EVERYDAY HEROES: SUPPORTING THE VETERAN CAREGIVER COMMUNITY

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

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C O N T E N T S

WEDNESDAY, SEPTEMBER 25, 2024

EVERYDAY HEROES: SUPPORTING THE VETERAN CAREGIVER COMMUNITY

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COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The committee met, pursuant to notice, at 10:16 a.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

Present: Representatives Bost, Rosendale, Miller-Meeks, Murphy, Van Orden, Ciscomani, Self, Kiggans, Takano, Brownley, Pappas, Cherfilus-McCormick, Landsman, Budzinski, and Kennedy.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. The committee will come to order. First off, I want to welcome all of our witnesses to the hearing here today. I thank you for being here.

Before we get started, I would like to take a moment to recognize our Gold Star family remembrance week, which honors the families who have lost loved ones in service to our Nation. Their sacrifices will never be forgotten and we extend our deepest gratitude to them.

I also want to take a moment to welcome back to the committee, I hope he is not having flashbacks, former U.S. Department of Veterans Affairs (VA) Secretary Bob McDonald is in the room.

Well, today we are going to discuss the critical issues facing veterans' caregivers. Veterans' caregivers play an unseen role in supporting their loved ones, the men and women who serve our country.

Caregivers include veterans, spouses, children, parents making countless sacrifices to care for their loved ones. Many of these caregivers face emotional, financial, and physical hardships because of their care that they have to deliver for their veterans.

As a veteran who comes from a military family I understand these challenges first-hand. My uncle returned home from Vietnam with visible and invisible wounds of war and went on to live a very successful life, but that required some care and attention from the extended family.

Now, just yesterday, the Research and Development (RAND) Corporation published a report on challenges and hardships millions of military families live with every day. This report sheds light on the evolving demographics of caregivers with more aging parents and young children taking on caregiver roles.

One of the major concerns in the report, which we have also heard from advocates and stakeholders, is the lack of access to mental health resources.

Caregivers are all also often isolated and experienced high levels of stress and burnout, but many are unaware or unable to access VA resources such as caregiver-specific mental health support groups. This is especially true in rural parts of this country like my district.

Now, provisions of the Senator Elizabeth Dole Act taken from Ms. Kiggans' Caregiver Outreach and Program Enhancement (COPE) Act, will require VA to award grants to improve the mental health support for caregivers. This is an important step toward addressing the mental health stigma and giving caregivers the support they need.

Caregivers' families face economic pressure as many are forced to reduce work hours or leave employment entirely. While some financial support is available through the VA stipends, it often falls short.

Beyond these challenges we must address the Biden-Harris administration's failure to release new regulations from the Program of Comprehensive Assistance for Family Caregivers (PCAFC). The administration has dragged its feet on these changes and leaving thousands of caregivers in limbo.

Caregivers support the men and women who served and it is about time that the White House and VA put some action behind their words. We are even hearing now from caregivers that VA has slowed down services and new programs since disclosing their budget shortfall.

It has been a battle getting clear information from VA about the Veterans Health Administration (VHA) budget shortfall. Based on what we know, none of the caregivers' budget accounts seem to be included so it is troubling and confusing why this is happening.

Now, I understand that the administration and the VA leaders are urging Congress to immediately approve the VHA $12 billion budget shortfall without us asking questions.

Well, today's hearing will help us hold VA accountable and determine the actions needed to ensure caregivers receive full support they deserve.

Now finally, as I previously mentioned, the Dole Act is critical legislation to improve services for caregivers. The Dole Act expands access to home and community-based services for veterans and would expand mental health support for caregivers. I cannot imagine anyone that would vote against this.

I hope to bring the bill to the floor very soon. It is time to put politics aside support the needed legislation.

Now I am eager to hear today from VA about how they plan to address the challenges of the veterans' caregivers and the community that they serve.

We also look forward to learning from our expert witnesses, but most importantly, we will hear directly from Vanessa Chism, an Elizabeth Dole caregiver fellow who cares for her husband every day. Her testimony will provide a powerful perspective on the day-to-day life as a veteran caregiver.

I would also like to welcome the Elizabeth Dole caregiver fellows who are advocating for caregivers on Capitol Hill today. I am glad and especially would like to welcome Theresa Coomer from the great State of Illinois. Thank you for being here. Thank you for your dedication and sacrifice.

We see you, all of you caregivers, and as long as I am in charge of this committee I will make sure that your voice is heard.

With that, I now recognize Ranking Member Takano for his opening statement.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Well, thank you, Mr. Chairman.

Caregivers are an indispensable component of the complex network of healthcare delivery for our most vulnerable veterans. As we can all see from RAND's new report, caregivers are not only partners, children, friends, neighbors, and loved ones but also a critical lifeline for those who are living with the visible and invisible wounds of war.

They take time out of their own lives and make sacrifices every day to ensure that veterans in their lives have the best possible healthcare and highest possible quality of life.

They wear many hats. They are advocates for veterans' healthcare needs, carers who help veterans with daily tasks, and often the most trusted members of their veteran support systems.

Together with their veterans, they often must navigate a complex system of services and supports, overcome hurdles after bureaucratic hurdle, often that expense of their own mental health and financial well-being.

I am glad that we can gather here today to acknowledge the tireless and priceless sacrifices made by veteran caregivers and to ensure that we are doing all we can to provide them with the support and resources they deserve. I look forward to hearing from RAND and the Elizabeth Dole Foundation (EDF) about their new report.

I am interested in hearing more about what they found about military and veteran caregiving, the military and veteran caregiving population and how its needs have changed over the past 10 years.

I am also glad we will have the opportunity to hear first-hand from Ms. Vanessa Chism, who has been a full-time caregiver for her Army veteran, Cody, for the last 15 years. The perseverance and resilience she, along with her three children, have shown in caring for Cody are nothing short of remarkable.

I look forward to hearing from other witnesses on panel two about how they are working to support caregivers and their recommendations to continue to support this vital population. Much progress has been made but there is so much more to be done.

Finally, I look forward to hearing more from VA about how it plans to strengthen and expand services and supports for caregivers. I hope we will hear more today about when VA finally plans to issue its notice of proposed rulemaking for the Caregiver Support Program (CSP).

Legacy participants of the Program of Comprehensive Assistance for Family Caregivers have been waiting in limbo for years to find

out whether they will be able to stay in the program and continue receiving the stipends and services they rely on.

Now, before I close, I want to acknowledge the advocacy of several witnesses on our panel for H.R. 542, the Elizabeth Dole Home Care Act, which was authored by my colleague Representative Julia Brownley.

Now, this legislation would be transformative for elderly and disabled veterans and their caregivers. It would enable veterans to remain at home, safely age in place, and avoid or delay admission to nursing homes and other costly institutional settings of care.

It will also help better connect veteran caregivers to respite care and other supportive services that can help them care for veterans.

In addition, this legislation will help improve VA's coordination with other Federal long-term care programs that promote aging at home. Now, for many Veterans Service Organizations (VSO), the Elizabeth Dole Home Care Act has been a top legislative priority since its original introduction in 2022.

I, too, want to see this legislation enacted as soon as possible. Ensuring that VA can serve all veterans and caregivers of every generation is critical. VA must have the resources it needs to continue to build capacity and modernize infrastructure so that we can have the very best services for those who have earned them.

What this means is doing the hard work of putting VA on the right track with regard to the balance of healthcare dollars in both direct VA care and community care.

Now, this has become even more important with the thousands of veterans coming into VA for the very first time with the successful implementation of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act. That means every piece of legislation we move forward must recognize and support the need for that balance between direct care and community care.

H.R. 8371, the package that many of you have advocated for, does not do that yet. It is 90 percent of the way there, but the remaining parts need to be reconsidered and amended. I appreciate your advocacy but I have been clear about what changes I think are absolutely necessary to ensure the solvency of VA. Without those changes I simply cannot support it at this time.

However, as I have said repeatedly, I stand ready to work together on an outcome that meets our goal of serving veterans and those that care for them. If everyone is willing to work in a bipartisan way, as has been the practice of this committee, I do think we can get that accomplished.

Thank you, Mr. Chairman, and I yield back.

The CHAIRMAN. Thank you, Ranking Member Takano.

We will now turn to our witnesses in the first panel. Testifying before us at the first panel is Dr. Colleen Richardson, executive director of the Department of Veterans Affairs, Caregiver Support Program. She is accompanied by Ms. Laura Duke the chief financial officer of VHA.

Dr. Richardson, you are recognized for 5 minutes for your opening statement.

STATEMENT OF COLLEEN RICHARDSON

Dr. RICHARDSON. Good morning Chairman Bost, Ranking Member Takano, and members of the committee. I appreciate the opportunity to discuss VA's Caregiver Support Program. I am accompanied today by Ms. Laura Duke, VHA's chief financial officer.

As a Navy veteran, former caregiver, and the first clinical psychologist with Marine Corps' Wounded Warrior battalion at Camp Pendleton, I understand first-hand the important role caregivers play in the lives of our veterans.

I am honored to serve as the leader of the VA's Caregiver Support Program. This is not just a job for me. It is personal. My goal is always to lead with honor, courage, and commitment, the same values I learned while serving with the Marines.

I value delivering supports, education, resources, and services to our caregivers through our two national programs, the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services, PGCSS.

Each year I designate a theme which drives the vision and the operational focus for the year. Annual themes are identified using feedback from caregivers, veterans, staff, and strategic partners such as Veteran Service Organizations, Members of Congress, and others.

In Fiscal Year 2024, the theme, the Year of the Caregiver, the Whole Caregiver, was focused on enhancing the delivery of clinical support services to caregivers and implementing other programmatic and process improvements. I am excited to share the progress we have made toward some of those initiatives.

First, we recognize and know the importance of Veterans Integrated Service Networks (VISN) to serve as subject matter experts on the benefits of respite, respite services, and respite funding.

As a result, we have seen tremendous growth in the utilization of respite care, which has increased 278 percent since Fiscal Year 2022. We are thrilled to see more caregivers taking advantage of this well-deserved benefit.

Additionally, CSP implemented a virtual psychotherapy program for caregivers, or VPPC. Through the VPPC, VA is better able to address and provide the mental health counseling family caregivers request and deserve.

CSP has activated hubs in all 18 VISNs. The VPPC is on track to complete over 14 psychotherapy appointments this fiscal year.

Just when we fly we all hear the safety instructions of air masks deploying from the ceiling, put on your own masks before helping others. This applies to our caregivers.

We need to support them to take care of themselves so that they can take care of their veterans. This is what respite and mental health care are all about.

Finally, we heard overwhelmingly from caregivers of their desire to receive Cardiopulmonary Resuscitation (CPR) training so we made it available. Excuse me. CSP partnered with VA's Center for Development and Civic Engagement, and similar, to design a process to train caregivers in CPR.

CSP has provided educational support such as CPR and basic life support certification to caregivers nationally. Today, CPR training for caregivers has been implemented at 70 sites and continues to

grow. These trainings have been highly requested by caregivers and empower them with the lifesaving skills needed to support their veteran in the time of an emergency.

I could talk about many other innovative ways we are supporting caregivers through CSP, but these milestones do not overshadow VA's recognition and my recognition that there is more work to be done in support of our caregivers, and specifically, more work to be done to improve PCAFC.

While I am proud of all that we have accomplished and the hard work and dedication of our employees on the Caregiver Support Teams that exist at every VA medical facility, I also recognize that there is more that we can do.

We have heard through various engagements and listening sessions that some of our evaluation for criteria for PCAFC is too restrictive. We have taken a close look at all aspects of PCAFC to identify areas where we need to get better.

As announced in the spring unified agenda, VA intends to issue a notice of proposed rulemaking to propose amendments to PCAFC eligibility criteria and definitions and to consider other changes to the evaluation processes. I am pleased to share that a notice of proposed rulemaking was submitted to the Office of Management and Budget (OMB) this year.

I am limited in what I can share as a rule remains under review while we continue the deliberative process with OMB regarding proposed changes. However, once the notice of proposed rule is published, VA will announce this information widely and encourage submission of public comments and feedback to identify whether additional changes may be needed.

This marks a significant step toward VA's efforts to further improve PCAFC and deliver a program which meets the needs of eligible veterans of all eras and their family caregivers.

I appreciate the continued support of this committee, VSOs, some of whom you will be hearing from on the next panel, and the vast caregiver community. Your support and advocacy are essential to supporting our Nation's veterans, as well as those who care for them.

On behalf of the Department of Veterans Affairs and the Caregiver Support Program, we thank you for the opportunity to be here this morning and appreciate the continued collaboration.

[THE PREPARED STATEMENT OF COLLEEN RICHARDSON APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Dr. Richardson and Semper Fi.

We are now going to go to questions and I will recognize myself for 5 minutes, as soon as I mark my script where I am at.

Dr. Richardson, why has VA delayed publishing the pending caregivers PCAFC proposal rules for 2 years?

Dr. RICHARDSON. Thank you for the question. CSP and VA has taken a step back these last 2 years through community engagements, meeting with VSOs, external partners. I thought it was really important that we gather the information that they felt was critical and what we are missing today to be successful in implementation of this program.

We have taken that time these last 2 years to really look at the criteria, where it stands today, and what changes need to be made.

As I mentioned, sir, we have submitted that notice of proposed rulemaking to OMB and we continue that deliberative process and discussions with them today.

The CHAIRMAN. You know, 2 years is a long time. I know government moves slowly, but our witnesses on the second panel have concerns about the holdup. What would be your answer to them, other than the answer that you just gave? Or would it be the same?

Dr. RICHARDSON. I would say, you know, when we opened this program up the first time on October 1 of 2020, we did not get it quite right and I do not want that to happen again. Now that I am leading the Caregiver Support Program, I think it is my duty and obligation to these fellow caregivers to make sure that we get it right this second time around. I want to be careful in that process.

The CHAIRMAN. Well, caregivers in Illinois are having issues accessing respite care. How can VA improve access to these programs designed to give caregivers a break?

Dr. RICHARDSON. Yes, sir. We noticed that as well, sir. We had a very low respite utilization when I first came onboard. Roughly around 7 percent of our budget was going toward respite at that time.

What we heard through listening sessions, I have probably done over hundreds of listening sessions both in-person and virtually with caregivers across the country, took an opportunity to see what it was that they needed to be successful in this caregiving journey and also to identify what they were not identifying for themselves.

As we all know, caregivers hardly ever take the time they need for themselves in their caregiving journey. We heard respite was one of those things and so what we did was—and now they are experts and they have gone, I believe, in the train the trainer model.

They have gone now into the medical facilities and trained the local staff. We have seen an exponential increase in respite. It is still not enough. I still think caregivers need to take more advantage of the respite that is available to them in both programs.

PGCSS and PCAFC by statute, thanks to Congress, no less than 30 days of respite is offered to our caregivers across the country.

The CHAIRMAN. Wonderful.

Ms. Duke, why is the VHA budget shortfall requesting via the Toxics Exposures Fund (TEF) account instead of normal accounts?

Ms. DUKE. To the extent that Congress provided adequate funding through the creation of the TEF to ensure that we would be able to continue services for those veterans who have toxic exposure, I can commit that if Congress provides the shortfall as requested in TEF we will be able to execute that funding against the care needs of this population in 2025.

The CHAIRMAN. Well, let me tell you what we feel here and, I mean, the concern I have is that the administration of OMB and VA are trying to avoid the Fiscal Responsibility Act spending caps and create a funding gimmick.

That is my concern because the way the TEF is written it allows you to spend freely and we do not have to always get the reports back from VA we really like to get on how and when it is being spent. That is our concern. I think you need to know that.

Dr. Richardson, no spouse or caregiver often feeling ignored by the VA—I am sorry—non-spouse caregivers often feel ignored by

the VA. What support services does VA offer to parents and/or children and/or non-spouses that are the caregiver?

Dr. RICHARDSON. Sure. For the Program of Comprehensive Assistance or the Program of General Caregiver Support we can offer supports and services if they are enrolled in either one.

For PGCSS, our Program of General Caregiver Support Services, there is no application for that program. As long as a veteran is enrolled in VHA healthcare and identifies somebody that takes care of them, whether it is helping them with day-to-day tasks such as dressing or bathing or helping them with supervision or protection or instruction, we can offer supports and services to that particular caregiver.

It does not matter if they are spouse or a non-spouse. Then we partner with other organizations to help children and families across the country.

The CHAIRMAN. How are you getting that message out?

Dr. RICHARDSON. Upon initial application. We have a couple of things that we do right now. We realize that there are a lot of people out who still do not know about the Caregiver Support Program, so I hired an Outreach Coordinator within the VA Central Office and a Communications Director.

We have attended, I think, over 70 national events in the last couple of years just trying to get our word out there that we have this program and it is available to all caregivers and Veterans who are enrolled in VHA healthcare.

The CHAIRMAN. All right. Thank you. My time has expired.

I now recognize the Ranking Member, Representative Takano.

Mr. TAKANO. Thank you, Mr. Chairman.

My first question is to Dr. Richardson. In your testimony you state that the number of caregivers using respite care has increased by 278 percent since Fiscal Year 2022, which is just 2 years ago. What percentage of participants in the family caregiver program have actually been served?

Dr. RICHARDSON. Thank you for that question. You are talking about the Program of Comprehensive Assistance, sir——

Mr. TAKANO. Yes, ma'am.

Dr. RICHARDSON [continuing]. for Family Caregivers? I do not have that number right in front of me, sir, but I can get that for you if you would like.

Mr. TAKANO. I would appreciate that. How much of this respite care is VA providing in-house versus referring to private sector providers where veterans and their caregivers are in competition with non-veterans who may have more resources to pay out-of-pocket?

Dr. RICHARDSON. Yes, sir. A majority of the care is provided in the community, so respite care is something that we contract with out in the community to provide services for our veterans in their home.

We realize that this is not always the best option for our veterans, so today we are piloting something called VDC Respite, Veteran-Directed Care Respite, is being piloted in 11 sites across the country, some of them being rural sites as well.

What we realize and what we have heard through listening sessions is that our veterans and caregivers would prefer somebody

that they know to come into their home to care for their veteran, and we agree.

We have partnered with VDC. As long as a veteran is duly enrolled in VDC and CSP PCAFC, we will pilot this program to see how well it works with our veterans across the country. Then I hope to expand that as we move forward into the future.

Mr. TAKANO. All right. Well, thank you. Yes, I was concerned to read in Ms. Chism's testimony that in the past 12 years that she has participated in VA's Family Caregiver Program she has never been able to access respite care, nor has she been able to enroll in the Veteran-Directed Care Program, which would provide funds to hire someone to help.

What are some ways that you are working to improve caregivers' access, you have already mentioned some, but to improve the caregivers' access to respite care?

Dr. RICHARDSON. Sure. We trained those 18 champions across the country to make sure that our staff understood because we know respite is different at every VA across the country. Community resources are different across the country depending on where you live and how you get those services.

That is something that we have really focused on this last year and there is always work to be done. We are fluid and flexible, and I want to continue to move in that direction.

Mr. TAKANO. Dr. Richardson, well, thank you for that. One thing that struck me from reading RAND's new report is that more and more caregivers are reporting a need for mental health services but they often cite a lack of time to travel to mental health appointments as the reason why they cannot. They do not seek it out.

I am glad to hear that VA has implemented a virtual psychotherapy program to help address this, and it seems like even community virtual psychotherapy programs are, kind of, becoming more of the norm and that this program has nearly had 14,000 visits.

Does that number reflect the total number of requests for care that have been received? Or is there still unmet demand for the services beyond the nearly 14,000 visits that you have provided?

Dr. RICHARDSON. Thank you, sir, for that question. I think there is always a demand for mental healthcare and sometimes people do not recognize that they have that demand for mental healthcare.

I think some of the things that we do, we do that traditional psychotherapy, as we mentioned, the virtual psychotherapy hubs that we offer for a veteran, or excuse me, that we offer for our caregivers enrolled in PCAFC.

The other thing that we do are in-person services and you are right. 51 percent of the caregivers that we surveyed asked for virtual psychotherapy. It is often hard for them to get the veteran loaded into the vehicle, bring them to the local medical facility, and take advantage of those in-person appointments. That is what we hired our own staff, 54 staff across the country to specifically care for our caregivers.

In addition to that, we are training our—this is the first of its kind. I know of no other program that exists that focuses on the specific needs of caregivers. As a clinical psychologist, measurement-based care and evidence-based treatment for the treatment of

our caregivers is really important to me and so that is something that we focused on this year as well.

We are training our providers in evidence-based care for our caregivers. Then we are also measuring that to see how it is impacting their quality of life.

Mr. TAKANO. Well, Dr. Richardson, even though a veteran and caregiver may be found ineligible for the Program of Comprehensive Assistance for Family Caregivers, they are quite likely to be eligible for a variety of other institutional programs that VA administers.

However, we often hear from caregivers and advocates that the Caregiver Support Program is not always facilitating warm handoffs to other services. To what extent is VA working to improve coordination among its programs to ensure that warm handoffs are made?

I may need to just take this back because I do not want to—we have a lot of numbers here. I do not want to intrude on other members' time. Maybe you can get that back to us or maybe another member will give me their time.

I yield back, Mr. Chairman.

The CHAIRMAN. Thank you, Ranking Member.

Representative Rosendale, you are recognized for 5 minutes.

Mr. ROSENDALE. Thank you very much, Mr. Chair, for holding this hearing today.

The people who care about and care for our veterans, better known as caregivers, play a vital role in supporting the health of our veteran population.

Unfortunately, these caregivers often do not get the necessary attention and support they deserve. I am grateful that this committee is conducting this hearing.

Caregivers, typically family members or close friends, help veterans with necessary activities that are essential to living, including eating, dressing, and bathing. Caregivers are the biggest advocates for veterans, helping them get to and from doctor's appointments, ensuring that their bills are paid, and interests are being looked out for.

Being a caregiver entails great sacrifice, and we have seen touching stories of individuals giving up their prior careers to care full-time for a loved one.

A recent study from The Associated Press-National Opinion Research Center (NORC) Center for Public Affairs Research found 88 percent of Americans would prefer to receive any ongoing living assistance they need as they age at home with loved ones, which is the same information that you are sharing with us.

Just 12 percent want to receive care in a senior community or nursing home. Caregivers allowed veterans to live at home surrounded by their loved ones.

I want to ensure that Congress continues to give needed support to caregivers so they can continue to care for our Nation's heroes.

Dr. Richardson, I have heard first-hand reports from many individuals who want to be caregivers but they feel they lack the necessary qualifications. The RAND report highlighted this fact.

What steps are the VA taking to ensure that caregivers have the proper training to care for veterans?

Dr. RICHARDSON. Yes, sir, thank you for that question. As I mentioned, we have done listening sessions, but in addition to listening sessions we have done Veteran Signals (VSignals) surveys. We have a 26 percent response rate, which is extremely high.

In this we look at those opportunities to see what it is that caregivers need to be successful. We may think we know what they need but that is not always a hundred percent accurate. It is important for me to hear from the consumer of what we do.

Some of those things that we have heard just in the last 2 years have been mental health, we have gotten that. CPR, we have done that. Respite, we have done that.

We have also heard they need additional assistance with just different diagnoses, different ways to be successful in, for example, transferring their veteran from the bed to the chair or from the commode back to the chair, in and out of the bathtub.

We have also heard, you know, as you know, veterans of different service areas have very different and unique caregiving needs. They are not the same amongst the service eras.

What we have also heard is that our caregivers need not only CPR but we are calling CPR plus. We have partnered this year, so this coming year, we will have diabetic emergency. We will have first aid, falls, head injuries, (SCI). We are adding more and more resources based on what we hear, not on based what we think they need.

Mr. ROSENDALE. Very good, very good. Thank you so much.

Ms. Duke, I am going to go into the financial end of these things. Obviously, we want to make sure that the proper funding is provided and that it is being fully utilized.

As you know, $3.4 billion of your $12 billion shortfall is for medication. You have explained this as a result of new, high cost drugs that do not have generic versions.

The main drugs are injectable diabetes and weight loss drugs and resmetirom for liver disease. How much in fiscal 2024 did the VHA spend on weight loss and injectable diabetes drugs?

Ms. DUKE. I do not have that number with me but we will get it for you.

Mr. ROSENDALE. Yes.

Ms. DUKE. I do think that the reason for including it in the shortfall analysis was the concern that this would be a growing need for our veterans based on the trends that we have seen outside of VA.

Mr. ROSENDALE. It is and this is exactly the line of questioning I want to get to because as in my previous job as a commissioner of securities and insurance for the State of Montana, I did an incredible amount of research on healthcare and the cost of pharmaceutical drugs and know that it is a major driving cost for healthcare.

How much do you plan on spending in 2025 on these medications, fiscal 2025?

Ms. DUKE. I would have to get that specifically broken out by medicine.

Mr. ROSENDALE. Okay. Please get that information for me. A recent study found that those taking any form of semaglutide lost an average of 39 percent of muscle mass, of muscle mass.

Another study found that these weight loss drugs come with a heightened risk of gastrointestinal problems, specifically a 3.67 time higher risk of stomach paralysis. We also know that the need for these drugs to be effective for weight loss it has to be taken for a lifetime.

Why does the VA think it is a good use of taxpayer money to spend thousands of dollars per month per veteran on drugs that have so many side effects, require a lifetime of taking for any benefit, are way more expensive than in Europe, and fail to address the root cause of the veteran's metabolic dysfunction?

Ms. DUKE. I will take that back to our pharmacists who make the ultimate determination regarding what the standard of care is. I would just say that——

Mr. ROSENDALE. This has got to be a coordination not just pharmacists, but the physicians within the VA have to start addressing the root cause of the problem instead of just treating the symptoms. Okay?

That is what we need to get at and the food, the diet, the exercise. We have to begin to incentivize that to get our arms around obesity instead of just giving everybody a pill.

Thank you, Mr. Chair. I yield back.

The CHAIRMAN. Thank you.

Representative Brownley.

Ms. BROWNLEY. Thank you, Mr. Chairman and thank the panelists for being here.

Dr. Richardson, my first question is to you. I think we are all very much aware that VA suspended in 2022, suspended its annual reassessment of eligibility for the legacy cohort within the Family Caregiver Program and this pause was to better understand the impacts of that reassessment criteria.

We all know, I think we probably all of us here, agree that ineligibility for this program would certainly upend the caregivers' ability to do their job and would certainly upend the veterans who need these services as well.

