50 awards per academic year under the VA Health Professional Scholarship Program under subchapter II of chapter 76 of title 38, United States Code, for applicants otherwise eligible for such program who are pursuing degrees or training in mental health disciplines, including advanced practice nursing (with a focus on mental health or substance use disorder), psychology, and social work. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.

Transition of Crisis Line Number

- **Sec. 231. Feedback on transition of crisis line number.** Title II directs a series of actions to improve the Veterans Crisis Line training and quality management, evaluate its effectiveness, and ensure enough resources are available as the new 3-digit crisis line number went into effect in July 2022. This section is based on S. 2283 and H.R. 5073, the REACH for Veterans Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 059.

Outreach to Veterans

- **Sec. 302. Improvements to Veterans Justice Outreach Program.** This provision requires VA to improve its outreach to justice-involved veterans, veterans service organizations, and stakeholders in the criminal justice community (including law enforcement, court officials, and jail administrators), to improve awareness of VA's Veterans Justice Outreach (VJO) program. It also requires VA to increase the number of VJO specialists serving justice-involved veterans in rural, remote, or underserved areas. In addition, VA is directed to carry out mandatory annual training for VJO specialists and establish performance goals, measures, and implementation timelines for the VJO program and its outreach specialists. This section is based on S. 3323 and H.R. 5529, the Veterans Justice Outreach Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 132.
- **Sec. 303. Department of Veterans Affairs Governors Challenge Program.** VA's Governors' Challenge program is an existing, collaborative effort with the Substance Abuse and Mental Health Services Administration (SAMHSA) to help states develop veteran suicide prevention proposals. This bill gives VA two new authorities within its existing Governors' Challenge veteran suicide prevention program: 1) it directs VA to treat tribes equal to states for the purpose of inclusion in the program; and 2) it allows VA to provide not only technical assistance to states and tribes, but also grants for actual implementation of state and tribal veteran suicide prevention proposals. This section is based on H.R. 5317, the VA Governors Challenge Expansion, which DAV supported in accordance with 2022–2023 DAV Resolution No. 251.

Mental Health Care Delivery

- **Sec. 401. Expansion of peer specialist support program of Department of Veterans Affairs.** Peer



specialists at VA are veterans in recovery from their own challenges with mental illness and substance use, trained to help other veterans successfully engage in treatment. They have been both popular with veterans and effective. This bill gradually expands the number of VA peer specialists in all VA medical centers. This section is based on S. 2386 and H.R. 4575, the Veteran Peer Specialist Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 019.

- **Sec. 402. Expansion of Vet Center services.** This section would make certain student veterans eligible for using Vet Centers even if they would not meet Vet Center eligibility criteria were they not currently students (for example, through lack of combat deployments). Transitions from military to veteran status, and from non-student to student are times of increased stress and suicide risk, and it is crucial to support increased access to the mental health and other services and benefits during this time. This section is based H.R. 4233, the Student Veterans Counseling Centers Eligibility Act, which DAV supported in accordance with 2022–2023 DAV Resolution No. 059.
- **Sec. 403. Eligibility for mental health services.** This section allows Vet Centers to provide readjustment counseling and related mental health services to family members of service members or veterans who died by suicide. The definition of “family member” includes individuals who are the parent, spouse, child, step-family member, or extended family member of a veteran or service member; and someone who lives with the veteran or service member but is not a family member. This section is based on S. 2817 and H.R. 5029, the Expanding the Families of Veterans Access to Mental Health Services Act, which DAV supported in accordance with 2022–2023 DAV Resolution Nos. 023, 057, 080, and 082.
- **Sec. 404. Mental health consultations.** This section amends the U.S. Code such that not later than 30 days after the date on which a veteran submits to the VA Secretary a claim for compensation under this chapter for service-connected disability relating to a mental health diagnosis, the Secretary shall offer the veteran a mental health consultation to assess the mental health needs of and care options for the veteran. This section is based on S. 3293, the Post-9/11 Veterans’ Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.

Research

- **Sec. 501. Veterans integration to academic leadership program of the Department of Veterans Affairs.** This provision requires VA to submit to Congress within one year of enactment a report on the Veterans Integration to Academic Leadership (VITAL) program. Specifically, VA must assess the number of VA medical centers, institutions of higher learning, non-college degree programs, and student veterans supported by the program. In addition, the report must evaluate relevant trends since the program began, including the levels of staff and resources allocated to the program and the outcomes and effectiveness of the program. In addition, VA’s report must examine barriers to expanding the program and how the Department plans to address these barriers. Finally, VA’s report must assess whether the program should be expanded outside of VHA’s Office of Mental Health and Suicide Prevention to support student veterans with needs unrelated to mental health or suicide. This section is based on S. 3368 and H.R. 5516, the VITAL Assessment Act, which DAV supported in accordance with 2019-2021 DAV Resolution No. 370.
- **Sec. 502. Improvement of sleep disorder care furnished by Department of Veterans Affairs.**



This section directs the Secretary of VA to improve the assessment and treatment of veterans with sleep disorders, including by conducting in-home sleep studies for veterans, following an analysis of the ability of VA to treat sleep disorders among veterans, including—(1) assessment and treatment options for such disorders; (2) barriers to care for such disorders, such as wait time, travel time, and lack of staffing; (3) the efficacy of the clinical practice guidelines of VA and the Department of Defense for such disorders; and (4) the availability of and efficacy of the use by VA of cognitive behavioral therapy for insomnia. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.

- **Sec. 503. Study on inpatient mental health and substance use care from Department of Veterans Affairs.** This section mandates that not later than one year after the date of the enactment of this Act, the Secretary of VA shall complete the conduct of a study on access of veterans to care under the residential rehabilitation treatment programs of the Department of Veterans Affairs to determine—(1) if there are sufficient geographic offerings of inpatient mental health care, especially for veterans in rural and remote communities; (2) if there are sufficient bed spaces at each location, based on demand and drive time from the homes of veterans; (3) if there are any workforce-related capacity limitations at each location, including if beds are unable to be used because there are not enough providers to care for additional patients; (4) if there are diagnosis-specific or sex-specific barriers to accessing care under such programs; and (5) the average wait time for a bed in such a program, broken out by— (A) Veterans Integrated Service Network; (B) rural or urban area; (C) sex; and (D) specialty (general program, substance use disorder program, military sexual trauma program, etc.). This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- **Sec. 504. Study on treatment from Department of Veterans Affairs for co-occurring mental health and substance use disorders.** This section directs VA to conduct a study examining the availability of treatment programs for veterans with co-occurring mental health and substance use disorders (including both inpatient and outpatient care); any geographic disparities in access to such programs, such as for rural and remote veterans; and the average wait times for care under such programs. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- **Sec. 505. Study on workload of suicide prevention teams of Department of Veterans Affairs.** This provision directs VA to conduct a study evaluating the workload of local suicide prevention teams of the Department of Veterans Affairs. The study shall identify the effects of the growth of the suicide prevention program of the Department on the workload of suicide prevention teams; incorporate key practices for staffing model design in determining suicide prevention staffing needs; and determine which facilities of the Department need increased suicide prevention coordinator staffing to meet the needs of veterans, with an emphasis placed on facilities with high patient volume and facilities located in states with high rates of veteran suicide. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.



- **Sec. 506. Expansion of suicide prevention and mental health research.** This section authorizes an additional \$10,000,000 to be used by VA's Center of Excellence for Suicide Prevention of the Department and the Rocky Mountain Mental Illness Research Education and Clinical Center for the purposes of conducting research on the factors impacting veteran suicide and best practices for early intervention and support. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- **Sec. 507. Study on mental health and suicide prevention support for military families.** This section directs the Secretary of VA, in collaboration with the Secretary of Defense, to conduct a study on secondary post-traumatic stress disorder and depression and its impact on spouses, children, and caregivers of members of the Armed Forces. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- **Sec. 508. Research on brain health.** This section authorizes an additional \$5,000,000 for ongoing and future research at VA's Translational Research Center for traumatic brain injury and stress disorders to provide better understanding of and improved treatment options for post-9/11 veterans with traumatic brain injury or post-traumatic stress disorder. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.
- **Sec. 509. Study on efficacy of clinical and at-home resources for post-traumatic stress disorder.** This section mandates that not later than two years after the date of the enactment of this Act, the Secretary of VA, through VA's Office of Research and Development, shall conduct a study on the efficacy of clinical and at-home resources, such as mobile applications like COVID Coach, for providers, veterans, caregivers, and family members to use for dealing with stressors; the feasibility and advisability of developing more such resources; strategies for improving mental health care and outcomes for veterans with post-traumatic stress disorder; and best practices for helping family members of veterans deal with secondary post-traumatic stress disorder or mental health concerns. This section is based on S. 3293, the Post-9/11 Veterans' Mental Health Care Improvement Act, which DAV supported in accordance with 2021–2022 DAV Resolution No. 118.

SOUTH DAKOTA VETERANS CEMETERY ENDOWMENT FUND

DATE ENDOWMENT CREATED:

March 23, 2018

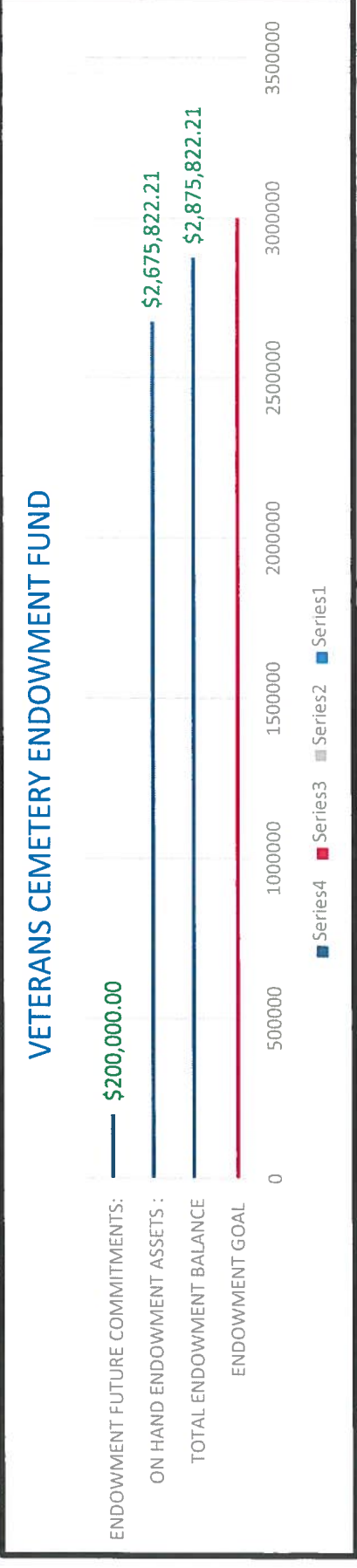
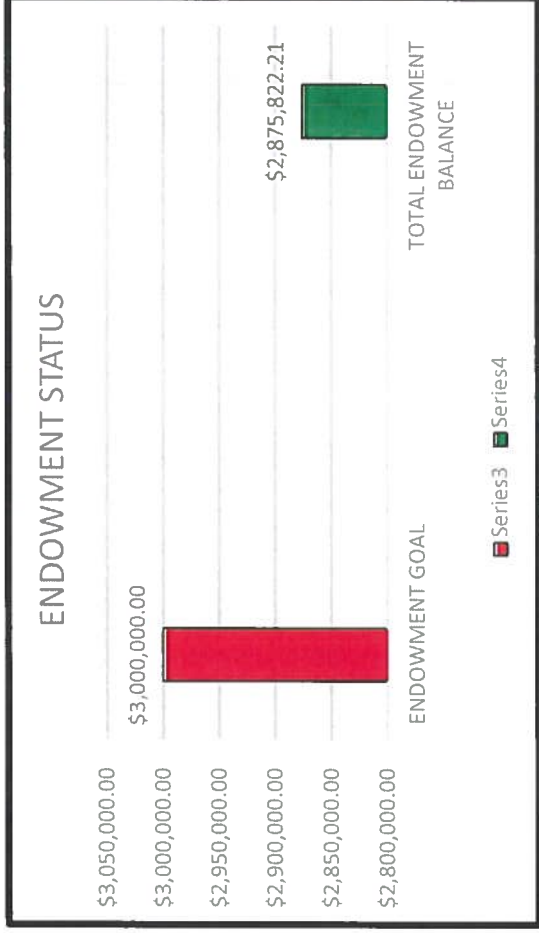
ENDOWMENT GOAL DEADLINE:

