



To: Dennis Tobin, National Commandant/CEO, Marine Corps League
From: Paul Sutton, Chairperson, National Legislative Affairs Committee
Subj: Federal Legislative Report – 2020 – 2021

This committee has tracked legislation on the national front since its inception and appointment in September 2020. This first report is submitted as an expansion, enhancement and recognition of the work of the 116th Congress. Of course, since we are all constrained by the restrictions imposed due to the COVID-19 pandemic, nearly all our work has been accomplished virtually. This report was reviewed by all of the committee's members; and, where appropriate, their comments were made a report of this final report.

US House and US Senate Legislation Enacted & Signed into Law

On Jan. 5, 2021, President Trump signed into law H.R. 7105, *The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvements Act of 2020*. "This bill was the culmination of two years of bipartisan work.

Highlights of H.R. 7105 (*Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvements Act of 2020*)

Benefits

- Requires VA to return Disability Based Questionnaires to their public-facing website and requires the VA to accept Disability Based Questionnaires as evidence in disability compensation claims, even when completed by non-VA medical providers.
- Increases the timeframe of the Vietnam War Era of military service, stating that **the Vietnam Era began on November 1, 1955**, instead of February 28, 1961, which will extend benefits to the more than 3,200 U.S. Military Assistance Advisory Group (MAAG) who served in the Vietnam War during November 1, 1955 – February 27, 1961.
- Eliminates the 12-year time limit governing applications for Veteran Readiness & Employment (VR&E) benefits for veterans who separated from military service after January 1, 2013 (i.e., making VR&E the same as the "Forever G.I. Bill").
- Sets new limits on when the VA's Debt Management Center may initiate debt collection proceedings against veterans.
- Lowers the age to 55 at which a remarried surviving spouse of a Veteran may still receive Dependency Indemnity Compensation (DIC).
- Agent Orange Exposure Fairness Act S. 332 and H.R. 566; requires a GAO briefing and report on repealing the manifestation period for presumptions of service connection for certain diseases associated with exposure to herbicide agents.

- Increases the federal government's special pensions for the surviving spouses of Medal of Honor recipients.
- Requires the Veterans Benefits Administration to establish specialized teams for processing Military Sexual Trauma claims.
- Allows veterans filing a claim for a physical or mental health condition resulting from sexual trauma to choose the gender of their Compensation & Pension Exam provider.
- Allows National Guard and Reserve service under Title 32 orders to count for VA Home Loan eligibility.
- Requires the VA to allow veterans to update dependent information via the eBenefits website.
- Requires the VA to study cancer, diseases, or illness experienced by those who served at the Karshi-Khanabad (K2) Air Base in Uzbekistan between October 1, 2001, and September 30, 2005, and expands VA's open burn pit registry to include burn pits located in Uzbekistan.
- Specifies circumstances under which a Service Member, including members of the National Guard and Reserves, is considered service-connected for a disability or death from COVID-19.
- Orders the VA's Under Secretary for Benefits to ensure every paper or electronic document relating to the receipt of non-service-connected pension include a notice that the Department does not charge any fee in connection with the filing of an initial claim for benefits.

Services for Women Veterans

- Devotes \$20 million for retrofitting healthcare facilities "to make it safer and easier for women veterans to get care" and requires the Veterans Health Administration to submit plans for approval regarding how they will designate these funds.
- Mandates that every VA facility have at least one women's health primary-care provider.
- Creates a permanent Office of Women's Health within the Veterans Health Administration, tasked with providing oversight over all Women's Health Programs within the VA
- Requires VA leaders to create "an anti-harassment and anti-sexual assault policy" and designate officials to take responsibility for any related complaints.
- Requires VA to create a training module for community healthcare providers that is specific to women veterans.
- Expands the Advisory Committee on Women Veterans' mandate to include examining the effect of intimate partner violence on women veterans, and creates a VA pilot program to care for survivors of intimate partner violence.
- Ensures that servicemembers and veterans seeking access to care and counseling related to Military Sexual Trauma can seek this care at any VA healthcare facility, not limited to Vet Centers.
- Requires VA to enter into agreements with public or private entities, to provide free legal services to Women veterans to meet the following unmet needs: Child Support, Eviction & Foreclosure Prevention, Discharge Upgrade Appeals,

Financial Guardianship, Credit Counseling, and Family Reconciliation Assistance.

- Improves access to prosthetic items made specifically for women at VA medical facilities.

Enhanced Healthcare Services

- Waives VA requirements for receipt of per diem payments for domiciliary care at State Veterans Homes and modification of eligibility for payments.
- Prohibits the Veterans Health Administration from collecting co-payments from veterans who are members of a Native American tribal nation.
- Makes permanent a pilot program to provide childcare to veterans enrolled in the VA healthcare system and gives the Veterans Health Administration five years to implement the provision of childcare at every VA medical center.
- Requires State Veterans Homes to report on COVID-19 cases within these facilities to the VA.
- Requires the VA to pay for emergency transportation of newborns.
- Requires VA medical facilities to have drop-off locations for controlled substances medications.
- Mandates an annual audit of facility-level appointment scheduling, which the Veterans Health Administration must share with Congress.