My bill, the Elizabeth Dole Home Care Act, I think would provide a really more than adequate transition for both these folks in the legacy cohort, as well as new caregivers and new veterans who are going to need these services. I know that you have made it very clear that you are not going to provide us with the criteria that you are evaluating now, but do you believe that the Elizabeth Dole Care Act would provide that transition successfully?

Dr. RICHARDSON. Thank you, ma'am, for that question. I believe VA has offered TA (phonetic 2:07:25) and views on that, and I apologize, ma'am. I do not have that in front of me to further comment from VHA's standpoint on that.

Ms. BROWNLEY. Are you aware of the bill?

Dr. RICHARDSON. Yes, ma'am, I am.

Ms. BROWNLEY. You cannot make a personal assessment or a comment?

Dr. RICHARDSON. Ma'am, I always appreciate the opportunity to provide feedback on opportunities like this, but I want to make sure I am in line with what the VHA has provided as well, ma'am.

Ms. BROWNLEY. Okay. Almost everybody has asked about respite care and I wanted to ask briefly about this, too. You know, in Ms.

Chism's testimony, as I think the ranking member mentioned, that for 12 years she was unable to receive respite care. For 12 years she was unable to receive respite care.

Then when she was finally able to receive it she was told it would be she would have to give a 2-week notice in order to get it. You know, having to rearrange her whole schedule and so forth and perhaps miss a child's recital at school or whatever it might be that she needed it for.

I just do not understand why this is happening. I do understand why it is happening. There are not enough respite providers out there. I do not understand that if you have got a caregiver who is providing care for a veteran on a full-time basis that for 12 years she is unable to receive any kind of respite care?

You know, I would just want to hear your comments with regards to that. I want to know that are the caregiver coordinators across the country reporting back to you how many people who are asking for respite care who cannot receive respite care?

Dr. RICHARDSON. Yes, ma'am. I think it is completely unacceptable on every level. Caregivers should have every opportunity available to them to take the respite that they deserve in order to take a break. It is unacceptable.

I think my staff does let me know, and I also meet with the caregivers to also find out things.

Ms. BROWNLEY. Whoa, whoa, they let you know? Is this just sort of a casual thing? They will call you up and say, oh, by the way, I have a couple of people out here that I cannot provide respite care to? Or is it within your system to report that so you have the accurate data?

Dr. RICHARDSON. Yes, ma'am. It is within my system to report that, that we have the accurate data. We actually pay out the respite out of my program office so I am aware.

That is what was brought to my attention, that we had such a low underutilization of respite across the country about a year ago. That is why we started the respite champions initiative so that we can increase that and make sure that our caregivers are getting that respite care they deserve.

Ms. BROWNLEY. Do you know how many respite people that you need to really satisfy the need out there across the country? The VA has this, sometimes has an issue of doing really well in one area but not so well in another area.

Dr. RICHARDSON. Yes, ma'am. I think it really depends on the caregiver and the veteran. Some of them need 24-hour care. Some of them need care for 2 hours twice a week. It really depends on the location and what the needs are of that particular caregiver and veteran.

Ms. BROWNLEY. Thank you. Ms. Chism also submitted in her testimony the issue around the Veteran-Directed Care Program that the VA provides and noted that this direct care is not really offered in certain areas and it is in a very limited catchment area throughout the country. Can you speak to that please?

Dr. RICHARDSON. Thank you, ma'am. My understanding of Veteran Directed Care which, as you know, falls under Geriatrics and Extended Care (GEC), I believe, is now attempting to be offered

across the country. Happy to take that back and get you further information from GEC if necessary.

Ms. BROWNLEY. Thank you. I think I would like to know when it is going to be offered across the country and how long is that going to take for that to happen. I think it is a very popular program within the veterans.

Certainly I think, again, the Elizabeth Dole Act addresses this and addresses the respite issue and certainly, I think, a successful transition for the legacy cohort and new veterans and new caregivers to move forward. I would like to have more specific information.

With that, I will yield back.

The CHAIRMAN. Dr. Miller-Meeks, you are recognized for 5 minutes.

Ms. MILLER-MEEKS. All right. Thank you very much, Chairman Bost.

I thank our witnesses for appearing here and some of the doctors were trying to answer the previous question for you, which my question is somewhat related to that and you may have already answered it, Ms. Duke.

You are requesting $1 billion for high cost drugs. I am not going to go into the necessity for them because I think there is value in that, but it is a round number and I believe you have described it as a guess.

Do you think it would be more appropriate to come back to Congress and request the amount of money once you have a more reliable estimate? Or is it an estimate because you are anticipating growth in the need of those medications?

Ms. DUKE. Thank you for the question. It is clearly the latter. It is the recognition that this is evolving and becoming a fiscal pressure within our purview, not specifically the semaglutides, but pharmacy growth was part of what necessitated us coming forward with a shortfall.

We wanted to make sure that we were transparent about the needs and also not that we would have to make any decisions regarding pharmaceuticals based on having to make budget tradeoffs next year. We always want to provide to our healthcare professionals what is necessary for the veterans' treatment.

Ms. MILLER-MEEKS. You estimated in your Fiscal Year 2025 budget that the growth of community care spending would drop from 14.8 percent to 12 percent. Now, you are estimating that it will increase to 16.5 percent and this difference accounts for $1.9 billion of your budget shortfall. Having taken care of my mother with Alzheimer's and my mother after my father's death and he was retired military, why would you have assumed in your budget that community care would shrink? I mean, certainly, in all of your listening sessions it is extraordinarily popular.

People, if they can, would rather be in their home with people that they know and with whom they have a relationship.

Ms. DUKE. It is not actually that we anticipate the program shrinking. It was the rate of growth. We have always anticipated that community care obligations would continue to grow. It was how quickly.

This was, again, going back to post-John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (MISSION) Act trying to figure out what is the balance of the way to best serve veteran needs in light of the fact that we have facilities where we do and veterans live where they do.

This was a readjustment of the estimate of how much community care would need to grow to continue to provide veterans with the care that they are seeking.

Ms. MILLER-MEEKS. Well, you know, then I would have anticipated as a budget person and to my brother-in-law, who is as an accountant, that you would have kept the estimate the same rather than reduce it. I just want to make sure that that is not a result of the VA trying to restrict community care access.

Ms. DUKE. No, ma'am. We are——

Ms. MILLER-MEEKS. Thank you.

Ms. DUKE [continuing]. committed to providing care wherever the veterans need it.

Ms. MILLER-MEEKS. Thank you.

Dr. Richardson, the RAND report indicates that many caregivers feel unrecognized and unsupported by the VA, and I think you might have addressed this a little bit, but what immediate actions will the VA take to ensure caregivers are acknowledged as the key partners in veterans' care? That includes making decisions for veterans.

Dr. RICHARDSON. Yes, ma'am. I think that that is a critical and crucial role for our caregivers. Oftentimes our caregivers know more about the veteran than the veteran does him or herself.

I agree with you. I think this is an opportunity for us to continue to collaborate across VA medical centers across the country, especially, probably, within primary care where we see most veterans come in first and have that opportunity to make sure that we are recognizing those caregivers.

One of the things that we have already done is caregivers have their own medical record when they are identified as caregivers in VHA healthcare system.

Ms. MILLER-MEEKS. Is there a training that is required in primary care clinics for this relationship between the caregiver, the veteran, and the primary care provider?

Dr. RICHARDSON. Yes, ma'am, there is. We have the Campaign for Inclusive Care that we have partnered with several years ago with the Elizabeth Dole Foundation to ensure that caregivers are being included.

What I understand from what you are saying and what I have also heard from caregivers is that has not been effective enough and we need to do better.

Ms. MILLER-MEEKS. Speaking of the Elizabeth Dole Foundation, you noted in your testimony that several programs, including the VHA's family resource coordination program, have been delayed or limited since the announcement of the budget shortfall.

Can you discuss the decision to limit the family resource coordination program, which, in essence, family caregivers are saving the VA money which is intended to connect caregiver families with

needed resources from a phased implementation plan to a pilot program?

Dr. RICHARDSON. Yes, ma'am. I am happy to connect with our partners and Care Management and Social Work on that question as that falls under their purview.

Ms. MILLER-MEEKS. Okay.

Thank you to our witnesses.

Thank you, Chair Bost. I yield back.

The CHAIRMAN. Representative Pappas.

Mr. PAPPAS. Thank you. Mr. Chairman.

I want to thank our witnesses for their testimony and it is great to see a room full of veterans, caregivers, and advocates who are part of this conversation. We appreciate the work that you all do to help us figure out the right way forward.

Dr. Richardson, can I ask you a question? You know, we are so appreciative of what caregivers, family members, friends, and countless others who take care of our veterans do day in and day out. Unfortunately, some face a situation where a veteran passes away and we need to ensure that there is communication with the individual so that they can get the help they need through VA's Office of Survivor Assistance.

We have heard from caregivers who are unaware of these resources and are often scrambling to access the information that they deserve. I am wondering if there are any warm handoffs to caregivers in this situation and what greater coordination can you provide with Veterans Benefits Administration (VBA) to make sure these individuals get the resources and help they need?

Dr. RICHARDSON. Sure. Thank you for the question. You are correct. The caregiver to survivor journey is in and of itself a challenging journey and we want to make sure that we have those resources and make it as smooth as possible for our caregivers who are transitioning to that role.

There is a survivor and memorialship program that has been set up under Care Management and Social Work this past year.

We have a very close partnership with that organization or within that program office, excuse me, and will plan to continue to work with them. I think we could do a better job on that collaboration piece as well.

Mr. PAPPAS. Well, we know that caregivers often sacrifice financially and on average this is quantified to be $8,500 in out-of-pocket costs that caregivers incur every year and $4,500 in earnings that they forego. Certainly supporting survivors as caregivers make that transition is incredibly important.

What other financial help is provided to caregivers? Any resources or supports that exist to make sure that they are able to make ends meet?

Dr. RICHARDSON. One of the things that we offer in PCAFC is financial and legal services for our caregivers enrolled in the program. They have opportunities to take advantage of how to do living wills, living trusts, budget planning, those kinds of things so that they can prepare for those potential things that may happen in the near future.

Mr. PAPPAS. I noticed a number of folks that are not participating in support services. I think on average it was 40 percent to 60 percent depending on the age group of the caregiver.

You talked a lot about the respite care and how utilization has increased since you have gotten the word out, but it appears that that was an issue where it was not a lack of demand, that you have to work on the supply side of things to make sure that people could get access to those services in a more efficient fashion.

Are there other categories of support services that you are going to look to expand or increase or just ensure that folks know about them? I guess, what is the reason why so many are not taking advantage of these services?

Dr. RICHARDSON. Sure. Thank you for the question. There are several things that we are going to expand. I think one of the things that is important that we are going to expand this year is peer support mentoring. We know veterans appreciate the opportunity to meet with fellow veterans who have been there, done that, understand what they have gone through.

It is the camaraderie. It is that automatic connection, and we know that happens in the caregiving community as well. We have committed to having one peer support mentor for the Caregiver Program across the country in every VA medical facility. That is one piece of it.

The other thing that we have done is we hear various things from caregivers. While they love that opportunity to connect they cannot always come in person so we have those virtual offerings.

We have Coaching into Care health, health and well-being coaches that really focuses on the individual caregiver and not what is the matter with them but what is it that matters to them.

There is just a lot of variety of services that we offer both virtually and in-person for our caregivers, and I think we need to continue to do a good job with that as we go forward.

Mr. PAPPAS. You mentioned a new initiative around CPR training for caregivers. How is that going and how is VA getting the word out to individuals about this new service?

Dr. RICHARDSON. Yes, sir, thank you. It has gone exceptionally well. We have heard overwhelmingly, because we survey our caregivers after the fact, and it has been very, very well-received across the country.

Today, we are at 70 medical facilities. Some of our caregivers can get actual BLS certification and CPR certificate, or excuse me, not BLS but CPR certification.

As we go forward we want to have this at every VA medical facility across the country. I hope that we can do that this year.

In addition, like I said, we are doing that CPR plus, so helping them with diabetic emergencies, falls, spinal cord injuries. We have also put together mobility transfer videos for them to watch and observe and learn from that as well.

Mr. PAPPAS. Do you know how many individuals have gone through the program, have taken the training?

Dr. RICHARDSON. Probably several thousand, sir, 7,000 to 10,000 I would guess. Quite a few.

Mr. PAPPAS. Thank you.

Dr. RICHARDSON. Yes, sir.

Mr. PAPPAS. I yield back.

The CHAIRMAN. Thank you.

Dr. Murphy, you are now recognized.

Mr. MURPHY. Thank you, Mr. Chairman.

Thank you guys for coming today. I really deeply appreciate the attention that we pay for our caregivers.

I just still see a lot of patients and oftentimes it is up to the wife or truly the oldest daughter that comes in and cares for their father or their mother, whoever the veteran is, and the sacrifice that they go through.

I just want to follow up on one other thing about the semaglutides. You know, it is not only the VA's budget that is getting busted. It is Medicare's budget. It is private insurance companies' budget.

I think actually we need to have a American conversation as to dialing back this. This should not be, hey, if I want to lose some weight I get a drug. It should be really much more of a metabolic discussion.

It is going to be germane really to the entire country, not just to the VA, but it needs to be done, I think, in a much more academic and research manner, not only for the sake of saving costs but some of the deleterious effects that we talked about.

There are some good effects, decrease in kidney disease and some of the other things, but I think it needs to be a national discussion. Hopefully it comes down to the VA and hopefully we stop spending the billions of dollars on this drug that has become now, kind of, more of a cliche that you see folks on.

I will say this. Ms. Duke, is there anything that you guys have now had to deal with as far as more costs with the PACT Act with any of these instances that you are having to deal with?

Ms. DUKE. So, PACT——

Mr. MURPHY. As far as, I am sorry. As far as I am understanding that is really one of the major drivers for this huge deficit.

Ms. DUKE. Correct. The PACT Act both expanded eligibility so veterans who previously we did not have contact with could come in for care. We have seen not just that we have new enrollees, but those who are already enrolled are now more likely to take advantage of the services because of the outreach that we have provided.

That is what is driving that need for more care, both in the community and in the direct care system, which led us to revisit our budget estimates for the 2025 budget.

Mr. MURPHY. Yes. I mean, that is a good thing. Again, I think all of us on this committee are very concerned about the efficiency and the management of dollars within the VA system.

You know, as I have said in this committee before, we spend 5:1 compared to the British healthcare system on our veterans. Not that that is wrong, but it is inefficient. We are not doing something right or not doing something that I think the private world would ever stand for.

Dr. Richardson, just getting back, because I know I want to—there are a couple of statistics here really that were bothersome.

Only, I guess, half of the folks who are caregivers participated in programs offered by the VA. What is being done as far as edu-

cation to making sure that these folks take advantage of the programs that are out there for them?

Dr. RICHARDSON. Sure. Thank you for that question, sir. As I have mentioned earlier out, we have hired an Outreach Specialist within the program. We have partnered with our local VA medical facilities and we try to attend as many national outreach events as possible.

Veterans in the veteran community, when you know somebody you know somebody who knows something.

Mr. MURPHY. Yes.

Dr. RICHARDSON. If we can get the word out to just a few people we know it will spread quickly. We have seen that, sir, in the last month alone. I August we had 9,600 applications come in our door, which is the largest volume of applications we have seen all Fiscal Year for PCAFC.

I have to make some assumptions that I hope that this outreach is working the way it is intended to.

Mr. MURPHY. Yes. You cannot make people sort of yourself and you can educate them that things are available.

One other thing I did want to follow up with, this committee and all of us are very, very concerned about suicide amongst our veterans themselves. I personally think we can do a hell of a lot more at the VA. We are not doing the job that we should.

Then this translates also to caregivers because there is so much depression, there is so much isolation, there is so much sacrifice that goes into that. Can you speak a little bit about what you guys are doing for the caregivers themselves because, you know, it is a common thing amongst people of my maturity that we are becoming parents to our parents.

This is not just germane to the VA but it is also other folks and it is a life-changing event and transition. Not only we mourn the loss of a parent but we also mourn the loss of our life. Can you speak to that a little bit with suicidal ideations and some of the other things because I know it is much higher in caregivers?

Dr. RICHARDSON. Yes, sir, absolutely. Thank you for that question. As I mentioned earlier, we have the virtual psychotherapy programs that are available to our caregivers now across the country. It is a simple referral from the Caregiver Support Team at the local medical facility to get them into that appointment.

Typically we are getting them in and getting phone calls out within 5 days. I think that is one aspect, right? Not everybody wants traditional mental health therapy. A lot of people want nontraditional.

A lot of veterans want nontraditional mental health therapy and so that is the peer support mentoring where that comes in, their ability to connect with somebody who is there, who has been there in that caregiving journey.

I think we could do a better job of that. That is why we are going to put peer support across the entire country.

The other thing is what we offer at the local medical facilities, nontraditional, chair, excuse me, yoga, mindfulness groups.

We have the Coaching Into Care, the coaching health and well-being coaches that really focuses on what matters to our caregivers because their caregiving needs are different than what the needs

are of their veterans that they are caring for. We have to address them individually based on what they need.

Mr. MURPHY. Yes. This is a real problem. I just see just on a regular basis just the absolute burden that these folks have, so thank you for your attention.

Mr. Chairman, I will yield back.

The CHAIRMAN. Mr. Landsman.

Mr. LANDSMAN. Thank you, Mr. Chair.

Thank you to all of our veterans and caregivers and advocates. It really is wonderful to see this room full. We know how much you do and care and we are grateful for everything that you do.

I want to talk a little bit about the evaluation and data collection and some of the concerns I think we collectively share. This committee has heard me preach about continuous improvement, and I am from Cincinnati.

We have one of the best children's hospitals in the country, and it is a story I like to tell because I am proud Cincinnatian, but it is also instructive in terms of how to approach almost anything.

They became the best or top two, three children's hospitals in the country by becoming the best at getting better. They just developed a culture of continuous improvement. Everything got collected, all of the data whether it was about a procedure or an experience from a parent or a child. It was constant, constant, constant.

It is to this day they measure everything and they test and they take chances and they are not afraid to fail. As a result, you get the best care in the country.

There is, you know, an evaluation component to everything we do. An evaluation only tells us what happened and not what is happening. It does not really tell us what to do moving forward the way data collection and continuous improvement does.

Here is what is bothering me. You have got 2 years of learning, but we do not really have any exposure to that learning. The evaluation was too restrictive and now it is going through this rulemaking process. Do not have any real sense as to how long that is going to take.

You do not need a rule change to collect data, correct? You do not need a rule change to survey your caregivers and veterans to find out what is working and what is not working, correct?

Dr. RICHARDSON. Correct.

Mr. LANDSMAN. You would not need a rule change to use that data to then get better immediately at what you are, you know, providing for veterans and caretakers, correct?

Dr. RICHARDSON. Yes, sir.

Mr. LANDSMAN. Then tell me a little bit about the 2 years and why we do not know what you know in terms of everything that was learned and what is being asked as part of the rulemaking process A, B. What is the role of continuous improvement, if any, as it relates to this work?

Dr. RICHARDSON. Yes. Yes, sir, good question. Thank you. I think two separate things as I am thinking about this. One is looking at the specific eligibility criteria that rule is and definitions that we have used to allow caregivers to apply and/or get accepted or denied into the Program of Comprehensive Assistance.

In regards to what you are talking about quality assurance and quality improvement, overall well-being, how the caregivers see our program, and how we support them is to me different.

What we have done to address that, we have a VSignal survey that has gone out.

It has been 2 years in September since we have sent it out. We have seen nice improvements.

It is for folks enrolled in PCAFC and PGCSS. We have a 97 and 98 percent approval rate across the country with those numbers so seeing good scores there.

Does that mean that we are perfect? Absolutely not. It just means that we are taking the opportunity to get feedback on the care and respect. Do we help them with the support services that they need? That is important to look at.

The other thing that we have looked at are the processes in and of themselves, so I brought in a QM team, a Quality Management, Quality Assurance Team. It is run by an Registered Nurse (RN).

She oversees the process across the entire country.

We are reviewing charts, records, ensuring that it is standard and consistent. One VA is one VA but it should not be one VA is one VA. It should be that your experience at every VA may be a little bit different but it is standardized and consistent no matter where you go.

They should have the same experience no matter which VA they go to. That is something that we have also looked at, very separate and different than the eligibility piece itself.

Mr. LANDSMAN. With my remaining time I just, it would be very helpful, I think, appreciating all the questions that we have to get the data that you have.

Dr. RICHARDSON. Of course.

Mr. LANDSMAN. Everything that you have learned that should be made public. I mean, you know, I understand a lot of that has to do with eligibility, but there is still learning in there that would benefit us as policymakers.

Dr. RICHARDSON. Yes, sir.

Mr. LANDSMAN. Okay, thank you. I yield back.

The CHAIRMAN. Representative Van Orden.

Mr. VAN ORDEN. Thank you, Mr. Chairman.

Dr. Richardson, I have got to say that you have been shockingly competent and transparent. This does not often happen in our committee hearings with the Veterans Affairs Administration, so I really appreciate it.

I am the longest serving enlisted member of the military to ever be elected to Congress in the history of this country. I get all of my healthcare through the VA or community care. I am a 100 percent service-connected disabled veteran.

I love the VA. I love my folks in La Crosse and Tomah. I get these cool glasses there and everyone that checks me in to, you know, cleaning the place to my primary care, they are awesome.

Why do not I know about this program? Do you know what I mean? Is there, like, a flyer at a cork board that I am missing when I go there to get my physical?

Dr. RICHARDSON. You should absolutely know about this program, sir. Yes, sir.

Mr. VAN ORDEN. Okay. Do me a favor. Let us walk the dog on this. You got a veteran that is eligible for this care, right, safe environment, has got a home and all that stuff and they do not have, you know, debilitating psychological issues or going to be violent.

Then so we have that and then we got somebody that wants to provide care for this person and we have got someone that wants to provide care for the caregiver, correct?

How do you figure that out? Like, how do you figure out who the caregiver is, like, who is eligible for it and then how do you figure out who is eligible to provide care for the caregiver?

Dr. RICHARDSON. Absolutely, sir, great question. Oftentimes our caregivers do not recognize that that is exactly what they are doing.

Mr. VAN ORDEN. Really. Right.

Dr. RICHARDSON. I have taken care of my husband now for 15, 17 years and did not realize that I was a caregiver until I became the Executive Director of this program.

Mr. VAN ORDEN. All right. That is an issue that we can actually work on, cannot we? How is the compensation level for these caregivers and the caregivers and the caregivers determined?

Dr. RICHARDSON. Depending on the program, so the Program of Comprehensive Assistance for Family Caregivers is set in regulation to pay our caregivers enrolled in that program at a GS–4 pay scale——

Mr. VAN ORDEN. That is GS–4, correct?

Dr. RICHARDSON [continuing]. and based on locality. Yes, sir.

Mr. VAN ORDEN. Okay. Can we recently just say if we are spending 5 bucks, this is an arbitrary number, and I must admit I cannot really do math, so we are going to say if we arbitrarily spend $5 providing care that we are really saving 50 bucks at the end because having a veteran having to go into inpatient care or to a veterans home or whatever is exponentially more expensive than having him stay at their home. There is significantly less dignity. As Mr. Rosendale noted, 88 percent of folks want to do this, right?

Here is my question. You have got compensation up to $3,500 for PCAFC, right?

Dr. RICHARDSON. Yes, sir.

Mr. VAN ORDEN. All right. That is $42,000 a year. The median income in the State of Wisconsin is $33,179. That is a solid job. Could we potentially look at saying, hey, let us look at the median income per State, and I know it is going to vary, I get it.

Then tie the compensation for these caregivers and the caregivers of the caregiver to the median income of the State that they live in so that they feel like, one, they are valued because they are, and two, they do not have to do this, you know, taking the hit and all that stuff.

Again, we spend $5 up front we save $50 later. I just to me, I mean, that is the advantage of being enlisted. I mean, this just popped right out to me immediately.

One, we have got to advertise. I got to know that this is available because, believe it or not, even though I am a roguishly handsome young man I am getting older.

You know, these programs, my wife takes care of me right now. You know, she is a nurse and she stays at home. I want my wife

to know about this. I wanted you to know about it. Take care of your husband. God bless you for that and thanks for your service in Fallujah, ma'am. Taking care of the Marines, Semper Fi.

Dr. RICHARDSON. Semper Fi.

Mr. VAN ORDEN. I want people to know about this so they use it, and I want my fiscal hawk buddies to understand that by spending 5 bucks up front we are saving 50 bucks on the back side.

If you can, I would love for you to come to La Crosse, Wisconsin and I would love—I will host you there. I will give you cheese curds. I will do the everything. I am serious.

Dr. RICHARDSON. Yes, sir.

Mr. VAN ORDEN. Let us do a clinic——

Dr. RICHARDSON. Okay.

Mr. VAN ORDEN.—with signs saying, hey, if you are taking care of somebody you should be compensated so they feel comfortable doing it.

Dr. RICHARDSON. Yes, sir.

Mr. VAN ORDEN. I will do that with you. That is a real offer, okay?

Dr. RICHARDSON. Yes, sir.

Mr. VAN ORDEN. I hope you take me up on it. God bless you for your work and you, too, ma'am. Ms. Duke is so happy right now. She is, like, yes. You have seen some of my hearings before. She is, like, yes. He did not talk to me.

Okay. Well, all right.

Sir, with that I yield back.

Dr. RICHARDSON. Thank you.

The CHAIRMAN. It was so entertaining though.

Representative Budzinski, you are recognized for 5 minutes.

Ms. BUDZINSKI. Thank you, Mr. Chairman and Ranking Member.

I want to thank the panelists for being here today and I too just want to say thank you to the veterans that are here and their caregivers that took time out of their schedules to be here for this hearing and the Elizabeth Dole Foundation for also being here. It is great to have you.

I wanted to ask Dr. Richardson a few questions specific to the RAND report as it relates to rural access. I know Chairman Bost talked about that. He and I are actually from similar parts of the world and also behavioral health.

Dr. Richardson, one of the findings in the RAND report highlights that rural veteran caregivers face significant challenges in accessing certain services due to the lack of broadband in their areas.

