



CCD Veterans Task Force Recommendations for the 117th Congress - Because veterans with disabilities are people with disabilities, the CCD Veterans Task Force seeks to draw particular attention to cross-cutting issues affecting this population as part of the broader community of those with disabilities in addition to highlighting issues directly affecting veterans with disabilities, both service-connected and non-service-connected. The task force urges the next Congress to address the following legislative issues.

Support the CHAMPVA Childrens' Protection Act – Young dependents of catastrophically disabled veterans can be covered for health insurance under this program operated by the Department of Veterans Affairs. When the Affordable Care Act passed in 2010, CHAMPVA was not included in the provisions allowing dependents to remain on their parents' insurance until age 26. As a result, young people on CHAMPVA are the only population of dependents that lose their coverage at age 22. It is critical that this inequity be corrected by enacting legislation similar to the CHAMPVA Childrens' Protection Act.

Support legislation to restore reproductive rights of service-disabled veterans – Veterans who have lost the ability to have children through their service to the nation should not be denied the opportunity to have a family. The "Veterans Infertility Treatment Act is legislation aimed at addressing veteran infertility. Similar to the "Women Veterans and Families Health Service Act," this new legislation would make permanent fertility services at VA, open Assisted Reproductive Technology (ART), like IVF, to any veteran using VA health care and repeal the ban on donated gametes and embryos, require reporting to Congress on services rendered, and direct research on infertility among veterans.

Other bills addressing veteran infertility include the "Access to Infertility Treatment and Care Act," which focuses on the provision of fertility preservation, counseling, and ART to those with iatrogenic infertility. The "Black Maternal Health Momnibus Act," would authorize funding to improve maternity care coordination at VA; require listing of veteran status of mother in fetal death records and in maternal mortality review committees of pregnancy-related deaths and pregnancy-associated deaths by state; and give the authority for a GAO report on maternal morbidity and severe maternal morbidity of veterans with ethnic and racial disparities in material health outcomes.

Support legislation to improve mental health care for veterans – Some wounds of war are invisible but nonetheless deserve the same level of attention and care as those that can be seen. A major step forward in addressing the mental health needs of veterans was taken with the enactment of P.L. 116-171, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* in the 116th Congress. More can be done, however, and the Veterans Compact Act is a package of bills aimed at improving mental health benefits for veterans that should be enacted as soon as possible. In addition, the Protection and Advocacy for Veterans Act would create a demonstration project in which the VA Secretary would be authorized to grant four P&A agencies to monitor the mental health and substance use care and treatment veterans are receiving at VA facilities. For over forty years, P&As have provided independent, and objective advocacy and protection for people with disabilities receiving care in hospitals, clinics, and other facilities. Veterans should have access to P&A advocacy and protection when in the care of a VA medical facility for mental health and/or substance use issues.

Support legislation to remove work disincentives and barriers to employment for veterans with significant disabilities – Veterans with significant service-connected disabilities do not receive adequate transition guidance concerning their rights as persons with disabilities when retiring from the military and the VA vocational rehabilitation program often fails to serve these veterans other than preparing them for a life outside the workforce. Veterans with serious non-service-connected disabilities often fall through the cracks of systems intended to serve veterans. Legislation such as the Veterans Economic Recovery Act would

strengthen the VA Veterans Readiness and Employment (VR&E) program to provide consistent and predictable benefits for veterans with disabilities. It would also improve and modernize the VRE case management system to track progress as well as increase staffing and provide comprehensive training for VRE counselors. Additional legislative changes should be made to the Department of Labor's Veterans Employment and Training Service (DOL VETS) to enable programs under its jurisdiction to serve veterans with non-service-connected disabilities.

Modernizing the VA Automobile Adaptive Grant program – Congress authorizes VA to provide one-time grants in the amount of \$21,058.69 to service-connected disabled veterans to purchase a new or used automobile with appropriate adaptive equipment to accommodate their disability. On average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used. These substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service. We ask Congress to establish multiple automobile grants, for veterans to use once every ten years, equaling the current grant maximum in effect at the time of vehicle replacement.

Establish DIC equity with other federal survivor benefits - Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or veterans who die from service-related injuries or diseases, and includes additional payments for dependent children. When a veteran receiving compensation passes away, the surviving spouse often suffers a devastating loss of income because the rate of survivors' compensation is less than 50 percent of what a totally disabled veteran receives. The economic consequences may be amplified if that spouse had been the veteran's caregiver and that compensation was their sole income source. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the retiree's benefits up to 55 percent. To address this inequity, the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation.

Moreover, current law only allows surviving spouses receiving DIC to retain this benefit if they remarry at age 57 or older. The Civil Service Retirement System as well as the military Survivor Benefit Plan (SBP) allow surviving spouses to remarry at age 55 without a loss of benefits. Congress should lower the remarriage age requirement from 57 to 55 to continue DIC payments for survivors of veterans who have died on active duty or from service-connected disabilities. Equity with beneficiaries of other federal programs should govern congressional action for this deserving group.

Reduce the 10-Year Rule for DIC – For the survivor of a veteran with a 100 percent disability rating to receive DIC, the veteran must have had that rating for 10 consecutive years. However, if the veteran passes away due to a nonservice-connected condition before reaching 10 consecutive years of being totally disabled, the dependents are not eligible for any DIC benefit. This happens despite the fact that many of these survivors put their careers on hold to act as primary caregivers for the veteran, and now with the loss of their veteran, could potentially be left destitute. The DIC program would be more equitable for all survivors if they were eligible for a partial DIC benefit starting at five years of the veteran being rated totally disabled and reaching full entitlement at 10 years to protect against spousal impoverishment after the loss of their veteran spouse.

Toxic Exposure in American Military (TEAM) Act - More than six million veterans of all eras have been exposed to toxic substances in the course of their military service such as herbicides, burn pits, radiation, engine fumes, and chemically laced improvised explosive devices and more. These exposures can potentially lead to serious illnesses including, but not limited to, cancers, respiratory diseases, autoimmune disorders, and skin conditions. Unfortunately, many veterans suffering from these illnesses still lack access to the lifesaving care they need and deserve. If enacted, provisions like those in the TEAM Act would reform the way the Department of Veterans Affairs (VA) evaluates and provides care for veterans suffering from conditions that may be associated with toxic exposures.

Clinical TEAM Culture Act – Provisions like those contained in the Clinical TEAM Culture Act would require VA to develop standards for the provision of care by non-VA providers through the Community Care Program,

and require community care providers to complete specified training, including training on suicide and military sexual trauma.
