

# *Veteran Advocate Newsletter*

*April 2026*

This Newsletter is published monthly as a Service and Reference for all Veterans, Veteran Family Members, and friends of Veterans. Each month multiple Veteran Military Organization sites (and other sources, as applicable) are queried for timely, relevant, and viable Veteran issues... issues that regardless of source, impact Veterans and their Family Members.

*This is an independent publication, it represents no particular organization, it is sent for information purposes only. Nothing is provided in this newsletter that cannot be retrieved by the reader – all sources are cited. Articles and/or article excerpts below are simply provided for ease of access and/or reference.*

This month, I am addressing Veteran Related Legislative Priorities. The article extracts which appear below reflect just some of the important legislative priorities being worked by key Veteran Military Organizations. I urge you to become familiar with them. Never hesitate to reach out to your elected officials in support of the issues you deem essential for Veterans and their Family Members. Note again that all sources are cited and links are provided which can be accessed for further information. *Note: Following the article extracts I also inserted a short piece on Buddy Checks. The war in Iran can be a trigger for Veterans battling Mental Health and Substance Use challenges. Check on your Buddy... you could save a life!*

Remember, The “Go-To” source for updates on legislation and benefits available for eligible Veterans is Certified/Professional Service Officers (VSO’S). I have listed a couple of great VSO sources below.

Point of Contact information on recommended Certified/Professional Service Officer Assistance:

- Illinois Department of Veterans Affairs Phone (IDVA) Phone: (815) 633-8266
- Veterans Assistance Commission of Winnebago County (VACWC), Phone: (815) 516-2850, Email [vac@wincoil.us](mailto:vac@wincoil.us)

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## American Legion

**Source:** <https://www.legion.org/advocacy/legislative/legislative-priorities>

### **Balance Community Care with Veteran Needs**

Access to community care is essential for veterans, particularly those living in rural areas and with unique needs. An estimated 4.6 million veterans reside in rural communities, with 58% of them enrolled in VHA, compared to 38% for urban veterans,<sup>51</sup> underscoring the need for accessible healthcare options. The American Legion firmly believes that VA should remain the cornerstone of veteran care.

One of the largest changes in VA medical care in the past few decades was the passage of the CHOICE Act, later updated as the MISSION Act, after the Phoenix wait-list scandal made it clear that veterans needed the ability to access community health-care providers. Congress' intent with MISSION was clear: While strengthening VA's ability to provide direct care by improving recruiting and retention of VHA providers and addressing aging VA infrastructure through the Asset and Infrastructure Review (AIR) Commission, the VHA was directed to increase access to community providers when it could not provide care in a reasonable time and/or distance, or if access to an outside provider was in the best medical interest of the veteran.

From a broad perspective, the integration of community care to supplement the VA direct-care system has been an important relief valve to ensure a tragedy like Phoenix never happens again and has played a large role in ensuring veterans get the care they need, when they need it. However, despite large increases in VA FTEs, disregard for the AIR Commission recommendations<sup>52</sup> and the patchwork approach to VA's infrastructure needs, the budget for community care has ballooned. This has naturally resulted in debates on balancing funding for VA's direct-care system and adherence to eligibility requirements.

The Legion acknowledges the natural friction between funding the VA direct-care system and the demand for community care, particularly in a world of budget uncertainty, aging infrastructure and a declining veteran population. Congress must address the infrastructure gaps while also ensuring the VA direct-care system is strengthened. In the absence of adequate VA capacity, the needs of the individual veteran must be prioritized. Since MISSION passed, there have been credible reports of VA administrators overruling decisions by VA providers and patients to keep veterans inside the VHA system rather than referring them to community care.

The American Legion strongly supports keeping the VHA as the coordinator of care for veterans, but if VA cannot provide veterans the care they need, when they need it, community providers are the only realistic solution in the best interest of the individual veteran. The American Legion supports the new provision VA has implemented from the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act which removed VA's requirement for a second doctor to approve referral for care in the community,

The FY2025 VA near-miss budget shortfall highlighted a significant concern with community care costs. Although The American Legion strongly supports community care as a vital service to veterans, over \$150 billion has been spent on community care providers since 2015.<sup>53</sup> Costs for care in the community have grown approximately 20% annually since 2019,<sup>54</sup> whereas internal VA costs have remained stable.<sup>55</sup> This increase is primarily due to expanded eligibility under legislation such as the MISSION Act, the Dole Act, the PACT Act, and the COMPACT Act. This legislation contributed to an increase of VA patients to roughly 8,346,327 in 2024 which includes Gulf War and Vietnam Era Veterans.<sup>56</sup> This influx of patients increased

community care cost estimates to \$17.6 billion in 2021,<sup>57</sup> prompting discussions on how this negatively impacts resourcing the VA healthcare system overall.

