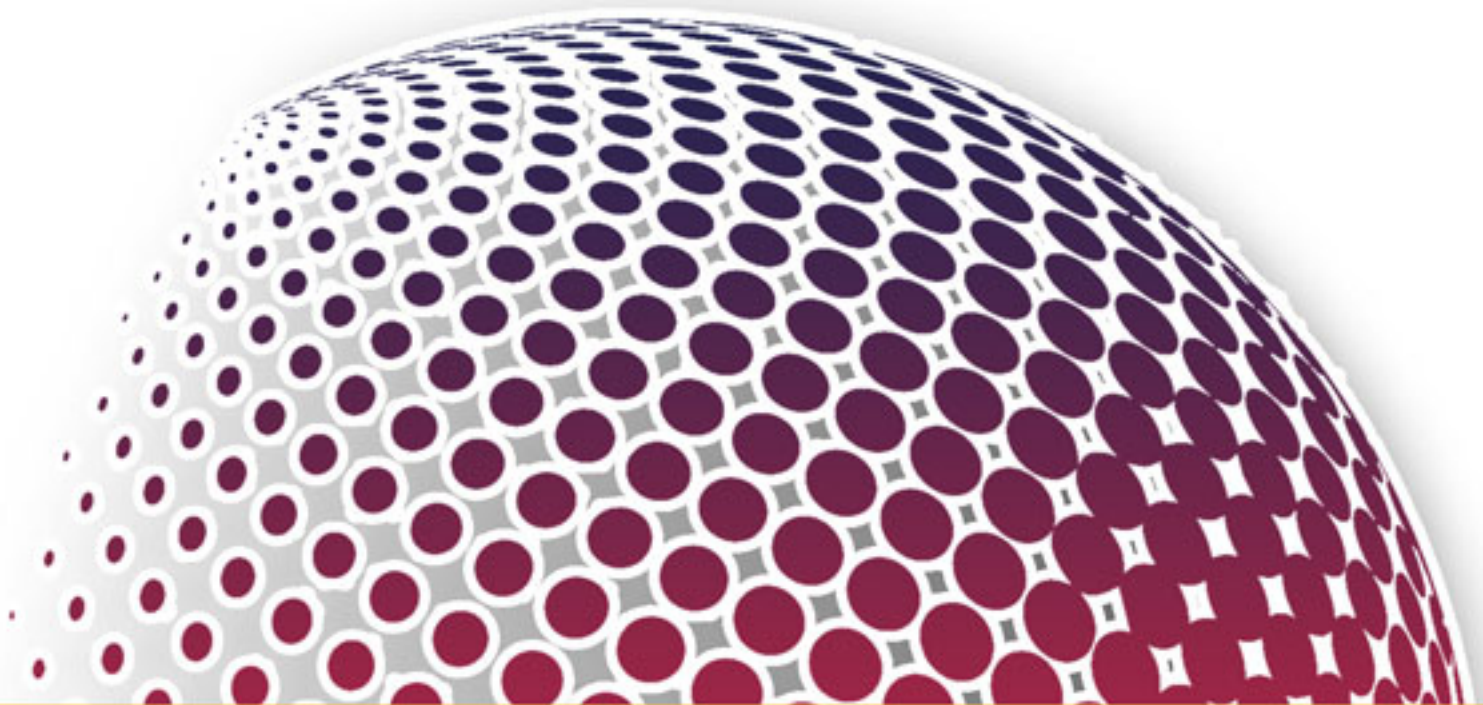


Coalition of Veterans Organizations



VETERANS AFFAIRS COMMITTEE REPORT

OCTOBER 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 the government shutdown and the attention given to immigration enforcement.**

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/S. 201: ACES Act of 2025: 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 had 35 cosponsors, none from IL. It passed in the House. S. 201 had 3 co-sponsors, none from IL. It passed and was signed by Pres.**

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 26 co-sponsors, all Republicans, with Mike Bost as the only one (initial co-sponsor) 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 223 cosponsors, 216 D and 7 R, 14 from IL (all D).

14. H. R. 1644: Copay Fairness for Veterans Act: This bill eliminates co-pays for medication, hospital care, and medical services related to preventive health services

provided by the VA. Much of dental care is preventive in that poor dental care is related to other diseases, but the VA only provides it to 15% of enrolled veterans. This bill is only a step in the right direction, as we want an end to all VA co-pays. It was introduced by Underwood. There are 5 co-sponsors, all D, with Ramirez the only one from IL.

I am on Ramirez's Veterans Working Group, and at the last meeting, I asked her to introduce legislation to eliminate co-pays. Her staff consulted with the Veterans Affairs Committee to see if such legislation had already been introduced. They found H. R. 1644, which she co-sponsored. I made it clear, however, that we want an end to all VA co-pays.

I have written to Cong. Garcia, Quigley, Foster, Kelly, and Krishnamoorthi, whose staffers I have been working with, requesting that they introduce such legislation, but I have received no replies, nor have they co-sponsored H. R. 1644. Our experience with legislation is that it's nearly impossible to get legislation introduced, but it's another matter of getting co-sponsors to legislation that has already been introduced.

15. The next VACCC meeting will be at 1900 on Dec. 16, at the VFW Post 2868, 8844 Ogden Ave., Brookfield, IL. If anyone plans on attending, please let me know.

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.

17. At the JBVAMC VFAC meeting on Oct. 10, there was a presentation concerning Vet Centers. I already emailed the slides from that presentation and others from that meeting. It must be emphasized that their records can only be accessed by that Vet Center, so things that are disclosed to them can not be accessed by other offices within the VA.

Christopher Cain is now the Acting Asst. Dir. He stopped in to introduce himself and say that he had another meeting to attend. The way Acting Asst. Directors are changed is reminiscent of the Chicago Cubs College of Coaches in 1961-62 instead of a manager.

There was additional discussion of the 5 star CMS hospital rating. 20% of that rating involves the surveys filled out by the patients. While we got 5 stars for the hospital, the patient rating was only 3 stars. I suggested that an effort should be made to ask patients what they want in order to increase this rating. I suggested that the surveys include narratives without 500 (or any other number) character limitations. We were told that if we write things in the margins of the surveys, that they have no effect on the ratings, but they are then sent to the hospital for consideration.

With that in mind, we might as well include comments on a separate paper, to show the reasons for our ratings, where we make it clear what we want. For questions about communication with doctors, for example, we can discuss MyHealtheVet and its limitations. When rating our feelings on our healthcare, we can discuss the lack of dental care, since it is an essential part of

healthcare. After all, it is provided for those enrolled in the County Care program, and poor dental care is related to other diseases, such as diabetes, heart disease, cancer, COVID-19, Alzheimer's and others.