In fact, the report notes that about a quarter of caregivers in rural areas did not have reliable broadband Internet access in their home. What specific steps is the VA taking to expand telehealth and in-person support services for rural caregivers, particularly for those who may lack that reliable access to Internet?

Dr. RICHARDSON. Yes, ma'am, thank you for the question. They have something available to them called the Digital Divide. It is a consult in which we can provide those services, that device to them.

Unfortunately, not as many people take advantage of that. I think that is something that we need to communicate better and get out to them so that they know that it is available to them.

We also find that because of post-COVID that we still do not have a lot of in-person offerings. That is something that we are pushing this year, that everybody will have in-person services available to them at their local VA medical facility.

I think the other thing that you run into with rural areas is it is a commute sometimes. They have a long commute sometimes to get in-person services.

If we can get them connected to that Digital Divide, we can get them connected with those services because Caregiver Support Program offers both virtual and in-person and so it can be any service that they need.

It could be 24, you know, we have programs that are available to them at whatever time works best for them because caregiving is not 8 to 4:30.

Ms. BUDZINSKI. Right.

Dr. RICHARDSON. We just need to do a better job from that digital divide perspective, I think, to get that information available to them and let them know what is available locally and when and make sure that we are meeting their schedules as it comes available to them.

Ms. BUDZINSKI. That, kind of, leads into my next question and a little bit of what Congressman Van Orden was talking about is this awareness——

Dr. RICHARDSON. Yes, ma'am.

Ms. BUDZINSKI [continuing]. of this program and in rural communities in particular they really struggle with getting access to that information to be aware of these support services. Is the VA looking at anything, you know, uniquely to help, kind of, bring more awareness into rural communities of the support systems you are providing?

Dr. RICHARDSON. Yes, ma'am. That is a great question. I think we have partnered with all the local medical facilities. In every month of November is National Family Caregivers Month and we require as part of a best practice or what we call the One Plan, is that everybody offers something in-person.

I always think there are opportunities to communicate better. I mean, I have been with VA, get my healthcare at VA now for 14 last years and I am still learning so many things that VA has to offer.

I think it is just continued communication. We have VA.gov delivery. We have, I think, over a couple hundred thousand people that subscribe to our gov delivery. We continue to send out those emails.

Sometimes that works for our younger caregivers. It does not always work for older caregivers.

Ms. BUDZINSKI. Right.

Dr. RICHARDSON. We have to think about the various needs that they have across the country, too.

Ms. BUDZINSKI. Okay, thank you.

Dr. RICHARDSON. Yes, ma'am.

Ms. BUDZINSKI. I have another question and this is more on behavioral health. The RAND report indicated high rates of stress and burnout among veteran caregivers with many experiencing anxiety and depression.

Could you speak to what specific mental health support programs is the VA implementing to address the unique needs of veteran caregivers?

Dr. RICHARDSON. Yes, ma'am. As I mentioned earlier, we have a virtual psychotherapy program available to our caregivers that are enrolled in PCAFC at all 18 VISNs across the country.

As a clinical psychologist for almost 20 years now and having spent time with the Marines that, you know, you have to think very differently about how we do care. I think one of the things that we have realized is this does not exist anywhere else in the country to my awareness, that we specialize in mental health treatment for caregivers.

We are looking at a few different things. We are looking at how to improve their quality of life. We are looking at how to lower rates of depression and anxiety.

We just trained our providers last week in ACT for depression so we are trying to do evidence-based psychotherapy, train those 54 providers that we hired across the country to provide those services to ensure that they are meeting the needs of what we are seeing across the country, one.

Two, the other thing is we have to measure it. I need to know where they started baseline and where they are going to be when we are done with that psychotherapy because I think mental health is a continuous journey. You do not have it 1 day and not have it the next and 3 years later you are fine. It, kind of, varies across that continuum.

We want to make sure that we are looking start to finish is what we are doing effective and does it work?

Ms. BUDZINSKI. Great, thank you. Just in real quick in closing, I just wanted to mention an important piece of legislation that is relevant here that I introduced this morning alongside Congresswoman Brownley, the Improving Veterans' Experience Act.

It is a simple yet important bill that would codify the veterans experience office at the VA which supports and enables VA to gather feedback directly from veterans, their families, and caregivers on how to enhance VA services.

We were excited to do that this morning. Great to have you here.

I yield back.

Dr. RICHARDSON. Thank you, ma'am.

The CHAIRMAN. Representative Self, you are recognized for 5 minutes.

Mr. SELF. Thank you, Mr. Chairman.

Dr. Richardson, you have pointed something out that I think is across the VA. Many of the veterans simply do not know the myriad of programs that are available to them. The education I think in the VA has got to improve in every area.

Ms. Duke, I have got in front of me the, let us turn to the $12 billion. I have in front of me the $1.7 billion, about 14 percent of your $12 billion, are in something called non-pay. Okay?

I have got that break out in front of me. It is an interesting category. Of the $1.7 billion you have got almost $2 billion are in other contractual services and almost a billion dollars in other supplies and materials and equipment go down.

We have mentioned the PACT Act, so this is kind of curious to me because how does the equipment, let us just start there, how does the equipment go down where we know more veterans are coming because of the PACT Act?

Ms. DUKE. Thank you for the question, sir. I would say that this is, first of all, this is a representative calculation for the purposes of generating our estimate. We, as always, leave our field directors in charge if they need to make an equipment purchase and let a contract lapse. They have that capacity to make those decisions in the medical center based on the——

Mr. SELF. Okay. That is the decisions, but how in the world does VA writ large, you, say that you are going to buy less equipment? Let us leave that one and go to the other contractual services, $2 billion dollars increase?

Now, by the way, you said that about 16 percent is going to be through community care. Did I hear that correct?

Ms. DUKE. Yes, sir.

Mr. SELF. I thought that was low because I thought I had seen a figure far larger than that, but we will take your growth there in community services. What are these other contractual services? I will get to my point after this.

Ms. DUKE. There is a variety. This could include clinical services where we are using contract staff to supplement Federal employees. This could be bringing in folks to assist with the work that needs to be done in the medical center.

It really is, kind of, a catch-all. We can get you some more breakout if that is helpful?

Mr. SELF. Yes. I would love to see it because I think this could be a slush fund, let us just be honest, non-pay 14 percent of your $12 billion. I want to know what you are spending that on because other contractual services does not give me much clarity.

The rest of the categories here, transportation, rent and utilities, other supplies and materials, equipment, grants, insurance, those are things that I can get ahold of. Other contractual services sound to me like you are contracting things out and I want to know what those are.

Let us go to your prosthetics. Almost half a billion dollars is in the prosthetics area. Now, before we even go there you have already hired 5,000 new employees. No, you have hired 17,000 employees off the top of my head, 17,000. You have not told us what those 17,000 employees are.

You have told us about the 5,000 that you are going to hire. When are you going to tell us about the 17,000 that you have already hired?

Ms. DUKE. We can get you information regarding the breakout of our Full-Time Equivalent (FTE) onboard.

Mr. SELF. Seventeen thousand that you have already hired that we do not know what they, who they are and what they are doing, I think, is 17,000 employees is a lot of employees that we do not know about as the committee.

Now, let us go to the almost half a billion dollars in prosthetics. First of all, you are utilizing emerging technologies and you may have to send these to me, okay, because I am about out of time.

I want to know about the emerging technologies that are costing so much more. I want to know the growth in veterans because as we wind down, why are more veterans accessing prosthetics?

Where do you get your general inflation number? Then you mentioned, I think in your testimony, ongoing procurement challenges. That is something we might be able to help you with. I want to know what your procurement challenges are specifically.

If you will take those four questions, the emerging technologies, the number of veterans, where do you get your inflation numbers, and the procurement challenges. We will send this to you as (inaudible 1:27:38).

Thank you so much.

Mr. Chairman, I yield back.

The CHAIRMAN. Representative Cherfilus-McCormick, you are recognized for 5 minutes.

Ms. CHERFILUS-MCCORMICK. Thank you, Mr. Chairman.

Thank you so much to our caregivers for being here and all the hard work that you do. I am actually very happy to be having this hearing today where we can spotlight our caregivers.

Sometimes I feel like our caregivers are the strength behind our veterans who have served and we do not do enough to actually make sure that our caregivers are taken care of.

My father-in-law he passed in 2018 and it was a tough moment for us to take turns trying to figure out how to serve him from my other sister-in-law and my brothers. We all tried to fill that gap, so I cannot imagine being a sole provider or having to bear it every single day. I thank you so much for being here.

I also want to start off by asking one first question about the caregiver stipends. Do they earn Social Security credits, Dr. Richardson?

Dr. RICHARDSON. Good morning, ma'am. No they do not.

Ms. CHERFILUS-MCCORMICK. Then I also wanted to highlight two of our guests who are sitting in the audience. I want to use this time to share two stories of caregivers. Sitting in the audience today Stacey Hawley and Ashley Lee. I commend them for both of their tireless advocacy and for their being here today.

Stacey is an Elizabeth Dole Foundation fellow, legal professional, caregiver, and mother to Army Sergeant Nathaniel Heath-Price. I do not know how you do all of that. Nathaniel is a member of the 82d Airborne Division who was deployed to Afghanistan.

After a Traumatic Brain Injury (TBI) left Heath-Price wheelchair-bound, Stacey had to balance her full-time job as a paralegal with the onerous demands of being a caregiver to her son. Like so many caregivers, Stacey experienced heavy financial strain.

She exhausted her retirement savings and even began to sell her own blood just to make ends meet. In the face of all these obstacles, Stacey was never deterred. Rather, she continued to persevere utilizing support services like the VA respite care program, as well as the VSOs like the Semper Fi Fund and the Wounded Warrior Project.

Thanks to the Elizabeth Dole Foundation, Stacey was informed of the Pillars of Strength Scholarship which covers full tuition and fees for caregivers to injured veterans. She was accepted and now can complete her Bachelor's degree, a long-time dream of hers.

Next, I would like to look at and talk about Ashley Lee, who was raised by her single father, Darrell, a Vietnam veteran living with Amyotrophic Lateral Sclerosis (ALS). Ashley became the sole care provider for her father after losing her husband in a tragic motorcycle accident.

Ashley ended up having to quit her job to care for her father around the clock. Sadly, his condition continued to deteriorate eventually requiring him to be placed on a ventilator. Due to the frequency in which Ashley's father was admitted to the hospital, she relied on housing provided by a nonprofit organization to be close to her father, often for 3 months at a time.

Despite these immense challenges, Ashley has not wavered. She continued to pursue her Ph.D. in psychology with an emphasis on research for our veterans with spinal cord injuries. Ashley hopes to 1 day work for the VA healthcare systems and Stacey and Ashley represent the best of us.

I cannot thank them enough for being here today and for sharing their deeply personal and likely traumatic stories with lawmakers like myself. Thank you so much for your service and the other members also.

We must never forget the immense contribution caregivers like Stacey and Ashley make to our communities across the country.

Dr. Richardson, I have one more question for you in the small amount of time I have left.

The Programs of Comprehensive Assistance for Family Caregivers is a vital lifeline to so many caregivers across the country. The program provides eligible caregivers with a monthly stipend to help make up for lost wages, as well as respite care.

When caregivers need a much-deserved break, even the important role this program plays for so many families, I am concerned that the VA is continuing to drag its feet on publishing new regulations to refine the eligibility criteria for program participants.

Since pausing this discharge of legacy participants under the current criteria in 2022, VA has yet to propose new regulations leaving many families in limbo.

Dr. Richardson, why did the VA feel it was necessary to update the eligibility criteria back in 2020?

Dr. RICHARDSON. Yes, ma'am, thank you. When the program, when the MISSION Act of 2018 expanded the Program of Comprehensive Assistance to veterans of all service eras, at that time, the program, VHA took a step back to look at the program as a whole. That is how those October 1, 2020 regulations came to be.

Today, we realize that we can do better. VA has taken a step back these last 2 years and looked and relooked at the eligibility criteria and have submitted a proposed rule to the Office of Management and Budget this year.

Ms. CHERFILUS-MCCORMICK. Since my time is running out, if you could provide this answer later on, how can the committee work with VA to ensure that these regulations are expedited and that the veterans and their caregivers are aware of the new eligibility criteria for the PCAFC.

Thank you and I yield back.

The CHAIRMAN. Representative Ciscomani, you are recognized for 5 minutes.

Mr. CISCOMANI. Thank you, Chairman.

Thank you all for coming to testify today. I appreciate that supporting caregivers and ensuring VA programs function efficiently is something I am proud to have a role here in Congress. I have introduced and co-led legislation with the comprehensive purpose. Also, for example, the Care Act, and as well as the Veterans Caregiver Reeducation, Reemployment, and Retirement Act, which all aim to enhance the caregiver experience while bolstering programs already in place.

Now, this has been talked about a bit during this hearing. I want to do a little more emphasis on the rural side of things.

Dr. Richardson, caregivers have shared that even when they are approved for respite care, which gives caregivers, obviously, the opportunity to take a break from caregiving responsibilities, VA has been unable to provide basic care services in their place. That has been mentioned here already.

This is especially concerning for the rural parts of my district. What is the VA doing to address the significant issue and ensure eligible caregivers can actually receive the services they are entitled to and veterans that they care they are entitled to as well?

Dr. RICHARDSON. Yes, sir. Thank you for the question. Two things, one, we have hired those respite champions across the country. They are trained at all 18 VISNs. They now have expertise in respite sources, respite funding.

Because respite has been different across the country to every VA, we wanted to have experts at every VA medical facility that could understand what are the respite resources available to them regardless of where they live? That was the first thing that we did.

That has been implemented. That is now in place. We should have respite SMEs, subject matter experts, at every VA medical facility across the country.

The second thing that we are doing is piloting this VDC pilot and so we have 11 sites onboard. Several of them are in rural areas from Chillicothe to Anchorage, Alaska, Togus, Maine. I think we have six of those sites in rural areas so that we can really focus on offering respite to those veterans duly enrolled in VDC and PCAFC who have high, acute needs.

Mr. CISCOMANI. I thank you for that. I want to just emphasize the importance of it. I am looking forward to seeing what the impact is from the approach that you are taking now.

The anecdotal evidence I hear at home is that they are not getting what they need and especially at the rate that they need it. I am curious to know also when do you think you can expect some, kind of, measurement on how successful the efforts are being done?

Dr. RICHARDSON. Yes, sir, thank you. I hope by the end of this year after we pilot these 11 sites. I do not anticipate that it will not be successful.

This is an opportunity for veterans to bring into their home who they want to care for them, so I cannot imagine that it would not be successful, sir.

Mr. CISCOMANI. Well, I look forward to receiving that information or report or whatever it is that you compile to show progress in this area. I would appreciate that.

Dr. RICHARDSON. Yes, sir.

Mr. CISCOMANI. Dr. Richardson, back to you as well, when someone lovingly devotes all their time to a spouse or a family member in need of long-term care, we just heard from my colleague an example of that, they likely do not have the time to work and earn an income themselves.

Being out of the workforce for long periods of time can heavily impact someone's ability to get back into the workforce. Does the program for, the one you just mentioned, the Program of Comprehensive Assistance for Family Caregivers, include any kind of support for reintegrating these individuals back into the workforce?

Dr. RICHARDSON. Thank you for the question, sir. Today no it does not.

Mr. CISCOMANI. We need to do something about that. You know, would including programs like this to assist with workforce reintegration be possible within the program or would a new program be necessary for that?

Dr. RICHARDSON. Thank you for the question. I think it is a matter of partnerships across VHA depending on—we know caregivers have very unique skills that most people do not have because of what they have done for their particular veteran. They have a lot of skilled skills, if you will, from bowel, you know, Peripherally Inserted Central Catheter (PICC) lines, bowel and bladder, those kinds of things.

I think it could be a matter of seeing what we can do to integrate their skills into something meaningful just as we do with, you know, men and women who discharge from the military that have a particular background in medicine or a particular background in, you know, corpsmen, medics, et cetera. I think there is an opportunity there to do something great with that.

Mr. CISCOMANI. Well, I do not want to put words in your mouth, but I am sensing that you think it is a good idea. It is a good opportunity. We have these caregivers that took care of veterans that they developed these skills that could be very valuable into the workforce as well.

I think we have an opportunity here that we can work together on to either, again, find out and if you could report back to me on this as well and the committee, if it is more possible to add this program to existing programs or we need to venture out into something else?

I am very interested in that. The more people that are out in the workforce the better it is for everyone. Getting a paycheck is not only good for the family and the economy but for the soul as well once they are back in there. We need to make sure that we support them in that after, especially what they have gone through with the support they provided.

If I could partner with you on that and have your commitment to get something to us back here shortly, I would appreciate that.

Dr. RICHARDSON. Yes, sir.

Mr. CISCOMANI. Thank you.

With that, Chairman, I yield back.

The CHAIRMAN. Mr. McGarvey, you are recognized for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman.

Dr. Richardson, I want to thank you and your team for serving the more than 80,000 veteran caregivers participating in your pro-

grams. While many of the resources for caregivers are designed to be helpful, caregivers do find some of these services difficult to navigate, coordinate, and, ultimately, find them inaccessible.

In RAND's recently published caregivers report they found that military and veteran caregivers who are caring for veterans younger than 60 are at higher risk for depression.

They are also less likely to seek care than their non-caregivers. Nearly half of caregivers report that they have no backup care and no one to turn to if they need support.

Even with the respite champions initiative and empowering programs like Veteran-Directed Care, utilization of needed in-home support services remains low. The VA can do better if it embraces customer experience and innovation.

Take, for example, the Office of Geriatrics and Extended Care at VHA's innovation team who are running the tech-enabled respite home care pilot that empowers aging veterans and caregivers to choose their own, they get to choose their own trained home care professionals, even their neighbor through a technology-enabled co-employer model.

The caregiver could take a break and they can choose someone they know who has their back. Preliminary findings are promising.

60 percent of veterans participating in the pilot selected people from their existing communities to be employed, trained, bonded, and insured by the co-employer to provide home care support at a wage that was 50 percent higher than those offered by traditional home care agencies. Let me repeat that, 50 percent higher wages.

Because there was less overhead cost for the employer, the cost to the VA was significantly lower than traditional home aid and respite services. You have got comfort, you have got higher wages, you have got lower cost to the VA.

I think this pilot demonstrated a significantly improved customer experience and increased rates of utilization for these services, all with an overall lower price tag to the VA. Better experience, lower price, higher wages.

Dr. Richardson, what plan does the VA have to roll out the tech-enabled respite home care pilot to other pilot sites or to scale-up VA-wide?

Dr. RICHARDSON. Thank you for the question. I am happy to take that back to our GEC partners. I certainly do not want to step on their toes and commit them to something I am unsure of.

What I can say is it is an excellent program. We agree, which is why we are piloting our VDC respite pilot for those dually enrolled in VDC and PCAFC.

I think you are right. I think veterans want people they know and care about to come into their home to take care of them. We want to be able to do that for them as well.

Mr. MCGARVEY. Thank you for that. Whatever you find out, you know, let us know——

Dr. RICHARDSON. Yes, sir.

Mr. MCGARVEY [continuing]. because it is I think with this committee you see there is a lot of bipartisanship here because what we are doing is coming together and trying to find the best way to take care of the men and women who were willing to put on a uniform and sacrifice everything for us.

If we have got something like this, again, higher wages, lower costs, better customer experience, we want to see that for our veterans.

Another question is how will your team prioritize patient experience and innovation moving forward? How are you guys collecting feedback on some of the patient experiences?

Dr. RICHARDSON. Yes, thank you for the question. Several ways, and we have been doing this since I came onboard 3 and a half years ago.

First thing is as a leader you think you know what you know but you really do not until you get down into the work of who actually does the real work around here. That is our staff at the local medical facilities and that is the caregiver who are on the receiving end of these services.

I do listening sessions across the country every single month with literally everybody, from my teams at every VA medical facility, either virtual or in-person, and with caregivers across the country when I go to those sites.

We have to look at that information, one. Two, we do a VSignal survey. It is 2 years this September that we rolled that out across the country.

What we do is we have these opportunities for customer, I forget what we call it, but basically if we see something that was not favorable, they did not have a good experience, we pick up the phone and we call that caregiver and say what can we do better to earn your trust? What can we do better to improve your experience in our program?

Mr. MCGARVEY. That is wonderful. Thank you so much, Dr. Richardson.

Mr. Chairman, I yield back.

The CHAIRMAN. Representative Kiggans, you are recognized.

Ms. KIGGANS. Thank you, Mr. Chair.

Dr. Richardson, prior to serving in Congress I was a geriatric nurse practitioner and I am always looking for opportunities to support just other people who want to take care of and serve our veterans and our greatest generation.

How is the medical personnel shortage affecting caregiver training and support programs? Are there any plans for expanding something like scholarship programs or financial incentives or training for people like Certified Nursing Assistant (CNA), Licensed Practical Nurse (LPN), or geriatric-focused nurses at the VA?

Dr. RICHARDSON. Yes, ma'am, thank you for the question. Caregiver Support is primarily comprised of social workers and psychologists. We do have a few physicians that sit in and nurse practitioners, occupational therapists, RNs, et cetera at the Centralized Eligibility and Appeals Teams at the VISNs that render those decisions for the Program of Comprehensive Assistance.

To my knowledge, today through CSP we do not offer those, but I know VHA as a whole does offer those incentives and scholarships for those. I forget what they are called, ma'am, but happy to take that back and get that specific information for you.

Ms. KIGGANS. Good, just finding ways to just incentivize people to go into that line of work. I think it is a very special, just special form of healthcare.

Then on that same note, I remember in my primary care practice, and I represent Virginia's Second District, so large veteran population, one of our challenges was just communicating to our veteran families what resources were available to them.

I remember even things like the VA would build ramps or supply adult diapers or nutrition, you know, and respite care in a lot of situations, but even as a veteran, as a healthcare provider it was hard for me to know what was available to our veteran families.

We would work with a really great and involved office manager a lot of times to liaison with the VA and find out, you know, what that specific veteran family was eligible for.

How can we do a better job at not only communicating with the families and caregivers but communicating with providers, specifically primary care providers, who touch a lot of that patient population as well?

Dr. RICHARDSON. Yes, ma'am, thank you for the question. You are right. There are a lot of opportunities. As a veteran myself who has been with VA now for almost 18 years, I struggle to navigate the system because there are so many things available and we do not always know what is out there for us. I think there is an opportunity to collaborate with primary care to enhance that.

I think one of the things I truly enjoy about our program is we do something called in-house wellness contacts and it is our opportunity once a year to go into the veteran and caregiver's home to have contact with them.

I have seen time and time again how our social workers and staff have identified needs for veterans that they did not know was available to them. To your point, shower chairs, chairs that lift them in and out of the seats that they sit in because they are unable to get in and out or transfer easily.

I think, you know, that is something that I have seen historically now in the last 3 and a half years, but I always think that there is an opportunity to do better on the communication piece to let veterans and caregivers know what resources are available.

Ms. KIGGANS. Yes. That is a good idea. There is nothing like going into someone's home and seeing specifically what their needs are and doing——

Dr. RICHARDSON. Yes, ma'am.

Ms. KIGGANS [continuing]. a little bit of home health. It is a whole different world and I think you can learn a lot more by just working with the civilian side of the house, too, because a lot of our veterans do still receive civilian primary care.

I mean, we had lots of drug reps come visit and different people communicating, you know, what is new on the medicinal front, but that maybe incorporating that, too, into visits, just visits to primary care practices that are civilian just to educate providers.

I think that would be certainly useful in a district like mine with a large veteran population. Let us see. According to the Census Bureau, 49 percent of living veterans are 65 and older and 25 percent are between the ages of 70 and 79 years old.

What strains are you seeing on the existing caregiver support system as these veterans and their families register for VA caregiver programs?

Dr. RICHARDSON. I think we see a couple different things that depending on the service era of that particular veteran. I think when you start looking at your younger group of veterans you start to see a lot of strain because the caregivers are not just managing or taking care of a veteran.

They are raising children. They are trying to work. They are trying to manage a household and kids sports and all those different types of things.

I think when you start looking at your potentially pre-1975 population of veterans, your World War II veterans, your Korean veterans, and your Vietnam veterans, you are seeing different strains on the family where the caregiver in and of him or herself is not always capable of providing those personal care needs that that particular veteran needs.

Now the daughter or the son-in-law or a family friend is coming in to step into the picture. Then they know even less about VA than maybe a spouse does at that time. Those are the challenges that I see in the program today.

Ms. KIGGANS. I would agree with that. We certainly know it is a sandwich generation a lot of times taking care of our older adults and their younger families. It is a job that is thankless, and we need to be finding ways to incentivize our caregivers that we use to the best patient outcomes. We had especially family that could be very involved.

It is not possible for every family, but as much as we can be helpful in incentivizing that and making their lives easier, providing the benefits they are entitled to, we are happy to help, I know, from this committee. Thank you for all you do.

I yield back, Mr. Chair.

The CHAIRMAN. Representative Kennedy, you are recognized for 5 minutes.

Mr. KENNEDY. Thank you, Chairman.

Dr. Richardson, thank you for your testimony and your leadership.

Ms. Duke, thank you for your testimony and leadership as well and for your service to our country and to all the veterans that have joined us here today and those watching for their service to our country as well.

I am, too, like my colleague, a healthcare practitioner. I am an occupational therapist. I am happy to hear you just mention occupational therapy is under your purview. I am the son of a nurse, a grandson of a nurse, and the son of a father who received lifesaving medical treatment at the VA hospital in Buffalo when I was a young boy in the early 1980's.

Obviously, it is very personal for me and my family as it is personal for all families across our country, the work that you are doing. That is why it is so important your testimony here today and how we can work to get it right.

I want to go back to what one of my colleagues brought up in the $12 billion fund for new hiring. My colleague mentioned new hires, and I think, Ms. Duke, this is for you.

My colleague brought up new hires coming in at 5,000, potentially 17,000. But question I have because of the data that I have seen is that there is actually a decrease in employees across the system since the PACT Act was put in place. Is that accurate? Has there been a net increase or decrease in employment across the board at the VA?

Ms. DUKE. The short answer is there has been an increase when we expected it to be a decrease and that is why we are communicating the need for additional resources. We had expected coming into 2024, because we have been so successful hiring up last year, that we would be able to keep FTE coming down and still continue to provide the same quality of care.

