TESTIMONY
OF
COLE LYLE
DIRECTOR
VETERANS' AFFAIRS AND REHABILITATION DIVISION
THE AMERICAN LEGION
BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON HEALTH
LEGISLATIVE HEARING
ON
"PENDING LEGISLATION"

JUNE 12, 2025

EXECUTIVE SUMMARY

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Chairman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee, on behalf of National Commander James A. LaCoursiere Jr., and more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to offer our written testimony regarding proposed legislation.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 106 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress.

H.R. 785: Representing Our Seniors at VA Act

To amend title 38, United States Code, to include a representative of the National Association of State Veterans Homes on the Geriatrics and Gerontology Advisory Committee of the Department of Veterans Affairs.

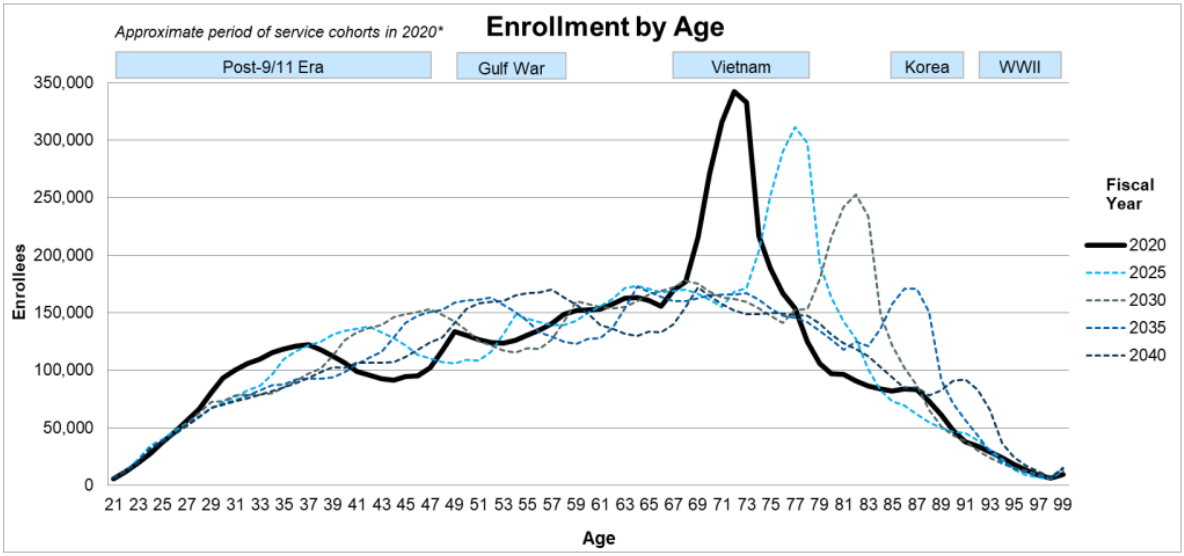
Representing Our Seniors at VA Act modifies the membership structure of the Department of Veterans Affairs (VA) Geriatrics and Gerontology Advisory Committee (GGAC). This committee, appointed by the Secretary of Veterans Affairs upon recommendation from the Under Secretary for Health, is legally required to be composed of individuals "who have demonstrated interest and expertise in research, education, and clinical activities related to aging." Existing law also mandates the inclusion of at least one representative from a national veteran service organization. This bill will add to that framework by granting a seat on the GGAC to a representative of the National Association of State Veterans Homes (NASVH), selected in consultation with the President of the NASVH.

State Veterans Homes are long-term care facilities which provide a range of services to eligible veterans and their families. While owned and operated by individual states, these facilities are certified and partially funded by the VA. According to the U.S. Government Accountability Office (GAO), 14,500 veterans resided in 153 State Veterans Homes in 2021, which accounted for

approximately half of VA long-term care facilities.[1] As of 2024, all of the now 169 State Veteran Homes held membership in NASVH.[2] These homes are a cornerstone of the nation's care infrastructure for aging veterans, and NASVH is well-positioned to speak on their behalf.

The urgency of strengthening geriatric care at the VA is clear. A 2021 VA care projection model (see figure below) illustrates the demographic surge of Vietnam-Era veterans.

Enrollment Dynamics: Aging



*Approximated by enrollee age in 2020 based on dates of conflict and ages at time of conflict. Enrollees can be in the age range for a cohort and not have served in the conflict.

2021 VA Enrollee Health Care Projection Model

As shown in this figure, in 2025 the average (mode) age of the veteran population is 77 years old and this is the same age the National Center for Health Statistics reports to be the average age for residents of long-term care facilities.[3] As these veterans age, the cost to care for them will continue to increase with projected costs doubling by 2037, and recommendations of the Geriatrics and Gerontology Advisory Committee will become more critical.[4] The VA and the nation itself must be prepared to care for these heroes.

Through Resolution No. 20: *Home and Community-Based Services and Veteran Choice to Age In Place*, The American Legion supports veteran choice in where they age, and the only way to ensure

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[1] U.S. Government Accountability Office. *VA Health Care: Improved Oversight of State Veterans Homes Would Help Better Ensure Quality of Care*. GAO-23-105167. Washington, DC: U.S. Government Accountability Office, 2023. https://www.gao.gov/products/gao-23-105167

[2] Harries, Ed. *Statement of Ed Harries, President, National Association of State Veterans Homes, on Draft Legislation to Include a Representative of NASVH on the Geriatric and Gerontology Advisory Committee*. Hearing before the Subcommittee on Health of the House Committee on Veterans' Affairs, 118th Cong., 2nd sess., September 11, 2024. https://docs.house.gov/meetings/VR/VR03/20240911/117591/HHRG-118-VR03-20240911-SD004.pdf.