July 1, 2023

YEARLY APPROPRIATIONS BRIEF:

January 5, 2023

ENDOWMENT GOAL	\$3,000,000.00
TOTAL ENDOWMENT BALANCE	\$2,875,822.21
ON HAND ENDOWMENT ASSETS :	\$2,675,822.21
ENDOWMENT FUTURE COMMITMENTS:	\$200,000.00
YEARLY SAVINGS GOAL:	\$600,000.00
ASSETS ABOVE AND BEYOND GOAL	(\$124,177.79)



NOTES: Future Commitments = Miles & Lisa Beacom \$ 200,000



Military Women's Memorial celebrates 25 years

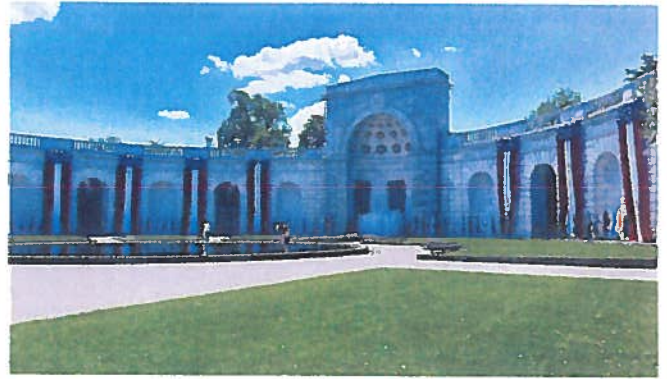
By Phyllis Wilson (CW5, USA Retired) *President, Military Women's Memorial*

Twenty-five years ago, a crowd of some 40,000 people gathered at the entrance of Arlington National Cemetery. They came to dedicate the only national memorial ever built to all women who have served in and with America's Armed Forces. Women veterans from as early as World War I joined the masses assembled along Memorial Drive to celebrate the historic occasion.

For many women veterans, it was an emotional moment. The nation they had so proudly served had finally built a bold and indelible tribute to their service—a tribute that would forever tell their stories and uphold their time in uniform alongside their brothers-in-arms.

The Military Women's Memorial was constructed behind the iconic granite wall that has stood at the Cemetery's main gate since 1932. The space is filled with light by an arc of glass tablets that form the skylight and reflect etched quotes by and about military women down onto the interior marble walls. Inside, items from the largest collection of artifacts and historical records about military women are displayed and carefully preserved.

The Memorial's design is all-at-once progressive and classic, reflecting the timeline of women's military service, which began during the Revolutionary War and grows longer every day. That is one of the reasons we consider our memorial to be a living memorial. Every time a woman raises her hand and pledges an oath to our country, she joins the legions of women who have served, enriching women's story of service to the nation.



(Military Women's Memorial courtesy photo)

The Memorial's mission is to tell the story of women's service to the nation. With women veterans totaling more than three million, and increasing every day, we are doubling down on our efforts to capture their individual stories – another reason we are a living memorial. Through our website, womensmemorial.org, military women, past and present, can take their rightful and visible place in history by registering their service with the Memorial. It's free and easy to do. Loved ones can also create a profile on their behalf. The entries are then forever accessible online and at the Memorial, displaying their picture, awards and decorations and story of service – giving every woman their deserved place of honor for all time. These Register profiles spark some of our most emotional reactions from visitors as they find a grandmother, daughter, friend, or themselves represented among the generations of women who have served our nation. The Register currently houses more than 303,000 women's records of service.

“Military women, past and present, can take their rightful and visible place in history by registering their service with the Memorial. It's free and easy to do. Loved ones can also create a profile on their behalf. The entries are then forever accessible...”

If you've never visited the Memorial or haven't come by recently, we encourage you to plan your next visit. In addition to our world-class collections documenting all military women's service, we regularly introduce innovative and interactive exhibitions. We also feature a packed schedule of events, including limited-time exhibits, panel discussions, guest speakers, and more. If you cannot visit in person, you can explore our rich offering of virtual programs.

The story of America is not complete without the stories of military women. Retired Soldiers, help us tell their story by registering a military woman, past or present, living or deceased. And to all those women who have worn the uniform, thank you for your service.

Phyllis Wilson served 37 years in the Army as a Military Intelligence Voice Intercept Operator, including a deployment as an Intelligence Analyst with Special Operations for Operation Iraqi Freedom. She also served as the 5th Command Chief Warrant Officer for the United States Army Reserve.



PACT Act expands veteran health care, benefits

Department of Veterans Affairs

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, or PACT Act, is a new law that expands Department of Veterans Affairs (VA) health care and benefits for veterans exposed to burn pits and other toxic substances. The PACT Act was signed by President Biden on August 8, 2022.

“The PACT Act is a historic new law that will help VA deliver for millions of veterans — and their survivors — by empowering us to presumptively provide care and benefits to vets suffering from more than 20 toxic exposure-related conditions. It will also bring generations of veterans into VA health care, which will improve veteran health outcomes across the board,” said the Honorable Denis McDonough, Secretary of Veterans Affairs.

To learn more about the PACT Act, to file a claim for PACT Act-related disability compensation, or to apply for VA health care, refer to <https://www.va.gov/resources/the-pact-act-and-your-va-benefits/>.

The PACT Act adds the following new presumptions:

Gulf War and Post-9/11 veterans

Burn pit and toxic exposure presumptive conditions

These cancers are now presumptive conditions:

- Brain cancer
- Gastrointestinal cancer of any type
- Glioblastoma
- Head cancer of any type
- Kidney cancer
- Lymphatic cancer of any type
- Lymphoma of any type
- Melanoma
- Neck cancer
- Pancreatic cancer
- Reproductive cancer any type
- Respiratory (breathing-related) cancer of any type

These illnesses are now presumptive conditions:

- Asthma that was diagnosed after service
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Chronic rhinitis
- Chronic sinusitis
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease (ILD)
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis

Vietnam era veterans

There are 5 new presumptive Agent Orange locations:

- Any U.S. or Royal Thai military base in Thailand from Jan. 9, 1962, through June 30, 1976
- Laos from Dec. 1, 1965, through Sept. 30, 1969
- Cambodia at Mimot or Krek, Kampong Cham Province from April 16, 1969, through April 30, 1969
- Guam or American Samoa or in the territorial waters off of Guam or American Samoa from Jan. 9, 1962, through July 30, 1980
- Johnston Atoll or on a ship that called at Johnston Atoll from Jan. 1, 1972, through Sept. 30, 1977

These are now Agent Orange presumptive conditions:

- Hypertension
- Monoclonal gammopathy of undetermined significance

* If the VA denied your claim in the past but now considers your condition presumptive, file a Supplemental Claim and the VA will review it again. Find out how to file a Supplemental Claim here: <https://www.va.gov/decision-reviews/supplemental-claim/>

* The VA will start to process PACT Act-related benefits in January 2023.

Radiation presumptive locations

There are 3 new response efforts added to the list of presumptive locations:

- Cleanup of Enewetak Atoll, from Jan. 1, 1977, through Dec. 31, 1980
- Cleanup of the Air Force B-52 bomber carrying nuclear weapons off the coast of Palomares, Spain, from Jan. 17, 1966, through March 31, 1967
- Response to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near Thule Air Force Base in Greenland from Jan. 21, 1968, to Sept. 25, 1968

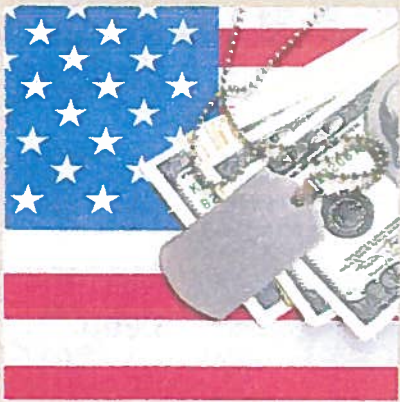
The new PACT Act

- » Expands toxic-exposed Veterans access to VA care
- » Extends health care eligibility for Vietnam, Gulf War, and Post-9/11 era combat Veterans
- » Adds new presumptive conditions for radiation, Agent Orange, Gulf War toxins, and burn pit exposures

EXPANDED VA CARE & BENEFITS

Learn more at VA.gov
1-800-MyVA411 (800-698-2411)

VA U.S. Department of Veterans Affairs



Insurance Coverage Increases for Troops and Vets

A new VFW-supported law (*PL 117-209*) increased the maximum amount of life insurance coverage for troops and veterans.

Signed by President Joe Biden in October, the *Supporting Families of the Fallen Act* increases the maximum insurance coverage of the Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) from \$400,000 to \$500,000. The increase is automatic and took effect with the law's enactment.

The amount of life insurance coverage under VA's SGLI and VGLI had not been updated since Sept. 1, 2005, when the maximum amount was raised from \$250,000. VA's life insurance coverage is available in increments of \$50,000.

As of the magazine's print deadline, a date had not been set for the start of the new life insurance coverage.



AIR FORCE PHOTO

Air Force Maj. Evangeline Vida, of the 28th Medical Operations Squadron, takes notes during a Transition Assistance Program session in 2012 at South Dakota's Ellsworth Air Force Base. Last year, on Oct. 17, President Joe Biden signed the VFW-supported *Solid Start Act of 2022*, which requires VA to contact and offer services to newly separated veterans.

VA Required to Contact Transitioning Vets

President Joe Biden on Oct. 17 signed VFW-supported legislation into law that requires VA to contact and offer services to newly separated veterans.

The *Solid Start Act of 2022* (*PL 117-205*) aims to help veterans make a successful transition out of the military and into civilian life.

The *Solid Start Act* requires VA, along with the Department of Defense, to:

- Collect contact information during transition classes or separation counseling for troops who are separating from service.
- Explain the existence and purpose of the new program.
- Call veterans three times within their first year of separation.
- Publish information about the program in print and on VA's website.
- Provide women veterans with information tailored to their health care needs and benefits.
- Provide information on access to veterans' own state and local resources.
- Assess the effectiveness of the program.
- Ensure calls are tailored to each veteran's needs.
- Prioritize outreach to veterans who have accessed mental health resources prior to separation from the military.

The *Solid Start Act* also requires VA to follow up on missed calls. The law also offers the program to all newly separated veterans regardless of the type or characterization of service.



FOR MORE INFORMATION about specific legislation or VA benefits, contact VFW's Washington Office at vfw@vfw.org. A member of VFW's National Veterans Service staff will respond as soon as possible.



MARINE CORPS PHOTO



Radiological engineers test for Per- and Polyfluoroalkyl Substances (PFAS) in August 2020, at North Carolina's Marine Corps Base Camp Lejeune.

