



**ASSEMBLY STANDING COMMITTEE ON VETERANS' AFFAIRS
ASSEMBLY STANDING COMMITTEE ON LOCAL GOVERNMENTS**

SUBJECT: Veterans' Benefit Claims Representation

PURPOSE: To examine the quality and effectiveness of veterans' benefit claims representation before the U.S. Department of Veterans Affairs

**Wednesday, December 18, 2024
1:00 p.m.
Legislative Office Building, Hearing Room C
Albany, New York 12248**

The outcome of veterans' benefit claims has a significant impact on the financial well-being of veterans and their families. Advising and representing veterans in their benefit claims before the United States Department of Veterans Affairs (VA) is part of the core mission of the New York State Department of Veterans' Services (DVS) and local Veterans' Service Agencies (VSAs). However, they are not the only parties that offer assistance to veterans. A multitude of public and private institutions such as Veterans Service Organizations (VSOs) provide similar services. In addition, there has also been an increasing number of individuals and companies, unaccredited by the VA, engaging in predatory and deceptive practices such as charging excessive and hidden fees for assisting with veterans' benefits claims. The purpose of this hearing is to examine the quality and effectiveness of veterans' claims representation, including representation provided by state and local veterans service agencies, and to determine what, if any, changes are needed to better protect veterans from unaccredited actors.

Persons wishing to present pertinent testimony to the Committee at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to ten minutes' duration. In preparing the order of witnesses, the Committee will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Ten copies of any prepared testimony should be submitted at the hearing registration desk. The Committee would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee's interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

**Kimberly Jean-Pierre
Member of Assembly
Chair**

Assembly Committee on Veterans' Affairs

**Fred W. Thiele, Jr.
Member of Assembly
Chair**

Assembly Committee on Local Governments

PUBLIC HEARING REPLY FORM

Persons wishing to present testimony at the public hearing on veterans' benefit claims representation are requested to complete this reply form as soon as possible and mail, email or fax it to:

Joey Creamer
Analyst
Assembly Committee on Local Governments
Room 520 – Capitol
Albany, New York 12248
Email: creamerj@nyassembly.gov
Phone: (518) 455-4363

I plan to attend the following public hearing on veteran's benefit claims representation to be conducted by the Assembly Committee on Veterans' Affairs and Local Governments on December 18, 2024.

I plan to make a public statement at the hearing. My statement will be limited to 10 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____