[3] Centers for Disease Control and Prevention. *National Post-acute and Long-term Care Study: 2020 Data on Nursing Home Residents by Age and Length of Stay*. Atlanta: U.S. Department of Health and Human Services, 2022. https://www.cdc.gov/nchs/data/npals/NHresident-age-lengthofstay-2020-508.pdf.

[4] U.S. Government Accountability Office. *VA Health Care: Veterans' Use of Long-Term Care Is Increasing, and VA Faces Challenges in Meeting the Demand*. GAO-20-284. Washington, DC: U.S. Government Accountability Office, February 2020. https://www.gao.gov/assets/gao-20-284.pdf

this is a robust advisory system for VA Gerontology. The VA and the nation itself must be prepared to care for these heroes.

The American Legion supports H.R. 785 *as currently written*.

H.R. 2068: The Veterans Patient Advocacy Act

To amend title 38, United States Code, to improve the assignment of patient advocates at medical facilities of the Department of Veterans Affairs, and for other purposes.

There are currently 4.7 million rural and highly rural veterans across the United States.[5] The VA's Office of Rural Health (ORH) estimates that 2.8 million rural veterans are enrolled in and rely on the VA's health care system.[6] The American Legion believes that patient advocates are vital in serving rural veterans and supports all efforts to ensure they are appropriately assigned and staffed. A September 2024 VA OIG report found a patient advocate failed to assist a veteran due to an overwhelming workload,[7] and found VA needed to enhance the operation of the Patient Advocate Program, providing three recommendations to resolve the issue.

The American Legion applauds efforts to improve the assignment of patient advocates, as this directly impacts our membership. Legionnaires like Sergeant John Tedford in Arizona shared that despite his 90% service-connected disability rating, he waited over a year for a medical appointment due to the multitude of dead-end paths.[8] Through the System Worth Saving Program visits, The American Legion has actively sought and provided recommendations to the VA regarding enhancements to the patient advocate program which align with the OIG's September 2024 recommendations.

The American Legion supports initiatives to advocate for veterans and improve access to care for rural veterans through better staffing and communication, as outlined in Resolution No. 75: *Department of Veterans Affairs Rural Health Care*. The American Legion believes that veterans deserve timely medical services regardless of where they live and should have access to advocates who can help them secure appropriate healthcare. Furthermore, the American Legion backs staffing measures ensuring patient advocates are present in all VA medical centers, as stated in Resolution No. 115: *Department of Veterans Affairs Recruitment and Retention*. Patient advocates are crucial for veterans, particularly those in rural areas, and the Legion supports the VA's efforts to develop and implement staffing models that address these needs.

The American Legion supports H.R. 2068 *as currently written*.

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[5] U.S. Department of Veterans Affairs, "Office of Health Equity" Access to Care Among Rural Veterans - Office of Health Equity, https://www.research.va.gov/topics/rural_health.cfm

[6] U.S. Department of Veterans Affairs, "Office of Rural Health" "https://www.ruralhealth.va.gov/"Office of Rural Health Home, https://www.ruralhealth.va.gov/.

[7] U.S. Department of Veterans Affairs, Office of Inspector General, *Leaders Failed to Address Community Care Consult Delays Despite Staff Advocacy*, June 2025, https://www.vaoig.gov/reports/hotline-healthcare-inspection/leaders-failed-address-community-care-consult-delays-despite.

[8] American Legion. "Only Hope For Some." *The American Legion*, 2025. https://www.legion.org/information-center/news/your-words/personal-experiences/only-hope-for-some.2025.

H.R. 2605: Service Dogs Assisting Veterans (SAVES) Act

To require the Secretary of Veterans Affairs to award grants to nonprofit organizations to assist such organizations in carrying out programs to provide service dogs to eligible veterans, and for other purposes.

The SAVES Act would establish a grant program at the VA to allow Assistance Dogs International (ADI)-accredited nonprofits to competitively apply for awards to train more service dogs to assist veterans. This is a different approach than the PAWS for Veterans Therapy pilot program, as it inherently recognizes the dog itself as a mental prosthetic rather than the act of training as a therapy. This legislation appropriates money towards the program, and recognizes that more disabilities than PTSD can be positively affected with use of a service dog.

VA has provided service dogs to veterans since 1958, with the program originally created to support blind veterans.[9] The program has been expanded over time to provide service dogs to veterans with a variety of physical and mental disabilities. The VA has approved organizations that they work through to provide service dogs for veterans, and a recent recipient of the SSgt. Parker Gordon FOX Grant Program is a service dog organization.