Camp Lejeune Vets are Asked to Weigh Their Options

The *Honoring Our PACT Act* law is omnibus legislation that included the *Camp Lejeune Justice Act*. That section of the law states people who drank or used contaminated water for at least 30 days between Aug. 1, 1953, and Dec. 31, 1987, at Camp Lejeune in North Carolina can file a lawsuit to obtain compensation for any harm caused by the contaminated water.

VFW urges Camp Lejeune veterans and families to contact a VA-accredited VFW service officer before making any decisions regarding Camp Lejeune lawsuits.

The *Camp Lejeune Justice Act* has an offset provision for any compensation awarded from a court case. That compensation will be deducted from any VA disability pay, VA health care, Medicare or Medicaid. The suspension would be in effect until the amount of money that was used to file a suit is fully paid.

Visit <https://www.vfw.org/service-officers> to find a VFW VA-accredited service officer near you.

COLA Increases for Veterans and Survivors

President Biden signed VFW-supported legislation on Oct. 8 that will increase the monthly compensation given to disabled veterans and survivors.

The *Veterans' Compensation Cost-of-Living Adjustment Act of 2022 (PL 117-191)* will require VA to increase compensation amounts by 8.7 percent, which is the same rate as the cost-of-living adjustment (COLA) in benefits for Social Security recipients for 2023. The government bases the annual COLA increase on calculations by the Department of Labor.

PL 117-191 will increase the amount payable for:

- Wartime disability compensation
- Dependents' compensation
- Clothing allowance for some disabled veterans
- Dependency and indemnity compensation

The *Veterans' Compensation Cost-of-Living Adjustment Act of 2022*, as well as the adjusted rate, went into effect on Dec. 1. The first checks to reflect the new rate were distributed at the end of December.

VA Processing PACT Act Claims

This month, VA will begin processing disability claims for all presumptive conditions related to the *Honoring Our PACT Act*, which was made law in August.

The passage and signing of the *Honoring Our PACT Act* made the following cancers presumptive conditions:

- Brain cancer
- Gastrointestinal cancer of any type
- Glioblastoma
- Head cancer of any type
- Kidney cancer
- Lymphatic cancer of any type
- Lymphoma of any type
- Melanoma
- Neck cancer of any type
- Pancreatic cancer
- Reproductive cancer of any type
- Respiratory (breathing-related) cancer of any type

The *Honoring Our PACT Act* made the following illnesses presumptive conditions:

- Asthma that was diagnosed after service
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Chronic rhinitis
- Chronic sinusitis
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- Granulomatous disease
- Interstitial lung disease (ILD)
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis

Veterans of the following operations are eligible to apply:

- *Operation Desert Storm*
- *Operation Desert Shield*
- *Operation New Dawn*
- *Operation Iraqi Freedom*
- *Operation Enduring Freedom*

For help with filing a service-connected disability claim, talk to a VA-accredited VFW service officer. Find one closest to your home at <https://www.vfw.org/service-officers>.

GIVING TRANSITIONING VETERANS A 'SOLID START'

POSTED ON JAN 12, 2023 BY M. TODD HUNTER



Newly separated veterans can now expect a series of phone calls from the Department of Veterans Affairs, thanks to a new DAV-supported law that will ensure the agency reaches out to connect transitioning service members with various tools and resources.

Signed by President Biden in October, the Solid Start Act of 2022 (Public Law 117-205) permanently authorizes and expands the [VA Solid Start](#) (VASS) program. It was launched as a pilot program in December 2019 to increase veterans' awareness of available VA benefits

and services, lower the entry barriers into VA mental health care treatment and support veterans' successful transition to civilian life.

"The first year after separation can pose numerous challenges that make it difficult for veterans to adjust to civilian life," said Washington Headquarters Executive Director Randy Reese. "This new law will ensure the VA and Pentagon coordinate their efforts so our transitioning heroes get the health care and benefits they've earned at a critical time in their lives."

Specifically, the bill requires the VA to coordinate with the Department of Defense to call veterans three times per year (zero to 90, 91 to 180, and 181 to 365 days after release from active duty), provide women veterans with information tailored to their health care and benefit needs, and prioritize outreach to veterans who have accessed mental health resources before separation.

The VASS program is already prioritizing calls to those who had a mental health care appointment within the last year of their service, helping lower the barrier to accessing VA mental health services and treatment. The department says it successfully connected with nearly 25,000 such veterans in fiscal year 2021, representing a 75% connection rate. The program connected with nearly 150,000 veterans in all.

“Every veteran deserves to be made aware of the benefits they’ve earned regardless of their service record or character of discharge,” said Reese. “We’re happy to see a VA program that reaches out to such individuals is now permanent under this new law.”

VA Solid Start conversations are not scripted and are instead driven by the specific needs of the veteran at the time of the call, according to the VA. Program representatives ask open-ended questions to identify issues or challenges veterans may be experiencing at the time of the call and then direct them to the appropriate resources, benefits and services to best meet their needs.

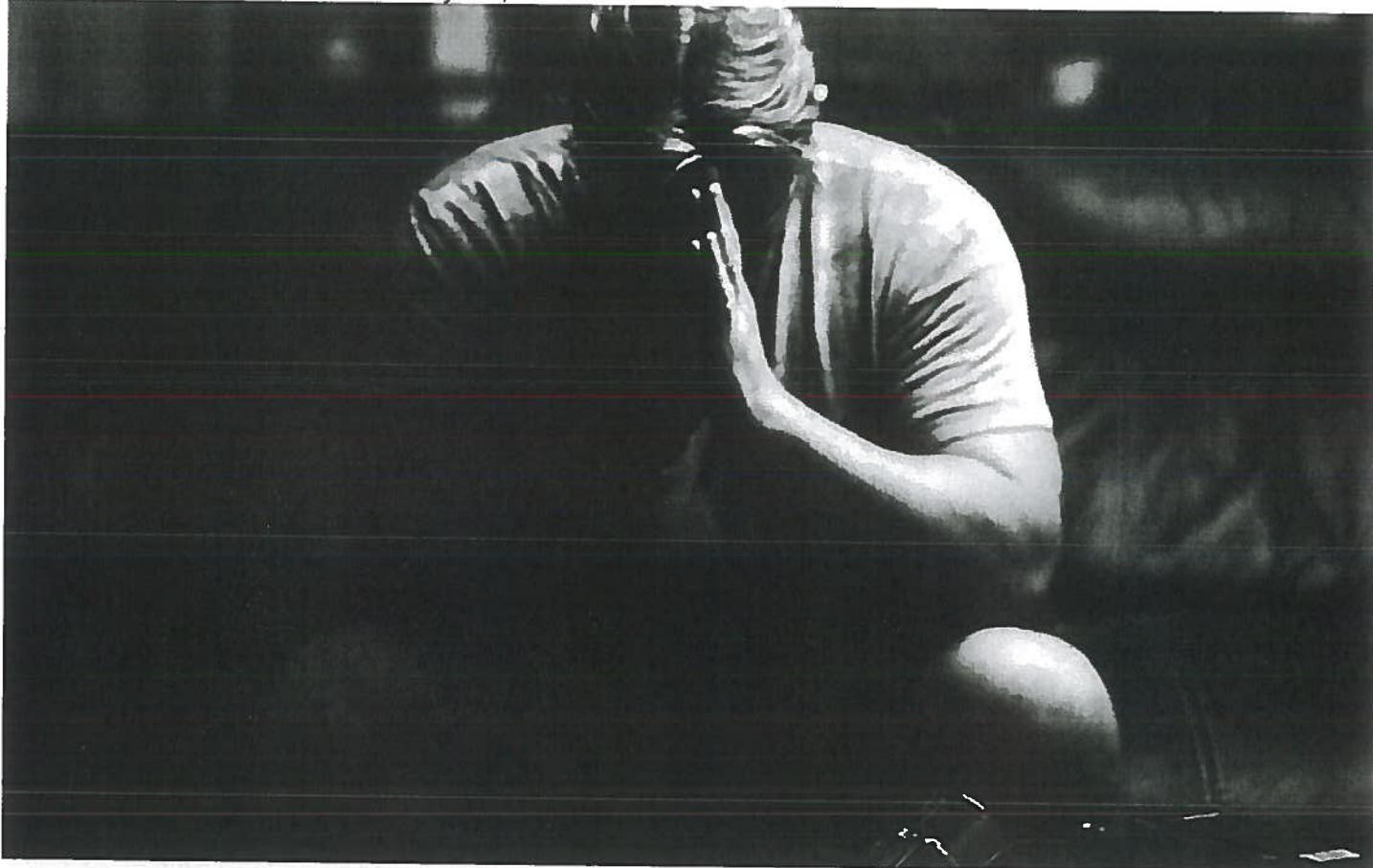
“Only time will tell if this program can remain effective in connecting newly separated veterans with the benefits they’ve earned,” said Reese. “In the meantime, we’re glad to see Congress and the White House working together so veterans don’t fall through the cracks.”

Find updates to other major veteran legislation by joining DAV CAN (Commander’s Action Network) at [DAVCAN.org](https://www.davcan.org).

Veterans to receive free emergency mental health care beginning Jan. 17

By
SVETLANA SHKOLNIKOVA

STARS AND STRIPES • January 13, 2023



Veterans struggling with suicidal thoughts will be able to receive free emergency mental health care starting Tuesday, Jan. 17, 2023, at any Department of Veterans Affairs medical facility or outside provider. (Department of Defense)

WASHINGTON — Veterans struggling with suicidal thoughts will be able to receive free emergency mental health care starting Tuesday at any Department of Veterans Affairs medical facility or outside provider.

The new policy will apply to all veterans in mental health crisis, even if they're among the estimated 9 million former service members who are not using their VA benefits, according to the VA. The effort is part of the department's 10-year strategy to reduce suicide by veterans, who are at a significantly higher suicide risk than the general population.

"Veterans in suicidal crisis can now receive the free, world-class emergency health care they deserve, no matter where they need it, when they need it, or whether they're enrolled in VA care," VA Secretary Denis McDonough said in a statement on Friday. "This expansion of care will save veterans' lives, and there's nothing more important than that."

There were more than 6,100 veteran suicides in 2020, according to the latest VA data. An estimated 17 veterans die by suicide every day.

The free treatment will include emergency suicide care, inpatient or crisis residential care for up to 30 days and outpatient care for up to 90 days. The VA will also either cover or reimburse transportation costs, appointment fees and other related expenses.

Eligible veterans must have left active duty after more than 2 years of service under any separation status except a dishonorable discharge. Other eligibility is provided for former troops who served 100 days under a combat exclusion, worked with drones for more than 100 days and veterans who were victims of sexual harassment or sexual assault.

Rep. Mark Takano, D-Calif., said Friday that he was thrilled the VA will begin implementing an idea that he first proposed in a bill in 2020. The measure became the foundation on which the new VA policy is based.

“This new benefit removes cost from the equation when veterans are at imminent risk of self-harm and allows them to access lifesaving care when they need it most, regardless of whether the veteran has ever enrolled in or used VA health care benefits,” Takano said in a statement. “But there is more work to do. As we embark on a new year and a new Congress, I will continue to prioritize meaningful solutions to help save veterans’ lives.”

The VA has embarked on several initiatives over the past year to help prevent veteran suicide, including a Veteran Crisis Hotline that can be contacted through 988 or at 1-800-273-8255.

