



STATEMENT

of the

MILITARY OFFICERS ASSOCIATION OF AMERICA

PENDING LEGISLATION

1st SESSION of the 117th CONGRESS

before the

HOUSE VETERANS' AFFAIRS COMMITTEE

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Presented by

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CHAIRWOMAN LURIA, RANKING MEMBER NEHLS, and Members of the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs, the Military Officers Association of America (MOAA) is pleased to submit this statement for the record offering our views on pending legislation before the subcommittee.

MOAA does not receive any grants or contracts from the federal government.

EXECUTIVE SUMMARY

On behalf of the Military Officers Association of America (MOAA), the largest collective military and veterans service organization representing all uniformed services, including active duty and Guard and Reserve members, retirees, veterans, caregivers, survivors, and their families, we thank you for convening this hearing on pending legislation to improve the lives of veterans and survivors.

The legislation before the committee reflects many of the critical priorities MOAA and our fellow veteran service organizations (VSOs) have shared for several years. The Subcommittee's prioritization of legislation supporting veterans and survivors, and supporting military sexual assault (MST) claims, will make significant improvements for our members and the community.

We thank the committee members and staff for their hard work to move this legislation, and we appreciate the opportunity to support our community on these important issues.

Overview of MOAA's Positions:

Support

- H.R. 2568, United States Cadet Nurse Corps Service Recognition Act of 2021
- H.R. 2724, VA Peer Support Enhancement for MST Survivors Act
- H.R. 3402, Caring for Survivors Act of 2021
- H.R. 3793, Supporting Families of the Fallen Act
- H.R. 4601, Commitment to Veteran Support and Outreach Act
- H.R. 4633, The Veteran Fraud Reimbursement Act
- H.R. 4772, Mark O'Brien VA Clothing Allowance Improvement Act
- Discussion Draft, Legislation to improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma, and for other purposes
- Discussion Draft, "Justice for ALS Veterans Act of 2021" – Legislation to amend title 38, United States Code, to extend increased dependency and indemnity compensation paid to surviving spouses of veterans who die from amyotrophic lateral sclerosis, regardless of how long the veterans had such disease prior to death

No Position

- H.R. 2800, WINGMAN Act
 - H.R. 2827, Captain James C. Edge Gold Star Spouse Equity Act
 - H.R. 4191, Gold Star Spouses Non-Monetary Benefits Act
 - Discussion Draft, “Restoring Benefits to Defrauded Veterans Act” – Legislation to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to repay the estates of deceased beneficiaries for certain benefits paid by the Secretary and misused by fiduciaries of such beneficiaries
 - Discussion Draft, Legislation to amend title 38, United States Code, to improve the manner in which the Board of Veterans’ Appeals conducts hearings regarding claims involving military sexual trauma and to direct the Secretary of Veterans Affairs to improve the language and practices of the Department of Veterans Affairs with respect to such claims
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MOAA’S VIEWS ON PENDING LEGISLATION

H.R. 2568, United States Cadet Nurse Corps Service Recognition Act of 2021

Issue/Background — Prior to and during World War II, the United States faced critical shortages of nurses, prompting the creation of the U.S. Cadet Nurse Corps (CNC). The program, overseen by the Public Health Service (PHS), ensured the civilian medical system was able to continue to function and support our nation’s war effort. The intensive CNC program graduated nearly 125,000 nurses as uniformed servicemembers into PHS.

The legislation formally recognizes and rewards the service of members of the U.S. Cadet Nurse Corps for their vital role protecting our country, authorizes burial rights for honorably serving nurses, and honors them as veterans.

MOAA Position — Support. When our nation needed them, thousands of women answered the call and served as nurses to ensure our health care system could support the war effort overseas. Like their peers who served as uniformed servicemembers in the Public Health Service, they deserve to be honored as veterans and laid to rest in a way that recognizes their contribution to our nation.

H.R. 2724, VA Peer Support Enhancement for MST Survivors Act

Issue/Background — The bill would provide peer support specialists during the disability claims process to aid veterans who are survivors of MST. A peer specialist who is trained in victim advocacy would be assigned to assist the MST victim through the claims process, if elected by the veteran.