VA research shows that veterans who receive a service dog have an average 3.7-point drop in PTSD symptoms, and veterans who receive service dogs have less suicidal ideation and improved mental health than those paired with emotional support dogs.[10] It was further identified that veterans with service dogs are noted to have lower depression, higher quality of life, and increased social functioning than veterans on the waiting list for service dogs.[11]

The American Legion supports the SAVES Act through Resolution No. 134: *Service Dogs for Injured Service Personnel and Veterans with Mental Health Conditions.* Many individuals suffering from PTSD and other mental health disorders refuse to seek treatment because of the stigma surrounding mental health, so it is critical that these alternative treatments are accessible. The American Legion further supports this bill through Resolution No. 262: *Department of Veterans Affairs Provide Service Dog Allowance*, which supports all maintenance requirements for the upkeep and care of service dogs.

The American Legion supports providing veterans who need a service or guide dog with the appropriate resources to support their healing process. Service animals are just as vital to veterans with physical and mental impairments as prosthetic body parts are heavily relied on by veterans for Activities of Daily Living. The American Legion supports this bill in order to ensure that veterans continue to receive the care that they deserve.

The American Legion supports H.R. 2605 *as currently written*.

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[9] Richard Weinmeyer, " Service Dogs for Veterans with Post Traumatic Stress Disorder," AMA Journal of Ethics Health Law, June 2015, Accessed April 13, 2023, https://journalofethics.ama-assn.org/article/service-dogs-veterans-posttraumatic-stress-disorder/2015-06.

[10] National Academies of Sciences, Engineering, and Medicine. 2021. *Letter Report on Review of Department of Veterans Affairs Monograph on Potential Therapeutic Effects of Service and Emotional Support Dogs on Veterans with Post Traumatic Stress Disorder*. Washington, DC: The National Academies Press. https://doi.org/10.17226/26039.

[11] O'Haire, M.E. & Rodriguez, K.E. (2018). *Preliminary Efficacy of Service Dogs as a Complementary Treatment for Posttraumatic Stress Disorder in Military Members and Veterans*. Journal of Consulting and Clinical Psychology. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5788288/

H.R. 3400: The Territorial Response and Access to Veterans' Essential Lifecare (TRAVEL) Act

To amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to assign physicians of the Department of Veterans Affairs to temporarily serve as traveling physicians in the territories and possessions of the United States, and for other purposes.

In addition to the 50 U.S. states and the District of Columbia, the VA provides benefits to veterans in the five U.S. territories, which includes the Pacific territories of American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands (CNMI), as well as the Caribbean territories of the Commonwealth of Puerto Rico and the U.S. Virgin Islands (USVI). Many veterans live in these territories, but VA care and benefits can be challenging to deliver for various reasons. In recent years, the Caribbean Island of Puerto Rico has faced multiple crises—including Hurricanes Maria and Irma—that devastated the infrastructure and threatened the island's public health system, and 50% of Puerto Rico's physicians have left the island since 2009.[12]

A 2024 GAO Report indicated that VA efforts have not sufficiently addressed veterans' access to care challenges in the territories. For example, due to VA's eligibility criteria for its travel benefits program, as of March 2024, freely associated states (FAS) and a large portion of territory veterans do not qualify for VA travel benefits.[13] This critical need must be addressed with new and creative solutions.

The American Legion published an article on November 17, 2023, stating veterans in Puerto Rico deserve the same support as those living in mainland United States. Department Commander Carmen Rosario further stated, "The American Legion commits to bringing opportunities like town halls to veterans so they can receive the same treatment as their counterparts living in the States". [14]

This legislation seeks to improve health care access, including specialized medical services, for veterans residing in U.S. territories and other underserved areas. This legislation will allow the Secretary to assign a physician to serve as a traveling physician for a period of not more than a year, at Department facilities in the American territories (Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Virgin Islands of the United States) and any other territory or possession of the United States. Moreover, the traveling physician shall help coordinate with non-Department medical providers to ensure high quality and coordinated care for veterans receiving hospital care and medical services. To help incentivize physicians to enter this program, the Secretary shall also provide a relocation or retention bonus like the relocation and retention bonus offered under sections 5753 and 5754 of title 5, respectively.

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[12] Howard, Jeannie. "Residency Programs Address Unique Access to Care Challenges." *VA News*, December 8, 2023. https://news.va.gov/126531/residency-programs-address-care-challenges/.

[13] U.S. Government Accountability Office. *Veterans Affairs: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States*. GAO-24-106364. Washington, DC: U.S. Government Accountability Office, May 23, 2024. https://www.gao.gov/products/gao-24-106364.

[14] The American Legion. "Legion, VA and Congress Listen to Puerto Rican Veterans' Concerns at Town Hall." *The American Legion*, November 17, 2023. https://www.legion.org/information-center/news/veterans-benefits/2023/november/legion-va-and-congress-listen-to-puerto-rican-veterans-concerns-at-town-hall.

The opportunity for a short-term assignment outside of the continental US could be very attractive to current employees and improve retention, and could also be an incentive for recruiting new providers who are seeking the opportunity to work abroad or in underserved areas.

The American Legion supports this legislation through Resolution No. 46: *Department of Veterans Affairs (VA) Non-VA Care Programs.*

The American Legion supports H.R. 3400 *as currently written*.

DRAFT: To amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes.

To amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes.