Young and hard-to-reach veterans need better VA contact to access benefits, report says

By
SVETLANA SHKOLNIKOVA

STARS AND STRIPES • January 19, 2023

WASHINGTON — A program to help veterans reintegrate into civilian life needs to improve outreach to young veterans and partner with more veteran organizations to boost its effectiveness, according to a government watchdog report released Thursday.

The Department of Veterans Affairs' Solid Start program launched in 2019 to help support new veterans, phoning them three times during their first year after separation from military service. The calls and subsequent emails inform veterans of benefits that they can access, such as health care, education and employment counseling.

In 2021, Solid Start contacted about 71% of eligible veterans, according to the Government Accountability Office. Those veterans ended up using their benefits more than peers who did not have contact with the program. Data tracked by the VA showed 44% of veterans reached by Solid Start enrolled in VA health care, compared to 7% of veterans with whom the VA was not able to connect.

About half of the 18 million veterans in the U.S. are not enrolled in health care provided by the VA.

Of the veterans who accessed mental health services, 75% had spoken with a Solid Start representative beforehand, according to the report.

Still, outreach lagged for veterans younger than 23 years old. Solid Start only contacted about 42% of this age group in 2021. Younger veterans are known to experience higher rates of suicide than other veterans, according to the VA. An estimated 17 veterans die by suicide every day.

Veterans groups told the Government Accountability Office that the Solid Start program needed to expand its communication tools and employ representatives with military experience to improve outreach.

Some veterans are reluctant to answer cold calls that are sometimes marked as spam or they might lack access to a phone, computer or stable mailing address, the veterans organizations said. They suggested the VA use text messaging to reach younger veterans and place flyers and handouts in veteran centers for those who prefer other communication methods.

The VA plans to begin texting information about the Solid Start program in the first half of 2023, according to the report.

Veterans organizations also pointed out that veterans prefer to speak to other veterans and are reluctant to engage with program representatives who have no military experience. Minority veterans who experienced racism or homophobia while serving might not want to speak to the VA at all and survivors of military sexual trauma might not trust the VA to help them, according to the report. Veterans who did not receive an honorable discharge also can be uncomfortable engaging with Solid Start.

VA officials said they started sending personalized emails to veterans without an honorable discharge to let them know for which benefits they qualify. The department also said program representatives receive specific training for contacting sexual trauma survivors and undergo other training for diversity and equity issues.

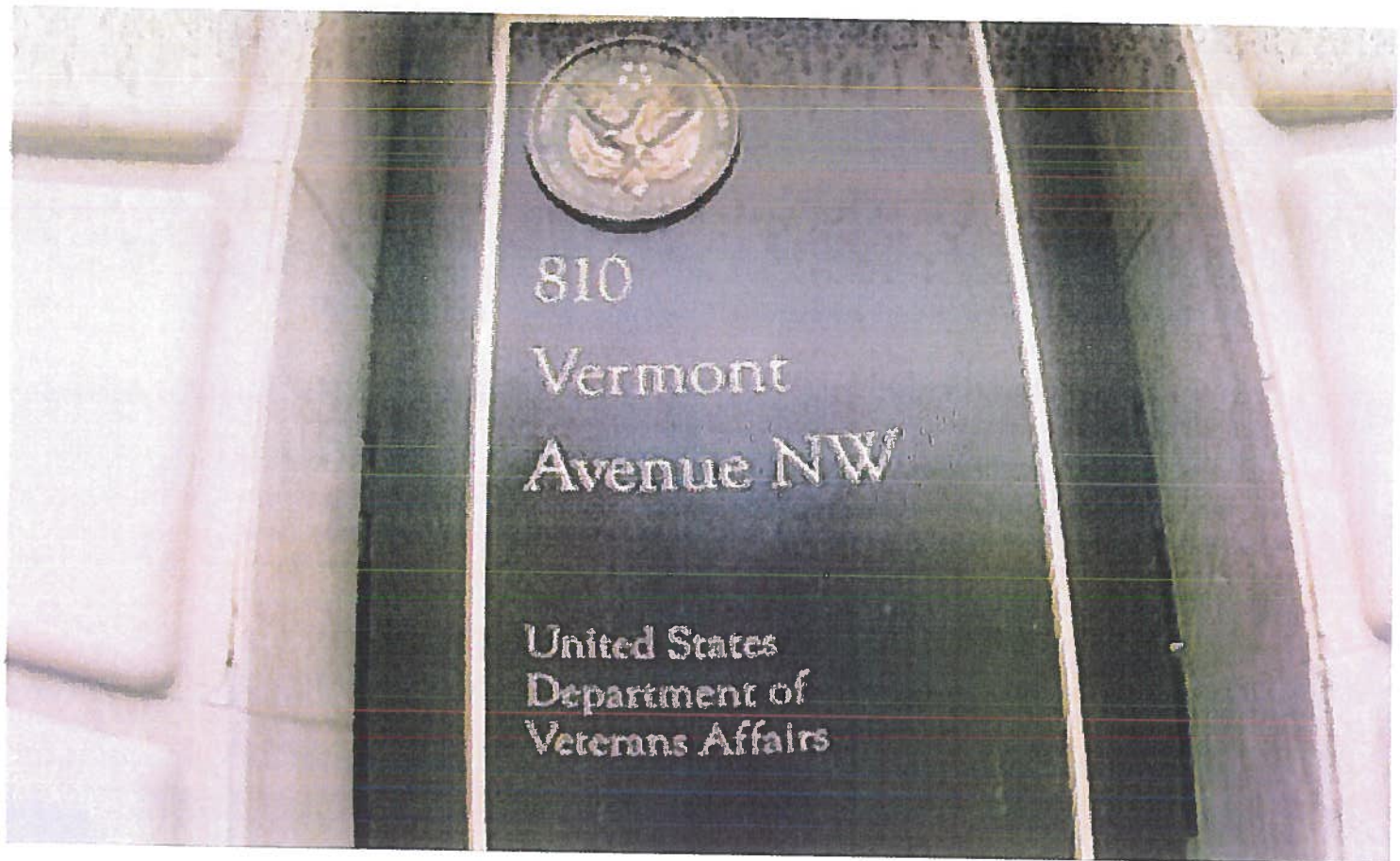
Not all program representatives are veterans but veterans can specifically request to speak to a veteran, the VA added. Veterans can also request a female representative or a Spanish speaker, for example.

The Government Accountability Office recommended the VA address shortfalls in the program and close outreach gaps by increasing collaboration with veterans service organizations.

“Since these organizations have historically worked to make veterans aware of their benefits, and routinely connect with hard-to-reach veterans, they may be well positioned to collaborate with and advise VA on how to best communicate with these veterans, as well as encourage them to connect directly with Solid Start,” the watchdog stated. “This could ultimately connect even more veterans to their benefits.”

The report was requested by five members of Congress, including Sen. Maggie Hassan, D-N.H. Hassan, who co-authored legislation making the Solid Start program permanent, said the VA is successfully taking action to connect with veterans undergoing a tough, transformational period in their lives but needs to do more.

“The Solid Start program is an essential way to better meet the needs of our country’s veterans, ensuring that they are aware of the VA services and support that can help ease their transition to civilian life,” she said. “I urge the VA to take additional steps, including improving connection with younger veterans and strengthening collaboration with veterans service organizations.”



VA reaches 1 million in military exposure screenings

The Department of Veterans Affairs marks a historic milestone by screening 1 million veterans for military exposures as part of the **PACT Act** signed into law Aug. 10.

The screenings are a key component of the law — which empowers VA to deliver care and benefits to millions of toxic exposed veterans and their survivors.

“Since we launched the toxic exposure screening program, VA connected with 1 million Veterans around the country,” said VA Under Secretary for Health Shereef Elnahal, MD. “Our health-care teams reached an incredible breakthrough in a short length of time. These screenings are paramount to improving the health outcomes for veterans and providing them with the health care and benefits they’ve earned as quickly as possible. This is among the first steps we have taken to deliver even more benefits and health care to veterans who have been exposed to toxins during their service.”

VA surpassed initial screening expectations through extensive outreach campaigns to include hosting more than **90 Week of Action events** across all 50 states, the District of Columbia and Puerto Rico. While The PACT Act Week of Action ended Dec. 17, 2022, veterans can obtain screenings at any time

of the year with their VA health care provider.

Veterans enrolled in VA health care will be offered an initial toxic exposure screening then follow-up screenings at least once every five years.

The screening takes an average of five to 10 minutes and begins by asking veterans if they believe they experienced any toxic exposures while serving in the armed forces. Veterans who answer “yes” are then asked about specific exposures, including open burn pits, Agent Orange, radiation, contaminated water and other exposures. If a veteran has been exposed to toxins during their time of service, VA wants to know. It not only impacts their individual future care, but it can also improve overall toxic exposure-related care and outcomes.

If you are a veteran who has not been screened for toxic exposure or has never received care at VA, we encourage you to contact VA about enrolling in the VA health care system and about obtaining a toxic exposure screening. VA encourages all **eligible** veterans and survivors to apply for their earned PACT Act-related health care and benefits now. Don't wait until something is wrong before coming to VA — our providers are trained to recognize issues and concerns unique to Veterans.

Veterans and survivors may apply or learn more about the PACT Act by visiting [VA.gov/PACT](https://www.va.gov/PACT) or calling 1-800-MYVA411.

New Law Expands VA Program for Veterans to Buy Vehicles Adapted for Their Disabilities



Member of the Coast Guard gets into a car while traveling to the Navy's wounded warrior training camp for the 2015 DoD Warrior Games, May 29, 2015. (DoD News photo by EJ Hersom)

9 Jan 2023

Military.com | By [Patricia Kime](#)

Retired [Army](#) Chief Warrant Officer Neal Williams has owned several vehicles in the last 25 years that were modified to accommodate his wheelchair and let him drive with hand controls.

For his first vehicle, Williams, who is paralyzed as the result of a combat injury in Vietnam, used a one-time grant from the [Department of Veterans Affairs](#) and drove it more than 250,000 miles, until it fell apart.

Williams purchased subsequent vehicles, but he had to pay for them out-of-pocket, shelling out \$50,000 for his most recent van, because the VA program allowed for only one purchase across a veteran's lifetime.

New legislation signed Thursday by President Joe Biden changed that requirement. Now, Williams, 73, and other disabled veterans who need modified vehicles to get around, will be eligible for an automobile grant from the VA every 10 years.

Under the Advancing Uniform Transportation Opportunities for Veterans, or AUTO, Act, veterans who have not received a grant in the past 30 years will be eligible for another grant. Thereafter, veterans will be eligible every 10 years.

"I've worn out several vehicles. This legislation allows veterans with mobility issues to be able to get their medical care and go about their normal daily routines that they otherwise wouldn't be able to on their own," Williams said in an interview with Military.com from his home in rural Maine.

Before the legislation was approved, the VA was authorized to pay veterans multiple grants for special adaptive equipment but was limited to a single grant for a vehicle purchase. The VA's program covers a new or used vehicle for veterans with a service-connected disability who need transportation to go to medical appointments and treatment, vocational rehabilitation or certain types of therapy.

In 2022, the grant amount was \$22,356. With the average cost to replace a modified vehicle ranging from \$20,000 to \$80,000 for a new vehicle, and the average lifespan of a van or car at roughly 12 years, the economic impact of transportation needs is significant.

"This bill will help veterans preserve the freedom and independence that adapted vehicles provide them, ensuring they are able to travel safely to and from work, medical appointments, and family obligations," Heather Ansley, associate executive director of government relations at Paralyzed Veterans of America, said in a press statement on Monday.