The increased demand for community care and eligibility expansion was intended to help veterans schedule appointments in a reasonable amount of time. However, there are a growing number of veterans who express displeasure with this process, citing that there is no difference between VA and community care wait times.<sup>58</sup> Since Aug. 10, 2022, 739,421 veterans have enrolled in VA health care. This includes 333,767 enrollees from the PACT Act alone,<sup>59</sup> which is 50,000 more enrollees than the previous year.<sup>60</sup> Although this expansion requires continued attention, the balance between community care and VA care appears stable for now.

The American Legion supports allowing VA providers to provide telehealth appointments to patients outside of the state they are licensed in. To help alleviate high demand, VA released a rule allowing this in 2018.<sup>61</sup> An additional rule allowing physicians to prescribe across state lines was released in 2020 to offset the effects of the COVID-19 pandemic.<sup>62</sup> However, these rules are not yet codified into law. The American Legion supports H.R. 1107, the Protecting Veteran Access to Telemedicine Services Act of 2025, which would permanently codify these rules.

Billing and reimbursement have historically been pain-points for community care. Delays in payment to community providers discourages partnerships with VA.<sup>63</sup> However, VA is introducing External Provider Scheduling (EPS), a new system that allows VA staff to book appointments directly into community providers' schedules. This eliminates staff making multiple phone calls to confirm preferences and availability. While EPS shows promise, its current limited rollout means that most veterans are not yet experiencing its benefits.

Rural veterans face unique challenges when it comes to obtaining care at VA and in the community. For instance, the lack of internet connectivity makes it difficult for rural veterans to attend telehealth visits.<sup>64</sup> It is critical that rural broadband access be expanded and veteran transportation programs be improved. Transportation to appointments in the community remains an issue for veterans, particularly rural veterans. The American Legion supports the improvement of transportation programs to alleviate this issue, as well as VA reimbursement for emergency care flights for veterans.

### **Key Points:**

- Community care through VA is VA health care and should receive the same coordination and oversight as VHA-provided care.
- Community care costs have ballooned due to expanded use and require additional oversight.
- VA providers should be able to fully treat veterans outside of the state in which they are licensed to operate.
- Transportation programs for veterans to and from appointments both at the VA and in the community must be improved, including emergency flights.

### **What Congress Can Do:**

1. Pass **275/H.R. 740 – Veterans ACCESS Act.**
2. Pass **R. 1107 – Protecting Veteran Access to Telemedicine Services Act.**
3. Ensure veterans receive any bills for copays quickly and do not receive surprise bills months after treatment.

4. Pass legislation codifying rules VA is currently using to allow doctors to treat and prescribe remotely for patients outside the state in which the provider is licensed.

### **Supporting Resolutions:**

- [Resolution No. 182: Non-Department of Veterans Affairs Emergency Care\(Opens in a new window\)](#)
- [Resolution No. 363: Consolidation of Department of Veterans Affairs Care in the Community Program\(Opens in a new window\)](#)
- [Resolution No. 372: Oppose Closing or Privatization of Department of Veterans Affairs Health Care System\(Opens in a new window\)](#)

### **VFW**

Source: <https://vfw-org-hqagarhxahbybyd9.z01.azurefd.net/-/media/VFWSite/Files/Advocacy/Legislative-Talking-Points.pdf?la=en&v=1&d=20250904T193555Z>

Issue Contact: Meggan Coleman at [mcoleman@vfw.org](mailto:mcoleman@vfw.org)

### **Written Informed Consent for Suicide Prevention**

#### **The VFW's Concern:**

Veteran suicide remains a crisis. An estimated 155,000 veterans have died by suicide since 2001, with nearly a third of these deaths occurring while under Department of Veterans Affairs (VA) care. Suicide rates among veterans ages 18–34 have more than doubled and remain significantly higher than among non-veterans.

Approximately 70 percent of veterans treated by VA are prescribed psychiatric medications and reporting has shown that nearly half of veterans diagnosed with post-traumatic stress disorder (PTSD) are prescribed multiple psychiatric medications at once, commonly referred to as “combat cocktails.” These prescription rates are substantially higher than those of non-veterans. Many of these medications also carry Food and Drug Administration (FDA) Boxed Warnings related to suicidal thoughts and behaviors, making careful monitoring and clear communication essential. VA’s Office of Inspector General has identified gaps in documentation of informed consent discussions and weaknesses in medication safety protocols. These findings make clear that we must strengthen communication and oversight across the system.