According to VA Directive 1085.01, it is VHA policy that all VHA health care facilities be smoke-free for employees effective October 1, 2019. This includes eliminating all designated smoking areas for employees. The VA made these changes based on the security hazards related to smoking on VHA health care facility grounds, scientific evidence regarding the adverse health effects of secondhand and thirdhand smoke exposures, and their impact to patient safety and direct patient care.[15]

The tobacco epidemic is a major public health challenge that accounts for more than 8 million deaths worldwide annually. A quarter of these deaths are among nonsmokers who were exposed to secondhand smoke.[16] This is concerning as three out of ten U.S. veterans use tobacco, a much higher rate than non-veterans across all age groups, and numbers are higher among active-duty service members.[17]

A comprehensive review of literature published by July 2022 concerning the adverse impacts of secondhand smoke (SHS) continues to cause harm to nonsmokers, who are disproportionately children and women. This review conservatively estimates that SHS increases the risk of heart disease by 8%, increases the risk of stroke by 5%, and increases the risk of both Type 2 diabetes and lung cancer by 1%.[18]

This legislation amends Section 1715 of title 38 to read that no person, including any veteran patient, resident, employee of the Department, contactor, or visitor may smoke on the premises of any facility of the Veterans Health Administration. This includes electronic or e-cigarettes, vape pens, and e-cigars. The term VA facility is defined as any land or building, including any medical

[15] U.S. Department of Veterans Affairs. "Smoke-Free VA Health Care Facilities." Last modified August 14, 2019. https://www.va.gov/health/smokefree/.
[16] Garg, Suneela, and Akash D. Sharma. "Secondhand smoke: an unintended public health concern." *Indian Journal of Community and Family Medicine* 8, no. 2 (2022): 81-85.
[17] Brown, David W. "Smoking prevalence among US veterans." *Journal of general internal medicine* 25 (2010): 147-149.
[18] Flor, Luisa S., Jason A. Anderson, Noah Ahmad, Aleksandr Aravkin, Sinclair Carr, Xiaochen Dai, Gabriela F. Gil et al. "Health effects associated with exposure to secondhand smoke: a Burden of Proof study." *Nature medicine* 30, no. 1 (2024): 149-167.

center, nursing home, domiciliary facility, outpatient clinic, or center that provides readjustment counseling under the jurisdiction of the Department of Veterans Affairs.

Existing Executive Order 13058, "Protecting Federal Employees and the Public from Exposure to Tobacco Smoke in the Federal Workplace," bans smoking in front of air intake ducts and allows agency heads to evaluate the need to restrict smoking to protect workers and visitors from environmental tobacco smoke. Furthermore, EO13058 bans smoking in courtyards and within 25 feet of doorways on GSA-controlled properties.

As the overwhelming body of research concludes use of tobacco products and secondhand exposure to tobacco is detrimental to the health and wellness of veterans, and this bill would codify existing norms, the American Legion supports the bill via Resolution No. 377: *Quality of Life*.

The American Legion supports the draft legislation *as currently written*.

DRAFT: The VA Data Transparency and Trust Act

To amend title 38, United States Code, to improve the annual reports submitted to Congress with respect to the Veterans Benefits Administration and the Veterans Health Administration, and for other purposes.

The VA Data Transparency and Trust Act aims to enhance the annual reports submitted to Congress by the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA). The bill also mandates the underlying data used in these reports be available to independent researchers certified by the Secretary. For a period of five years, this bill expands the reports to cover major chronic conditions, the service era and branch of affected veterans, as well as disaggregated data by age and gender and various costs associated with such care.

This legislation builds upon the existing high-quality reports produced by VBA and VHA, including the Annual Benefits Report (ABR) and the National Veteran Suicide Prevention Annual Report, which have provided congress and Veteran Service Organizations (VSO) with insight into the health of veterans. These reports promote accountability and foster more rigorous oversight and collaboration with Congress and the veteran community. The Data Sharing System proposed by this legislation would allow a new level of scientific collaboration, yet unseen in veterans' policy or health research.

While this legislation takes significant steps to improve transparency and collaboration, further enhancements would strengthen its impact:

Recommendation 1

This bill proposes a significant expansion to public VA reporting that results in both transparency and increased administrative burden. To reduce duplication and administrative burden, VA should be explicitly authorized to incorporate existing data from active products such as The Annual Report on the Steps Taken to Achieve Full Staffing Capacity, The Agency Financial Report, The Advisory Committee on Homeless Veterans Annual Report, and other various Advisory Committee reports.

Recommendation 2

Section § 7330B(b)(14)(A)(iii)–(v) seeks to quantify veterans who are "reliant" on VA care, but the term "reliant" is not defined within the bill and may be interpreted in multiple ways. For example, veterans with complex chronic conditions may be reliant due to the specialized care the VA provides, while others may be considered reliant simply because the VA is their sole health care provider. Still others may rely on the VA for specific services, such as polytrauma care. We recommend this section be amended to clarify the category of reliance whether volume of care, exclusivity, severity of care, clinical dependency or some other metric.

Recommendation 3

Considering the current conversation around VA staffing and the prospect of a reduction in force, The American Legion strongly supports the bill's requirements to report on physician staffing, including their specialties, pay, and bonuses.[19] While the VA Workforce Dashboard currently captures portions of this information, additional physician-specific reporting on an annual basis would enhance transparency. We recommend that the report also include the functional role of the physicians, such as whether they provide direct care in specialty or primary care, or serve in vital non-clinical roles such as policy, research, education, or administration.