The legislation was a bipartisan effort by Sen. Susan Collins, R-Maine, and Sen. Joe Manchin, D-W.V. Williams worked with Collins to craft the bill.

"We must continue to honor that commitment to our veterans by supporting their needs, including those of disabled veterans who require adaptive modification of their vehicles long after they are discharged or retire from active duty," Collins said in a press statement.

"Our veterans have made tremendous sacrifices to protect our great nation, and it is our duty to take care of them when they return home," Manchin said in a press release Monday.

The Congressional Budget Office estimated the total cost of the legislation to be \$43 million from 2022 to 2032.

The new legislation also includes a provision that allows the VA to pay for vehicle modifications as medical services, such as van lifts, raised doors or roofs, air conditioning or wheelchair tie-downs.

The bill was sponsored in the House by Reps. Dan Meuser, R-Pa., and David Trone, D-Md.

Williams said the legislation will be of tremendous benefit to younger veterans across their lifetimes and those who live in rural areas.

"[Vets in rural areas] have to travel a lot farther for medical care at the VA. The miles really add up," Williams said.

VA proposes rule that would waive copays for eligible Native American, Alaska Native veterans

Department of Veterans Affairs

JAN 11, 2023

Today, the Department of Veterans Affairs [proposed a rule](#) that would waive [copayments](#) incurred on or after Jan. 5, 2022, for eligible American Indian and Alaska Native veterans. Upon publication of the notice, there will be a 30-day period for the public to provide comments on this rulemaking. VA will review the comments and develop the final rule.

If finalized as proposed, eligible American Indian and Alaska Native veterans who have submitted appropriate documentation to the VA would no longer be required to pay copays for health care services.

The intent of this policy is to encourage veterans to seek regular primary care treatment, which can yield better health outcomes. [Copayments](#) for more than three visits to community-based urgent care in any calendar year would still be required, as for all veterans. Follow-up care provided by a VA-authorized primary care provider would be exempt from copays.

In addition, VA is proposing to make this copayment exemption retroactive to Jan. 5, 2022. If finalized as proposed, eligible American Indian and Alaska Native veterans would be reimbursed for any copayments paid on or after Jan. 5, 2022, upon submission of their official documentation to the Veteran Health Administration.

“American Indian and Alaska Native veterans have played a vital role in the defense of the United States as members of the armed forces for more than 200 years,” said VA Secretary Denis McDonough. “This rule makes health care more accessible and allows us to better deliver to these veterans the care and health benefits that they have earned through their courageous service.”

This regulation implements a requirement in the [Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 Public Law 116-315](#), signed Jan. 5, 2021.

Learn about [VA benefits and programs for American Indian and Alaska Native veterans](#) and information about [VA's recognition of Tribal Organizations for purposes of claim representation](#).

Republicans name chairmen for Armed Services, Vet Affairs committees

10

Leo Shane III

January 10, 2023·2 min read

[House Republicans](#) on Tuesday named Alabama Rep. Mike Rogers as chairman of the House Armed Services Committee and Illinois [Rep. Mike Bost](#) as chairman of the House Veterans' Affairs Committee as part of their leadership plans for the 118th Congress.

Both moves were expected, but the official designation allows both committees to now begin their work. Chamber operations have been stalled for the last week as [Republican lawmakers](#) debated who would serve as the next House speaker.

Both Bost and Rogers served as the ranking members on their respective committees last year, and neither faced opposition in taking over as the leader of the respective panels.

As chairman of the military panel, Rogers said his committee will focus on "lethality and capability" in military operations, as well as threats posed by China, Russia and North Korea.

"Over the next two years, the House Armed Services Committee will provide our warfighters with the resources and weapons they need to deter and, if necessary, defeat any adversary anywhere in the world," he said in a statement.

"The committee will also hold the [President Joe] Biden administration accountable for misguided policies that distract from the core mission of the Department of Defense. Initiatives that service a social agenda but don't advance our national security will be scrutinized."

Rogers, 64, has served in the House since 2003. Bost, 62, is a Marine Corps veteran who has been in Congress since 2015.

In a statement announcing his priorities for the upcoming session, Bost said the lawmakers have "made great progress for veterans and their families over the past few years" and need to continue that focus into the future.

"In order to do that, we need to hold the Biden administration accountable and restore regular order," he said. "This will help us bring [the Department of Veterans Affairs] into the 21st century with commonsense legislation and oversight for the next generation of warfighters, without leaving behind today's veterans."

Committee members and subcommittee chairs for the various congressional panels are expected to be announced in coming days.

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES, 2023

\$154.168 billion in total base discretionary funding

JANUARY 2023

The Military Construction, Veterans Affairs, and Related Agencies bill for Fiscal Year 2023 (FY23) includes defense spending of \$19 billion, an increase of \$4.1 billion compared to FY22. The bill includes non-defense spending of \$135.2 billion, an increase of \$22.5 billion above the FY22 enacted level. The bill funds critical infrastructure projects and veterans' healthcare.

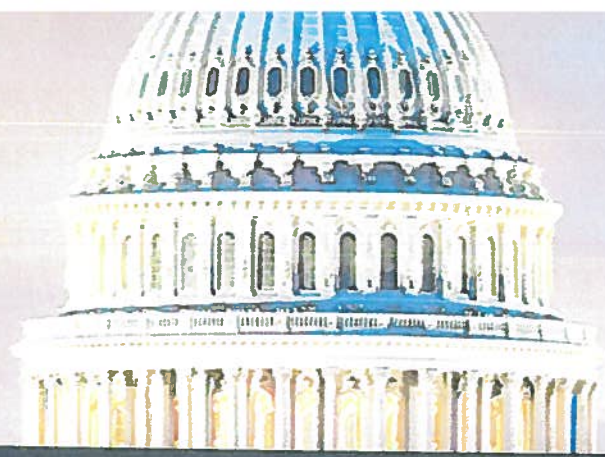
- Rejects efforts by Congressional Democrats and the Biden Administration to shift discretionary requirements and funds to mandatory accounts. All FY23 funds requested as discretionary are funded as discretionary.
- Secures an additional \$6.8 billion above the President's request for defense funding.
- Includes \$337 million for VA rural health initiatives.
- Provides \$663 million for VA opioid misuse prevention and treatment.
- Preserves two Guantanamo provisions: one that prevents funds being made available to construct a new facility to house detainees currently held at Guantanamo Bay, Cuba, and another to prevent closure of Naval Station Guantanamo Bay.

BILL HIGHLIGHTS

Military Construction – The legislation includes \$19 billion for military construction projects. This amount funds more than 300 infrastructure projects at military bases and installations around the world to enhance resiliency and support warfighter readiness. Within this amount, the bill provides \$2 billion to improve and maintain housing for servicemembers and their families. The bill also includes \$1.2 billion for the Pacific Deterrence Initiative and \$400 million for the European Deterrence Initiative.

- **Veterans Affairs (VA)** – The legislation includes \$134.7 billion in discretionary funds for the Department of Veterans Affairs (VA), an increase of \$22.5 billion over the FY22 enacted level, to address rapidly increasing costs of health care support. The bill **does not allow for the transfer of any base discretionary funds to mandatory accounts**. All FY23 funds requested as discretionary are funded as discretionary.
- **VA Medical Care** – The bill provides \$118.7 billion for VA medical care, an increase of \$21.7 billion over the FY22 enacted level, including:
 - \$13.9 billion for mental health;
 - \$5.2 billion for telehealth services;
 - \$2.7 billion for veterans homelessness programs;
 - \$1.9 billion for the Caregivers Program;
 - \$663 million for opioid misuse prevention and treatment;
 - \$916 million for medical and prosthetic research;
 - \$840 million for health care specifically for women veterans; and
 - \$337 million for rural health initiatives.

- **Information Technology Systems:** \$5.8 billion, an increase of \$270 million over the FY22 enacted level, to support the development, operations, and maintenance of systems.
- **Veterans Electronic Health Record** – \$1.8 billion. This allows VA to continue deployment of their new electronic health record that is interoperable with the Department of Defense’s system.
- **VA Mandatory Funding** – \$169 billion for mandatory veterans benefits, including veteran disability compensation programs, education benefits, and vocational rehabilitation and employment training.
- **Advance Appropriations** – \$128 billion in FY24 advance discretionary funding for veterans health care and \$155 billion in FY24 advance mandatory funding for veterans benefits.
- **PACT Act** – Supports accelerated implementation of the PACT Act, which expands access to VA health care and benefits for veterans exposed to burn pits and other toxic substances.
- **Major Construction** – \$1.4 billion, a \$163 million decrease below the FY22 enacted level.
- **Related Agencies** – The legislation also includes \$442.7 million, an increase of \$8.5 million over the FY22 enacted level, for related agencies, including the American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, Arlington National Cemetery, and the Armed Forces Retirement Home.



Issue 1 • Volume 31

January 13, 2023

Washington Update

Check out the [PVAAction Force](#) page to view our latest alerts and a list of key legislation and its status.

PVA RELEASES 2023 POLICY PRIORITIES

The 118th Congress officially began on January 3, 2023. With the end of the 117th Congress, all legislation that did not pass must be reintroduced. We are working with our champions on reintroducing bills and meeting with members of Congress to find support for new priorities.

Our priorities for this year are as follows:

- Protect Access to VA's Specialized Health Care Services
- Expand Access to VA Long-Term Services and Supports
- Improve VA Benefits and Health Care Services for Paralyzed Veterans and their Survivors
- Protect the Civil Rights of People with Disabilities
- Improve Access to Social Security Benefits
- Increase Employment Prospects for Veterans with Disabilities

For more details on each of the priorities, please [click here](#).

PRESIDENT SIGNS PVA PRIORITY ON ACCESSIBLE TRANSPORTATION INTO LAW

On January 5, the President signed into law H.R. 7939, the Veterans Auto and Education Improvement Act of 2022, as amended. This law paves the way for VA to

provide an additional automobile allowance and prompts a number of important changes with the department's various education programs.

Specifically, the law allows the VA to provide an additional automobile allowance to eligible veterans if 30 years have passed since the date they received their first grant. Starting 10 years after the law was signed, the timeframe will decrease and eligible veterans would be able to receive an additional grant if 10 years have passed since their first grant. The law also changes the definition of "medical services" to include certain vehicle modifications (e.g., van lifts) offered through VA's Automobile Adaptive Equipment (AAE) program. This latter provision helps ensure the VA's current support through the AAE program to veterans with non-service-connected illnesses and injuries remains available. Finally, a newly added provision allows VA to provide nonarticulating trailers designed to transport powered wheelchairs, powered scooters, or other similar mobility devices as adaptive equipment.

Passage of this bill culminates a four-year effort by PVA to secure an additional automobile allowance for eligible veterans. We commend Senate Veterans' Affairs Committee Chair Jon Tester (D-MT) and Ranking Member Jerry Moran (R-KS), and then House Veterans' Affairs Committee Chair Mark Takano (D-CA) and Ranking Member Mike Bost (R-IL) for their bipartisan effort to make this benefit available. We also thank Senators Susan Collins, Joe Manchin, John Boozman, Roy

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Blunt, and Maggie Hassan, as well as Representatives Lizzie Fletcher, Dan Meuser, and David Trone for leading the original charge to expand access to transportation for disabled veterans.

As previously noted, the law also contained several provisions related to veteran education. Collectively the language within this package covers a wide range of extensions and protections for veterans engaged in higher education. One provision allows VA to use their authority to protect student veterans in the event of future emergencies, ensuring that if remote education needs to take place, they will not see a reduction in their benefits. Another ensures that if a veteran's education is disrupted due to said emergency, that they are not penalized or prevented from future use of their VA benefits. This will also impact veterans participating in apprenticeship programs and other on the job training.