Psychiatric medications can be appropriate and life-changing when properly prescribed and monitored. But like any serious medical treatment, they require honest conversations and shared decision making. Written informed consent is already standard for many high-impact therapies and has not been shown to discourage care. By clearly explaining benefits, risks, alternatives, and expectations up front, written informed consent brings mental health treatment into the open and reinforces a simple truth—mental health care is health care. Transparency builds trust, keeps veterans engaged in care, and helps prevent avoidable crises. For these reasons, the VFW supports strengthening written informed consent and improving oversight of psychiatric prescribing practices to ensure veterans receive safe, informed, and high-quality care.

The VFW Urges Congress to:

Pass H.R.4837 / S.3314, Written Informed Consent Act, to expand written informed consent requirements to ensure veterans receive clear, written information about the benefits, risks, alternatives, and expectations associated with long-term psychiatric medications.

Pass H.R.6858, Veteran Suicide Prevention Act, to direct the Secretary of Veterans Affairs to conduct a review of the deaths of certain veterans who died by suicide, and the role prescribing practices and medication management may have played in these deaths. \

Note: For H.R.4837 cosponsorship, please email Tyler Zidlicky at [tyler.zidlicky@mail.house.gov](mailto:tyler.zidlicky@mail.house.gov).

For S.3314 cosponsorship, please email Heidi Thom at [heidi\\_thom@sheehy.senate.gov](mailto:heidi_thom@sheehy.senate.gov).

For H.R.6858 cosponsorship, please email Josh Orenstein at [josh.orenstein@mail.house.gov](mailto:josh.orenstein@mail.house.gov).

## **MOAA**

**Source:** <https://www.moaa.org/content/publications-and-media/news-articles/2025-news-articles/advocacy/moaas-legislative-priorities-for-the-119th-congress/>

### **Veteran Caregiver Reeducation, Reemployment, and Retirement Act (H.R. 2148 | S. 879)**

**What it does:** Expands health care coverage and career transition support for caregivers, and would require a study designed to provide caregivers with a path toward financial security in retirement.

**Who it supports:** Millions of caregivers.

**MOAA's take:** "Just as our veterans answered the call to serve our nation, their caregivers also answered the call to step up and serve them," said Lt. Gen. Brian T. Kelly, USAF (Ret), MOAA's president and CEO. "These dedicated individuals put their own futures on hold — sacrificing financial security, career advancement, and personal well-being — to fulfill the nation's promise to take care of our veterans and provide the care veterans deserve.

**How you can help:** [Send a letter to your lawmakers now.](#)

3. [S.879](#) — 119th Congress (2025-2026)**Veteran Caregiver Reeducation, Reemployment, and Retirement Act Sponsor:** [Moran, Jerry \[Sen.-R-KS\]](#) (Introduced 03/06/2025) **Cosponsors:** (3)**Committees:** Senate - Veterans' Affairs **Latest Action:** Senate - 07/30/2025 Committee on Veterans' Affairs. Ordered to be reported with an amendment in the nature of a substitute favorably. ([All Actions](#))**Tracker:**  
This bill has the status Introduced

## **DON'T FORGET TO DO BUDDY CHECKS!**

### **The American Legion Buddy Check Program**

Source: <https://www.legion.org/buddycheck/about>

In the first four years after The American Legion launched Buddy Checks as an official program, our members have reached more than **1 million veterans** and provided critical assistance.

The number of local American Legion posts conducting Buddy Check operations in those first four years has grown from 3,683 to 4,456.

Buddy Checks are not membership or fundraising calls; they are simple check-ins with veterans in the community to see how they are doing and to learn how the local post can help.

The **MyLegion.org** web platform contains contact information of American Legion members and former members.

The Department of Veterans Affairs launched its own **National Buddy Check Week** in 2023 and invites involvement from local American Legion posts.

American Legion posts are also strongly encouraged, by resolution, to make Buddy Check calls during Veterans Week (*mid-November*) and American Legion Birthday Week (*mid-March*).

Many American Legion posts have assembled Buddy Check teams that make calls monthly or even more frequently.

Buddy Check teams are urged to have at their fingertips a list of local resources available if needed.

These may be American Legion service officers, Vet Centers, VA healthcare facilities, or others who can help.

Veterans may be reminded of the **Veterans Crisis Line** in case they know of someone who needs urgent assistance, or if they need it themselves.

Read about how Buddy Checks work at the local level on [LEGIONTOWN.ORG/BUDDY-CHECKS](https://www.legion.org/buddycheck/about) or [SHARE YOUR OWN BUDDY CHECK STORY](#)

#### **ADDITIONAL OUTSIDE RESOURCES** [VA Mental Health Resources](#)

- [American Foundation for Suicide Prevention \(AFSP\)](#)
- [Anxiety and Depression Association of America \(ADAA\)](#)
- [National Alliance on Mental Illness \(NAMI\)](#)
- [Mental Health America \(MHA\)](#)
- [National Institute of Mental Health \(NIMH\)](#)