What we have seen from our front lines is that that was not feasible. Because we have never had a hiring freeze, we now see our staffing going up. The 5,000 is what we are anticipating net across the system growing in 2025 which, again, is just to enable our field to continue to bring on what is necessary.

Mr. KENNEDY. What I am asking is not forward-looking but to this point. Since the PACT Act was passed has there been an increase or decrease in employment across the system?

Ms. DUKE. Increase.

Mr. KENNEDY. There has been an increase. Those 5,000 new hires you mentioned have already been hired, or 17,000 have already been hired?

Ms. DUKE. They have not but we were able to grow in response to the emergent needs that we were seeing.

Mr. KENNEDY. The issue is that you cannot pay them with the amount of appropriation that has been given to you thus far? There is a $12 billion hole. Is that accurate?

Ms. DUKE. $12 billion in 2025.

Mr. KENNEDY. Yes.

Ms. DUKE. That includes resources that we are spending in 2024 that we did not think we would need to.

Mr. KENNEDY. Right. An increase in need from veterans that, thankfully, with the leadership of the community and the Congress and the president, has enacted the PACT Act to broaden healthcare services for our military heroes.

The funding is not there so it is unsustainable at this point. You need that $12 billion.

Ms. DUKE. That is our estimate as of this time.

Mr. KENNEDY. Well, I would argue that Buffalo, New York, that VA hospital that helped saved my father's life 4 years ago, is a shining example of the need for more resources.

Nurses just recently were out on the picket line calling for more resources. They are saying that there is what amounts to a hiring freeze, even though you just said there is not a hiring freeze, because it takes 9 months to onboard an individual because the funding is not there.

I just want to make the point, and maybe you can elaborate on it, that, you know, the promise of America to our veterans if you don the uniform, is not being kept if the funds are not being put in place in order to provide for the care that they are depending on.

Ms. DUKE. I would say that the reason we came forward with the shortfall was because we did not want to be in a situation where we did not have adequate resources to continue to meet that promise to our veterans across our system.

Mr. KENNEDY. Well, we have work to do. Thank you.

The CHAIRMAN. The gentleman yields back?

Well, thank you, Dr. Richardson.

Thank you, Ms. Duke, for testifying today. I know it was, kind of, long but you are excused. We appreciate you being here.

Once again, Dr. Richardson, Semper Fi.

Then our second panel of witnesses can approach the table and take their seats whenever they are available.

All right. On our second panel we have Dr. Rajeev Ramchand, a senior behavioral scientist and coordinator of RAND Epstein Family Veterans Research Institute. I got all that out right.

We also have Mr. Steve Schwab, the Chief Executive Officer (CEO) of the Elizabeth Dole Foundation. We have Ms. Vanessa Chism, an Elizabeth Dole caregiver fellow, and Mr. Troy Broussard, State director of the AARP, and Mr. Jonathan Pruden, special advisor to the chief of staff for Warrior Care at the Wounded Warrior Project.

Now, I now recognize Dr. Ramchand for 5 minutes to deliver your testimony.

STATEMENT OF RAJEEV RAMCHAND

Dr. RAMCHAND. Chairman Bost, Ranking Member Takano, and members of the committee, thank you for inviting me to testify. My name is Dr. Rajeev Ramchand and I co-direct the RAND Epstein Family Veterans Policy Research Institute at RAND, a nonprofit, nonpartisan research organization.

Yesterday RAND released, "America's Military and Veteran Caregivers, Hidden Heroes Emerging From the Shadows." I had the honor of leading this study.

The study estimates that there are 14.3 million military and veteran caregivers. This estimate surpasses past estimates of military and veteran caregiving in the United States.

Many people caring for those in need of support do not identify as caregivers, but previous research has largely relied on a person identifying as a caregiver in order to be counted as one.

Our updated approach relies on people describing the caregiving tasks they perform. We are including caregivers may not identify as such. This may include spouses caring for aging parents, individuals caring for their friends with mental health conditions or substance use disorders, or non-family members who may take on caregiving roles for their friends and neighbors.

Many military and veteran caregivers see value in caregiving.

As a caregiver taking care of a veteran friend told us, you feel like you are doing humanitarian work. You learn from their personal experiences, from their life, but there are costs to caregiving as well.

In my testimony today I am going to describe highlights from our research that demonstrate the diversity of military and veteran caregivers and those they are caring for, as well as the implication this diversity has for policy.

I am also going to quantify the emotional and financial costs of caregiving and provide policy options to address these issues.

Military and veteran caregivers are not a monolith. One important distinction we found was that 26 percent of these caregivers are caring for servicemembers and veterans aged 60 and under, and these caregivers and their experiences are very different from those who care for someone over age 60.

Those caring for younger veterans and servicemembers are most often spouses, neighbors and friends, or family members, such as siblings or aunts and uncles.

In contrast, the largest group caring for older veterans are adults caring for their parents, though spouses and friends each account for a significant proportion as well.

Many military and veteran caregivers are caring for individuals with cognitive, mental health, and substance use diagnoses. Between 40 and 60 percent of military and veteran caregivers reported that their caregiving entails helping the veteran cope with stressful situations, manage sudden changes in mood, or avoid triggers of anxiety or antisocial behavior.

These tasks only scratch the surface of what these caregivers do to help servicemembers and veterans struggling with emotional and behavioral issues, including thoughts of suicide. The problem is that many policies and programs overlook military and veteran caregivers to those with mental health and substance use conditions.

Eligibility requirements are often based on Activities of Daily Living (ADL), such as helping a person bathe or Instrumental Activities of Daily Living (IADL), such as grocery shopping or housework.

These may be inadequate for describing what many military and veteran caregivers do. This has implications for policy.

First, we must ensure that policies and programs directed to support military and veteran caregivers, including those run by the VA, support those carrying for individuals with mental health and substance use diagnoses.

Second, we must promote programs to caregivers in ways that do not require them to identify as caregivers in order to partake in them. Caregiving takes an emotional toll. 43 percent of military and veteran caregivers to those aged 60 or under meet criteria for depression, nearly four times that as non-caregivers.

Among the top barriers they report for not receiving mental healthcare were not having time for such care and being worried about the side effects of medications or being hospitalized if they were to admit certain things, such as past suicidal thoughts.

Our report makes strong recommendations to increase mental health care to caregivers and their families. As you have heard, VA is piloting a novel approach, but those who are doing it are a small subset of caregivers who qualify and are eligible for the PCAFC.

There is more needed, especially outside of VA. Expanding telehealth may increase access to mental healthcare for more people but its benefits will only be fully realized when interstate licensure agreements are worked out.

Integrating mental health into primary care, like models such as collaborative care, is also a critically important step. If you com-

pensated military and veteran caregivers for all the hours of caregiving they perform, it would total well over $100 billion. Most caregivers are not paid for their work.

There are different approaches to help address this financial strain. We recommend that programs serving caregivers expand outreach to help them identify existing sources of support, such as Supplemental Nutritional Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) . We also recommend that Congress seriously consider tax credit options for caregivers.

Research has shown that other tax credits, such as the earned income tax credit or the expansion of the child tax credit during the height of COVID, helped lift millions out of poverty. A caregiver tax credit might result in similar results as well.

Thank you for your time and I look forward to your questions.

[THE PREPARED STATEMENT OF RAJEEV RAMCHAND APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Doctor.

Mr. Schwab, you are now recognized for 5 minutes for your opening statement.

STATEMENT OF STEVE SCHWAB

Mr. SCHWAB. Good morning and thank you, Chairman Bost, Ranking Member Takano, and members of the committee for the opportunity to testify today. My name is Steve Schwab, and I am CEO of the Elizabeth Dole Foundation, a national nonprofit whose mission is to strengthen and support military and veteran caregivers.

Before I begin, I want to recognize the more than 60 Dole caregiver fellows that we have in attendance today from all across the country, as well as many more watching online. They have taken precious time away from their caregiving duties to be here and, simply put, their value to their loved ones and the VA and this Nation cannot be overstated.

I would also like to thank and recognize former Secretary Bob McDonald for being here today and for coming onboard as the foundation's new board chairman. Yesterday, the foundation was honored to welcome over 600 guests to our 9th annual convening, launching the new RAND report just outlined by Dr. Ramchand in his testimony.

This landmark research, thanks in part to our friends at Wounded Warrior Project and AARP, reflects what we see every single day at the foundation, as well as in the moving testimony that you will hear soon from Vanessa Chism.

We could not be more proud of Vanessa and her family for being willing to share her experience and theirs to help others. I want to thank Vanessa, Cody, and the Chism family for being here today.

While I offer a detailed outline of EDF's takeaways from the RAND report in my written statement, I want to focus today on two grave areas of concern for our community. First, addressing the current Veterans Health Administration budget shortfall.

While we appreciate that Congress acted quickly to address the funding shortfall for the VBA, the challenge still remains to fund

VHA at appropriate levels to ensure veterans and their caregivers receive needed and earned care and services.

While the VA Caregiver Support Program represents a relatively small part of the VA, the impact of the shortfall in this program offers a picture of the overall impact at the agency level for veterans and their caregivers.

We will endanger veterans and caregivers by abolishing frontline vacant positions, by instituting hiring freezes, or a lack of clinical providers and social workers and budget cuts to vital programs like respite that were just finally starting to get traction, as we heard from Dr. Richardson.

In addition, prior to the identification and announcement of this shortfall, multiple new programs impacting caregivers, veterans, and survivors were on track for full implementation. The Veteran Family Resource Coordination Program, the Survivor Assistance and Memorial Affairs Program, and the lead social workers at the VISN level were all delayed. These programs and services are intended to connect caregivers and families with resources before a crisis occurs and could promote cost savings, as we have heard this morning in addition to the added peace of mind for the caregiver.

Additionally, the foundation and every other major veteran service organization strongly support the passage of H.R. 8371, the Senator Elizabeth Dole 21st Century Veteran Healthcare and Benefits Improvement Act.

As many of you know, this omnibus bill includes the Elizabeth Dole Home Care Act, which has numerous provisions directly impacting veterans and caregivers. Most notably, the legislation would remove the 65 percent expenditure cap on VA provided in the home and allow our most vulnerable veterans and caregivers the support they need to stay with their loved ones.

We thank Congresswoman Julia Brownley for her leadership in introducing and fighting for this legislation.

While the passage of this bill is a top priority, the veterans omnibus package, to which Senator Dole also proudly lent her name, includes numerous additional provisions important to caregivers and veterans, excuse me, including grants in the community to provide much needed mental healthcare to veterans and their caregivers, a pathway to advocacy, a long-awaited pilot program for assisted living services, significant benefits for survivors, which has come up repeatedly this morning, and finally enhanced access in the community for those whom it has been determined for their clinician is in their medical best interest. It enhances access to rehabilitation for veterans in need.

I also want to remind this committee how vital it is that we grandfather our 14,000 legacy caregivers into the PCAFC program. This committee has championed landmark legislation, such as the PACT Act and the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act, that significantly increased the number of veterans receiving VA care, benefits, and creating additional strain on the VA system.

We understand there needs to be a conversation about the balance of community care and direct care. We want to strengthen the VA and ensure staffing is sufficient for the need, but until a plan is in place the access to care provisions in the omnibus provide a

lifeline to veterans in need and the caregivers who advocate for them.

Many of the challenges outlined here and in the RAND report can be addressed through continued oversight and legislative initiatives, as I have outlined.

Specifically, the omnibus package would provide in many cases immediate relief to those in need. We urge members of the House to reach out to trusted veteran caregiver and survivor advocacy organizations to hear their perspective on this legislation and ensure its swift passage.

Veterans and caregivers have been waiting for 2 years for Congress to take action on many of the provisions in this bill and they simply cannot wait any longer for its lifesaving and life-changing provisions.

Thank you, Mr. Chairman, and I look forward to your questions.

[THE PREPARED STATEMENT OF STEVE SCHWAB APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Schwab.

Ms. Chism, you are recognized for 5 minutes for your opening testimony.

STATEMENT OF VANESSA CHISM

Ms. CHISM. Chairman Bost, Ranking Member Takano, and members of the committee, thank you for allowing me to speak today. I am sharing my story today representing millions of other caregivers who are experiencing similar struggles yet they bravely tend to our Nation's heroes every single day.

My name is Vanessa Chism. I am the wife and caregiver for my husband Cody. We were high school sweethearts marrying soon after graduation.

In 2003, he decided to join the U.S. Army as a combat medic. While at our third duty station he deployed to Iraq and in December 2008 he came home. I naively thought he was unscathed from the atrocities of war simply because he was coming home without being medivacked out of the combat zone. The moment I saw him, I knew I was wrong.

Ultimately, my husband was medically retired from Walter Reed Army Medical Center in 2011 after spending almost 2 years in the Warrior Transition Unit (WTU) there with a diagnosis primarily of Post-Traumatic Stress Disorder (PTSD) with bipolar disorder.

My husband was appropriately diagnosed in 2012. It was determined that my husband's experiences in combat likely caused PTSD, moderate TBIs, and seizures.

While suspected for many years, it was not until 2024 that he was diagnosed with chronic traumatic encephalopathy by the VA, causing continuous neurological decline.

It has taken me 15 years, collegiate education in psychology and behavioral neuroscience, six VAs, and multiple private physicians to even begin to understand his actual diagnosis and the care and services available to him and our entire family.

His daily life is afflicted with chronic suicidal ideations, migraines, epileptic seizures, episodes of psychosis, chronic pain, and cognitive impairment leaving him unable to care for himself independently.

While he is still here physically, I have lost who my husband once was. Our family endures the ever-changing neurological decline resulting from traumatic brain injuries, but we have learned to fight and learned to advocate and prevail as a family.

There are programs within the VA established to assist families like mine. However, accessibility is the problem. I have been enrolled in the PCAFC program since 2012, currently a legacy participant.

On November 5, 2021 despite VA assessors stating multiple times that my husband is not capable of caring for himself, I received notification that he was being discharged from the program because he would not need continuous care for more than 6 months.

I am currently among the approximately 14,000 of their legacy participants in the pause waiting for the VA to disclose our fate, which leaves us all vulnerable and unsure of what the future holds.

Enrollment in the PCAFC program provides eligibility for respite care, yet I have not received and have never received it. I requested respite care multiple times at multiple VA facilities. While approved, there were no available providers.

I was successful in receiving respite care once. It was through the Elizabeth Dole Foundation. The respite provider drove and assisted my husband with obtaining medications from the VA and then took him with his service dog to a dog park to play.

The simple ability to not have to worry for just a few hours is invaluable. Currently, my respite is provided by my incredible children. They too have dedicated their lives to being caregivers to their father.

Without apprehension they step in to help, whether that be driving him to the store and making sure he remembers why he is there, knowing what to do when he has a seizure, understanding when plans have to be canceled, or monitoring their dad doing simple daily tasks.

Both of my older children have had periods in their lives where they needed therapy services to help them. Thankfully, the Wounded Warrior Project helped me ensure all barriers were removed so that they received care.

While I recognize the challenges of this life, I like to focus on the positives. All three of my children are incredibly kind, compassionate, flexible, and always dependable. These are characteristics they not only present when they are at home but throughout our community.

There are sacrifices made, but they have their dad at home with them. That can never be replaced.

Veteran-directed care is another beneficial program. However, I have found that staff at VA healthcare facilities are not fully trained regarding the VDC program and it is often only available in limited catchment areas.

I have had to inform social workers at VA facilities of the VDC program and explain the process for eligibility. VDC could only allow me to directly hire trusted individuals who are familiar with Cody's needs and provide me with respite care. Yet, I have been unsuccessful in accessing this program.

VDC could be an asset to me and other caregivers who need and deserve a break so we can be at our best when caring for our veterans.

Another beneficial yet challenging to access program is the community care network. For example, when referred to a community care podiatrist we found multiple hurdles attempting to access care. The podiatrist provided exceptional care, yet she was not permitted by the VA to provide something as simple as a walking boot improve his mobility.

After waiting for months for the VA, I spent hours of my time to discuss with the VA how to fix this problem. The delay was a result of inaccurate paperwork. The unnecessary back and forth was more costly for the VA and detrimental for Cody.

I became my husband's full-time caregiver at 26, and I am now 41. Being my husband's caregiver is a choice I make and 15 years into this I am fully aware of the sacrifices I have made and will continue to make.

With the appropriate support structures in place, I can be a better caregiver for him every day. I am no longer naive. I know that there may come a day where I can no longer care for Cody in my home.

We should all be allowed to make the decision that is best for our families with the full support of the VA. My husband chose to defend our country without hesitation, unknowing the consequences of war that would impact the rest of his life.

Despite any disabilities and accommodations, if he chooses, my husband deserves to be involved as much as possible in our lives. We cannot give him that choice without your help.

It is this country's responsibility to ensure we provide our veterans with unwavering, easily obtainable support. Because of my lived experiences and experiences of other caregivers, I would like to make the following recommendation.

The immediate passage of H.R. 8371 because it addresses many of ours and other families' challenges.

Grandfather all current PCAFC legacy participants. We have proven we are eligible for this program.

Expansion of complex, post-acute neurological treatment within VHA.

Provide easily obtainable case management or care coordination services for veterans with complex medical needs.

Thank you all for the opportunity to share my story. I share these personal details with you not looking for sympathy, but to ensure significant, positive, impactful change, lessening the load for veterans and their caregivers across this Nation.

Thank you and I look forward to questions.

[THE PREPARED STATEMENT OF VANESSA CHISM APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Ms. Chism.

Mr. Broussard, you are now recognized for 5 minutes.

STATEMENT OF TROY BROUSSARD

Mr. BROUSSARD. That is right. Thank you. Chairman Bost, Ranking Member Takano, and members of the committee, my name is Troy Broussard and I am the State Director of AARP Kentucky.

AARP, which advocates for more than 100 million Americans age 50 and older, including the over 430,000 Kentuckians, appreciates this opportunity to provide testimony at today's hearing.

I will tell you, it is my distinct honor to also have the opportunity to testify before my very own Member of Congress, Representative McGarvey out of District Three in Louisville, Kentucky. It is an honor to be here.

I am also a proud Army Desert Storm veteran. For me, being a veteran embodies resilience, sacrifice, and a deep sense of duty to my country, our country.

Prior to becoming the State Director of AARP Kentucky, I led AARP's national veteran and military families initiative and worked very closely with the Dole Foundation.

Helping veterans allows me to give back to those who shared a very similar situation that I had in the military, and it paved the way for me to serve my country and my community. It is a way to honor their service and to ensure that they receive the care, compassion, and recognition that they deserve.

The vast majority of veterans who need care are getting it at home provided by their loved ones. That may be as simple as driving someone to the VA for a doctor's appointment, managing appointments, or finances or more complex things like helping someone get dressed, bathe or, anything along those lines.

Increasingly, these tasks are becoming more and more medical, changing a dressing, catheters, tube feeding, operating equipment, and more. We call this family caregiving. There are more than 48 million people across our great country who are doing this work each and every day.

These caregivers are truly everyday heroes, the ones that are sitting behind us here and out listening to this as well. I will give you one, a hero like Terri, who lives in Indiana who cares for her husband who served in the Air Force. She received some support from VA and has used AARP's free caregiving resources.

At the same time, she faces challenges such as healthcare providers being dismissive and not appropriately communicating to her about her husband's care.

Family caregivers are holding up their families and America's long-term care system. While it is a labor of love, it can also be overwhelming both personally and financially.

One out of three caregivers is spending at least 20 hours a week on caregiving so it can also have an impact on their jobs as well.

We at AARP have found that family caregivers spend, on average, 26 percent of their income annually, or $7,200, on caregiving. Those who care for our veterans spend about 50 percent more, more than $11,000, a year.

We are doing what we can to help. We have free resources at AARP, information, and tools to help caregivers. That can be found at aarp.org/veterans. We try to make sure that veterans and their families get access to benefits that they are eligible for and know what help is out there.

We need more than a website, okay? The reality is without family caregivers, more Americans would have to rely on government programs for their care. We estimate that value of care being pro-

vided is about $600 billion a year. That is money taxpayers are not spending because families are doing it for free.

We are so thankful for the bipartisan, bicameral Assisting Caregivers Today Caucus, or the ACT Caucus, co-chaired by Representatives Jen Kiggans and Debbie Dingell.

We are hoping that Congress will recognize the incredible contribution of caregivers and the money they are spending out-of-pocket and advance bipartisan legislation to give a tax credit to help offset those expenses.

We can do more to cut the red tape between Medicare, U.S. Social Security Association (SSA), VA to make it a little bit easier for caregivers. You know, we are seeing great strides in states already. Oklahoma and Nebraska have passed tax credits for caregivers already. In Kentucky this year, my team successfully fought to increased access to broadband, increased access to home care in Medicaid, and an increase in funding for our senior meals.

We have also worked very closely with our Kentucky Department of Veterans Affairs to share resources, specifically like our military caregiving guide that provides caregivers step-by-step instructions on how to help them through that process and the special needs of a veteran.

In closing, I want to thank you all for bringing attention to the millions of everyday heroes who are caring for their loved ones who served our country. They need and deserve our support and common-sense solutions that meets their needs, and AARP is proud to provide support to them through advocacy, resources, and research. Thank you.

[THE PREPARED STATEMENT OF TROY BROUSSARD APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank you, Mr. Broussard.

Captain Pruden, you are recognized for 5 minutes for your opening statement.

STATEMENT OF JONATHAN PRUDEN

Mr. PRUDEN. Thank you, Chairman Bost, Ranking Member Takano, and members of the committee for the opportunity to speak about the tremendous contributions of the caregivers providing care and support to our Nation's wounded warriors.

Caregivers play a critical and indispensable role in the lives of these veterans and many have risen to the occasion with love, pride, boundless energy, and unwavering commitment. Many have faced mental, physical, and financial hardship along the way.

We are grateful for the chance to speak on those challenges today. Our perspective is informed by over 20 years of delivering programs and services to wounded warriors. Caregivers have been by our side every step of the way, including my wife Amy.

Caregivers play a key role in how we serve through our independence program, which helps veterans with moderate to severe brain injuries, paralysis, or neurological condition to live more independently and have better quality of life.

Caregivers have also been crucial partners in how we provide care through our complex case coordination program, which leverages VA, U.S. Department of Defense (DoD), and community

resources to rapidly triage and address the most urgent needs of our veterans.

Caregivers have shaped our calls to action before this committee in Congress. Caregivers drove our advocacy for the Program of Comprehensive Assistance for Family Caregivers which launched in 2011 and has grown to play a meaningful role in the lives of more than 60,000 caregivers in 2024.

Caregivers helped set a vision for how we tested innovative long-term planning through the Assisted Living for Veterans with TBI pilot, which ran for 10 years and provided insights on how we can better care for younger veterans who require supportive living environments.

Caregivers, including many of those in this room, are a key part of our strong support for Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act. This bill includes many provisions that would support veterans and caregivers, and I am pleased to highlight three of those today.

First, VA has many programs to support veterans. They can be hard to navigate and are not uniformly available or funded across the country. Caregivers are often left confused and frustrated when they try to help their loved ones.

The Dole Act would require VA to expand access to home and community-based services like Veteran-Directed Care to every VA medical center also require VA to counsel veterans and caregivers about these programs before they have to leave PCAFC.

Second, caregiving often takes a huge emotional toll. RAND's recent survey shows that 84 percent of post-9/11 caregivers show high levels of perceived stress which can contribute to depressive thoughts and suicidal ideation. Sadly, many are not connected to the support they need.

The Dole Act would authorize VA to provide grants to organizations that support caregiver mental health and well-being. It would also help mitigate some of the stress associated with caregiving by ensuring better access to respite care, as many of the members here today have discussed.

Third, post-9/11 caregivers are aging alongside the veterans they support. As life circumstances change over time, caregivers who are parents, children, and adult siblings may be more likely to seek other care arrangements.

Finding alternative care solutions for veterans, particularly those with the greatest needs, must be a priority but it will take planning.

The Dole Act highlights one avenue through a pilot to provide assisted living services to eligible veterans and assess their satisfaction with the program. Most veterans and caregivers want to remain at home as long as possible, but we owe it to them have suitable options in the community when staying at home is no longer an option or is not feasible or safe.

Beyond passing the Dole Act, Congress can support caregivers by helping them navigate complex systems of care. VA has tremendous resources but they are not always easy to find or understand.

Other Federal, State, and community resources exist but they are not clearly connected. We can start by empowering VA to cre-

ate a system that helps centralize care coordination and patient advocacy, particularly for those with the most complex needs.

Caregivers often become the best advocates for their veterans, but the fact is these veterans still need consistent, coordinated care from VA. Congress can also help caregivers plan for their financial future.

Based on Wounded Warrior Project's annual survey and RAND's recent research, post 9/11 caregivers show substantial out-of-pocket costs associated with caregiving. Caregiving duties can also greatly impact the caregiver's ability to build and maintain a career, placing them in even deeper financial uncertainty.

To those ends, we support the Veteran Caregiver Reeducation, Reemployment, and Retirement Act. We encourage more oversight to help provide a clearer picture of how VA and other Federal agencies can support caregivers now and into the future.

It is also a fresh reminder for VA and Congress to reaffirm their commitment to caregivers by resolving the financial uncertainty and emotional anxiety created by the current regulatory pause and review of PCAFC.

Thank you again for the opportunity to testify and I look forward to your questions.

[THE PREPARED STATEMENT OF JONATHAN PRUDEN APPEARS IN THE APPENDIX]

The CHAIRMAN. Well, I want to thank each of you for your testimony. I appreciate that so much.

Ms. Chism, I want to thank you for personally putting your story out here. I know that is not an easy thing to do and for showing your family and what you are facing, to be the face of the many others that are in the crowd and across this Nation.

We are going to go to questions, and I will recognize myself for 5 minutes. Then we will go on.

Mr. Schwab, the Elizabeth Dole Foundation is strongly supporting the Elizabeth Dole Act and the bills that would support caregivers. What would be the most immediate impact on caregivers if the Dole Act were passed?

Mr. SCHWAB. Thank you for this question, Mr. Chairman. We have talked a lot this morning about the Elizabeth Dole Home Care Act and while that is a major priority of the foundation, it is not our only priority. We want to make sure that folks understand the other legislation that is part of the omnibus bill.

A lot has been said about the terrific and impactful ways the Home Care Act will impact caregivers, and Vanessa talked about some of them. I want to stress the fact that the reimbursement rate for expenditure caps on non-institutional care will go from 65 percent to 100 percent is life-changing.