Another PVA endorsed provision expands veterans' eligibility for the self-employment track to all veterans who are eligible for the Veteran Readiness and Employment program. Previously, access to the self-employment track was limited to veterans with a service-connected disability so severe that self-employment was their only employment option. Other language in the education section of this law establishes new protections for service members, including the ability to break a contract with a provider in the event of a deployment or expiration of their term of service, the transferability of some employment licenses, as well as the ability to decide in which state to maintain residency during their service.

CONGRESS APPROVES FUNDING FOR FY 2023, ELIMINATES ANNUAL RENEWAL OF VA CLOTHING ALLOWANCE

Congress approved H.R. 2617, the Consolidated Appropriations Act, 2023, in the final days of the 117th Congress, providing funding for the government for the remainder of the fiscal year (FY). Other sections in the massive \$1.7 trillion spending bill direct changes with various veterans' benefits and education programs, including one of PVA's top legislative goals for 2023.

First, the law provides over \$300 billion in funding for the VA, including \$134.7 in discretionary funding which

is a \$22.5 billion increase over FY 22. Some specific funding amounts are as follows:

- \$118.7 billion for Veterans Medical Care to meet veterans' comprehensive health care needs, including:
 - \$13.9 billion for mental health care to provide treatment and support for the two million veterans receiving mental health services
 - \$840.5 million for women's health, to help VA deliver gender-specific health care services, as well as retrofit its facilities to create a more welcoming environment
 - \$498 million for suicide prevention outreach
 - \$183.3 million for substance use disorder programs
 - \$663 million for opioid abuse prevention
- \$3.9 billion for administering benefits, including disability compensation and burial benefits, to more than six million veterans and their survivors, including:
 - \$430 million for the National Cemetery Administration
 - \$285 million for the Board of Veterans' Appeals
 - \$50 million for grants to State and Tribal cemeteries
- \$5 billion to the Cost of War Toxic Exposure Fund to ensure that the PACT Act continues to be implemented at VA and that the 3.5 million newly eligible veterans and others can get the care and benefits they have earned
- \$5.8 billion for strengthening VA information technology systems

The Consolidated Appropriations Act also contains the Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act—a large omnibus package of veterans related provisions that PVA has been tracking for more than a year now.

Some of the provisions in this section:

- Make all World War II veterans eligible for VA health care, regardless of service connection or income level.
 - Codify VA's current regulation of how to measure wait times for community care eligibility. Wait times will be measured from the date the veteran requests the appointment, unless a later date is agreed to by the veteran and their VA provider, to the first next available appointment date.
 - Require VA to develop a plan by October 1, 2023, to create a method for veterans to have access to expected community care wait times and expected VA wait times.
 - Ensure community care providers can meet VA access standards.
 - Direct VA to create a pilot program to allow veterans to schedule their own community care appointments with community care providers. The program would be implemented in at least two Veterans Integrated Services Networks (VISNs). The pilot program is approved for an 18-month duration, with conditions for extension if successful, and must begin within a year of the law's enactment.
 - Establish a deadline of 180 days for the filing of claims for payment of veterans' non-service connected emergency treatment. Veterans may not be held liable for payment if a claim was submitted after 180 days due to administrative effort by either the individual or entity, or VA.
 - Direct a Government Accountability Office (GAO) report on the rural and highly rural transportation programs, including services provided, effectiveness of the program, staffing assessment, and program assets.
 - Prevent VA from imposing or collecting copayments for a veteran's first three mental health care outpatient visits each calendar year, beginning 180 days after the law's enactment.
 - Call for a review of data that is publicly available on the Access to Care VA website and for VA to consult with veterans service organizations, veterans, and caregivers of veterans to gather insights about potential modifications that could help improve users' understanding and use of the data.
 - Require VA to determine whether a previously identified service-connected injury or ailment served as a principal or contributing factor for veterans who died from COVID-19 when survivors file for Dependency and Indemnity Compensation.
 - Authorize VA to extend the time limitation for use of VA education benefit programs whenever schools must close due to emergency and other situations.
 - Direct GAO to conduct a study on waste, fraud, and abuse of the VA Beneficiary Travel program.
 - Create a five-year, five-site pilot program whereby the VA Beneficiary Travel program will provide mileage reimbursement in advance of confirmed medical appointments for low-income veterans. This program is intended to provide support to veterans for whom the cost of gas to and from health care appointments can mean forgoing necessary medical care. Another five-year pilot will provide veterans with financial support for transportation to and from Vet Center appointments.
 - Requires VA to develop a strategy for the long-term care of veterans, identifying current and future needs based on demographic data and availability of services. This strategy would be required to consider the needs of an increasingly diverse aging veteran population - including women veterans, veterans with traumatic brain injury, veterans with memory loss, and other groups with unique needs. The bill requires VA to report its finding to Congress by mid-December 2023.
- Multiple provisions will improve access to mental health care, ensure patient safety, and improve VA's project management, planning, and prioritization functions over its information technology programs.
- Two provisions stand out among the rest because they directly correlate with PVA legislative goals. The first allows VA over the next five years to pay for up to 900 veterans to receive care in a Medical Foster Home (MFH). For more than two decades, VA has been

allowed to refer veterans to an MFH home but until now they have not been allowed to pay for it. We believe this change, albeit temporary, would help veterans and the VA alike by giving greater access to non-institutional long-term care and reducing costs for long-term care, allowing more veterans to receive needed assistance.

The one provision most likely to impact PVA members makes the VA clothing allowance automatic until the VA determines the veteran is no longer eligible to receive the benefit or declines to receive it. The way the program was being administered placed an unnecessary burden on the veteran, as well as VA who must process each of these claims. We have been working with Congress for over a year to get this changed. We thank Senators Catherine Cortez Masto (D-NV) and John Boozman (R-AR) and Representatives Mike Levin (D-CA) and Barry Moore (R-AL) for championing this issue which led to making this important change.

The Consolidated Appropriations Act also included several initiatives long sought by the disability community. The Medicaid Money Follows the Person program was extended through September 30, 2027, and funded at \$450 million a year. This program seeks to provide long-term services and supports to Medicaid beneficiaries in the community rather than in an institution. The agreement also extended through that date important spousal impoverishment protections under the Medicaid home and community-based services (HCBS) program.

Provisions in the ABLE Age Adjustment Act were also included in the omnibus. The ABLE Act, which was passed several years ago, allows individuals with disabilities to place earnings, income, and other assets in an ABLE account in order to preserve their access to certain federal means tested benefits such as Medicaid. This measure changes ABLE eligibility requirement to include individuals whose disability began before age 46 (up from age 26 in current law). These changes will become effective in 2025.

With regard to agencies beyond VA, the omnibus funds the Administration on Community Living at \$2.5 billion, an increase of \$220 million above the FY 2022 enacted level. This amount includes:

- \$1.1 billion for Senior Nutrition programs, an increase of \$100 million above the FY 2022 enacted level
- \$410 million for HCBS, an increase of \$11 million above the FY 2022 enacted level

Within the appropriations for the Departments of Transportation and Housing and Urban Development (HUD) were the following:

- Assistance for low-income and disabled veterans - The agreement directs HUD to combine the \$1,000,000 provided for the veterans housing rehabilitation and modification pilot program with available carryover balances from FY 2023. The agreement encourages HUD to increase awareness about this program and the funding opportunities among veterans, veterans service organizations, and eligible entities, and to maximize the number of awards in the next notice of funding availability.
- ADA accessibility at Amtrak stations - The agreement directs Amtrak to submit an updated report to the House and Senate Committees on Appropriations no later than July 28, 2023, detailing the ADA stations program plan and timeline to make the remaining 292 stations ADA compliant and accessible.

The budget agreement acknowledges the Department of Labor's (DOL) efforts to incentivize states to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. It also urges the DOL Employment and Training Administration, in collaboration with the Department of Health and Human Services, to support the expansion of the skilled care workforce to provide HCBS to older adults and people with disabilities.

The Office of Disability Employment Policy received a modest increase of \$2.5 million to a level of \$43 million for FY 2023. DOL's Homeless Veterans Reintegration Program, was funded at \$65.5 million for an increase of \$5 million above the FY 2022 enacted level. The Jobs for

Veterans State Grants (JVSG) program received \$185 million. JVSG supports disabled veterans' outreach program specialists working at the local level through American Job Centers. Other DOL programs targeted at veterans and transitioning service members were funded at the following levels: \$34.3 million for the Transition Assistance Program and \$3.4 million for the National Veterans' Employment and Training Services Institute.

The Social Security Administration (SSA) received a much-needed increase of \$785 million with directions from the Appropriations Committee to undertake "a multi-year sustained effort" to address the backlogs in disability claims processing and long waits for people to speak with someone at the call centers. Unfortunately, efforts to include improvements to the Supplemental Security Income (SSI) program, including increasing asset limits, did not make it into the final package. The agreement also encourages SSA to expand outreach to potential beneficiaries, prioritizing underserved communities and individuals most likely to need support and urges SSA to ensure its policies and procedures for closing field offices and resident stations include at least 120 days advance notice to the public, SSA employees, Congress, and other stakeholders.

In report language, Congress expressed support for agency efforts to improve administrative processes that reduce overpayments, including in the Ticket to Work program, which can create significant challenges as beneficiaries attempt to return to work. In addition, SSA is asked to detail in its FY 2024 budget request its efforts in implementing an Occupational Information System and Medical-Vocational Guidelines to move away from the outdated Dictionary of Occupational Titles.

NEWS OF NOTE

Rep. Mike Bost Will Lead HVAC in the 118th

On January 10, Representative Mike Bost (R-IL) was officially selected as Chairman of the House Committee on Veterans' Affairs (HVAC) for the 118th Congress. PVA Executive Director Carl Blake released a statement expressing our desire to work with Chairman Bost to

ensure the needs of catastrophically disabled veterans are fully met.

NDAAs for FY 2023 Passed

The President signed H.R. 7776, the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023, at the end of December. Unlike previous years, this year's NDAA did not include a lot of veterans-related provisions of interest to PVA members. On the positive side, it does not direct any new TRICARE fees or copays. It also directs the Department of Defense (DOD) to brief Congress and provide a report on the department's planned reductions of military medical personnel which could adversely affect access to care for TRICARE beneficiaries. The briefing is due no later than February 1, 2023, with the formal report due by May 31, 2023. Another provision in the bill creates an open season for the military Survivor Benefit Plan (SBP) through 2023. This will provide eligible individuals a rare opportunity to opt in or opt out of the SBP.

The FY 2023 NDAA also requires the director of each VA to conduct an annual locality pay survey and rates of basic pay for covered positions at their facilities. VA as a whole would then be required to compile and submit this information to Congress, along with a report to help ensure the department's pay rates remain competitive in the local labor market. The VA also is required to conduct a comprehensive study of Vet Center operations and to work with other federal agencies like DOD and the Department of Labor on transition, employment, and women veteran issues, as well as potential exposure to hazardous substances. You can find the complete bill text [here](#).

HEARINGS & COMMITTEE ACTION

Upcoming Veterans' Affairs Committee Action

Please visit the House Veterans' Affairs Committee [webpage](#) and the Senate Veterans' Affairs Committee [webpage](#) for information on upcoming hearings and markups.