Recommendation 4

The proposed legislation pertaining to major chronic conditions should be further disaggregated by type of cancer and cardiovascular disease. Each cancer experienced by a veteran is personal and unique, and broad categories do not reflect the diversity of veteran health needs. While it is impractical to report every possible subtype, a prioritized list of conditions determined by the Secretary in consultation with relevant advisory councils could ensure reporting is meaningful and feasible. As independent bodies representing the veteran community and clinical experts, these councils should have a meaningful role in determining which conditions are reported.

Recommendation 5

In addition to the four chronic conditions listed, a fifth category should be added:

a. "(E) Any additional chronic condition identified by the secretary that;
    i. disproportionally affects the veteran community; or
    ii. has a major effect on the veteran community;"

This language would encourage flexibility by the report authors to bring attention to emerging issues.

Recommendation 6

The rates of chronic conditions reported in §7330B(b)(2) should be contextualized through comparison to the rates of such conditions experienced by the US veteran population versus the rates experienced by the US civilian population. A comparison to the general veteran community

[19] U.S. Department of Veterans Affairs. "Reduction in Force." *Workforce Optimization Hub*. Accessed June 5, 2025. https://department.va.gov/workforce-optimization-hub/reduction-in-force/.

and the civilian population will not only better direct VA and community care but also illuminate which conditions should be studied further for possible connection to service.

Recommendation 7

While state of residence is included in the ABR, this data is not currently mandated, and no rurality metric is reported, yet the VA reports drive time accounts for 51% of community care referrals.[20] To better direct care, it is recommended State Level Data and some metric of rurality be included in the VBA report expansion.

Recommendation 8

The VA's mission includes caregivers and survivors, yet current VBA reporting excludes these groups. The same demographic data collected for veterans should be reported for:

- Survivors receiving Dependency and Indemnity Compensation (DIC)
    - Disaggregation by age is particularly important for survivor data, as survivors who are 55 and older are eligible to marry without loss of benefits.
- Caregivers enrolled in the Program of Comprehensive Assistance for Family Caregivers (PCAFC).
- Caregivers enrolled in the Program of General Caregiver Support Services (PGCSS).
- For DIC recipients the cause of the veteran's death (e.g., enemy action, cancer, accident, cardiovascular event, suicide) should be included.
- For PCAFC and PGCSS participants, the service-connected conditions of the veteran they support should be reported.

Recommendation 9

For all benefit programs, data on reason for severance from the program would benefit both advocacy and delivery of services. When the reason for severance is death of the veteran, as is often the case for PCAFC and PGCSS, data should be further separated by cause of death.

The improved demographic collection produced by this bill is supported by The American Legion Resolution No. 6: *Minority Veterans* and Resolution No. 147: *Women Veterans.* The suggested changes to geographic data collection are supported by Resolution No. 119: *Support More Service Programs Benefiting the Rural Veteran.* Improved data collection for caregivers is supported by Resolution No. 18: *Comprehensive Supports for Caregiver Support Program.* Improved collection of survivor demographics is historically supported by The American Legion, including recent testimony by Executive Director Mario Marquez on similar legislation, such as the Honoring Our Promise Act.[21] The disaggregation of cancer and cardiovascular conditions, and the proposed Data Sharing System, is supported by several resolutions including Resolution No. 239: *Support Research about Breast Cancer* & Resolution No. 127: *Prostate Cancer Research and Treatment.*

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[20] Peabody, Hillary, and Michael A. Pappas. *VHA Community Care Growth Trends*. Presented in March 2024 by the Office of Integrated Veteran Care, U.S. Department of Veterans Affairs. Acting Assistant Under Secretary for Health (AUSH) and Acting Deputy AUSH for Integrated Veteran Care, respectively.

[21] Marquez, Mario. "Statement for the Record." Testimony before the House Committee on Veterans' Affairs, Subcommittee on Economic Opportunity, March 29, 2022. https://docs.house.gov/meetings/VR/VR09/20220329/114539/HHRG-117-VR09-Wstate-MarquezM-20220329-U1.pdf

The American Legion applauds the VA for its leadership in producing high-quality, evidence-driven reports and commends Congress for seeking to expand the VA's tools for transparency, collaboration, and scientific partnership.

The American Legion supports this draft legislation *with amendments*.

DRAFT: To direct the Secretary of Veterans Affairs to conduct a study to determine whether RNA sequencing can be used to effectively diagnose PTSD in veterans.

To direct the Secretary of Veterans Affairs to conduct a study to determine whether RNA sequencing can be used to effectively diagnose PTSD in veterans.

This draft legislation directs the Secretary of Veterans Affairs, through the Center for Innovation for Care and Payment, to study the feasibility of using RNA sequencing to diagnose post-traumatic stress disorder (PTSD) within five Veteran Integrated Service Networks.

The American Legion recognizes the advancements in PTSD diagnosis as a critical component of our Be The One mission to prevent veteran suicide. As part of our commitment, The American Legion has interviewed experts on RNA expression as a diagnostic tool for PTSD and is cautiously optimistic on the implications of this emerging technology.

Unlike DNA, which remains constant throughout an individual's life, RNA can change based on lived experiences. Trauma, particularly from combat and other life-threatening situations, can alter RNA expression, changes which may result in the persistent re-experiencing of traumatic memories which interfere with daily life. Recent studies suggest these molecular changes can be detected through RNA sequencing, making them no less measurable than other wounds of war.