We have caregivers who are providing support, for instance with loved ones that have ALS, that are going into debt supporting those in-home costs. Expanding VDC is critical. It is a big part of the Home Care Act.

We have talked about the necessary mandate around warm handoffs. That is not happening at the VA right now.

I also want to talk about some aspects of the bill that are beyond the Home Care Act. There is an assisted living pilot program that is essential. Access to care provisions, we have heard from a lot of

members this morning and from Vanessa about how access and navigation continues to be a major issue.

We have talked extensively about the lack of mental health and mental healthcare for caregivers. The reality is right now that the programs that are offered are to the PCAFC program participants, which is a small percentage of the overall caregiving population and the omnibus bill would allow for expansion of that.

We have also talked about the value and the transition, the hard transition from caregiver status to survivor status, Mr. Chairman. This bill, the omnibus bill, has survivor provisions in it that are really vital to the community as well. The impact is gigantic.

The CHAIRMAN. Ms. Chism, can you, kind of, share what the biggest obstacles you face when trying to access VA and support services such as respite care?

Ms. CHISM. Thank you for the question. My biggest obstacle when trying to access that is actually the VA. I have found the VA employees are not educated in the programs that the VA offers, nor do they understand the criteria for caregivers to receive these support services.

I have actually experienced a VA social worker telling me that I would probably figure it out before they would when requesting assistance, and I never heard from them again. I did figure it out.

There is also a huge issue with staffing within VHA facilities resulting in their inability to provide appropriate healthcare to our veterans and support services, especially respite care for our caregivers.

I know we discussed the budget shortfall that we are all aware of, and I do believe that that is having an impact. I would like to know the extent of the impact that it is going to continue to have on us.

We recently switched my husband's care over to the Baltimore VA for respite care. There I was told for the first time ever that I could get on respite, however, I need to request it at least 2 weeks in advance.

That is not something that is really reasonable in my life with the way I do not know if my husband is going to happen a traumatic seizure and be in the hospital the next day. I do not know what is going to happen.

I provide around the clock supervision for him, and I am simply requesting occasional assistance. When I did receive resident through the EDF Foundation I used those hours to volunteer at my youngest daughter's school.

I am not asking for to go on elaborate things. We are asking for every day, mundane tasks that most people can do, like going to do grocery shopping without much thought.

The CHAIRMAN. Thank you.

Well, Captain Pruden, Wounded Warriors Project does a great job of advocating the needs for veterans and PTSD and TBI. In your view, what are the biggest gaps in the VA's current support programs for caregivers and when they assist a veteran?

Mr. PRUDEN. Obviously, you have to have the supports in place for the veteran and part of the Elizabeth Dole Act, Section 105, covers access standards for rehabilitation care, residential rehabilitative care because, as you know, those with PTSD, TBI, and often

comorbid substance abuse issues, when they need to go into care usually it is precipitated by a crisis.

It impacts their family and their children directly and say I am ready to go. Give me help. Having to wait weeks and months for care is not appropriate and not okay and too often that impact, if it is allowed to go on, has hugely damaging effect on our caregivers and their families.

As Vanessa pointed out and Dr. Richardson pointed out, the VA is a giant, complex web of programs and services. We need better case coordination for our caregivers so that they can help to help navigate the system into the good programs that do exist inside VA.

The CHAIRMAN. Thank you.

With that, I will yield back.

I have Representative Brownley. You are recognized for 5 minutes.

Ms. BROWNLEY. Thank you, Mr. Chair and thank you Mr. Ranking Member for allowing me to go. I am late for a meeting so I appreciate it very much.

Ms. Chism, I just wanted to also chime in here to thank you for being here today and your testimony. Everyone on the panel gave excellent testimony today but yours really penetrates in our psyche and it is really, really important to hear stories like yours.

It means a great deal and it is most impactful to hear your story and to hear your experiences. I just want to thank you for that and really do honor your perseverance and your, as you said, this is my choice and I will continue to make it.

It is just, to me, it gives me chills and I am very impressed and very, very grateful to your service to our country as well. Thank you for that.

Dr. Ramchand, I wanted to ask you about some elements in the report, and I think the report highlights that caregivers for veterans who are under the age of 60 are at higher risk of depression and are less likely to seek care than non-caregivers.

This is really an important point for me. I mean, just I am not sure how we solve the problem. I think awareness that help is out there I think is very important, but I also think that perhaps we need to require some way, shape, or form, whether it is by video or something that if someone is going to step up to do a caregiving job that they need to listen to this video from the VA that talks about the statistics that you have uncovered here for folks that are under 60.

Most importantly, I think to make them feel that they are not alone in all of this, that there are a whole sea of caregivers like you going through similar things and to seek help. I mean, it has taken us a long time to convince veterans to seek help, and I think we need to, sort of, do the same thing for caregivers.

If they are going to care give, do caregiving under the envelope of the VA, I think the VA should be doing something to make sure that they are aware of the programs and not feel alone. Does that make sense to you or?

Dr. RAMCHAND. It does make sense. I think that in addition, and thank you for the statement and the comment, I think that we really explored alternative delivery models for that care.

I think that the current models that exist, and you mentioned earlier telehealth is increasing and I think that that holds a lot of promise and should be made more available, but I think other methods like integrating mental healthcare into primary care.

Asynchronous counseling we bring up in our report, which is, kind of, text message-based counseling to help with stress, all these alternative methods that, kind of, address this barrier of time.

Vanessa's story may be. She is doing things all the time. To even take 3 hours out to go to a mental health appointment once a week or once every 2 weeks it might not be attainable. How do we meet people where they are at?

Our report describes some of those options, but I think that that is really, kind of, the critical. Even, you know, even forcing them could create more stress. You know, we have to let them kind of direct it.

That is what I think are some really unique opportunities there.

Ms. BROWNLEY. Okay, very good. I mean, I do not mean to use the word force, but just a requirement that when you join the program you have to listen to this 30-minute video so that people understand what the services are and not feel alone.

I get your point. I really, really do. I also, you might not know this, but when you talk about 20 percent of caregivers in this group have had thoughts in the past year about suicide, taking their own lives, I am just wondering if the VA is, if those veterans who we know have committed suicide, do they know this element of the fact that they potentially could be caregivers?

I do not know whether—I will follow up with the VA to find that out, but that would be an important data point.

Also mentioned about the interstate licensure but, you know, within the VA we do have this telehealth and we can go, you know, we have the supremacy law and we can go across State lines so it is not so much of an issue within the VA.

Outside of the VA it is a whole other community care. It is another challenge.

Dr. RAMCHAND. Right. For caregivers, most, you know, the only ones that are getting mental healthcare from the VA are those enrolled in that PCAFC program.

Ms. BROWNLEY. Yes.

Dr. RAMCHAND. The majority of that, you know, 13.7, you know, however many it is, million care military and veteran caregivers that is not really an option. They are receiving care in the community.

Ms. BROWNLEY. Yes, very good. You mentioned a tax credit, which I think is a really good idea. I think it should be a tax credit that we did in the rescue plan which gives folks the money up front and not having to wait or be required to do their taxes. Many people do not make enough income to even do their taxes but we can talk about that later.

Mr. Broussard, you mentioned that Oklahoma and Kentucky both have tax credits. What do their tax credits look like?

Mr. BROUSSARD. Yes. It is actually Oklahoma and Nebraska.

Ms. BROWNLEY. Oh, Oklahoma and Nebraska.

Mr. BROUSSARD. That is okay.

Ms. BROWNLEY. That is exactly what I wrote down but I did not say that.

Mr. BROUSSARD. You made it through Broussard, pronouncing that, so you are good——

Ms. BROWNLEY. Okay, good. Okay, good.

Mr. BROUSSARD [continuing]. in my book. It is a $2,000 tax credit that is for most caregivers, but it is a higher maximum of $3,000 for family caregivers of a veteran. Those were passed by those states and I think that is a great model to look at it and to start with.

$2,000 for regular caregivers and if it is with veterans it would be up to $3,000 in those states.

Ms. BROWNLEY. Great. Great, thank you.

Mr. BROUSSARD. Thank you so much.

Ms. BROWNLEY. Dr. Ramchand, one last question. You stated that your study says that caregivers generally forego around $4,500 in earnings each year. That seems low to me but that is what the conclusion is?

Dr. RAMCHAND. Yes. It is an average and it is we really base it upon, well, we look at income and we look at comparing to non-caregivers' and caregivers' income. What we found is that that is mostly driven by work disruptions.

As you could imagine, around 27 percent of caregivers in our study reported a work disruption. 11 percent switched jobs, you know, so we have that broken out into the types of disruptions that they have experienced.

Certainly, many caregivers are leaving the labor force completely and we have those numbers as well. There are a lot that are juggling both caregiving and work and so we present an average.

Certainly, you know, a lot of caregivers that we have heard anecdotally, as well as we have a qualitative component of the report, that describe many of whom have had to give up, you know, participation in the labor force.

Ms. BROWNLEY. Very good.

Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Ranking Member, you are recognized.

Mr. TAKANO. Thank you, Mr. Chairman. I want to just commend Congresswoman Brownley for her tremendous expertise and work she has done in this policy area.

Ms. Chism, you testified, and I want to just make sure that I am getting it right, you started caregiving at a young age; is that right? You are doing this full-time?

Ms. CHISM. Yes. I started when I was 26.

Mr. TAKANO. Oh, you started when you were 26, you said? I am assuming your husband is 100 percent service-connected disabled and he gets 100 percent and he gets a disability pension?

Ms. CHISM. Yes.

Mr. TAKANO. The stipend you get as a—you are enrolled in the family caregiver program so you are get a stipend. That is helpful, the combined income, and I do not want to delve into all the other ways in which your family may be supported, but I am troubled by the fact that people your age, caregivers your age, you are not only out of workforce but the stipend you are getting it is, you know, it is what it is.

You are not earning any Social Security credit for that, right?

Ms. CHISM. Yes. I have no Social Security. There is no credit for that whatsoever. I have actually recently. I am employed, but I had to find a job that was I actually work for a nonprofit VSO that they are incredibly flexible. I work remotely because I am concerned that we will be just completely eliminated, which would cause financial ruin for my family.

I mean, even though I would like to point out that stipend, I am tier 3 in the DC, Maryland and Virginia (DMV) area and I get paid about $110 a day——

Mr. TAKANO. Okay.

Ms. CHISM [continuing]. for 24-hour care. Yes. That is something, yes.

Mr. TAKANO. You are certainly saving the American taxpayer money by being a full-time caregiver.

Ms. CHISM. Right.

Mr. TAKANO. You having to go out and find a job that allows you to do this work, I think I want to work with the chairman to fix this particular issue that you are not earning Social Security credit.

It is a real strain on the number of years you are going to be doing this.

I am also concerned about you have three young kids, and I think it could be a challenge that you are taking care of kids and husband and also sometimes families are also taking care of elders.

I am hearing that the kids are likely to have emotional conduct problems in these households. I am not saying that yours are having those problems, but that is a challenge for everybody involved. Are the children eligible for, you know, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) as well and able to get mental health services they might need?

Ms. CHISM. We, because my husband was medically retired, we have access to Tricare so we have Tricare. Though the veterans who were not medically retired they do not have that.

Mr. TAKANO. There is a gap there is what——

Ms. CHISM. There is a gap there, yes.

Mr. TAKANO. We need to, because I am thinking in such cases where we have caregiver needs we need to think about not just the caregiver but the kids in the household, too, right?

Ms. CHISM. Absolutely.

Mr. TAKANO. Making sure that they are supported.

Dr. Ramchand, how do you propose that VA expand its definition of caregiver to include those caring for veterans with a substance use disorder or a mental health condition?

Dr. RAMCHAND. Well, it is a great question. There is not much precedent for it. We really scratched the surface by looking at people who are helping with memory tasks, as well as people who are helping manage mood and anxiety.

We believe that there needs to be more work to really start quantifying the aspects of caregiving to individuals with these conditions so we can delineate more what those tasks involve, which are most beneficial so that we can come up with some, kind of, proxy similar to how we use ADLs and IADLs, but something that is more cognizant of those mental health conditions.

Right now, we do not have, kind of, the empirical data to do that. In the meantime, I think that we can take examples that account for narratives provided by caregivers that account for these things.

I realize that that might be laborious but we do have, kind, of technologies right now that could be really helpful in starting to quantify what these caregivers are doing and take conditions like this into consideration so that we can really start thinking more inclusively about caregivers to those with these challenges.

Mr. TAKANO. Well, I just want to ask you another follow-up, if I can? Do you think VA has a role to play in ensuring caregivers are connected with additional support services like SNAP, WIC, and Supplemental Security income (SSI)? What are some of the ways that VA can connect veterans and caregivers with other Federal benefits?

It is, kind of, like an add-on to what I was talking about with making sure that the caregiver in the family program is getting, like, Social Security credits at least.

Dr. RAMCHAND. I mean, I am a big proponent and I think the research supports these no wrong door policies. When a caregiver goes in to seek support for the first time the person that they are talking to, whether that is at the VA or at a VSO, be aware of these benefits or at least be thinking about these benefits so that they can help the caregiver figure it out.

As we have heard, caregivers are very burdened. They are very tired. Having them, kind of, cruise around Googling what benefits that might be available to them is probably not the most efficient way.

Those who, kind of, you know, raise their hand to help support caregivers, ensuring that they have that knowledge and can help them apply for those programs I think it would be a tremendous asset.

Mr. TAKANO. Well, thank you. I have gone over my time.

I am going to yield back, Mr. Chairman.

The CHAIRMAN. Mr. McGarvey.

Mr. MCGARVEY. Thank you very much, Mr. Chairman.

Ms. Chism, I just want to echo everyone else's comments. Your testimony is incredible. It is impactful. It is courageous. We are so appreciative of you and your service and I want to make sure we recognize.

I would also like to thank RAND, the Elizabeth Dole Foundation, everyone on this panel. Thank you. Thank you for the incredible work you all have done to develop and share the insights of this year's caregiver report, a truly phenomenal job. I hope a lot of people are paying attention to what you all are saying today.

You have identified how caregivers more than ever before are invested and how much time and effort and getting a deeper understanding of their unique experiences, their strengths, their challenges, and character.

I also want to extend a personal warm welcome to Mr. Troy Broussard, the State director of the AARP from my hometown of Louisville, Kentucky, a proud Army veteran to boot. Thank you, Mr. Broussard, for all of your service.

I appreciate what you do for the caregivers throughout our district in the great Commonwealth of Kentucky. It is always great to have another Louisvillian up here.

Mr. BROUSSARD. Right.

Mr. MCGARVEY. We will get into some questions now that we thanked everybody. I would like to explore whether there are promising home care support programs and models that you all seen implemented or ideas you have on how the VA can implement and test programs that are more responsive to the caregivers' unique needs and problems.

While there are over 14 million military and veteran caregivers, the RAND study suggests that 40 percent of adults this country provides some form of caregiving. While VA has more work to do to improve its Caregiver Support Programs, they are actually leading the way in terms of large-scale support infrastructure for caregivers.

The VA is uniquely positioned, given its size, to inform broader models of support that impact the lives of millions of Americans providing care to non-military veteran loved ones.

Mr. Broussard, you mentioned different models in your testimony and ideas such as tax credits. Do you think the VA is a good testing ground for these sorts of innovative ideas to assist our caregivers?

Mr. BROUSSARD. Thank you, Congressman McGarvey, for that question. The VA, we feel, is a good place to test those innovative ideas to support those caregivers.

Both VA and non-VA caregiver support efforts can learn from and build on each other. You know, the self-direction programs that allow family caregivers to be paid for providing care for their loved one are extremely important. That model is in the VA under the Veteran-Directed Care, which is being expanded in VA, which is great.

Like I mentioned earlier, you know, Oklahoma and Nebraska have enacted those tax credits so that could be something we feel it would be very important.

Then last, the VA Program of Comprehensive Assistance for Family Caregivers provides family caregivers training to assist in delivering these personal care services to a veteran. I think that would be important. Medicare now reimburses for that.

I think that could be a good testing ground with the VA to attempt to do that. We will be more than happy to help support that as well.

Mr. MCGARVEY. I appreciate that and that is the support we want to see. In fact, something I have said before and I will continue to say and you will see more from me in the coming months and years because I think the VA should have a fifth mission of innovation because of its ability with its broad scale to implement some of these ideas that, of course, are not just fantastic for our veterans, the men and women who are willing to put on a uniform and sacrifice everything for us, but they can also be applied outside of the veteran context and be beneficial to everybody.

Dr. Ramchand, I will go to you next and ask where do you see opportunities for innovation and impact in the realm of home support service programs at the VA? How can the VA better develop

pilot programs or better scale what they are already piloting to help our caregivers?

Dr. RAMCHAND. I think that really the opportunities abound. I think, as I have been, kind of, stating, the big need is support for mental healthcare and substance use. What does home-based care look like? What are those needs? I think there are real opportunities for pilot.

The VA has a strong research arm within it and so I think, you know, there is a lot of, kind of, research potential should the, you know, researchers be encouraged to start looking at veteran caregivers, especially those to do with mental health or cognitive conditions, as well as complex needs.

I do think that those are ways in which the VA could really be that proving testing ground for some of these novel approaches.

Mr. MCGARVEY. Okay. Anything on the pilot programs or better scaling? Sure, go ahead. I mean, it was part of the question to you, but Mr. Schwab, you seem to want to jump in.

Mr. SCHWAB. I would just like mention——

Mr. MCGARVEY. You have got 4 seconds.

Mr. SCHWAB. I would just like to say respite has come up quite a bit today. Vanessa talked about her challenges around utilization of respite and the delivery of respite.

The VDC, that program, we see a fast expansion across VA to open up those channels, but I would also like to acknowledge that she mentioned a program that we delivered through the Dole Foundation that was flexible, timely, and responsive to better respite, caregiver respite needs when they need them.

I am a big believer in what you said around innovation and VHA is looking at that respite model and seeing how it might be able to be pilot expanded across VA. We would really like to see that happen.

Mr. MCGARVEY. Thank you all so much. I really appreciate your testimony and I appreciate your service. Thank you.

The CHAIRMAN. At this time if the Ranking Member has any closing remarks?

Mr. TAKANO. Mr. Chairman, I think this has been a very bipartisan, productive, committee hearing and I want to commend you for bringing us all together.

I want to express my gratitude to all the witnesses that appeared before us today.

I want to thank all my members for being here, especially as we are ending, you know, the October recess. You all should know that it is an impressive number of members that showed up. It is because your cause, I think, is so sympathetic.

Again, Ms. Chism and all the caregivers who are here in the room today, the Nation owes you a great debt of gratitude. We owe you more than gratitude. We owe you real support, and I will be working really hard with the chairman to make that happen. Thank you so much.

The CHAIRMAN. I want to thank the Ranking Member and I agree with his remarks. I am going to associate myself with that and each one of the witnesses.

Ms. Chism, I did not express it, and it is not easy to come before Congress, but I guarantee you the Ranking Member was right and

the amount of members that made sure they were here to discuss this.

I want to thank all of the witnesses, but I also want to thank all the caregivers that are out there in the audience today. Thank you for being here.

We could not do our work without the advocacy that you do to inform us of the problems that we face, not only in the caregiver realm but also as we try to make sure that the VA is doing what the VA is supposed to do.

Many of the issues that were raised today are addressed in the passage of H.R. 8371. That is the Dole Act. We appreciate your support.

With that, I ask unanimous consent that all members shall have 5 legislative days in which to revise and extend their remarks and include extraneous material. Hearing no objection, so ordered.

The hearing is adjourned.

[Whereupon, at 12:59 p.m., the committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF WITNESSES

Prepared Statement of Colleen Richardson

Good morning, Chairman Bost, Ranking Member Takano, and Members of the Committee. I appreciate the opportunity to discuss VA's Caregiver Support Program (CSP). I am accompanied today by Ms. Laura Duke, VHA's Chief Financial Officer. VA understands the critical role caregivers have in supporting the needs of Veterans and the importance of supporting Veteran caregivers throughout their caregiving journey. VA is proud to be a leader in caregiver support through implementation of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and the Program of General Caregiver Support Services (PGCSS).

The Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111–163) mandated the creation of PCAFC and PGCSS. PGCSS is available to caregivers of Veterans of any era as long as the Veteran is enrolled in VA health care and needs personal care services. Through PGCSS, caregivers have access to skills training, coaching, peer support, telephone support, and respite care, among other services VA provides. PGCSS is available to a broader group of Veterans and caregivers than our other program PCAFC, which has been expanded several times. PCAFC was originally designed to support Family Caregivers of Veterans or members of the Armed Forces undergoing medical discharge who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001, and who met other program requirements. Section 161 of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (P.L. 115–182) phased in expanded PCAFC eligibility to Family Caregivers of eligible Veterans. Accordingly, on October 1, 2020, PCAFC was expanded to eligible Veterans who incurred or aggravated a serious injury on or before May 7, 1975, and on October 1, 2022, PCAFC was expanded further to include eligible Veterans of all eras.

Through PCAFC, Family Caregivers have access to all of the supports and services available through PGCSS. Family Caregivers in PCAFC are also eligible for instruction, preparation, and training to assist in delivering personal care services to the eligible Veteran, mental health counseling, and beneficiary travel. In addition, PCAFC designated Primary Family Caregivers are eligible for respite care, a monthly stipend, access to health care coverage through the Civilian Health and Medical Program of the Department of Veterans Affairs, and certain legal and financial services.

Today, through PCAFC and PGCSS, CSP is supporting more caregivers of Veterans than ever before. As of September 20, 2024, over 25,000 caregivers are receiving support through PGCSS, and over 62,570 Family Caregivers are participating in PCAFC. I appreciate this opportunity to share some of the work we have accomplished to deliver more support to more caregivers than ever before.

CSP named Fiscal Year (FY) 2024 "The Year of the Caregiver, The Whole Caregiver." Throughout the year, we have focused on enhancing the delivery of clinical support to caregivers and implementing other programmatic and process improvements based on feedback we heard from caregivers, Veterans, Veterans Service Organizations, and Members of Congress. I will briefly mention three areas in which we have been able to deliver exceptional results for caregivers, directly driven by the feedback we received.

First, we have seen tremendous growth with caregivers using respite care. Respite care is a critical resource for caregivers since caregivers must take care of themselves so that they can care for their Veteran. Through our Respite Champions initiative, CSP trained Respite Champions within each Veterans Integrated Service Network (VISN) to serve as subject matter experts in the benefits of respite, respite resources, and respite funding. Since implementing the Respite Champions initiative, the number of caregivers using respite has increased by 278 percent since the end of Fiscal Year 2022.

Additionally, we implemented a Virtual Psychotherapy Program for Caregivers (VPPC). VA can now offer virtual psychotherapy services to Family Caregivers participating in PCAFC. Through VPPC, VA is better able to address and provide the

mental health counseling Family Caregivers request and deserve. CSP has activated clinical resource hubs in all 18 VISNs. As of September 6, 2024, VPPC completed over 13,916 psychotherapy visits with Family Caregivers participating in PCAFC during FY 2024.

Finally, we heard overwhelmingly from caregivers of their desire to receive Cardiopulmonary Resuscitation (CPR) Training—so we made it available. VA designed a process to train caregivers in CPR. As of September 6, 2024, CPR training for caregivers has been implemented at 70 VA facilities and continues to grow. In addition, CSP collaborated with the American Red Cross to develop and publish a "Hands-Only" CPR video to train caregivers on this life-saving skill.

These are just a few of the expanded clinical supports we have been able to deliver to caregivers over the past year. Through continued outreach, we will work to ensure caregivers are aware of these services and can access them, where and when it is right for them. These accomplishments do not overshadow VA's recognition that there is more work to be done to support of caregivers, and specifically more work to do to improve PCAFC.

As you may know, on June 9, 2022, VA announced a suspension of annual reassessments with certain exceptions. This suspension includes annual reassessments of Veterans or Service members who applied for PCAFC or who were approved to participate in PCAFC before October 1, 2020, and their Family Caregivers, collectively known as "the legacy cohort." This suspension remains ongoing while we closely examine current PCAFC eligibility requirements and consider any changes that may be needed to ensure PCAFC is working as intended. As a result of this review and our continued deliberations, VA is now working to publish a notice of proposed rulemaking (RIN 2900-AR96) to propose amendments to the eligibility criteria, definitions, and other elements of the evaluation process for PCAFC.

This rule will mark a significant step toward further improving PCAFC and delivering a program that meets the needs of eligible Veterans of all eras and their Family Caregivers. Once the proposed rule is published, VA will share it widely and encourage the public to submit comments and feedback about any changes being proposed. We will carefully consider all feedback received to determine whether additional changes may be needed.

As the rulemaking process continues, we are committed to ensuring that Veterans and their caregivers have the care and support they deserve. We encourage Veterans and caregivers to visit our website at www.caregiver.va.gov to learn more about these programs and other ways VA supports caregivers. We also have CSP teams at every VA medical center, and information about how to contact these teams is available on the website.

Conclusion

We are committed to always earning the trust of Veterans and their caregivers and will work hard to continue the improvements we have made thus far. Your continued support is essential to providing this care for Veterans and their families. On behalf of VA and CSP, we thank you for the opportunity to be here and welcome your continued collaboration.

Prepared Statement of Rajeev Ramchand

Testimony

RAJEEV RAMCHAND

Supporting Military and Veteran Caregivers

CT-A3557-1
Testimony presented before the U.S. House of Representatives Committee on Veterans' Affairs on September 25, 2024

For more information on this publication, visit **www.rand.org/t/CTA3557-1**.

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Supporting Military and Veteran Caregivers

Testimony of Rajeev Ramchand[1]
RAND[2]

Before the Committee on Veterans' Affairs
United States House of Representatives

September 25, 2024

Chairman Bost, Ranking Member Takano, and members of the committee, thank you for your invitation to testify. My name is Dr. Rajeev Ramchand. I am a senior policy researcher at RAND, a nonprofit, nonpartisan research organization, where I codirect the RAND Epstein Family Veterans Policy Research Institute. I am an epidemiologist, and in 2014 I co-led RAND's study on military and veteran caregivers—our nation's hidden heroes.