OPERATION BLACK HILLS CABIN

"A WAY TO SAY THANK YOU"

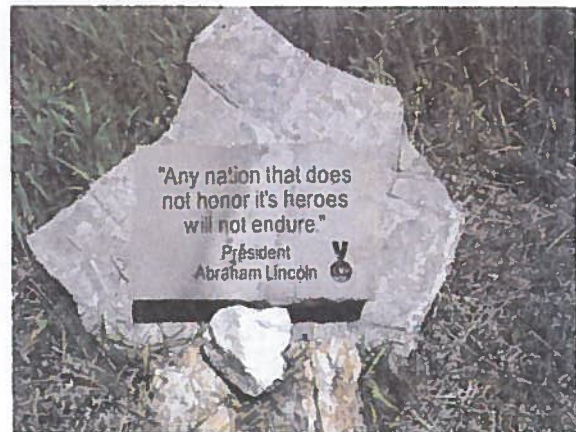
KEEP ME INFORMED WITH OBHC NEWSLETTER!

It's a time for giggles . . .
It's a time for reconnecting . . .
It's a time for sightseeing . . .
It's a time for togetherness . . .
MOST IMPORTANTLY . . .

It's a time for *HEALING*.

Operation Black Hills Cabin provides a week-long getaway, to qualifying COMBAT WOUNDED veterans and their immediate family, from any post 9/11/2001 military operation, to promote healing through family reconnection, reflection and fun while exploring the Black Hills of South Dakota.

NOW ACCEPTING applications for summer weeks in 2023.
Complete applications along with required supporting documentation are considered on a first come basis.



"WHY WOULD THEY BE SO KIND?"



It was a question a disabled veteran asked about the people and businesses in Custer and surrounding communities in South Dakota, who help make these getaways possible.

Founded in 2011 by a retired military couple, OPERATION BLACK HILLS CABIN is located in the beautiful Black Hills of South Dakota. It's purpose is to offer a week-long respite, to qualifying wounded veterans and their families, from any post-9/11/2001 military operation, at little or no expense to them.

It provides a therapeutic environment to assist qualifying combat-injured veterans with their rehabilitation from their traumatic and stressful experiences, while serving the interest of our Nation. It also provides an

opportunity for the disabled veterans to reacquaint themselves with their family in a quiet, peaceful and leisurely environment, far away from the stress and daily routine which has now become their "new normal".

See "Frequently Asked Questions" tab (FAQ) for more information.

Inspired by the Oprah Winfrey Show *"The Bravest Families in America"*

Watch **OUR STORY** made possible by the SD Community Foundation. Go to the ABOUT US, IN THE NEWS tab to learn more about OBHC through other informative stories and newscasts!

WE HAVE EXPANDED!

To better serve our veterans, we now recognize the following qualifications to apply for a week at OBHC:

Any active duty service member and veteran who served in any post-September 11, 2001 military operation and who are Combat Injured at a minimum of 30%. Such military operations include, but are not limited to: Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND), Operation Odyssey Dawn (OOD), NATO's Operation Unified Protector (OUP), Operation Inherent Resolve (OIR), Operation Freedom's Sentinel (OFS), NATO's Operation Resolute Support (ORS), Operation Enduring Freedom - Trans Sahara (OEF-TS), or Operation Juniper Shield (OJS).

OR

Warrior Transition Unit (WTU) members. Include a copy of orders with the assignment to WTU, AND a signed statement from the applicant's primary physician on the physician's letterhead with the physician's contact information, and stating the member is pending a Statement of Disability with an anticipated rating of at least 30% due to Combat Injuries along with the type of disability.

CLICK HERE for APPLICATION FORM



Operation Black Hills Cabin

PO Box 855

Custer, SD 57730

605-517-1830

Email us at:

operationblackhillscabin@gmail.com

124 FAMILIES FROM 35
DIFFERENT STATES
have experienced OPERATION
BLACK HILLS CABIN. "It's a
Healing Place!"

FROM ONE OF OUR PAST HOSTED FAMILIES:

"YES, my husband's military career ended with his final injuries. YES, we lost his way of making a living. YES, I had to quit my job to be his full-time caregiver. YES, he's a different father now. BUT, that does not define us. We are so much more. We are driving a UTV through mud getting filthy. We are playing a board game while laughing so hard we are crying. We are walking down the streets of Custer or Hill City while eating ice cream cones. We are ordering something different at the many great restaurants and trying each other's food. THANK YOU for this week. You gave us back to us."



In Service to America

Reunion



In Service to America

VIETNAM AND ERA

VETERANS (ALL VETS WELCOME)

APRIL 21 - 23, 2023

RAMKOTA, (EXIT 59) 2111 LACROSSE

RAPID CITY, SD

CONTACT: "JACK" DEAN - 605-786-7064 FOR MORE INFO

RAMKOTA - ROOMS \$80 + TAXES - MENTION THE REUNION

RESERVATIONS - 605 303-7143 OR 844 205-0002

FRIDAY - ARRIVAL DAY; REGISTRATION

SATURDAY - AGENT ORANGE FORUM - BANQUET- FUND RAISER

OPEN CLASSIC CAR SHOW, BRING YOUR CLASSIC

AUCTION; LIVE MUSIC (KIM & THE CLASSICS); OPEN BAR

SUNDAY, MEMORIAL SERVICE 10:00 a.m.

REGISTRATION - \$75 EACH PERSON

NAME: _____ SERVICE: _____

GUEST NAME: _____

E-MAIL ADDRESS: _____ PHONE # _____

TOTAL AMOUNT ENCLOSED: \$ _____

Mail to: VVA Chapter 463; P.O. Box 2922; Rapid City, SD 57709-2922

Schedule of Events on Back

Schedule of Events

Friday, April 21 – Arrival Day; Registration at Hospitality Room

5:00 – 7:00 Soup and Sandwich, Social Time

Saturday, April 22 All events are in Banquet Room -

9:00 a.m. Agent Orange Forum

1:00 p.m. Agent Orange Forum

5:00 p.m. Social Time (open Bar)

5:30 p.m. Banquet Buffet

6:30 p.m. Fund Raiser Auction

8:00 p.m. Live Music; Kim and the Classics

Sunday, April 23

10:00 Memorial Service –Banquet Room

Donate an item for the fund raiser auction. All proceeds from the auction is donated out to help veterans.

For more info contact; “Jack” Dean 605 786-7064 or boats6842@yahoo.com

Hospitality Room is available;

AGENT ORANGE TOWN HALL FORUM



SATURDAY, April 22, 2023
RAMKOTA, 2111 N. LaCrosse. RAPID CITY, SD
9:00 am - 11:00 and 1:00 – 3:00
Banquet Room -

OPEN TO ALL VETERANS AND THE PUBLIC.

Moderator – Maynard Kaderlik

Point of Contact:

“Jack” Dean 605-786-7064 or boats6842@yahoo.com

Learn the effects of dioxin exposure on the veteran, the children, and the grandchildren and what is being accomplished.

Upcoming Cracker Barrels & Legislative Coffees

[View the full schedule here.](#)

**LEGISLATIVE
SESSION**

WEEK 2

Brandon (Dist. 2) | Legislative Coffee

Saturday, Jan. 28 | 9:00-10:30am

Brandon Golf Course ([2100 Aspen Blvd.](#))

[Register here](#)

Canton | Cracker Barrel

Saturday, Feb. 4 | 10:00am-12:00pm

The Depot, Viking Room (600 W. 5th St.)

Mitchell | Coffee with Legislators

Friday, Jan. 27 | 8:00-9:00am

Mitchell Area Chamber of Commerce (601 N. Main St.)

Pierre | Legislative Coffee

Saturday, Feb. 11 | 10:00am

Pierre Area Chamber of Commerce - Community Room ([800 W. Dakota Ave.](#))

Rapid City | Cracker Barrel

Saturday, Jan. 28 | 9:00-10:00am

Western Dakota Tech Event Center ([800 Mickelson Dr.](#))

May be attended in person -or- viewed via livestream on the [Elevate Facebook page](#).

Sioux Falls | Legislative Coffee - Dist. 6, 9, and 14

Saturday, Feb. 4 | 10:00-11:45am

Southeast Technical College, The Hub Auditorium ([2320 N. Career Ave.](#))

The public can submit questions, and the conversations are moderated.

Spearfish | Cracker Barrel

Saturday, Jan. 28 | 10:00am

BHSU Joy Center ([1351 St. Joe St.](#))

Sturgis | Cracker Barrel

Saturday, Feb. 4 | 9:00-11:00am

Erskine Building, Commission Room (1300 Sherman St.)

Vermillion | Legislative Coffee

Saturday, Jan. 28 | 9:00-11:00am

City Hall-Council Chambers (25 Center St.)

Yankton | Cracker Barrel

Saturday, Jan. 21 | 10:00am

City Commission Room at CMTEA (1200 W. 21st St.)

This is a facilitated event. Questions may be submitted to thrive@yanktonsd.com or by calling Yankton Thrive prior to the events at (605) 665-3636.

Complaints

ARGUS LEADER
WEDNESDAY, DECEMBER 29, 2022

"As all of South Dakota is aware, there's a workforce shortage across our state, and it's definitely hitting the long-term care industry," Nelson said. "I'm sure staffing challenges can play into patient satisfaction for sure."

Nelson added that AARP South Dakota advocates for programs that allow individuals to age in their home as long as possible.

"After COVID hit and post-COVID, there's a higher awareness of what some of those opportunities might be," he added.

Nursing home complaints surge 117% since 2021

Makenzie Huber
South Dakota Searchlight

Nursing home complaints are on the rise this year after falling during the early pandemic years of 2020 and 2021.

The state Department of Health, which oversees more than 100 long-term care facilities, according to its website, fielded 39 complaints as of Dec. 9. That's an increase of 117% over 2020 and 2021, when the state received 18 complaints each year.

Both 2020 and 2021 saw COVID lockdowns at long-term care facilities across the state and nation, restricting family members from entering facilities and engaging with residents.

Most complaints submitted this year concern quality of life and care, resident neglect and nursing services. The facilities were inspected after the complaints and in just over half the cases, no violations were found.

Federal and state law require long-term care facilities to create a "plan of correction" if a deficiency is found by inspectors. One facility, Bennett County Hospital and Nursing Home, terminated staff because of issues raised in complaints surrounding resident neglect. An investigation into a death at Avantara Arrowhead in Rapid City found that nurses weren't properly monitoring the patient as directed by the patient's doctor after a surgery.

While 2022 has seen an increase in complaints compared to 2020 and 2021, it's only slightly higher than the typical number of complaints in years leading up to the pandemic. The average number of complaints between 2015 and 2019 was 32 per year, with a high of 49 complaints in 2017.

Erik Nelson, associate state director for advocacy with American Association of Retired Persons (AARP) South Dakota, said the increase in complaints is tied to the "new realities" long-term care facilities are facing post-pandemic.

Sixteen nursing homes have closed across South Dakota in the past six years, according to an article by the Mitchell Republic. Seven facilities have closed or announced closures in 2022.

Many of the closures are the only nursing homes in a rural community — or miles around. Closed facilities were in communities such as Armour, Clear Lake, Custer, Lennox, Mobridge, Elk Point, Ipswich, Hudson, Tripp, Bryant and Rosholt.

Good Samaritan Society Vice President of Operations Aimee Middleton blamed the pandemic for putting "unprecedented stress on the senior care industry" while announcing the closure of the Lennox and Clear Lake facilities in May.