RNA sequencing only requires a small vial of blood and is no different than a cholesterol test from the perspective of a patient.[22] RNA degenerates quickly but can be used if stabilized within 72 hours at a medical facility, making this technology possible for home care without specialized equipment.[23]

Beyond diagnostics, RNA-based detection offers additional innovations. By identifying the physiological contributors of PTSD, new targeted therapies could be developed. In addition, emerging research suggests RNA diagnostics may be used as a leading indicator for symptoms, offering clinicians real-time feedback on the effectiveness of treatment even before symptoms improve or worsen.[24]

The VA has been an industry leader in the biological markers of PTSD, with groundbreaking studies at the Michael E. DeBakey VA Medical Center,[25] the Richard L. Roudebush VA Medical

[22] The American Legion and IXpressGenes. *Meeting to Discuss PTSD Diagnostic Research Using RNA Sequencing.* April 28, 2025.
[23] Ibid
[24] Dean, Kelsey R., et al. "Multi-omic Biomarker Identification and Validation for Diagnosing Warzone-Related Post-Traumatic Stress Disorder." *Molecular Psychiatry* 25 (2020): 3337–3349. https://doi.org/10.1038/s41380-019-0496-z
[25] Ibid

Center,[26] and the William Jennings Bryan Dorn Veterans Medical Center, among others.[27] This bill would bring a concerted and collaborative effort for the VA to not only pursue RNA as a diagnostic tool, but produce a report to congress to improve follow-up legislative efforts.

As with any emerging technology, concerns of potential misuse must be included in development and implementation. Even if research proves RNA sequencing to be a valuable diagnostic tool, it should never be used as the sole basis for determining service connection for PTSD. The psychological impact of military service is holistic and cannot be reduced to a single biologic marker. This technology may be most appropriately applied to track ongoing treatment, or in cases where traditional diagnostic methods yield inconclusive results, such as when a veteran is reluctant to engage with a clinician or presents atypical symptoms.

Another potential misuse could be denying claims on the basis a veteran is predisposed to PTSD. This could occur if blood tests are completed both before and after service, showing biological markers for PTSD existed before the trauma. While individuals who experience traumatic events in childhood may be susceptible to developing PTSD in adulthood, trauma related to service only occurs because our country has asked these brave men and women to step into harm's way.[28] The presence of predisposition does not diminish the real, service-related nature of their suffering.

The American Legion supports this legislation through Resolution No. 16: *Furthering Research Pertaining to Traumatic Brain Injury (TBI), Chronic Traumatic Encephalopathy (CTC), and Post Traumatic Stress Disorder (PTSD)*.

The American Legion supports the draft legislation *as currently written*.

DRAFT: To amend title 38, United States Code, to provide for a time frame for the employment in the Department of Veterans Affairs of participants in the Health Professionals Scholarship Program, and for other purposes.

To amend title 38, United States Code, to provide for a time frame for the employment in the Department of Veterans Affairs of participants in the Health Professionals Scholarship Program, and for other purposes.

The recruitment and retention of medical providers has always been a struggle in the VA medical system. 96% of the nation's medical schools including 151 of 157 Liaison Committee on Medical Education (LCME)-accredited allopathic schools and 35 of 37 Commission on Osteopathic College Accreditation (COCA)-accredited osteopathic medical schools are affiliated with VA.[29]

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[26] U.S. Department of Veterans Affairs. "Posttraumatic Stress Disorder (PTSD)." *Office of Research & Development*. Last updated June 24, 2022. https://www.research.va.gov/topics/ptsd.cfm.

[27] Bam, Marpe, Xiaoming Yang, Elizabeth Ellen Zumbrun, Yin Zhong, Mitzi Nagarkatti, Prakash Nagarkatti, and others. "Dysregulated Immune System Networks in War Veterans with PTSD Is an Outcome of Altered miRNA Expression and DNA Methylation." *Scientific Reports* 6, no. 1 (2016): 31209. https://doi.org/10.1038/srep31209.

[28] Herika Cristina da Silva et al., "The Role of Childhood Cumulative Trauma in the Risk of Lifetime PTSD: An Epidemiological Study," *Psychiatry Research* 336 (June 2024): 115887, https://doi.org/10.1016/j.psychres.2024.115887

[29] U.S. Department of Veterans Affairs, Office of Academic Affiliations, Health Professions Education Statistics: Academic Year 2021–2022 (Washington, DC: U.S. Department of Veterans Affairs, 2022), https://www.va.gov/oaa/docs/OAACurrentStats.pdf.

Medical professionals learn critical skills at VA facilities during their medical education, and they take these skills to the public sector and flourish. The VA has developed many programs that will encourage medical professionals to remain and work at the VA upon graduation.

This bill would ensure medical professionals in certain fields of critical need, determined by the Secretary, would be guaranteed employment at VA for one year of every year in the HPSP. Acceptance into the program is based on limited eligibility requirements and successful completion by participants would fill critical gaps in areas of high demand for VA. Further, it provides a measure of predictability for HPSP participants to make financial and logistical preparations before their first job with VA.

The American Legion has consistently supported the VA's recruitment and retention measures. The Health Professionals Scholarship Program Improvement Act of 2025 is endorsed through Resolution No. 115: *Department of Veterans Affairs Recruitment and Retention,* which supports recruitment and retention challenges that the VA has who are providing direct health care to our nation's veterans. The American legion further supports this legislation through Resolution No. 237: *The American Legion Policy On Nurse Recruitment and Retention,* which supports education assistance programs for nursing staff.

