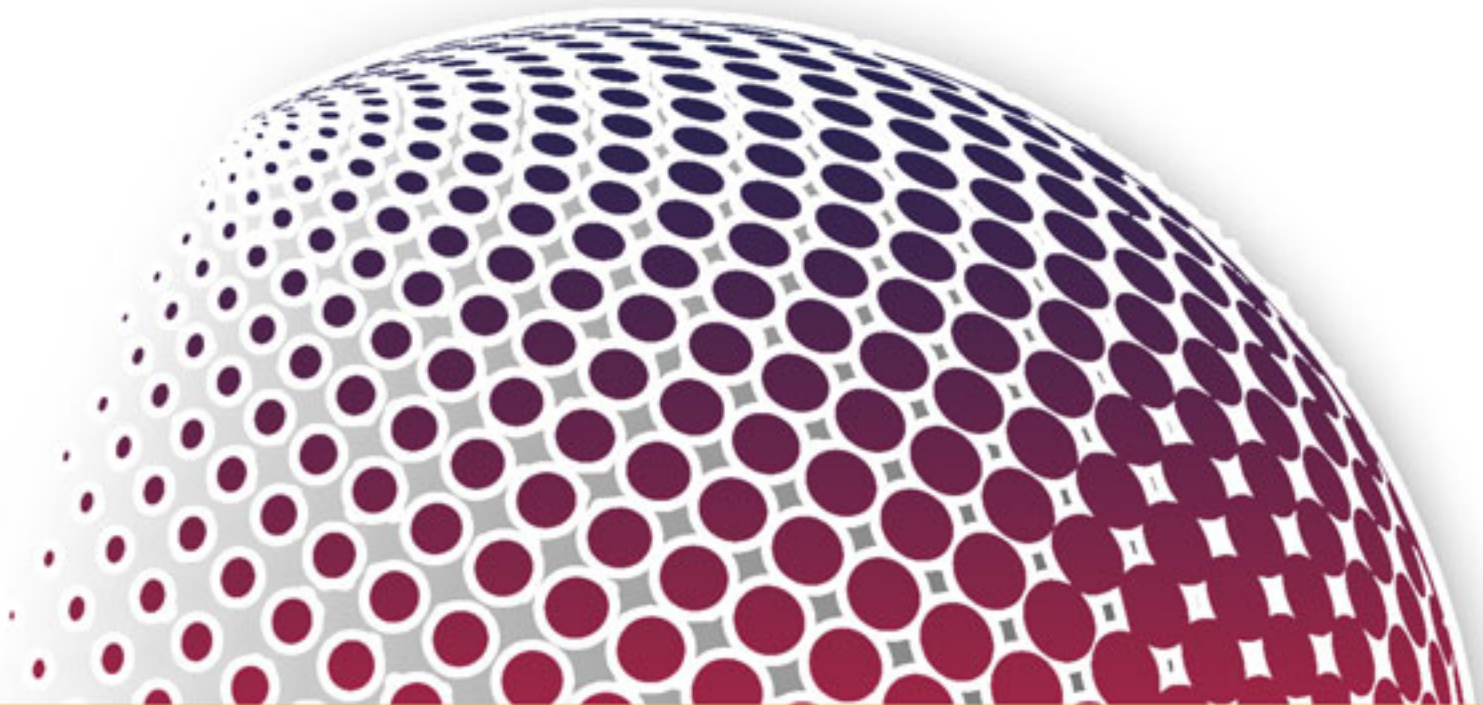


Coalition of Veterans Organizations



VETERANS AFFAIRS COMMITTEE REPORT

SEPTEMBER 2025



PREPARED BY **LARRY E. NAZIMEK**

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by
Larry E. Nazimek

1. Veterans have been fighting the proposed reduction of some VA staffing, a third of whom are veterans. VA Secy. Collins said that they are continuing to monitor the level of care for veterans, and that there would be no RIF, as attrition and the hiring freeze would be sufficient.

2. In reporting legislation that has been introduced, the same bills and writeups from the previous month will be repeated, with new bills or changes in **boldface**. **There has been little activity recently, due to Congress being on vacation.**

3. H. R. 1391: Student Veteran Benefit Restoration Act of 2025, would require the VA to restore education benefits to veterans who were enrolled in a program that was shut down. There are 10 cosponsors, all D. The bill was re-introduced by Cong. Ramirez, and IL cosponsors include Schakowsky, Budzinski, and Garcia.

4. H. R. 210: Dental Care for Veterans Act, has **57** cosponsors, all D. There are **9** from IL (Ramirez, Garcia, Casten, Quigley, Krishnamoorthi, Kelly, Budzinski, Jackson, **Foster**). Those from IL who have not cosponsored are all R and Davis, Schakowsky, Schneider, Underwood, and Sorensen.

5. S. 124/H. R. 472: Restore VA Accountability Act of 2025: This Act would make it easier to fire VA employees, making things easier for DOGE. S. 124 has 17 cosponsors, all R. H. R. 472 has 30 cosponsors, all R. The bill was introduced by Mike Bost (R-IL). There are no cosponsors from IL for either bill. We oppose these bills.

6. H. R. 530: ACES Act: This bill would require the VA to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to study and report on the prevalence and mortality of cancers among veterans who served on active duty as aircrew members and regularly flew in fixed-wing aircraft. This bipartisan act has 34 cosponsors, none from IL.