A nursing home with many people in it and a nurse helping a resident in the foreground. GETTY IMAGES

The final nursing facility survey on the Good Samaritan Society in Clear Lake reported that there wasn't enough

staff at the facility "to respond promptly to residents' needs." The final report for Lennox stated that only one person was staffed on night shifts sometimes, and that it could take "one-half hour to 45 minutes" for staff to answer a resident's call light.

"One CNA for forty-four residents, I don't see how that's appropriate," one resident told the surveyor in a September 2021 interview.

The Legislature gave a one-time 20% increase in funding to nursing homes in 2022. Gov. Kristi Noem proposed in her budget address earlier this month another 21% increase in funding for nursing homes, aiming for a 90% reimbursement rate for the costs facilities incur caring for Medicaid patients.

DTOM Veterans Ranch in need of funds for caretaker housing

Story by Sarah Parkin • Yesterday 4:53 PM

ABERDEEN, S.D. (Dakota News Now) - Since it opened just three years ago, DTOM Veterans Ranch has served over 9,000 veterans. Now, the nonprofit needs the community's help.



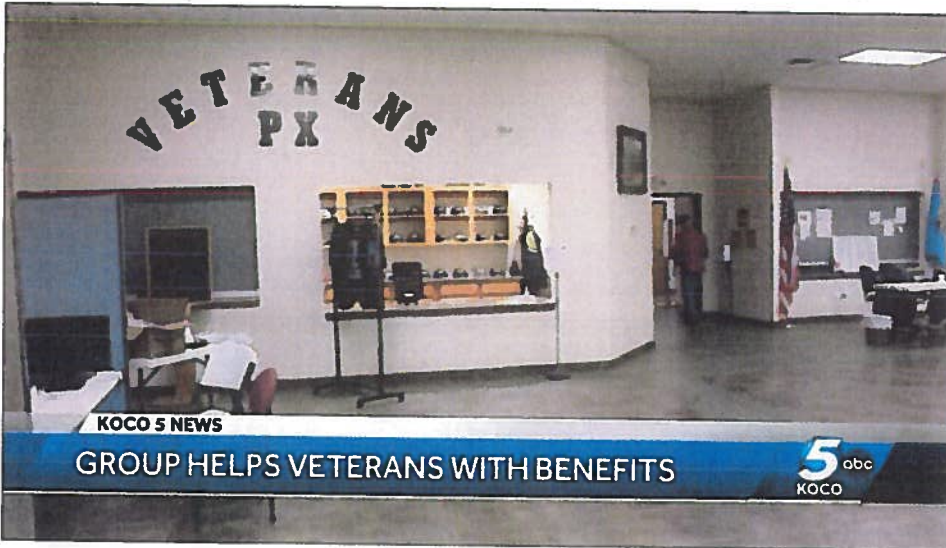
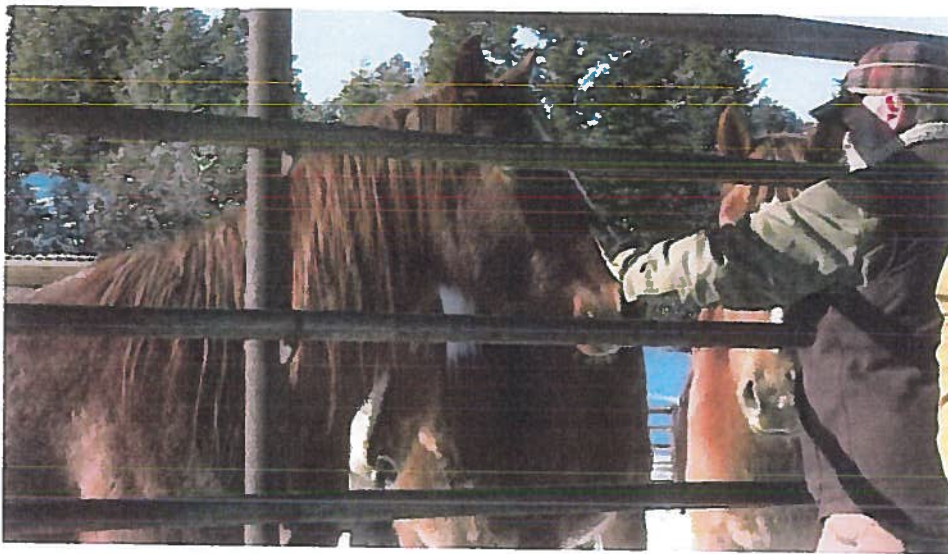
DTOM Veterans Ranch says they need permanent housing on-site for their caretakers to better serve veterans in crisis. © Provided by Sioux Falls(Mitchell) KSFY

[DTOM Veterans Ranch](#) provides an abundance of resources for military service members and veterans.

"We find a veteran where they're at. We help them. We don't report to anyone and we're non-pharmaceutically-based. We offer everything from counseling services to the MRMS therapy to food, clothing, jobs, housing, transportation. You name it, we cover whatever it is and we don't charge the veterans one penny," said DTOM founder and CEO Chris Reder.

DTOM specializes in the [MRMS program](#), which stands for Max Rhythmic Motion Sequencing. The program was founded by DTOM clinician Dr. Tracy Diefenbach. The conditioning involves highly-trained horses that can help benefit veterans' mental health.

"That can actually reduce the symptoms of PTSD, it can reverse Parkinson's and dementia," said Reder.



KOCO 5 NEWS

GROUP HELPS VETERANS WITH BENEFITS

5 abc
KOCO



25 NEWS KOCV/KRHD

HOMES FOR OUR VETERANS
HABITAT FOR HUMANITY

Serving thousands of veterans and housing nearly a dozen horses is a full-time job for both Reder and Dr. Diefenbach. Now, DTOM Ranch is in need of a new facility to both house the caretakers on-site and store the donations for veterans the nonprofit receives.

"We do all the storage of all the donations that have come in, from wheelchairs to clothes to food to everything. So, we need somewhere to store that and we need to be on-site. We've got 10 horses now, and one is about to give birth, so we'll have 11. So, we have to be close by there. Now, we just need to build a small caretaker establishment for whoever is staying here to work," said Reder.

DTOM currently rents a house near the property, but Reder says they are running out of room.

"We need more storage. It's amazing how the community has come forward and how they donate. We have to literally say sometimes now that we just don't have any room anymore. The garages are full, everything is full," said Reder.

When Reder reached out to one of the board member of DTOM Ranch for help on finding a way to pay for new housing, the board member took it one step further.

"We had talked to him about looking for a possibility of a nonprofit mortgage. I didn't know at the time, he went and started a GoFundMe for that as well. So Doc and I had no idea he was even doing that," said Reder.

DTOM Veterans Ranch is funded solely through private donations and grants.



**Come Celebrate Unity and Self-Sacrifice
As Veterans Observe The**

Four Chaplains Memorial Service

**To be held at the
American Legion Post 15**

1700 West Russell Street

Sioux Falls, South Dakota

Sunday February 5, 2023

at 2:00 PM

PUBLIC IS INVITED!

Sponsored by

**American Legion Post 15
and Singing Legionnaires**

V.C.P

Come Bowl

For

Veterans Community Project

\$25
Per Person

50/50 Raffle
Door Prizes
Silent Auction

SPORT BOWL

1901 West Burnside • Sioux Falls, SD

February 11th, 2023 • 1:00 pm to 4:00 pm

Men 20+ High Score • Women 20+ High Score

Teens age 11-18 High Score • Kids age 4-10 High Score

For more information call: Adrian (712) 330-6786



**DISABLED AMERICAN VETERANS
DEPARTMENT OF SOUTH DAKOTA DEPARTMENT**

BROOKINGS CHAPTER 22

**KOREAN WAR VETERANS ASSOCIATION
SOUTH DAKOTA EAST RIVER CHAPTER 194**



KOREAN WAR / DEFENSE VETERANS APPRECIATION DAY

- **9 AM TO 3 PM**
- **JULY 29, 2023**
- **BROOKINGS, SOUTH DAKOTA**
- **BROOKINGS COUNTY OUTDOOR ADVENTURE CENTER**
 - **2810 22ND AVE S, BROOKINGS, SD 57006**

**DID YOU SERVE IN SOUTH KOREA ANYTIME
BETWEEN 1945 AND PRESENT DAY?**

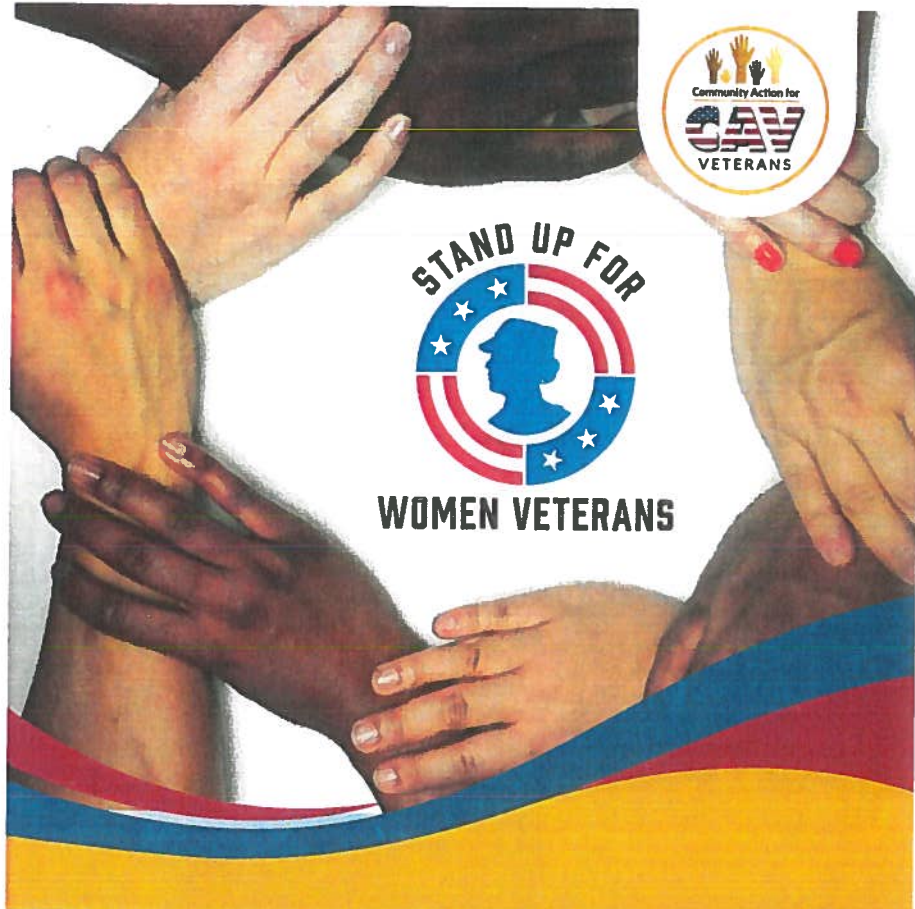
**WE WANT TO RECOGNIZE YOUR SERVICE; AND LET YOU KNOW
THAT "YOU ARE NOT FORGOTTEN".**

**LUNCH WILL BE SERVED.
A DISPLAY OF KOREAN MILITARY SERVICE WILL BE SETUP.**



**CONTACT: BOB HILL
605-690-5041
M37ARMY@YAHOO.COM**





STAND UP FOR

WOMEN VETERANS

**STAND UP FOR WOMEN
VETERANS RETREAT**

MARCH 11, 2023

8:30AM-1:30PM

**OUR SAVIOR'S
LUTHERAN CHURCH
SIOUX FALLS**

*Guests and Vendors please
register at **SDVETS.ORG***