Lawmakers have pressed the Department of Defense for nearly a decade to address sexual assault and harassment in its ranks. For some congressional advocates, these efforts have not been sufficient to help victims. To victims in uniform, the long investigations, revictimization, and threat of retaliation serve as disincentives for reporting incidents—a process painful and debilitating for so many. A lack of a warm handover between a DoD Victim Advocate and a VA specialist increases revictimization and creates the frustrating process of reliving trauma when answering endless questions. Many victims leave service feeling unsupported and frustrated, often arriving at the VA’s doorstep for relief and much-needed support.

Often the disability claims process is the veteran’s first experience with the VA. MST survivors see the benefits process as a path to support services, benefits, and health care not sufficiently obtained during their time in service. Navigating the disability process can be overwhelming and confusing at times, presenting a barrier for veterans seeking access to their service-earned benefits and health care. In two VA Office of Inspector General (OIG) audits released on August 5, 2021, the agency reported major failures in the Veterans Benefit Administration’s (VBA) claims processing for survivors of MST and for veterans accessing the Veterans Health Administration (VHA) medical system. The OIG determined almost half of the MST claims were not properly processed, ultimately resulting in premature denials and veterans not receiving the benefits they deserved. In health care, the OIG noted staffing and resource shortfalls impacting access to medical care for veterans who have survived MST.

MOAA Position — Support. This bill provides MST veteran survivors a champion to help them navigate and facilitate access to their service-earned benefits and health care.

H.R. 3402, Caring for Survivors Act of 2021

Issue/Background — Currently, surviving spouses of uniformed servicemembers receive a flat monthly payment that is significantly less than what is paid to members of other federal agencies who die as a result their service or in the line of duty. DIC is approximately 40% of a 100% disabled retiree’s compensation. Survivors of federal civilian workers have their annuity set at 55% of the disabled retiree’s compensation. This bill would raise the flat rate of DIC to 55%, a modest increase that is often enough to prevent a survivor from losing their home. Ranked-based compensation that does not reach the 55% benchmark will be raised to that amount. Those receiving rank-based compensation of more than 55%, will keep their current rate but will not see an increase if they are above 55%.

MOAA Position — Support. Widows of uniformed servicemembers deserve parity with survivors of other fallen federal employees. Establishing DIC at the 55% level is long overdue.

H.R. 3793, Supporting Families of the Fallen Act

Issue/Background — We are approaching two decades since Servicemembers' Group Life Insurance (SGLI) and Veterans' Group Life Insurance (VGLI) has been raised. The SGLI and VGLI rate was last increased in 2005, when Congress increased it from \$250,000 to \$400,000, but has not been reassessed since then.

MOAA Position — Support. This adjustment is long overdue and will allow SGLI and VGLI to catch up with inflation. This legislation is ultimately about supporting the families of servicemembers, and MOAA looks forward to growing bipartisan support for this important modernization of life insurance.

H.R. 4601, Commitment to Veteran Support and Outreach Act

Issue/Background — The measure authorizes the Secretary of Veterans Affairs to award grants to help states carry out programs that improve outreach and assistance to veterans and their spouses, children, and parents of veterans. Grants aim to enhance outreach activities, including assisting veterans through the claims development process and increasing the number of county or tribal veteran service officers in the state. States will be required to submit a detailed plan and description of their programs outlining how the grant will be distributed and used to meet the unique needs of American Indian or Alaska Native veterans, elderly veterans, women veterans, and veterans from other underserved communities. The secretary will be responsible for prioritizing grants to areas with critical shortages of county or tribal veterans service officers, or to areas with high rates of suicide among veterans or referrals to the Veterans Crisis Line (VCL). The secretary also will review the performance of each state and report annually to Congress the performance outcomes of the grant program. The bill authorizes \$50 million each year for a five-year period beginning in fiscal year 2022.

MOAA has reported over the last eight years the need for VA to increase its targeted outreach and community coordination. We highlighted in testimony a January 2018 congressionally mandated [report](#) by the National Academy of Sciences, Engineering and Medicine which also corroborates the notion that a significant number of Iraq and Afghanistan veterans were unaware of the services in VA or didn't know how to access care. This notion still holds true today.

MOAA Position — Support. States have long struggled with funding their own outreach efforts to meet the needs of veterans in their communities. These grants will supplement existing state funds to maximize support to the most vulnerable and underserved veterans. Given the recent end of the war in Afghanistan and the traumatic events surrounding the withdrawal of troops, American citizens, and Afghan refugees, more outreach and services will be required to help servicemembers, veterans, and their families affected by the tragic events that unfolded.