The American Legion supports the draft legislation *as currently written*.

DRAFT: The Fisher House Availability Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to make temporary lodging facilities of the Department of Veterans Affairs available for certain TRICARE beneficiaries on a space-available basis, and for other purposes.

The Fisher House Foundation was created by Zachery and Elizabeth M. Fisher in 1990.[30] The original project cost 20 million dollars to provide temporary, comfortable homes for families of hospitalized military personnel, the most notable of which is at Walter Reed Medical Center in Bethesda, MD.[31] When one of these homes reaches capacity, the Fisher House Foundation has an additional resource called Hotels for Heroes, providing accommodations for service members, family, and close friends closer to a medical facility.[32] Taken together, these programs house 1,400 military and veteran families on a nightly basis in the U.S. and abroad.

This bill seeks to expand this capability by making temporary lodging facilities on VA campuses available to certain TRICARE beneficiaries when the covered beneficiary must travel a significant

[30] Zachary Fisher - Builder, Philanthropist, Patriot - Fisher House Foundation https://fisherhouse.org/about/our-history/zachary-fisher/.
[31] Fisher House Foundation, "Fisher House Foundation is On the Road to 100." Sept 28, 2022. https://fisherhouse.org/stories/articles/fisher-house-foundation-is-on-the-road-to-100/.
[32] Fisher House Foundation, *Hotels for* Heroes. https://fisherhouse.org/programs/hotel-for-heroes/.

distance to receive care at a non-VA facility. This will be given on a space-available basis. Military and veteran family members with patients that are being treated at a military or VA hospital are currently eligible to stay at a Fisher House or utilize the Hotels for Heroes program.[33]

This bill codifies this directive into law and will help to ensure the Fisher House programs are allowed to help veterans, service members, and their families as originally intended. The American Legion supports this legislation through Resolution No. 18: *Comprehensive Supports for Caregivers Support Program*.

The American Legion supports the draft legislation *as currently written*.

H.R. 1404: The CHAMPVA Children's Care Protection Act

To amend title 38, United States Code, to increase the maximum age for children eligible for medical care under the CHAMPVA program, and for other purposes.

Children of 100% service-connected disabled veterans qualify for a 75%/25% cost-sharing health plan known as the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). However, 38 U.S.C. §101 mandates that a dependent (other than a helpless child) covered under CHAMPVA loses eligibility if (a) the dependent turns 18, unless enrolled in an accredited school as a full-time student; (b) the dependent, who has been a fulltime student, turns 23 or loses full-time student status; or (c) the dependent marries.[34] This legislation seeks parity with DOD's TRICARE Young Adult plan (TYA), by extending coverage to age 26 regardless of marital status. Additionally, notwithstanding the subsection c(i) and (iii) of section 101(4)(a) of title 38, proposed bill language goes further to seek parity with the *Patient Protection and Affordable Care Act* (ACA), by also extending eligibility regardless of student status.

As such, The American Legion supports H.R. 1404 through Resolution No. 21: *Expanding Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Coverage*, which urges Congress to enact legislation which seeks parity between the Department of Defense and the Department of Veterans Affairs programs when providing services to widows and dependents to include making health-care coverage available for a dependent child until 26 years of age, regardless of the dependents' marital status.

The American Legion supports H.R. 1404 *as currently written*.

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[33] Lange, Katie, U.S. Department of Defense," Fisher Houses Offer Free Stays, Comfort to Ailing Families, Vets" May 10,2023. https://www.defense.gov/News/Feature-Stories/Story/Article/3391501/fisher-houses-offer-free-stays-comfort-to-ailing-military-families-vets/

[34] U.S. Library of Congress. CRS, Health Care for Dependents and Survivors of Veterans: Answers to Frequently Asked Questions. April 21, 2021, https://sgp.fas.org/crs/misc/RS22483.pdf.

H.R. 2148: The Veteran Caregiver Reeducation, Reemployment, and Retirement Act

To expand medical, employment, and other benefits for individuals serving as family caregivers for certain veterans, and for other purposes.

The Veteran Caregiver Reeducation, Reemployment, and Retirement Act provides essential follow-on support for caregivers enrolled in the Program of Comprehensive Assistance for Family Caregivers (PCAFC). This bill recognizes the sacrifice of family caregivers, many of whom leave their careers to care for critically ill veterans and offers a path to reenter the workforce with dignity after their service.

Section 2 continues health care coverage for caregivers who lose eligibility for the program because their veteran has either improved and is no longer in need of the program or has passed away. This provision allows a six-month transition period while the caregiver seeks healthcare through employment or the marketplace.

Section 3 establishes a modest stipend of $1,000 for caregivers to fund professional re-licensure or continuing education. PCAFC caregivers often provide 24-hour support for their veterans, in some cases delivering over 80 hours per week of care.[35] This level of responsibility greatly hinders career prospects, with 16% of veteran caregivers reporting a reduction in work hours or leaving the workforce entirely.[36] This stipend ensures caregivers seeking gainful employment, many of whom have professional experience and in positions of public trust, are able to smoothly transition into their next chapter of life.

Sections 4 and 5 require follow-up reports to assess the effectiveness of transitional and reemployment support and to identify additional interventions to improve the caregiver program.