Much has changed in the past ten years. There is more awareness about military and veteran caregivers, which has led to more programs and policies that serve this community. But there are reasons to be concerned as well. The aging of the veteran population, U.S. troop withdrawal from Afghanistan, and a global pandemic may have altered both what caregivers do and the toll that caregiving takes. These circumstances beg the question: How are military and veteran caregivers faring today?

I had the honor of leading the ten-year follow-up to our original study that was released yesterday describing the mental, emotional, and financial well-being of military and veteran caregivers and their families. The study describes the 14.3 million people in America caring for a wounded, ill, or injured service member or veteran. This estimate surpasses past estimates of caregiving in the United States. Many people caring for those in need of support do not identify as caregivers, but previous research has largely relied on a person identifying as a caregiver in order to be counted as one. Instead, our updated approach relies on people describing the caregiving tasks they perform. In doing so, we are including caregivers who may not identify as such. This may include spouses caring for aging partners, those caring for individuals with mental health conditions or substance use disorders, or non–family members who take on caregiving roles for friends or neighbors.

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Many military and veteran caregivers see value in caregiving. As a caregiver taking care of a veteran friend told us, "You feel that you are doing humanitarian work. You learn from their personal experiences, from their life." But there are costs to caregiving as well, both emotional and financial. In my testimony today, I am going to describe highlights from our research that demonstrate the diversity of military and veteran caregivers and those they are caring for, as well as the implications this diversity has for policy. I am also going to quantify the emotional and financial costs of caregiving and provide policy options to address these issues.

Military and veteran caregivers are not a monolith. One important distinction we found was that 26 percent of these caregivers are caring for service members and veterans ages 60 and under, and these caregivers and their experiences are very different from those who care for someone over age 60. Those caring for veterans and service members ages 60 and under are most often spouses, neighbors and friends, or family members, such as siblings or aunts and uncles. In contrast, the largest group caring for those over 60 are adults caring for their parents, though spouses and friends each account for a significant proportion as well. Figure 1 describes some characteristics of these caregivers and of the service members and veterans they are caring for.

Figure 1. Differences Between Caregivers and Care Recipients Based on the Age of the Care Recipient

Care Recipient Is 60 or Under (26% of military/veteran caregivers)	Care Recipient Is Over 60 (74% of military/veteran caregivers)
Caregiver characteristics	
• 53% female • 49% under age 35; 14% 55 or older • 58% working (full or part time) • 24% spouses, 27% neighbors or friends, 31% other relatives (siblings, aunts/uncles, etc.), 12% children, 7% parents • 53% live with care recipient • 23% have current/past military service	• 58% female • 28% under age 35; 44% 55 or older • 46% working (full or part time) • 42% children, 23% spouses, 22% neighbors and friends, 12% other relatives • 37% live with care recipient • 7% have current/past military service
Care recipient characteristics	
• 58% male • 41% served after September 11, 2001 • 43% deployed to a war zone • 62% have a substance use disorder or mental health condition, 49% have a vision/hearing diagnosis, 21% have a traumatic brain injury	• 82% male • 2% served after September 11, 2001 • 38% deployed to a war zone • 68% have a vision/hearing diagnosis, 40% have a substance use disorder or mental health condition, 37% have a neurological condition

One of the primary things we learned in our new study is that many military and veteran caregivers are caring for individuals with cognitive, mental health, and substance use diagnoses. This is more common among those caring for veterans ages 60 or under, but still nearly half of caregivers to veterans over 60 report that their veteran has a mental health or substance use diagnosis. Between 40 and 60 percent of military and veteran caregivers reported that their caregiving entails helping the veteran cope with stressful situations, manage sudden changes in mood, or avoid triggers of anxiety or antisocial behavior. But these tasks only scratch the surface

of what these caregivers do. Take, for example, the caregiver to an Army veteran who served in the post-9/11 era who, when asked what their daily caregiving role entailed, told us,

> I have to have all his medications locked up in a safe, because he has tried to take his life before, and one of the things he has done that with is medications. . . . My biggest challenge is to make sure that he doesn't try to take his own life again.

The problem is that many policies and programs overlook military and veteran caregivers to those with mental health or substance use conditions. Eligibility requirements are often based on activities of daily living, such as helping a person bathe, or instrumental activities of daily living, such as grocery shopping or housework. But our research suggests these may be inadequate for describing what many military and veteran caregivers do.

This has implications for policy. First, we must ensure that policies and programs directed to support military and veteran caregivers, including those run by the U.S. Department of Veterans Affairs (VA), support those caring for individuals with mental health and substance use diagnoses. Second, we must promote programs to caregivers in ways that do not require individuals to identify as caregivers to partake in them.

As I previously mentioned, caregiving takes an emotional toll. Forty-three percent of military and veteran caregivers to those ages 60 or under meet criteria for depression, nearly four times that of noncaregivers. Among the top barriers they reported for not receiving needed mental health care were not having the time for such care and being worried about the side effects of medications or being hospitalized if they were to admit things such as past suicidal thoughts.

For these reasons, our report makes strong recommendations to increase mental health care to caregivers and their families. VA is piloting a novel approach that does this for a small subset of caregivers who qualify for VA's Program of Comprehensive Assistance for Family Caregivers. But much more is needed, particularly outside VA in settings where most caregivers access health care. For example, expanding telehealth may increase access to mental health care for more people, but its benefits will only be fully realized when interstate licensure agreements are worked out. Integrating mental health care into primary care via such models as Collaborative Care is also a critically important step, and the Path Forward initiative is working with policymakers to do this.

If you compensated military and veteran caregivers for all the hours of caregiving that they perform, it would total well over $100 billion. But most caregivers are not paid for their work, and instead their caregiving comes at great economic costs. Our study estimates that military and veteran caregivers spend, on average, around $8,500 dollars annually in out-of-pocket costs associated with caregiving. As a partner to a post-9/11 Navy veteran told us,

> We've had a lot of expenses like the ramps to get to the house, the wheelchairs. They break down after a while; you have to get new ones. Getting these exercise items so that he can build his strength in his arms, getting the car adjusted . . . it adds to the expenses in general. It adds up.

We also find that, because of caregiving demands, caregivers forgo around $4,500 dollars in earnings each year. These amounts are even more concerning for the one-third of military caregivers who have household incomes below 130 percent of the federal poverty level.

There are different approaches to help address this financial strain. We recommend that programs serving caregivers expand outreach to help them identify existing sources of support—such as the Supplemental Nutrition Assistance Program (SNAP); Women, Infants, and Children (WIC) program; or Supplemental Security Income (SSI)—that could help caregivers get by. But we also recommend that consider tax credit options for caregivers. Research has shown that other tax credits, such as the Earned Income Tax Credit and expansion of the Child Tax Credit, helped lift millions out of poverty, and a caregiver tax credit might result in similar outcomes for many military and veteran caregivers.

In conclusion, supporting military and veteran caregivers requires recognizing the breadth of caregiving, including caring for individuals with mental health and substance use conditions. It means, very specifically, attending to caregivers' mental health and financial well-being by implementing policies and programs to meet these needs. Over 14 million Americans are caring for our nation's heroes. They deserve to be cared for in return.

Thank you for your time and I look forward to your questions.

Prepared Statement of Steven Schwab

Introduction

Chairman Bost, Ranking Member Takano, and Members of the Committee, thank you for the opportunity to testify today. My name is Steve Schwab, and I am the CEO of the Elizabeth Dole Foundation (EDF), a national non-profit whose mission is to strengthen and support military and veteran caregivers, founded on the legacy and service of Senator Elizabeth Dole.

Before I begin, I want to recognize the more than 60 Dole Caregiver Fellows we have in attendance today, as well as many more watching online. They have taken precious time away from their caregiving duties to watch and be here and will be visiting your offices this afternoon sharing their message of hope and calls to action for all Members of Congress. These caregivers provide a tremendous economic value, approximately $119 Billion at a minimum, according to the newly released RAND study. Beyond their economic value and even more importantly, they promote better outcomes for veterans, options for care both in and outside of the home, family cohesion, and community involvement. Simply put, their value to their loved ones cannot be overstated.

In addition, given that so many of our caregivers will transition to veteran survivors, I also want to recognize that this is Gold Star Families Remembrance Week. In many ways, these caregivers and survivors have "borne the battle" mentioned in President Lincoln's speech and deserve all of the honor and support this Nation can offer.

Yesterday, the Elizabeth Dole Foundation was pleased to welcome over 600 guests to our 9th Annual Convening launching the RAND study outlined by Dr. Ramchand in his testimony. This landmark study, released 10 years after the initial RAND report outlining challenges in military and veteran caregiver community, reflects what we see every day at EDF as well as in the moving testimony from our Dole Fellow, Vanessa Chism. We could not be more proud of her and her family for being willing to share their experiences to help others.

In reviewing the new RAND report and considering our own everyday experiences with military and veteran caregivers, we have coalesced around four interconnected areas of focus, which will guide our programmatic and advocacy efforts moving forward.

Economic Mobility:

As Dr. Ramchand testified, the RAND report identified multiple factors influencing the economic stability of caregivers. Lost wages, inability to plan or save for retirement, unforeseen out of pocket expenses, and unemployment because of caregiving duties all often result in financial strain and uncertainty on caregiving families. Family members often leave jobs to care for a loved one and can no longer contribute to retirement plans and lose valuable professional credentials over time. They also often find that their employers simply do not recognize the reality of life at home or give them the support they need, like paid family leave. We are proud to be able to provide Emergency Financial Relief through our Hope Fund supported by the Bob and Delores Hope Foundation, but we must do more. We must give caregivers and their families the opportunity to achieve not only short-term economic stability, but also long-term economic mobility to ensure the hope of a better life for generations to come. Fortunately, there are several actions Congress can take to address this and other situations to relieve some of the financial burden facing these caregivers:

First, Congress must demand the immediate publication of the Notice of Proposed Rulemaking (NPRM) regarding the VA's Program of Comprehensive Assistance for Family Caregivers. (PCAFC). This program, which provides vital financial and other support to those caring for veterans with the most complex needs, has been an economic lifeline. However, since March 2022, the program has been on hold while the VA reviewed concerns related to its eligibility criteria. While we applaud the VA for recognizing and working to address the concerns, the agency and Administration have been working on an NPRM for almost 2 years, leaving those impacted in significant financial limbo. Numerous organizations, including EDF, recently sent a letter to the President requesting the publication of the proposed rule, and we would welcome Congress' oversight on this issue.

In addition, EDF requests that consideration be given to the amount of demonstrated time a caregiver spends coordinating care for the veteran as part of the PCAFC assessment process. Veterans requiring degrees of supervision and protection are eligible for PCAFC, and ensuring access to health care and services should be a major consideration under this criterion.

With respect to the legacy cohort of PCAFC participants, those Post–9/11 caregivers who were admitted to the program prior to September 30, 2020, yet again face an uncertain future due to the pending changes in eligibility requirements. Many of these caregivers have repeatedly been found eligible for the program over the years and endured multiple pauses, regulation and leadership changes, lack of previous program standardization, and questionable assessments. While they have benefited from the stipend, the emotional toil and financial uncertainty have weighed heavily on caregivers and veterans alike. Therefore, EDF asks Congress to work with the VA and relevant veteran service organizations to consider "grandfathering" this population of approximately 14,000 caregivers into PCAFC, except in cases of fraud or abuse, and allow the VA's Caregiver Support Program (CSP) to focus on its mission of supporting all generations of caregivers, rather than continuing this year's long struggle.

With respect to legislation that would positively impact the economic mobility of family caregivers, EDF endorses the following:

- H.R. 7165/S. 3702, the *Credit for Caring Act*, introduced by Congressman Mike Carey and Congresswoman Linda Sanchez, and endorsed by our partner, AARP, which would offer a $5,000 tax credit to eligible working family caregivers, both veteran and civilian, to offset the over $8,500 in out-of-pocket caregiving expenses incurred every year. This legislation would clearly remove some of the financial strain experienced by these families, especially those veterans who are either not associated with the VA or have experienced difficulty accessing the programs and services available to them and, instead, pay out of pocket for their needed goods and services.
- H.R. 9276/S. 3885, *The Veteran Caregiver Reeducation, Reemployment, and Retirement Act* introduced by Congressmen Morelle and Ciscomani. For many enrolled in PCAFC, their caregiving role will come to an end, hopefully due to improvement in the veteran for whom they care, but, sadly, often due to the passing of the veteran. This legislation would do many things to alleviate the caregiver's financial strain and anxiety, including extend enrollment in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) for up to 180 days after disenrollment from PCAFC, allow the VA to pay caregivers up to $1,000 to maintain professional licensure, study the feasibility of establishing a retirement plan for family caregivers, and study the barriers and incentives to hiring former family caregivers to work for the VA.

  While EDF strongly endorses this legislation, we also suggest an amendment to help alleviate a current inequity related to retirement planning for parents enrolled in PCAFC who care for their service-disabled child—currently approximately 2,500 individuals. The VA offers a program called Dependency and Indemnity Compensation; a monthly tax-free monetary benefit offered to eligible survivors. This program is often a financial lifeline for those who are eligible, and spouse survivors are rightfully not subject to an income threshold. Parent caregivers, however, are subject to an income threshold, in some cases as low as approximately $18,000/year. For example, Christine Cooley of Florida cared for her severely combat-injured Marine son, Josh, until he passed away last October. As a single mother, she was his caregiver for 17 years following his severe injuries. Now at age 73, she is unable to return to work. Because she is a parent, she is subject to the DIC income limit, and her $23,000 annual social security payment exceeds the threshold. With Social Security now her sole source of income, she is in danger of losing the home she shared with her son after his injury.

  As Congress considers H.R. 9276, EDF requests that the Committee consider abolishing or greatly increasing the DIC income limits for non-spouse caregivers enrolled in PCAFC, currently approximately 18,000 caregivers, allowing them to plan for retirement and leaving them far less financially vulnerable when their caregiving roles come to an end.
- H.R. 3651, *the Love Lives on Act of 2023* introduced by Congressmen Dean Phillips and Richard Hudson. As I mentioned previously, military and veteran caregivers often become survivors, and many caregivers we encounter have significant concerns about what happens to them financially if/when the veteran passes away. In addition to the grief they experience, they also can experience benefit loss. Among other things, the legislation would allow surviving spouses to retain the Survivor Benefit Plan (SBP) and Dependency and Indemnity Compensation (DIC) upon remarriage at any age and allow surviving spouses to maintain eligibility for education benefits under the Fry Scholarship and Dependents Education Assistance upon remarriage or if that marriage subse-

quently ends due to death, divorce, or annulment. Finally, it allows remarried surviving spouses to regain their TRICARE benefits if that marriage subsequently ends due to death, divorce, or annulment.

Mental Health and Wellness

The second and third focus areas identified by EDF through the findings in the RAND report are a need to support the mental health and wellness of the caregiver and to address the unique needs of children in the caregiving home.

As Dr. Ramchand noted in his report, the mental health toll on family caregivers is tremendous, with 43 percent of those caring for a veteran under the age of 60 meeting the criteria for depression, and a staggering 22 percent of that same population reporting suicide ideation. Thirty-six percent of those caregivers wanted mental health treatment but did not get it, mostly because they lacked the time to do so or feared how being hospitalized or taking medication would impact their ability to care for their loved one. The good news is that we, as a society, have raised awareness of the need to identify mental health needs. Now we need to identify ways to address them more easily.

At the same time, 27 percent of military and veteran caregivers are also raising a child, and 39 percent of those children help with at least one caregiving task. It is important to note that, in addition to assisting with activities of daily living like administering medication and feeding, young children are also learning to modify their behavior to avoid "triggering" a parent or, like Vanessa said, for those with cognitive issues, learning to remind their dad why he is at the grocery store. Supporting these families and ensuring safe households for veterans and their families is not only the right thing to do; it is also the smart thing to do, as many of these children often grow up with a desire to serve in the military themselves.

Keeping this data in mind and to ensure better outcomes for caregivers, the veteran, and the entire family, the Elizabeth Dole Foundation recommends and endorses the following:

- *Expand Access to mental health care beyond those enrolled in PCAFC*. The recent availability of mental health support for veteran caregivers enrolled in PCAFC has served as a lifeline for many who previously struggled without access to care. While caregiving for a loved one can be incredibly rewarding for the caregiver and often is vital for the well-being of the veteran, the mental health toll on caregivers can be daunting, as has been noted above. Therefore, we encourage Congress to, at a minimum, broaden access to mental health care for those beyond PCAFC to include those enrolled in the Program of General Caregiver Support Services (PGCSS) under CSP.
- H.R. 3581 the *Caregiver Outreach and Program Enhancement (COPE) Act*, introduced by Congresswomen Jen Kiggans and Chrissy Houlahan, would improve access to mental health support for veteran caregivers by establishing grant programs that support their overall mental health and well-being. This type of support serves the caregiver and the veteran for whom they are providing care by addressing the stress, anxiety, and depression that can be associated with caregiving. It also gives options to caregivers who may not be comfortable or eligible to get services through the VA. While this legislation has passed in the House of Representatives, we strongly support its final passage in both Houses of Congress.
- H.R. 8165, the *VA Marriage and Family Therapists Equity Act*. introduced by Congresswoman Julia Brownley, would expand access to professional therapists for caregivers and veterans by removing an outdated licensing requirement that limits the availability of appropriate qualified therapists. Due to the nature of caregiving and the general stress on families today, EDF is seeing, anecdotally, a significant increase in the number of marriages, families, and children that need support. This legislation would go a long way toward addressing the availability of needed therapists.
- Identify/Develop a scale to accurately measure the caregiving intensity of those caring for individuals with mental health and cognitive disorders. The RAND report notes that while scales exist to measure caregiver intensity, they may be biased in how they are constructed by assigning higher intensity levels to those providing support with Activities of Daily Living, such as helping care recipients bathe or dress, versus those caring for individuals with mental health and cognitive deficits. Given that the report also cites a higher incidence of mental health and cognitive issues for care recipients under the age of 60, as well as a higher incidence of mental health needs among their caregivers, it is important that a scale be developed to accurately measure their caregiving intensity, so we may better understand and attend to their needs.

Improving the Care Ecosystem for Veterans and their Caregivers

Given the expansive nature of RAND's report, as well as our daily experience with caregivers, the fourth focus area identified by EDF is the need to Improve the Care Ecosystem for Veterans and their caregivers to ensure the remaining needs of this population were captured. This broadly encompassing area includes a focus on improvement and increased access to programs and services that enhance and promote both the veteran and caregiver's whole health. EDF notes that, while potentially eligible, veterans and their caregivers must navigate a complex array of benefits and services to find the right "Easter Egg" and often are not aware of programs that could benefit them. In addition, there are gaps and outdated restrictions on many programs that limit access to those in need. The near constant effort to identify resources and advocate on behalf of the veteran can weigh heavily on both the caregiver and veteran.

In recognition of this struggle and the effort to improve the care ecosystem in the clinical setting, in the home, and in the community, EDF recommends the following:

- *Addressing the current Veterans Health Administration (VHA) Budget Shortfall*. While we appreciate that Congress acted quickly to address the funding shortfall for the Veterans Benefits Administration, the challenge remains to fund VHA at appropriate levels to ensure veterans and their caregivers receive needed and earned care and services. While the Caregiver Support Program is a small part of the VA, the impact of the shortfall on this program shows the overall impact at the operational level for veterans and their caregivers. Abolishing front line positions to disguise need, hiring freezes, a lack of clinical providers and social workers, and budget cuts to vital programs like respite that were just finally gaining traction, endangers veterans and caregivers.

  In addition, prior to the identification and announcement of the shortfall, multiple new programs impacting veterans, caregivers, and survivors were on track for full implementation. The Family Resource Coordination Program intended to connect families with needed services both inside the VA and in the community to prevent many of the issues we have heard about today has now gone from a phased implementation plan at each VA Medical Center with a full-time dedicated employee to a pilot program. This will certainly delay access to this service for many caregivers and families in need. The Survivor Assistance and Memorial Affairs program housed under VHA is designed to offer personalized supportive services to families, caregivers, and survivors at the end of a veteran's life is now unable to move forward as planned at each VA medical center. Last, the establishment of a lead social worker at the VISN level to standardize services, establish training protocols and serve as a point of contact for exceptionally complex cases was put on hold. All these programs and services are intended to connect caregivers and families with resources before a crisis occurs and could potentially promote cost savings in addition to the added peace of mind for the
- *Expansion and Further Adoption of the Campaign for Inclusive Care*. EDF partnered with the VA to train clinicians and staff on the practice of inclusive care through our Campaign for Inclusive Care. The program is intended to improve the health outcomes for the veteran, reduce the stress and burden on the caregiver, and reduce burnout on the part of providers because of more effective visits. CIC also shows promise in reducing VA costs by minimizing ER visits and increasing medication adherence, promoting better outcomes for the veteran and family. The program has been well received and veterans and caregivers would benefit from its further expansion.
- Passage of H.R. 4518, *The Care Act of 2023* introduced by Chairman Tester and Senator Braun establishing the "Pathway to Advocacy". This legislation would allow knowledgeable organizations to assist veterans and caregivers in navigating VA services and supplement overwhelmed social workers.
- Discussion and passage of H.R. 9399, the *Coordinating Care for Senior Veterans and Wounded Warriors Act* recently introduced by Congressmen Morelle and Ciscomani. The VA is implementing its new Care Coordination and Integrated Case Management program which could be helpful for some veterans. For those with the most complex needs, this legislation creates a pilot program to offer a higher level of assistance and is a firm step forward in the establishment of more effective care coordination. We look forward to continuing to work with the Committee on this important issue.
- *Passage of H.R. 542, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2023*, introduced by Congresswoman Julia Brownley and modified favorably in the Senate. In addition to the Caregiver

Support Program, the VA has many programs that, if accessed, benefit caregivers both directly and indirectly, most of which are housed under Geriatric and Extended Care (GEC). At EDF, we see and hear about the positive things that can happen when veterans and caregivers are connected by caring and passionate providers and social workers to the programs and services that enhance their care and their quality of life. Additional respite services, Veteran Directed Care, Home-Based Primary Care, and the Homemaker Home Health Aide programs are just some of the programs that support veterans in their homes and can serve as a lifeline for veterans and caregivers in need. Where available, the Veteran Directed program, for example, has incredibly high satisfaction rates. The program, a joint offering from the VA and the Department of Health and Human Services, offers veterans and caregivers greater choice and control over their care and services. They can use the program to hire familiar friends and family to provide unskilled care—especially important to those with mental health needs and traumatic brain injuries—transportation, skilled care, and other goods and services. They can supervise their own employees and hire support during the hours that are needed, rather than being held subject to agency hours and restrictions. In addition, this program has been incredibly helpful to those who struggle with getting appropriate care in their homes either due to contracted agency employee absences or the general dearth of HHA providers around the country, as noted in the President's April 2023 Executive Order, Increasing Access to High Quality Care and Supporting Caregivers. Unfortunately, despite being created in 2008 and demonstrating success since then, Veteran Directed is still not available in every VA medical center. In many cases, VA staff are unfamiliar with the program, even if it is supposedly available at the facility, or the program exists in name only, without the appropriate staff available to ensure its availability and success. For example, Mary Ward, a Dole Caregiver Fellow, cares for her 100 percent service-disabled veteran husband and 14-year ALS patient, Tom, who receives care from the Durham VA Medical Center. Mary is an astute and effective advocate for Tom. In 2019, once she found out another high-need veteran in the area was enrolled in the Veteran Directed Program, she began the process of trying to get Tom enrolled. However, over the intervening years, she has been told repeatedly that the program was still unavailable in Durham, a large VA medical center—again, even though another veteran was already enrolled. Finally, after significant effort on Mary's part and intervention from EDF, the VA reversed course and Mary was told recently that the agency would try to enroll Mr. Ward in an existing area of coverage for the Veteran Directed Program. If enrolled, Mary will be able to hire her own home health and respite care to ensure Tom's needs are met. This should not and cannot be this difficult for veterans and caregivers.

As a result of situations like Mary and Tom's, Congresswoman Brownley thankfully introduced the *The Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act*. In addition to mandating that every VA medical center provides the Veteran Directed Program, the legislation, as modified in the Senate, takes a holistic approach to ensuring this and other GEC programs and services are offered and appropriately staffed. It also attempts to ensure that caregivers have access to information on available programs and services in a centralized location and requires the coordination of other available services if a caregiver is denied or discharged from PCAFC for reasons other than waste, fraud, or abuse.

Most notably, the legislation increases the expenditure cap for non-institutional care from 65 percent to 100 percent of the cost of the closest VA Community Living Center (CLC). This allows the most vulnerable veterans and caregivers the support they need to stay in their homes, often leading to better outcomes for the family. The removal of the cap would have helped people like Dole Fellow Lara Garey from Austin, TX, who cared for her 100 percent service-disabled veteran, Tom, until his death in July 2022. Because of the mandated cap, Lara constantly had to fight with the VA to get the appropriate support in their home so Tom could continue to enjoy movie nights with the family, opening gifts on Christmas morning, attending concerts, and even being present for their son's high school graduation—all of which he would have missed if he were in a facility 2 hours away. It was Tom's greatest wish to remain in their home and maintain as normal a life as possible in such an abnormal situation. He wanted to be surrounded by the peace and love of his family during the hardest of times. He deserved that choice, and Lara fought every day until his death to make that possible.

Rapid, Thoughtful Expansion of the Veteran Directed Respite Pilot. As the VA works to improve support for veteran caregivers of all generations, we would like to commend the Caregiver Support Program for its efforts to dramatically increase the use of traditional respite care for eligible individuals by over 200 percent through the enactment of "respite champions," VA employees whose job it is to support access and coordinate services for those seeking to use respite services. In addition, the VA has recently launched a pilot program in 10 sites providing access to respite care through the Veteran Directed program, allowing caregivers and veterans the ability to hire their own respite services. This is especially beneficial for those with specialized needs, including severe mental health and cognitive disorders, as they can hire and hire providers familiar to them during the hours of their choosing.

Call to Action

Fortunately, many of the pieces of legislation mentioned above, the *Elizabeth Dole Home Care Act, the COPE Act, The Care Act of 2023, and the Love Lives On Act* were included in H.R. 8371, *the Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*. While the passage of the original Elizabeth Dole Home Care Act is the top priority for EDF, the overall package, to which Senator Dole was also proud to lend her name, includes numerous additional provisions designed to benefit veterans and caregivers including:

- Enhanced access to care in the community for those for whom it has been determined by their clinician to be in their medical best interest.
- Enhanced access to residential rehabilitation for vulnerable veterans.
- A long-awaited pilot program to assess the effectiveness of and satisfaction with assisted living services, giving veterans and caregivers options in their care.
- Enhanced burial and education benefits for survivors.