Services for Homeless Veterans & Veterans at Risk of Homelessness

- Expands the HUD-VASH voucher program to veterans with Other Than Honorable characterizations of discharge.
- Increases the amount of grant funds awarded to organizations providing services to homeless veterans to 115 percent of the State Veterans Home domiciliary rate, and allows for additional increases of grant funds in higher cost-of-living areas.
- Allows the VA to award grants to legal services organizations assisting veterans who are homeless and veterans at imminent risk of homelessness.
- Requires the VA to study existing programs that provide assistance to Women veterans who are homeless, with a goal of identifying continued areas of need.
- Extends contracts for VA Homeless Veteran Case Managers to prevent gaps in services for homeless veterans during COVID-19.

H.R. 6395 - National Defense Authorization Act for Fiscal Year 2021

On January 1, 2021, H.R. 6395--the ***FY 2021 NDAA***, containing the Tester/Harder Amendment, was passed into law. At long last, Vietnam veterans exposed to Agent Orange who have been diagnosed with Parkinsonism, Bladder cancer, and/or Hypothyroidism will be deemed service-connected and be eligible for healthcare and compensation:

Title XCI—Veterans Affairs Matters, Section 9109 reads as follows: Additional Diseases Associated with Exposure to Certain Herbicide Agents for Which There is a Presumption of Service Connection for Veterans Who Served in the Republic

of Vietnam. Section 1116(a) (2) of title 38, United States Code, is amended by adding at the end the following new subparagraphs: (I) Parkinsonism. (J) Bladder cancer. (K) Hypothyroidism.

Highlights of H.R. 6395 - Title XCI—Veterans Affairs Matters

- Modification of licensure requirements for Department of Veterans Affairs health care professionals providing treatment via telemedicine.
- Additional care for newborn children of veterans.
- Expansion of eligibility for HUD–VASH.
- Study on unemployment rate of women veterans who served on active duty in the Armed Forces after September 11, 2001.
- Access of veterans to Individual Longitudinal Exposure Record.
- Department of Veterans Affairs report on undisbursed funds.
- Transfer of Mare Island Naval Cemetery to Secretary of Veterans Affairs for maintenance by National Cemetery Administration.
- Comptroller General report on Department of Veterans Affairs handling of disability compensation claims by certain veterans.
- Additional diseases associated with exposure to certain herbicide agents for which there is a presumption of service connection for veterans who served in the Republic of Vietnam.

Since the 117th Congress is just now starting to introduce or re-introduce new legislation (at this point, there are 30-odd veteran-specific bills already introduced and sent to committees needing to hold hearings), we share this one piece of encouraging veterans' legislation both houses of the new Congress:

Veterans Economic Recovery Act Introduced

Rep. Mike Bost (Ill), the Ranking Member of the House Veterans' Affairs Committee (HVAC), and Sen. Jon Tester (Mont.) the Chairman of the Senate Veterans' Affairs Committee, (SVAC) and Sen. Jerry Moran (Kans.) Ranking Member of SVAC, introduced the Veterans Economic Recovery Act (H.R.637, S.134) that directs the Department of Veterans Affairs (VA) to provide a retraining assistance program for unemployed veterans. As a result of the COVID-19 pandemic, the veteran unemployment rate across the country has risen exponentially - from 3.1 percent in 2019 to 11.7 percent in 2020. The centerpiece of this legislation would be a program that provides unemployed veterans and reservists with 12 months of educational benefits for pursuing training in high-demand occupations. Education benefits made available through the rapid retraining program would be equivalent to the benefits provided to veterans under the Post-9/11 GI Bill. To participate in the retraining program, eligible veterans must comply with the following requirements:

- Be between the ages of 25 to 66;
- Be unemployed as a result of COVID-19;
- Have an honorable or other than dishonorable discharge;
- Not be eligible for any other VA education benefits;
- Not be enrolled in another Federal or State job training program;

- Not be receiving disability compensation for reasons that have led to unemployability; and
- Not be in receipt of any unemployment benefits when they begin training under this program.

Under this legislation, members of the National Guard or Reserve federally ordered to assist states with the COVID-19 response would also be eligible for the rapid retraining program.

As new veteran-related legislation is introduced in the 117th Congress, we will do our best to keep everyone apprised. The rosters of the members of the Veterans Affairs Committee of each of the houses (House and Senate) have been provided to each committee member and are available upon request to any League or Auxiliary member.

Anyone wishing to know who a sponsor or co-sponsor of Congressional legislation is; please call the undersigned at **(609) 408 – 2100** or email me at: psutton@mcleague.org or ssgtusmc6169@gmail.com

For the National Legislative Committee:
Paul L. Sutton, PLM 844, Chairperson (NJ)
: PLS

Committee Members

Russ Miller (CO)
Roger Ware (WV)
Hugh Nisbet (MO)
Ann Hunsinger (IN)
Joseph DeAngelo (NJ)

cc: Antonio Chapa, Dept, of California Legislative Committee Chairperson
(the first Dept. Legislative Chairperson requesting updates and guidance)