H.R. 4633, The Veteran Fraud Reimbursement Act

Issue/Background — When veterans are victims of fiduciary fraud or misuse, VBA is limited in its ability to automatically reissue benefits to the veteran. Congress took actions to fix this issue with the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315) that was enacted earlier this year, however technical fixes are required to expedite reimbursement for the veterans. The bill as enacted requires all cases to be reviewed before VBA can issue refunds, an action GAO found that takes an average of [468 days to complete](#) for abuse cases.

The legislation enhances VBA's ability to reimburse veterans and implement other quality assurance methods to safeguard taxpayer dollars. The bill would allow for more immediate repayment to the veteran in cases of fiduciary fraud or misuse.

MOAA Position — Support. Currently, \$1.7 million is awaiting negligence determinations when likely all of it should be back in the pockets of veterans. This bill will expedite reimbursement reviews and cut through red tape and help veterans, many on fixed incomes, recover after misuse or fraud from a fiduciary.

H.R. 4772, Mark O'Brien VA Clothing Allowance Improvement Act

Issue/Background — Veterans with lifelong injuries still are required to request a clothing allowance from the VA annually. Approximately 40,000 veterans were approved for a clothing allowance last fiscal year, and the vast majority will need this allowance into the future.

The bill would automate this process for tens of thousands of veterans with lifelong conditions and help remove unnecessary administrative barriers.

MOAA Position — Support. When there is a common-sense barrier that we can remove for a veteran, we should absolutely do so. Requiring service-disabled veterans to reapply annually for their clothing allowance for a lifelong disability is unnecessary; it does not make sense for the veteran to file such claims, nor for the VA to spend time reviewing them.

Justice for ALS Veterans Act of 2021 (discussion draft)

Issue/Background — When a servicemember or veteran dies in service or of service-connected condition, DIC is owed to their survivors. When they are totally disabled for a period of at least eight years prior to their death, DIC is increased by [\\$288](#) per month.

Amyotrophic lateral sclerosis (ALS) is a totally disabling illness. It is incredibly aggressive, and those who served are [twice as likely](#) to develop the disease as non-veterans. The mean survival

time for ALS is two to five years, and only [20%](#) of ALS victims survive past five years. This means many survivors are not eligible for full benefits under the current law. The bill would amend the law and eliminate the eight-year requirement for ALS given its aggressive nature, recognizing the hardship faced by veterans and their families.

MOAA Position — Support. MOAA believes survivors should not be disadvantaged when an aggressive illness like ALS takes their loved one far too soon. The unique nature of this disease means few veterans survive long enough to receive the enhanced benefits that other totally disabled veterans receive. We encourage Congress to pass this bill and support survivors' families.

Legislation to improve coordination between the Veterans Health Administration and the Veterans Benefits Administration with respect to claims for compensation arising from military sexual trauma, and for other purposes (discussion draft)

Issue/Background — The bill would improve coordination between the VHA and VBA when processing disability claims. Once a veteran files an MST claim for compensation, VBA must coordinate with VHA and communicate to the veteran in a letter providing information on the VCL, how to make an appointment with a mental health provider, and other resources available, including connecting with MST coordinators and peer support specialists. If the veteran is enrolled in the department's health care system and consents, VBA is required to notify the VHA on any action taken on the veteran's claim for compensation.

MOAA Position — Support. MOAA is heartened by any legislation that aims to bring VBA and VHA systems closer together in a coordinated way to assist veterans. Veteran survivors of MST already face an uphill battle getting the benefits and health care they need to address the effects of traumatic events from their service. This type of support and communication will go a long way in helping alleviate some of the additional stressors placed on veterans when attempting to access and navigate two very complex VA systems. As noted earlier, survivors of MST seeking compensation are more likely to have their claim prematurely denied, preventing them from accessing the care and benefits needed to help improve their quality of life. Greater communication and collaboration between VBA and VHA on MST claims are steps in the right direction and ultimately should be extended to all veterans filing for other chronic or debilitating conditions that adversely affect their lives.

CONCLUSION

MOAA appreciates the opportunity to present our views and recommendations on these important bills. We look forward to working with the Committee to pass these important bills that will make a difference in the lives of veterans, their families, and survivors. We stand by to offer additional comments on other important measures before the Committee today.