Conclusion:

At the Elizabeth Dole Foundation, we focus on issues that directly impact caregivers and issues of significant interest to them. Many of the challenges outlined here and in the RAND report can be addressed through continued oversight and the legislative initiatives mentioned above. Specifically, the *Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act*, which enjoys strong support from all major veteran service organizations, would provide, in many cases, immediate relief to those in need. We urge Members of the House to reach out to trusted veteran, caregiver, and survivor advocacy organizations to hear their perspective on this legislation and then ensure its swift passage. Veterans and caregivers have been waiting for 2 years for Congress to take action on many of the provisions in the bill, and they simply cannot wait any longer for its life-changing, and likely life-saving provisions.

Thank you Mr. Chairman, and I look forward to your questions.

Prepared Statement of Vanessa Chism

Statement of Vanessa Chism, 2024 Elizabeth Dole Foundation Caregiver Fellow before the House Veterans Affairs Committee

September 25, 2024

Chairman Bost, Ranking Member Takano and Members of the Committee, thank you for providing me the opportunity to speak today. I am honored to testify alongside, Steve Schwab, Elizabeth Dole Foundation CEO, representing veteran caregivers. I am sharing my story today, but I would like you all to keep in mind, that I am not an anomaly. There are thousands of other caregivers like me who are experiencing these struggles, yet they bravely tend to our nation's heroes every single day. This nation will never be able to repay them for their sacrifices.

My name is Vanessa Chism, I am the wife and caregiver for my husband, Cody. I vividly remember being in middle school and a young man in his big puffy starter jacket catching my eye in the carpool pick up line, we became friends at just 12 years old. Just a few short years later he won my heart as we quickly became high school sweethearts, marrying soon after graduation in 2002. We had so many plans together. In 2003, he decided to join the United States Army as a combat medic. I fully supported this life altering journey we both were about to embark upon, and I was so excited for our future. While at our third duty station in Mannheim Germany, he deployed in support of Operation Iraqi Freedom, and in December 2008, he came home. The relief that your soldier was coming home is immeasurable, however I naively thought he was unscathed from the atrocities of war simply because he was coming home without being medevac'd out of the combat zone. The moment I saw him in the high school gymnasium, I knew I was wrong. I kept hearing that reintegration took time, but I knew something was not right.

Ultimately, my husband was medically retired from Walter Reed Army Medical Center in 2011 after spending almost two years in the Warrior Transition Unit there with a diagnosis of PTSD with Bipolar Disorder and an assortment of other diagnosed injuries. However, this seemed to be the classic diagnosis of many soldiers medically retired during this time and did not fully explain my husband's neurological symptoms. He couldn't even remember that our baby needed to wear diapers or significant events that occurred a day prior.

After retirement things continued to spiral medically for my husband. There was a continued neurological decline and a sudden onset of seizures. A private medical facility was able to appropriately diagnose him in 2012. It was determined that my husband had multiple traumatic

experiences, exposures to toxic substances, and blast exposures in combat which likely caused PTSD, Moderate Traumatic Brain Injuries, Seizures – Epileptic and Non-Epileptic. While suspected for many years, it wasn't until 2024 that he was diagnosed with Chronic Traumatic Encephalopathy (CTE) by the VA. "Clinical symptoms of CTE include progressive affective lability, irritability, distractibility, executive dysfunction, memory disturbances, suicidal ideation, and in advanced cases, cognitive deficits and dementia." (1)

I have spent the last 15 years of my life as his caregiver, dedicated to tending to him, struggling, advocating for and ensuring that no matter what my husband received the best medical care possible. It has taken me 15 years, collegiate education in Psychology & Behavioral Neuroscience, 6 Veteran Healthcare Facilities, multiple private physicians spanning across 4 states & the District of Columbia to even begin to understand his actual diagnosis and the care and services available to him and our entire family. He requires supervision at all times, and I manage every aspect of his life. Our lives are full of medical appointments, countless hospital stays and the never-ending medication management. His daily life is afflicted with chronic suicidal ideations, migraines, frequent seizures, episodes of psychosis, chronic pain, and cognitive impairment leaving him unable to care for himself independently. While he is still here physically, I have lost who my husband once was. We endure the everchanging neurological decline resulting from traumatic brain injuries, and it has forever changed our lives. Every single day my three children and I watch him slowly decline as his brain continues to fail him. We have had to face decisions that no one should ever have to make. But because of those decisions we have learned to fight, we have learned to advocate, and we have learned to prevail as a family.

There are programs within the Department of Veteran Affairs established to provide assistance for families like mine. However, accessing them is extremely difficult, even with my years of experience. I have been enrolled in the Program of Comprehensive Assistance for Family Caregivers (PCAFC) since 2012, currently considered a legacy participant, which means my husband & I were enrolled in this program prior to October 1, 2020. On November 5, 2021 after going through the new evaluations with the new eligibility criteria, and despite VA assessors stating multiple times that my husband is not capable of caring for himself and he is unable to self-sustain in the community I received notification that my husband was being discharged from the PCAFC program based on the reasoning that he would not need continuous care for more than six months. They wrote specifically, "veteran has continuous Suicidal Ideations, Veterans depression impacts motivation to eat/drink/perform hygiene, veteran's chronic MH conditions impact his memory/judgement/reasoning/problem solving/other aspects of

executive functioning, veteran is unable to manage medication in a manner to maintain his health and well-being or safety." I am well aware that I am fortunate to have VA Caregiver Coordinators who have always provided me with all of the support within their capacity, but, unfortunately, their authority is very limited. Even they were shocked that we received notice of discharge from the program and were not even sure what the future would hold for my husband. Thankfully Quality of Life Foundation, an Elizabeth Dole Foundation grantee, specializes in VA PCAFC program appeals and they were able to provide me with much need guidance on how to navigate and appeal the PCAFC discharge.

It was ironic that just a few months prior to receiving this decision, I became very ill after contracting the Covid virus. Like many of us, I had to isolate in order to protect my family, especially Cody from contracting the virus from me. I did so as much as possible, but during this time Cody started to become ill and was profusely vomiting. This is not completely abnormal for him as he has a chronic gastrointestinal issue. However, typically I am around to assess the situation and ensure proper treatment. He was able to hide the extent of the severity of what was happening to him due to my illness and me not having direct supervision of him. After a few days, I realized how bad he was and immediately put a mask on, drove him to the local emergency room and asked them to please help him. My husband did not have the cognition to realize that he was so ill his body was experiencing sepsis from a lodged kidney stone. This required him to have multiple surgeries and hospitalization. Yet the new VA PCAFC assessment team deemed he didn't need a caregiver. I am currently among the approximately 14,000 other legacy participants in the pause, awaiting the VA to disclose our fate, which leaves us all so vulnerable and unsure of what the future holds for our Veterans.

Additionally, enrollment in the PCAFC program entitles me to a minimum of 30 days of annual respite care provided by the VA. I have been enrolled in the PCAFC program for 12 years and I have never been able to access any respite care through the VA. While living in Tallahassee, Fl. in approximately 2018 and Naples, Fl. in approximately 2022, I requested respite care multiple times, and I was approved but there were no available providers. In 2024, having moved north to get better care at the Martinsburg, West Virginia VA medical facility , I again requested respite through my Caregiver Coordinator but once again I was told they were unable to locate a provider. Just recently I switched my husband's primary care to the Baltimore, VA and have been approved and told providers were available. However, I need to provide requests at least two weeks in advance in order to receive respite, which again creates a barrier to receiving the service when I need it. I was successful in receiving respite care once, it was through the Elizabeth Dole Foundation approximately 3 years ago. At that time, I was spending every Friday

driving my husband to the VA clinic which was over an hour away to pick up medication because the VA could not dispense more than 7 days of this medication at a time. The respite provider drove and assisted my husband with obtaining this medication and then took him with his service dog, Champion to a dog park to play. These few hours gave me the opportunity to volunteer at our youngest daughter's school, knowing that my husband was safe. The simple ability to not have to worry for just a few hours is invaluable.

Currently my respite is provided by my 3 incredible children who are the ages of 23, 17 & 10, they too have dedicated their lives to being secondary caregivers to their father. Only my oldest son "knew who his dad was before war." They are truly incredible Hidden Helpers. I admire their resilience and strength every single day. Without apprehension they step in to be their dad's caretaker, whether that be driving him to the store & making sure he remembers why he's there, knowing what to do when he has a seizure, understanding when plans have to be cancelled, or monitoring their dad doing simple daily tasks. They are always there to help me.

The sacrifices they have had to make has impacted their lives. Both of my older children have had periods of time in their lives where they needed professional therapeutic services to help them navigate their feelings and experiences with their father. Thankfully non-profit organizations like Wounded Warrior Project helped me ensure all barriers were removed so that they could receive therapy. And Elizabeth Dole Foundation holds their annual Hidden Helpers Summit, bringing together children caregivers for informative, bonding experiences.

While I recognize the challenges, this life presents for them, I like to focus on the positive impacts being Hidden Helpers has had on my children. All three are incredibly kind, compassionate, flexible and always dependable. These are characteristics they not only present within our home but throughout our community as well. They have made sacrifices and their lives have been both positively & negatively impacted but in return they have their dad at home with them. It may not be the dad in a sense that everyone else may have, but he's their dad and that can never be replaced.

I am also aware of the Veteran Direct Care (VDC) program through the VA as well. However, this program is currently not offered at all VA facilities. While it was offered at some facilities where my husband has been enrolled, I have found that staff at VA Healthcare Facilities are not fully trained regarding the VDC program and is often only available in limited catchment areas. I

have had to inform social workers at multiple VA facilities of the VDC program and explain to them the process they need to follow in order to determine whether my husband would qualify. This program could allow me to directly hire trusted individuals, who are familiar with my family, my husband's needs and provide me with respite care. Yet I have not been successful thus far in accessing this program. This program could be an asset to me and the thousands of other caregivers who need and deserve a break so we can be at our best when caring for our veteran. We aren't asking for breaks for extravagant events --something as simple as going to the grocery store, volunteering at our child's school, everyday tasks that most people can do without much thought.

Another program I have found to be beneficial yet challenging to access is the Community Care Network. When VA providers have found that it is appropriate and necessary, they have referred my husband out to community medical providers to access medical care. My husband received an updated MRI of his brain through community care in a much timelier manner than the VA could provide. However, while the medical records were sent to the VA healthcare facility, VA providers can still not access those records. So, I ensure that I keep accurate medical documentation to provide each provider when needed. Additionally, when referred to a community care podiatrist my husband found multiple hurdles attempting to access care. The podiatrist provided exceptional care yet was not permitted by the VA to provide necessary medical equipment. After waiting months for the VA to send a walking boot, which the community care podiatrist prescribed, to determine what was impeding mobility for my husband, it took me driving over 3 hours round trip and waiting for over an hour to discuss with the community care liaison how to fix this problem. The delay was the result of the community care provider being given the wrong VA form to complete requesting the walking boot. I took the correct form to the provider, submitted it and the medical equipment was delivered by the VA. The Community Care Network can be an incredibly beneficial program for veterans ensuring they receive appropriate medical care in a timely manner. This program if made fully accessible can help alleviate burdens placed on our veterans and therefore caregivers, who need access to timely, high quality medical care.

I could never imagine a decision my husband made when we were 20 years old would alter the course of our entire lives. I became my husband's full-time caregiver at 26 years old. My hopes, my dreams, my forever changed by my husband's decision to support our beloved country. Yet I would not change where I am in life, as I truly believe every single thing happens for a reason, a reason I may not understand, but I know that God's plan is far better than mine. Being my husband's caregiver is a choice I make and 15 years into this, I am fully aware of the sacrifices I

have made and will continue to make. I spend so many hours providing my husband with case management services and always assuring he is cared for every hour of every day. My life may look vastly different than others and that is okay because it is my choice.

As I tell my children, we get to decide the perspective that we choose to view our circumstances. We choose to make the most of each day. Sure, some days my husband can't get out of bed but some days he can, some days the seizures are hard and plentiful but some days there are none; we choose to laugh at how many times we have to tell him the same thing over and over because one thing is certain, he is going to forget. As I mentioned earlier in my statement, we made yet another move to Maryland from South Florida, a few years ago seeking better medical care for my husband, and we also started a small homestead at that time. It has always been a dream of ours to live sustainably, in a peaceful country setting with entirely too many animals. Our family, especially my husband, finds joy in raising his animals, and we as a family make sure that he is able to do that. That means we often assume all the responsibilities of the day because his health has prevented him from doing so, we are always there to provide him with the supervision he needs, and we take extra steps to make sure he can be there to watch his daughters riding in their rodeo circuits. Recently, I took on an additional job working from home so we could afford the type of horse trailer we needed to accommodate Cody's needs while out at the rodeo. I'm pretty sure my children's favorite thing to do is to drive their father to pick up his latest animal find from the farmers down the road, of course surprising mom!

I am no longer naïve; I know that there may come a day where I can no longer care for my husband safely in my home. However, I along with the thousands of other caregivers, should be allowed to make the decision that is best for our families. We deserve to do that with the full support of the Department of Veterans Affairs. My husband did not ask for this, he chose to defend our country without hesitation, unknowing the consequences of war that would impact the rest of his life. My family deserves the right to be supported in our decision to continue to provide care for my husband in our home because that's where he wants to be. Despite any disabilities and accommodations, if he chooses, my husband deserves to be involved as much as possible in our lives and not put away in a facility to be cared for by others. But we can't give him that choice without help. He nor any other combat wounded or injured Veteran asked for this role and it is this country's responsibility to ensure we provide them with unwavering, easily obtainable support.

Because of my lived experiences and experiences of other caregivers, I would like to make the following recommendations:

- The immediate passage of H.R.8371, Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act which includes a number of provisions to address the challenges I mentioned today including expansion of the Vet Directed Program, respite options, access to community care, an assisted living program if we eventually decide we need it, help navigating the VA's programs and services, and many more.
- Expansion of complex post-acute neurological treatment and research within the Veteran Health Care System.
- Grandfather all current PCAFC legacy participants. We have been through so many changes and pauses in this program—we have been found eligible many times before. Please let us get the support we need without having to prove ourselves over and over again.
- Provide easily obtainable case management or care coordination services for Veterans with complex medical needs to ease the burden for caregivers and promote better outcomes for veterans.

Thank you all for the opportunity to share my story. I share these personal details with you not looking for sympathy but to ensure significant positive impactful change, lessening the load for veterans and their caregivers across this nation.

Thank you,

Vanessa B. Chism

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Prepared Statement of Troy Broussard

Chairman Bost, Ranking Member Takano, and members of the Committee, thank you for inviting AARP to testify today. My name is Troy Broussard, and I am the State Director for AARP Kentucky. AARP, which advocates for the more than 100 million Americans age 50 and older, including over 430,000 Kentuckians, appreciates the opportunity to provide testimony at today's hearing about supporting the veteran caregiver community. It is my distinct honor to also have the opportunity to testify before my own Member of Congress, Representative McGarvey. As a proud Army Desert Storm Veteran and someone who played a pivotal role in leading AARP's National Veterans & Military Families Initiative (VMF), I look forward to sharing with you AARP's work to support our Nation's family caregivers, including those specifically caring for our veterans and military families. They are indeed everyday heroes.

AARP Supports Family Caregivers Broadly Including Military and Veteran Caregivers

One of AARP's top priorities is supporting our Nation's more than 48 million family caregivers by providing them with resources and tools, advocating for greater support for them at the Federal, State, and local levels, providing resources to employers to support their caregiving employees, conducting leading research on family caregiving, and working with hospitals, health systems, and other stakeholders to improve support for family caregivers. Family caregivers help older adults, veterans, and people with disabilities live independently in their homes instead of being forced into nursing homes. Family caregivers need commonsense solutions that will save them time and money and provide them with more support.

Every day, family caregivers assist their older parents, spouses, siblings, grandparents, adult children, and other loved ones so they can live independently in their homes—where they want to be. They help with everything including meals, bathing, dressing, chores, medications and medical care, finances, grocery shopping, transportation, coordinating care across multiple providers and care settings, advocating on their loved one's behalf, and much more.

Family caregivers are the backbone of a broken long-term care system, providing $600 billion in unpaid labor annually, saving taxpayers billions. Without them, America's health and long-term care systems would collapse. Without family caregivers' support, many older Americans would be forced into costly nursing homes with the government and taxpayers paying the bill. Some family caregivers help a few hours a month while others are on call 24 hours a day, 7 days a week. On average, family caregivers provide almost 24 hours of care a week, and thirty-two percent of family caregivers provide at least 21 hours of care to their loved one each week. More than one in four family caregivers (29 percent) provide care for 5+ years.

More than six in ten family caregivers (61 percent) work full-or part-time. On average, they are working around 35 hours per week. The time they spend caregiving can be the equivalent of another part-or full-time job. Caregivers may choose to or have to make changes to their work situation, given their caregiving responsibilities. Six in ten family caregivers say they have experienced at least one impact or change in their employment situation due to caregiving, with about half going in late, leaving early, or taking time off to provide care. Caregivers also cut back on hours, take a leave of absence, give up working entirely, or retire early. These changes often impact income, access to employer-sponsored benefits and retirement savings, which can have long-term consequences.

Sandwich generation caregivers, caring for an older family member or friend and raising children or grandchildren, are juggling even more, often in addition to paid employment. Sandwich generation caregivers are generally ages 35–64 (increasingly including Gen Z and millennial caregivers) and are more likely than other caregivers to be working while caregiving. They also report being more emotionally and financially strained. A sandwich generation caregiver could be an adult son or daughter caring for a parent who is a veteran while also caring for children or a parent caring for an adult child who is a veteran and an older relative.

Family caregivers often spend time searching for resources, information, support, and services for the person they are assisting or themselves as a caregiver. Over half (56 percent) of family caregivers advocate with care providers, community services, or government agencies on behalf of their loved one. One in four want help figuring out forms, paperwork, and eligibility for services. Among those coordinating care, 31 percent find it difficult to do so. Terri in Indiana cares for her husband, who served in the Air Force. She has used some of AARP's caregiving resources and she also receives some important support from the Department of Veterans Affairs

(VA), including the VA paying Terri to take care of her husband and having a ramp installed on the house to accommodate a wheelchair. The ramp was also covered through the VA. At the same time, she also faces challenges, such as health care providers being dismissive and not appropriately communicating with her about her husband's care.

Nearly six in ten caregivers (58 percent) assist with medical/nursing tasks, such as injections, tube feedings, wound care, operating equipment, and more. African American/Black and Hispanic/Latino caregivers more often help with medical/nursing tasks than do white caregivers, and caregivers of spouses/partners more often assist with such tasks than all other caregivers. It is important to note that veterans may experience unique physical and/or mental health challenges, given their service, which can be even more complicated and challenging to address. Too often, family caregivers do not receive the education and training they need to assist them in performing medical/nursing tasks. AARP has worked with others to conduct research specifically around family caregivers performing medical/nursing tasks.

Family caregivers also face financial challenges. More than three in four family caregivers (78 percent) are incurring out-of-pocket costs due to caregiving. Caregiving is costly both in terms of out-of-pocket expenses paid to assist their loved ones and potential income and retirement savings foregone. An AARP report found that family caregivers spend, on average, 26 percent of their income on caregiving expenses or over $7,200 annually. The 26 percent is a measure of financial strain. The financial strain is higher for African American/Black and Hispanic/Latino family caregivers who spend, on average, 34 and 47 percent, respectively, of their income on caregiving expenses annually. AARP Research has found that family and others who provide care for veterans spend on average $11,500 of their personal income on out-of-pocket costs related to caregiving each year, more than fifty percent higher than for family caregivers overall. The support provided by caregivers also helps save taxpayer dollars by assisting in delaying or preventing expensive nursing home care and unnecessary hospital stays. Nearly half of family caregivers have experienced at least one financial setback due to caregiving, such as using their personal savings, cutting their own healthcare expenditures, or reducing retirement savings. The out-of-pocket expenses that many family caregivers incur are on top of the financial impacts that can occur due to reducing hours or leaving paid employment entirely.

AARP's Leadership to Support Our Nation's Family Caregivers, Including Military Veteran Caregivers

AARP has long worked to support our Nation's family caregivers through our advocacy, resources and tools for caregivers, research, work with employers, and more. Our goal is to help shine a spotlight on family caregiving and bring about the changes needed to support family caregivers in the public and private sectors.

Resources

AARP is dedicated to providing resources, information, and tools to support our Nation's active duty, veterans, and their family caregivers. Physical, emotional, and financial challenges face caregivers broadly. At the same time, caregivers of veterans may also face unique or different challenges than civilian caregivers. Family caregivers of veterans face higher out-of-pocket costs than civilian caregivers, on average, as previously noted. Caregivers may also face unique challenges in caring for a veteran affected by the wounds of war, and who may have unique or more complex physical, emotional, or mental challenges. Veteran caregivers may provide care earlier and longer than other caregivers, often due to service-related injuries. Military caregivers consistently experience worse health outcomes, greater strains in family relationships, and more workplace problems than non-caregivers.

Care options and available resources can be different for caregivers of veterans, including the availability of the VA Caregiver Support Program. Caregivers of veterans can have access to some resources and support not available to civilian family caregivers. It is important that caregivers of veterans have access to the benefits for which they are eligible. As with civilian caregivers, spouses, parents, siblings, children under age 18, other relatives, friends, and neighbors can take on an array of tasks to assist a veteran in living independently. AARP joined the Elizabeth Dole Foundation, Wounded Warrior Project, and others as a member of the Hidden Helpers Coalition regarding support and services for military caregiver kids and youth. AARP cosponsored the documentary, *Sky Blossom: Diaries of the Next Greatest Generation*, about teens and twenty-somethings caring for a veteran parent or grandparent.

AARP has developed specific resources for military and veteran caregivers. These resources can be accessed through AARP's Veterans, Active Duty, and Military

Families page (www.aarp.org/veterans) and AARP's Family Caregiver Resource Center. Resources AARP provides for caregivers of veterans include:

- Military Caregiving Guide for Veterans, Service Members and Their Families from AARP and the Elizabeth Dole Foundation-this includes information, a glossary of terms to know, resources, and checklists to help the caregiver organize and find the support they might need. The guide outlines five key areas that family caregivers face.
- AARP Financial Workbook for Veteran and Military Family Caregivers-this is a practical guide focused on health, housing, and money management to help a caregiver get organized. Each set of worksheets is designed for the caregiver to capture the essential information they need to manage the complex responsibilities of caregiving.
- Mental Health and Emotional Support Guide for Veteran and Military Family Caregivers from AARP and the Elizabeth Dole Foundation-this guide includes five self-care tips, warning signs of a mental health crisis, and resources and support.
- Veterans and Military Families Health Benefits Navigator (*also available* to print here)-this is a tool to help veterans and their family members find and obtain service-related health benefits. The navigator can help you to learn more about health benefits provided through the VA and Department of Defense (DoD); understand how to apply for VA or other Federal health care programs; and identify how to get free help from certified representatives who have experience and knowledge of the VA's process for awarding benefits.
- Veterans Home Modification Benefits Guide-this guide helps to connect veterans and military families with financial assistance programs to modify their homes.

These and other free handbooks on an array of issues are also available here. The Elizabeth Dole Foundation, AARP, and the Chamber of Commerce Foundation's Hiring Our Heroes Program has also developed "Supporting Military and Veteran Caregivers in the Workplace: A Practical Guide for Employers" as a resource to support military and veteran employees and help shape policies and procedures that focus on supporting military and veteran employees. We have also worked to share information about the PACT Act. For example, in July 2023, AARP hosted a nationwide PACT Act Tele-Town Hall on expanded health care benefits and services available to veterans and their families from the VA under the law. AARP developed this short document about benefits available under the PACT Act.

AARP works on the national, State, and local levels to provide resources to military and veteran caregivers. AARP Kentucky is working closely with the Kentucky Department of Veterans Affairs (KDVA) supporting and sharing Military Caregiving resources at a recent Women veterans resource event. AARP Kentucky staff and volunteers shared resources that included a specific Military Caregiving guide that provides step-by-step instructions on how to prepare to become a successful caregiver to a veteran.

AARP established a Veterans Fraud Center to learn more about the latest scams targeting the military community. Veterans, active-duty service members, and their families are nearly 40 percent more likely than civilians to lose money to scams and fraud. AARP has an AARP Watchdog Alert Handbook: Veterans Edition to find out more about the common scams and schemes con artists use to steal money and personal identities from veterans, service members, and their families and how to stay safe. Veterans and their families can report a scam or fraud to AARP's Fraud Watch Network online or at 1–877–908–3360 Monday through Friday 8 am – 8 pm EST to help warn others. Operation Protect Veterans is a joint program of AARP's Fraud Watch Network and the U.S. Postal Inspection Service (USPIS). The initiative provides free resources and community programs to proactively spot scams and deliver helpful guidance from fraud specialists if you have been targeted.

For family caregivers broadly (including military and veteran caregivers), AARP has a wide variety of articles, tips, tools, guides, and more to assist family caregivers with their caregiving responsibilities and help with self-care. Caregivers can access these resources in our Family Caregiver Resource Center (www.aarp.org/caregiving or www.aarp.org/cuidar).

We also have a toll-free family caregiving resource line that can suggest resources for caregivers on a variety of topics. The resource line, 1–877–333–5885, is available Monday through Friday from 8 am to 8 pm EST. It is also available in Spanish at 1–888–971–2013.

Members of the Home Alone Alliance-a collaborative of AARP, developed more than 50 instructional videos on common complex care tasks specifically created for

family caregivers. The videos are free of charge, and many are available in multiple languages. The VA was involved in the development of the series of videos on mobility. Several VA hospitals currently use them as a resource for caregivers prior to discharge. We also work with hospitals and health system leaders to better recognize and support family caregivers. Efforts include a series focused on promising practices for systems seeking to be more inclusive of family caregivers and the development of a Family Caregiver Program Guide designed in collaboration with Chief Nurse Officers, that focused on helping system and clinical leaders execute policy and practice changes to better meet the needs of patients, their families, and the clinicians and social service providers who care for them.