Although there is no formal Congressional Budget Office (CBO) score for this legislation, these provisions are likely to modestly increase the PCAFC expenditures. More importantly, it may increase enrollment by reducing financial hurdles for professionals considering the program.

According to the CBO, CHAMPVA coverage for typical caregivers cost approximately $2,700 per year in 2017, or about $1,350 for a six-month extension.[37] If extended to all 57,000 caregivers enrolled in PCAFC, this would represent a meaningful expansion to the program.[38] However, without additional VA data on caregiver turnover and healthcare utilization, a precise cost estimate of this expansion is not possible.

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[35] Ramchand, Rajeev, Sarah Dalton, Tamara Dubowitz, Kelly Hyde, Nipher Malika Andrew R. Morral, Elie Ohana, and Vanessa Parks. Hidden Heroes Emerging from the Shadows: America's Military and Veteran Caregivers. RRA3212-1. RAND Corporation, 2024. www.rand.org/t/RRA3212-1

[36] Ibid

[37] Congressional Budget Office, Cost Estimate for S. 2921, Veterans First Act (Washington, DC: Congressional Budget Office, October 24, 2016), accessed May 16, 2025, https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/s2921.pdf

[38] U.S. Department of Veterans Affairs, 2023 Annual Report: Caregiver Support Program (Washington, DC: U.S. Department of Veterans Affairs, 2024), accessed May 16, 2025, "https://www.caregiver.va.gov/docs/2024/CSP_Annual_Report_2023-Final.pdf"https://www.caregiver.va.gov/docs/2024/CSP_Annual_Report_2023-Final.pdf.

In contrast, we can assess the value of PCAFC relative to institutional care. The PCAFC, including stipends and caregiver healthcare, cost an average of $18,300 per year for 2015 and 2017 according to the CBO.[39,40] While this information is dated, there is no evidence recent changes to the program via the *Elizabeth Dole 21st Century Healthcare and Benefits Improvement Act* and the *MISSION Act* have raised costs to a level comparable to institutional settings. By comparison, in 2017 VA reimbursed State Veterans Homes at a rate of $397 per day for severely disabled veterans,[41] which cost the VA $145,000 per veteran, per year. That same year, the average daily cost of VA-operated nursing homes was $1,222, or $445,000 per veteran annually.[42]

While not direct comparisons, PCAFC is more cost effective than institutional care and veterans prefer it. Enhancing the program's attractiveness to licensed professionals by covering the modest cost of re-credentialing will help more veterans remain at home at a fraction of the cost of institutionalization in long-term facilities.

The American Legion supports this legislation through Resolution No. 18: *Comprehensive Supports for Caregiver Support Program,* where the members of American Legion specifically called for follow-on supports for caregivers transitioning out of caregiver support programs, and Resolution No. 20: *Home and Community-Based Services and Veteran Choice to Age In Place*, which calls on improvements to programs which enhance a veterans choice of where to age.

This legislation is a fiscally prudent investment in veteran health and caregiver reintegration, and it honors the service and sacrifice of both veterans and those who care for them.

The American Legion supports H.R. 2148 *as currently written*.

DRAFT: The VA Mental Health Outreach and Engagement Act

To amend title 38, United States Code, to direct the Secretary of Veterans Affairs to furnish annual mental health consultation to certain veterans, and for other purposes.

This legislation amends section 1167 of Title 38, directing the Secretary to reach out to veterans who are receiving compensation for a service-connected disability relating to a mental health diagnosis no less frequently than once per calendar year, with no presumption the consultation necessitates a reevaluation of the disability compensation determination.

The bill requires a GAO review outlining the implementation of the program and, most importantly, list any barriers to veterans seeking mental healthcare from VA.

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[39] Congressional Budget Office, Cost Estimate for H.R. 5674, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Washington, DC: Congressional Budget Office, May 14, 2018), accessed May 16, 2025, https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr5674.pdf

[40] Congressional Budget Office, Cost Estimate for S. 2921, Veterans First Act (Washington, DC: Congressional Budget Office, October 24, 2016), accessed May 16, 2025, https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/s2921.pdf

[41] Congressional Budget Office, Cost Estimate for H.R. 5674, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (Washington, DC: Congressional Budget Office, May 14, 2018), accessed May 16, 2025, https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr5674.pdf.

[42] U.S. Department of Veterans Affairs, HERC Inpatient Average Cost Data, Health Economics Resource Center, accessed May 16, 2025, https://www.herc.research.va.gov/include/page.asp?id=inpatient

The American Legion supports this legislation through Resolution No. 17: *Continuum of Care and Mental Health Supports* which calls for VA to conduct a consistent follow-on continuum of care in any setting for any veteran suffering from mental health illnesses, and for the Department of Defense and VA to better coordinate and collaborate their mental health outreach programs to address the stigma in seeking mental health care.

The American Legion supports the draft legislation *as currently written*.

CONCLUSION

Chairman Miller-Meeks, Ranking Member Brownley, and distinguished members of the subcommittee, The American Legion thanks you for your leadership and for allowing us the opportunity to provide feedback on legislation.

The American Legion looks forward to continuing this work with the Committee and providing the feedback we receive from our membership. Questions concerning this testimony can be directed to Logan Barber, Legislative Associate, at lbarber@legion.org.