7. H. R. 2970: National Veterans Advocate Act of 2025: It would establish the Office of the National Veterans Advocate. It was introduced by Cong. Rudy Yakym (R-IN) and has 1 cosponsor, not from IL.

8. H. R. 3132: CHOICE (Certified Help Options in Claims Expertise for Veterans) for Veterans Act of 2025: This bill would allow attorneys and agents to charge ill and injured veterans fees of up to \$12,500 or the amount equal to five times the monthly benefits increase, whichever is less, and if the claim results are favorable.

Currently, veterans can choose accredited veterans service organizations, agents and attorneys who provide free claims assistance. These experts ensure veterans receive knowledgeable

representation without sacrificing any of their earned benefits. H.R. 3132 weakens accreditation requirements, letting individuals assist veterans before meeting full qualification standards. It has 21 co-sponsors, all Republicans, with Mike Bost as the only one from IL. We oppose this legislation.

9. S. 1068: Putting Veterans First Act of 2025: The bill would reinstate with backpay all veterans, military spouses, survivors, veteran caregivers and members of the Guard and Reserves—and all VA employees thus far—“illegally fired, demoted or suspended as part of the Trump administration’s mass terminations. It would further protect veterans in the civil service from being included in future mass terminations. It has 21 cosponsors, 20 D and 1 I (Bernie Sanders), with Tammy Duckworth the only one from IL.

10. S. 914/H. R. 1637: Protect Veterans Jobs Act: It would reinstate Veterans who were fired from their jobs as part of Donald Trump and Elon Musk’s indiscriminate purge of federal employees. It was introduced by Tammy Duckworth. It has 10 cosponsors (almost all of whom were initial cosponsors), all D, including Dick Durbin. H. R. 1637 has 94 cosponsors, all D, 6 from IL 6 (Schakowsky, Sorensen, Schneider, Budzinski, Ramirez, Quigley).

11. S. 2145/H. R. 4077: Guard Veterans Health Care Act. It would permit the recovery from the VA of costs from Medicare Advantage and Medicare Rx drug plans and to modify the authority for recovery by the U. S. of reasonable charges for certain care or services furnished to veterans for non-service-connected disabilities, and for other purposes. It has 2 co-sponsors, none from IL. H. R. 4077 has 5 cosponsors, none from IL. These bills are bipartisan, unlike so many others that we are following. These are very new bills, so it will take some time before they have more cosponsors.

12. H. R. 1039: Clear Communication for Veterans Claims Act: This bill requires the Department of Veterans Affairs (VA) to seek to enter into an agreement with a federally funded research and development center to assess notices that the VA sends to claimants applying for or submitting claims for VA benefits. The VA must report on the findings of the assessment and implement recommendations in the assessment. The bill also extends certain loan fee rates through June 23, 2034, under the VA's home loan program. This bipartisan bill has 9 cosponsors, 2 from IL (Bost, Budzinski). It passed the House and is at the Senate Committee on Veterans Affairs.

13. H. R. 2550: Protect America’s Work Force Act: To nullify the Executive Order relating to Exclusions from Federal Labor-Management Relations Programs, and for other purposes. It has 222 cosponsors, 215 D and 7 R, 14 from IL (all D).

14. The next VACCC meeting will be at 1900 on Sept. 23, at the Lyons Twp., 6404 Joliet Rd., Countryside, IL. If anyone plans on attending, please let me know.

15. On June 18, I sent a letter to Collins, asking that the VA eliminate copays, which would eliminate means testing. I suggested that they take a close look at the amount of money that is spent on the administration of copays/means testing/billing/etc. There are times when organizations hire professional fund raisers, but what they raise amounts to raising money to pay the ones who raise the money. If it can be shown that the VA makes very little profit on these copays, it would strengthen our position that they should be eliminated. Of course, Collins did not reply. If you want a point paper on VA copays, just ask.

I asked Cong. Delia Ramirez, at her recent Veterans Working Group meeting, to introduce legislation to end VA copays/means testing. They are currently working with HVAC (House Veterans Affairs Cmte.) staff to see if anything has been introduced/potential next steps. They will stay in touch with me on what comes out of these conversations.

16. There is nothing new to report on efforts to get Cook County to provide dental care for veterans. The County Care program provides dental care to participants, although we understand that they are short of dentists. They are now working on getting the dental clinic at their Belmont Cragin Health Center (5501 W. Fullerton Ave., Chicago) staffed. They are even trying to get outside dentists to work there part time.

17. On Friday, Sept. 12, at 1100, the National Nurses United organized a rally by the Kluczynski Federal Office Building, where our Senators have their offices, protesting VA cutbacks. (I represented CVO.) They are asking senators and congressmen to commit to standing with them and the veterans they serve. It was covered by WGN-TV.

18. There was a JVAMC Town Haul Meeting, via telephone, on Sept. 9. It began with Chief of Staff Dr. Sarah Unterman announcing that the hospital was one of three area hospitals (other two were Northwestern and Rush) that received a 5 star rating in the Centers for Medicare and Medicaid Services 2025 hospital quality ratings.

At the VFAC meeting on Sept. 12 (which started late but ended on time), the main area of discussion was this rating. Slides were shown that described the rating factors and things that will be addressed in the near future. Among them is that for inpatients, nurses will be visiting each room hourly during the day and once every two hours at night. (It will be interesting to hear what the nurses have to say about this, in view of the staffing shortages.)

I asked about the U. S. News & World Report ratings, and while they didn't know off hand, we were told that the ratings from CMS are far more important, because they rate all of the hospitals based on the same criteria.