Research

AARP has been working on leading research on family caregiving for years. Below are some key examples:

Valuing the Invaluable 2023 Update: Strengthening Supports for Family Caregivers-This report includes State specific data on the number of family caregivers, the value of the unpaid labor they provide, and more. This report pulls from multiple sources to profile who family caregivers are and the challenges they face and includes several first-person accounts of the experience. It takes a detailed look at recent developments and promising Federal and State policies that support family caregivers, as well as promising practices in the public and private sectors, including the positive representation of caregivers in popular media. It concludes with specific recommendations.

Family Caregiver Considerations for the Future of Hospital at Home Programs-The Hospital at Home (HaH) model shifts care into the home setting and delivers acute hospital-level care to eligible patients where they live instead of in a hospital. This means that family caregivers may end up providing increased assistance to the HaH patient with activities of daily living and handling household chores (e.g., cleaning, laundry). This brief presents four detailed Family Caregiver Considerations that HaH models can incorporate into policy and program design to best support patients and family caregivers.

Caregiving in the US 2020- This is a national report on family caregivers conducted by AARP and the National Alliance for Caregiving about every 5 years. In addition to the full report, there is an executive summary, profiles of different "typical" caregivers, an infographic and more. This provides an important overview of family caregivers in the US.

Home Alone Revisited: Family Caregivers Providing Complex Care- This study builds on the landmark *Home Alone* study, which was the first national look at how family caregivers are managing medical/nursing tasks, such as managing medications, changing dressings, and other tasks in the home setting, that are typically performed by trained professionals in hospitals. *Home Alone Revisited* affirms many of the findings of the original 2012 study and adds new information about targeted issues.

A Closer Look at Sandwich Generation Caregivers of Medicare Beneficiaries-Early research has shown the negative impact the compounded responsibility of caring for an older adult while still caring for young children can have on caregivers' physical health, well-being, and financial welfare. This report uses qualitative and quantitative data to depict sandwich generation caregivers to Medicare beneficiaries and the care they provide. Today, the combined dynamics of Americans delaying having children and younger generations taking on caregiving for older adults are leading to a new picture of what it means to be sandwiched between two generations who need daily care.

2023 State Scorecard on Long-Term Services and Supports (LTSS) for Older Adults, People with Physical Disabilities, and Family Caregivers (Scorecard)-The *Scorecard* compares State LTSS systems across multiple dimensions of performance, reflecting the importance and interconnectedness each has on the overall LTSS system. Support for Family Caregivers is one of five dimensions across which states are measured. States that do well supporting family caregivers tend to have stronger overall LTSS systems; the scores and ranks of the Support for Family Caregivers dimension showed the highest correlation out of all five dimensions to overall State LTSS system performance.

US Voters' Views on Support for Family Caregiving-According to this AARP poll, voters across the country want Congress to address family caregiving issues. This is especially true for those age 50 and older: over two-thirds of voters, and 75 percent of voters 50+, say it is very important for Congress to help seniors live in their own homes. More than half (57 percent) say the same for supporting unpaid family caregivers. An overwhelming majority of voters, 78 percent, are either a current,

past, or future family caregiver. Over 70 percent of voters across the political spectrum say they would be more likely to support a candidate who backed proposals to support family caregivers, such as a tax credit, paid family leave, and more support and respite services.

Advocacy

In Congress, AARP has worked with the bipartisan, bicameral Assisting Caregivers Today (ACT) Caucus co-chaired by Representatives Jen Kiggans (R-VA) and Debbie Dingell (D-MI) and Senators Michael Bennet (D-CO) and Shelley Moore Capito (R-WV), to help shine a spotlight on family caregivers. The ACT Caucus raises awareness about the challenges facing family caregivers and advocates for policies that support them. We are also working to advance bipartisan legislation to improve support for and provide financial relief for family caregivers, including caregivers of veterans, including:

- Elizabeth Dole Home-and Community-Based Services for Veterans and Caregivers Act (H.R. 542) to expand access to current VA programs providing care at home and provide for improved coordination among VA's home-and community-based services and with the Program for All-Inclusive Care for the Elderly (PACE). The bill also improves transitions and access to services for veterans and family caregivers denied or discharged from the VA Program of Comprehensive Assistance for Family Caregivers (PCAFC), creates a centralized website for VA's caregiving resources, and increases respite care for veteran and military caregivers;
- Caregiver Outreach and Program Enhancement (COPE) Act (H.R. 3581) to establish a grant program to award funding to organizations that support the mental health and well-being of veteran and military caregivers enrolled in the VA's PCAFC. The bill also requires the VA and Government Accountability Office to provide Congress with a report on the mental health of veteran and military caregivers, the availability and accessibility of mental health treatment for veteran and military caregivers, and information on the grant program and its outcomes;
- Expanding Veterans' Options for Long-Term Care Act (H.R. 1815) to establish a 3-year pilot program to assess the effectiveness of providing assisted living services to eligible veterans;
- Autonomy for Disabled Veterans Act (H.R. 2818) to increase the amounts available under the VA's Home Improvement and Structural Alterations (HISA) Grant program to $10,000 for veterans with a service-connected disability and $5,000 for veterans with a disability that is not service-connected. The legislation would allow veterans to make necessary adaptations for wheelchairs, medical equipment, and to improve accessibility throughout the veteran's home to help them remain at home;
- Veterans Protection from Fraud Act (H.R. 3956) to enhance penalties to help prevent fraud against our Nation's veterans and their families;
- Supporting Access to Falls Education and prevention and Strengthening Training Efforts and Promoting Safety initiatives (SAFE STEPS) for Veterans Act (H.R. 9179) to prevent falls among veterans by establishing an Office of Falls Prevention in the VA, establishing a public education campaign, developing research on falls prevention programs for veterans, helping to ensure safe patient handling and mobility policies, and more;
- Credit for Caring Act (H.R. 7165) to provide a non-refundable tax credit of up to $5,000 for eligible working family caregivers to offset some of the out-of-pocket costs of caring for a loved one;
- Alleviating Barriers for Caregivers Act (H.R. 8018) to reduce red tape for family caregivers in Medicare, Medicaid, Social Security programs, and the Children's Health Insurance Program;
- Lowering Costs for Caregivers Act (H.R. 7222) to allow a family caregiver with a health savings account, flexible spending account, health reimbursement account, or Archer medical savings account to use funds in those accounts for the qualified medical expenses of parents or parents-in-law; and
- Connecting Caregivers to Medicare Act (H.R. 7274) to help inform people about Medicare's voluntary option for Medicare beneficiaries to allow family caregivers to access their health information through 1–800-MEDICARE. This can make it easier for caregivers to communicate with Medicare to help their loved one or to advocate on their behalf.

Among the supporters of the Credit for Caring Act, Alleviating Barriers for Caregivers Act, and the Connecting Caregivers to Medicare Act are the Elizabeth Dole Foundation and Paralyzed Veterans of America. Other Veterans and Military service and support organizations have also shown previous support for a family caregiver tax credit.

States across the country are also working to support family caregivers. In 2023 and 2024, AARP Oklahoma and AARP Nebraska successfully advocated for a tax credit for family caregivers in their states to assist with out-of-pocket costs. While both states capped their tax credits at $2,000 for most caregivers, they also established a higher maximum credit – $3,000 – for family caregivers who take care of a veteran.

This year, AARP Maryland was instrumental in creating a Caregiver Expense Grant Program that will allow eligible family caregivers to apply for grants of up to $2,500 a year to cover expenses related to caring for someone 60 or older, and AARP Connecticut expanded its state's paid leave law to cover nearly all private sector employees. The new law broadens the range of family members for whom an employee may use leave, increases the rate at which employees accrue leave, and allows employees to use leave in more situations, including closures due to a public health emergency. Finally, in my home State of Kentucky, AARP successfully passed legislation to increase access to home care in Medicaid, an increase in funding for senior meals and numerous other provisions that will positively impact veterans and their caregivers.

Conclusion

Thank you for your attention to the important issue of supporting veteran family caregivers. They help veterans live in their homes and communities. Family caregivers and military and veteran caregivers need and deserve our support and commonsense solutions that meet their needs. AARP is proud to support our Nation's military and veteran family caregivers through advocacy, resources, and research.

Prepared Statement of Jonathan Pruden

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WOUNDED WARRIOR PROJECT

WOUNDED WARRIOR PROJECT
Statement for the Record

"Everyday Heroes: Supporting the Veteran Caregiver Community"

COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

September 25, 2024

Chairman Bost, Ranking Member Takano, and Members of the Committee – thank you for inviting Wounded Warrior Project (WWP) to share its perspective on the challenges facing the veteran caregiver community. Caregivers are a crucial and indispensable part of the community that supports the warriors WWP was founded to serve. We appreciate your effort to convene this critical oversight hearing and are pleased to help inform and guide future action to enhance veteran caregivers' well-being.

Wounded Warrior Project was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing more than 20 life-changing programs and services to over 218,000 registered post-9/11 warriors and 54,000 of their registered family members. These direct services span mental, physical, and financial domains to create a 360-degree model of care and support, including intensive programming focused on connection, independence, and wellness for severely injured veterans and the caregivers who play diverse and meaningful roles in their lives.

Wounded Warrior Project also provides support to caregivers and warriors by partnering with organizations that not only conduct research but provide specific services or programming directly to caregivers. These partnerships allow us to make an even greater impact and deliver better quality of life and care. Since 2012, WWP has supported 25 organizations that provide direct programs to caregivers – including clinical mental health services, respite, support for children in caregiving families, and other resources. The research, programs, and partners help inform our perspectives on what more can be done to support this vital group. Additionally, WWP has teamed up with the Elizbeth Dole Foundation to action critical findings from groundbreaking studies through the creation of the Hidden Helpers Coalition – a collaborative network of more than 100 public and private sector partners committed to supporting children and young adults in caregiving homes.

Advocacy Before Congress

Caregivers make sacrifices every day to ensure that our nation's most severely wounded, ill, and injured Service members and veterans are taken care of. At WWP, we recognize these sacrifices and are dedicated to providing support for both the warriors and their caregivers programmatically and through our advocacy before Congress. Multiple pieces of legislation introduced in during the 118th Congress would address challenges faced by caregivers. Key legislation includes: the *Elizabeth Dole Home Care Act* (H.R. 542), introduced by Rep. Julia Brownley (D-CA-26); the *Caregiver Outreach and Program Enhancement (COPE) Act* (H.R. 3581), introduced by Rep. Jen Kiggans (R-VA-02); and the *Veterans Caregiver Application and Appeals Reform (CARE) Act of 2023* (H.R. 4518), introduced by Rep. Donald Davis (D-NC-01). Similar efforts can be found in the U.S. Senate.

Recognizing that these bills were complementary, key sections were included within the *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (H.R. 8371), a veterans omnibus legislative package offering comprehensive solutions, introduced by Rep. Juan Ciscomani (R-AZ-06). WWP strongly supports each of these bills individually but believes the Elizabeth Dole package provides the best and most comprehensive legislative solutions to more fully address the needs of our nation's caregivers. The remainder of this statement outlines WWP's previous efforts to support caregivers through congressional action and provides a present-day perspective on how the Committee may choose to pursue oversight and policies to support our nation's hidden heroes.

Direct Support for Caregivers: The Program of Comprehensive Assistance for Family Caregivers (PCAFC) (2010)

Key Facts for 2024[1]

- **Program participation**: Of the nearly 16% of WWP warriors who report receiving aid and assistance from another person due to service-connected injuries or health problems, approximately 30% are participating in PCAFC.
- **Volume of caregiving provided**: WWP warriors enrolled in PCAFC rely on caregivers who – regardless of employment status and type (at home, virtual, hybrid, part-time, full-time, or unemployed) – generally spend more than 50 hours per week providing caregiving assistance. Nearly half of warriors who require aid and assistance (48.2%) reported needing 40 hours or more per week.

Historically, WWP advocacy on behalf of severely injured warriors and their caregivers helped secure passage of the *Caregivers and Veterans Omnibus Health Services Act of 2010* (P.L. 111-163). This legislation launched the PCAFC, which was originally designed for severely wounded, ill, and injured post-9/11 veterans and caregivers and has provided this community with critical support towards sustaining meaningful lives at home and in the care of loved ones serving as caregivers. WWP was pleased to support the *VA MISSION Act* (P.L. 115-182), which expanded PCAFC to veterans and caregivers of all generations, but which also

[1] The figures below are from WWP's 2022 Annual Warrior Survey, which can be viewed at https://www.woundedwarriorproject.org/media/ylwhpx4h/wwp-2022-annual-warrior-survey-full-report.pdf.

allowed the U.S. Department of Veterans Affairs (VA) to modify eligibility criteria in ways that have put this critical program out of reach for many deserving veteran caregiver households.

Following passage of the *VA MISSION Act*, PCAFC eligibility criteria was modified from a system that paid stipends to family caregivers based on the number of hours spent providing personal care services to veterans to a system that requires the caregiver to provide personal care services every time a veteran completes one of several activities of daily living (ADLs). As expressed previously to the Committee, we are concerned that the new system excludes too many veterans with moderate and severe needs that the program was originally designed to cover. Among veterans and caregivers in the WWP community with a service-connected disability rating of 70 percent or more (a criteria for the new PCAFC eligibility), less than two percent of veterans are completely dependent on someone else to complete the ADLs that are considered as part of PCAFC eligibility. Oftentimes, veterans with certain conditions, such as amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS), experience fluctuations in symptoms. The variability and unpredictability of their conditions means they may not need help with ADLs every time, but during symptom flares, need a caregiver's support.

We urge Congress to keep these considerations in mind as they continue to monitor the program to ensure that veterans and caregivers in need of heightened support are receiving the care they need. The financial impact of PCAFC participation can make a critical difference for post-9/11 households and provides a compelling reason to ensure this program is working for them. According to new RAND research conducted in 2023, 70% of caregivers to military/veteran recipients aged 60 and under report difficulty paying bills compared to only 48% of those caring for someone over 60.

In addition to maintaining vigorous oversight of VA's implementation of the PCAFC and any forthcoming regulatory adjustments to eligibility standards, the Committee can pursue legislative initiatives to better support caregivers seeking assistance through PCAFC.

- **Transitions away from PCAFC**: The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 124) (see also *Elizabeth Dole Home Care Act* (Sec. 5)) would help ease the transition of caregivers who are ineligible or are discharged from PCAFC by offering them the option to enroll in VA's Program of General Caregiver Support Services (PGCSS). It would also allow the veteran or caregiver to be assessed for participation in any other available VA program for home- and community-based services and would require VA to assign a Caregiver Support Coordinator to provide a smooth and personalized transition to each veteran or family caregiver discharged from PCAFC to help them navigate the process.

  We further recommend that such coordination be extended to those who are and continue to be successfully enrolled with PCAFC. Services provided by Geriatrics and Extended Care (GEC) programs will not necessarily overlap with the "personal care services" provided by the family caregiver, and transparency on eligibility and instructions for applying for these other programs is often lacking under current VA coordination practices. In either case, improvements designed to help connect these veterans and caregivers to other programs that may provide needed assistance can be a critical backstop. Individualized engagement – or at

least clearer presentation of options and avenues to support – has potential to greatly improve how efficiently and effectively veterans are connected to the programs and resources that have been put in place for them to use.

Service organization advocacy: WWP supports efforts to allow for clearer paths for veterans and caregivers to engage with service organizations that can help guide their paths to care and support. The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 129) (see also *CARE Act* (Sec. 3)) would allow Veterans Service Organizations and other accredited agencies to advocate for veterans applying for entry into the program, a process that can be complicated for veterans and caregivers to navigate.

Care Coordination for Severely Wounded Service Members and Veterans: The Federal Recovery Coordination Program (FRCP) (2014)

Key Facts for 2024

- **Long-term care for younger veterans**: Younger veterans are using VA's GEC programs in growing numbers. According to VA's FY 25 budget proposal, 29% of GEC program users in 2023 were veterans under the age of 65 (~146,000 veterans). In 2018, veterans under the age of 65 were 25% of GEC program users (~112,000 veterans).
- **Demand for long-term care**: The number of veterans age 65+ who are significantly disabled is expected to rise by over 50% in the next ten years and Home-based primary care usage is expected to rise by nearly 50%.[2]

Within the community of post-9/11 wounded, ill, and injured veterans that WWP serves, caregivers play an indispensable role in maintaining a high awareness of the physical, mental, behavioral, and financial health needs of those they care for. Navigating myriad federal, state, and community-based resources to assist their care journey is part of the caregiving role for many. As veterans with chronic health issues continue to age and address evolving challenges, their need for treatment, therapies, and caregiving support will only increase.

Caregivers' needs must be carefully followed as well, particularly as they age and become less able to care for veterans. Congress and federal agencies can be at the forefront of planning for this future by putting systems in place now to help veterans and caregivers navigate the resources available to them. Models from the past can offer a vision for how to better serve this community and create better outcomes in the near and long term.

To assist veterans and caregivers in navigating the complex environment of care available to them, the Federal Recovery Coordination Program (FRCP) was created as a joint effort between VA and the U.S. Department of Defense (DoD). The intent behind the FRCP traces back to the President's Commission on Care for America's Returning Wounded Warriors[3] recommendation for the federal government to immediately create and coordinate comprehensive recovery plans for seriously injured Service members.[4] Today, Federal Recovery

[2] Figures are drawn from the VA Veteran Experience Office's "Choose Home Initiative Final Report; January 2020" unless noted otherwise.
[3] The group is often called the "Dole-Shalala Commission" in reference to its co-chairs.
[4] *See* PRESIDENT'S COMMISSION ON CARE FOR AMERICA'S RETURNING WOUNDED WARRIORS, SERVE, SUPPORT, SIMPLIFY, 5, 13-14, (July 2017), *available at* https://www.patriotoutreach.org/docs/presidents-commission-report-july-2007.pdf.

Consultants (FRCs) are located at nine sites across the country or are available to provide virtual consultations across the nation.[5] FRCs are unique in their ability to operate within both DoD and VA, working with wounded warriors throughout their recovery and eventual reintegration into the community.

FRCs were originally designed to liaise between a veteran's Care Management Team, composed of clinical providers, DoD Recovery Care Coordinators, service wounded warrior programs, Medical Case Managers, Non-Medical Case Managers, and any others involved in a patient's care. An FRC does not provide direct services but identifies gaps in patient needs that the Care Management Team is unable to fill and facilitates access to resources provided by State and Federal governments, non-profit organizations, medical centers, and the veteran's local community. Their holistic approach is intended to synchronize four rehabilitation factors: benefits; education, training, and employment; medical and rehabilitative care; and family support services. FRCs are available to those wounded warriors who are in a military acute care setting and require high-intensity care management.

While FRCs have been a successful tool in the past, investment in the FRCP has waned as demand has declined, leaving significant gaps in case management services for veterans with complex cases. Individual Case Managers are siloed within their respective agency jurisdictions without an FRC to manage care enterprise-wide and longitudinally. As a result, patients may miss out on valuable resources due to insulated treatment planning by the Care Management Team, further obscured by the vast number of programs, services, partnerships, and benefits advertised to patients and caregivers – and which are often challenging to navigate for trained social workers not part of the FRCP. In this context, the community would likely benefit from a congressionally mandated report on the evolution of the FRCP[6] to better align resources moving forward.

On a similar scale, WWP supports the creation of a system to help centralize care coordination and patient advocacy, especially for those veterans with the most complex needs who often depend on caregivers. This approach should include a mechanism to help identify those most in need of assistance with care coordination, through screening during enrollment, identification by providers and social workers of current enrollees, and a process for veterans and caregivers to self-identify as in need of these services. Additional elements should include a central hub for coordinating care across different healthcare settings to ensure that all providers involved in the veteran's care have access to the necessary information and can collaborate effectively, as well as the ability for health advocates (like WWP) to intervene and assist with necessary appeals.

We also recommend the designation of a VA social worker at each VA Medical Center with enhanced authority to serve as the subject matter expert for the facility. This social worker would provide mentorship, oversight, and assistance to other social workers executing care

[5] OFF. VA/DOD HEALTH AFFAIRS, U.S. DEP'T OF VET. AFFAIRS, FACT SHEET: FEDERAL RECOVERY CONSULTANT OFFICE (Jan. 2024), *available at* https://www.va.gov/VADODHEALTH/docs/FRC_Office_Fact_Sheet20240131.pdf.

[6] In February 2018, the Executive in Charge, Veterans Health Administration, approved the modernization of the program formerly known as the Federal Recovery Coordination Program or FRCP in response to the Presidential Executive Order (EO), "Comprehensive Plan for Reorganizing the Executive Branch" which directed the federal government to improve the efficiency and effectiveness by eliminating redundancies and to reorganize governmental functions. From that point forward, FRCP has referred to the Federal Recovery Consultant Office (FRCO).

coordination at the service level and would have the authority to expedite needed care across all service areas while facilitating communication between different providers, and helping veterans navigate the healthcare system. Given how often veterans receive care outside of VA facilities, it is also necessary to ensure that medical information is appropriately communicated, and that care coordination exists between all primary, specialty, and residential care providers. Care plans, treatments, and the availability for continuing pharmaceutical support of treatments must be communicated effectively to those provider teams involved in an individual's care, whether inside or outside of VA.

Action that Congress can take now is found below:

- **Outreach, education, and transparency**: WWP supports providing enhanced tools and resources for veterans and caregivers. The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 132) (see also *Elizabeth Dole Home Care Act* (Sec. 6)) would require VA to develop a website for information and resources relating to the GEC home and community-based services. This provision would require VA to create and maintain a periodically updated, centralized website as a clearinghouse for information on caregiver programs, which contains an informational assessment tool that explains eligibility, and lists required procedures for directors of medical centers to follow in determining eligibility and suitability for program participation.

  WWP believes that a menu of available program options tailored to the veteran/family and based on his or her needs and eligibility would maximize the use and impact of those services. Given that many of these programs include both administrative and clinical eligibility determinations, the addition of a website that more clearly explains what programs exist, how participation in one may affect eligibility for another, and other pertinent information in a single place would be a meaningful improvement over current practice.

- **Home and Community Based Services (HCBS)**: According to VA's FY 25 budget proposal, 29% of GEC program users were veterans under the age of 65. That figure represents a 13% increase over 2019, when veterans under age 65 accounted for 16.7% of GEC program users. While the decision to choose home may not be appropriate or desirable in all cases, VA also notes that the increased use of home and community-based care to allow veterans to better age in place is also advantageous to the veteran and VA by attempting to prevent or delay the need for more expensive nursing home care and to meet the veteran's preference in a veteran-centered approach. Availability of these programs will be critical for post-9/11 veterans and caregivers both now and as they age.

  Under current law, all veterans enrolled in VA's health care system are potentially eligible for Long Term Services and Support (LTSS), a suite of Veterans Health Administration (VHA) programs that includes facility-based services, end-of-life services, and – most critically to the post-9/11 generation's severely wounded warriors – geriatric outpatient programs and home and community-based services. Yet in practice, many younger veterans who would prefer to stay at home and would benefit from these services are challenged by issues related to awareness, access, and coordination of care within VA.

The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* would place VA on a track to address many of the problems experienced by post-9/11 wounded warriors (and their caregivers) who currently use, or may benefit from, GEC programs. Section 120 would increase the expenditure cap for noninstitutional care alternative programs to nursing home care from 65 percent to 100 percent. Making needed care more affordable by lowering out-of-pocket costs is critical to the population WWP serves. According to our 2021 Annual Warrior Survey, the odds of reporting financial strain for WWP warriors requiring aid or assistance is 2.1 times as likely as that among WWP warriors who don't require aid or assistance.

Section 123 would expand the availability of VA's existing home and community-based services, including Veteran Directed Care (VDC) and the Home Maker and Home Health Aide Program, to all VA medical centers. It would also codify VA's existing Home-Based Primary Care Program and Purchased Skilled Home Care Program to better furnish in-home health care for veterans.

Section 130 would require VA to conduct a review of each program administered by the Office of Geriatric and Extended Care and the Caregiver Support Program to eliminate service gaps at medical centers and provide for the clinical needs of veterans. It would also help ensure consistency in program management; ensure proper coordination between HCBS programs; and ensure availability of and access to HCBS for veterans, including for rural veterans. This is particularly important as younger veterans with long term care needs and their caregivers are often overlooked for programs like Veteran Directed Care and Home-Based Primary Care because they are a small – but vulnerable – portion of the eligible population. In many cases, they are in desperate need of these services but simply are not aware they exist. Because this population is relatively small and geographically diverse, increased training to identify younger veterans in need of long-term support services may be needed.

Supportive Living Options for Veterans with TBI: The Assisted Living for Veterans with TBI (AL-TBI) Pilot Program (2008)

Key Facts for 2024[7]

- **Aging caregivers**: Post-9/11 caregivers are aging alongside the veterans they support. As life circumstances change over time, caregivers who are parents (6.1%), friends and neighbors (17.9%), and siblings/in-laws/other relatives (29.3%) may become more likely to seek other care arrangements.
- **Financial hardship**: 36% of post-9/11 military/veteran caregiver households earn less than 130% of the federal poverty line. 60% of those homes report difficulty paying bills; 58% report no rainy-day funds, and 44% lack health insurance.

Brain health plays a crucial, yet often overlooked, role in overall quality of life for many of the warriors that WWP serves. Unfortunately, brain trauma, more specifically traumatic brain injury (TBI), is not uncommon for post-9/11 veterans. The Defense Health Agency reports that

[7] Figures within this section are drawn from RAND's 2023 caregiver survey.

over 505,000 Service members worldwide suffered from TBIs between 2000 and early 2024.[8] Among warriors responding to our 2022 Annual Warrior Survey, 36.5% self-report experiencing TBI during their military service. Based on these concerns, more can and should be known about the expected course of neurological and cognitive functioning after TBI and how veterans – and their caregivers – can expect to rely on VA for long-term care and support.

The need for long-term care is further complicated by the chronic and degenerative conditions that may accompany traumatic brain injury (TBI), such as Alzheimer's disease, amyotrophic lateral sclerosis (ALS), Parkinson's disease, and early-onset dementia. While many caregivers are able to provide essential support for these veterans, their ability to do so may diminish as the veterans' conditions progress, and as the caregivers themselves age and face their own declining health and capacity to provide the same level of care.

With the rise in veterans living with brain injury, WWP has seen a related rise in veterans with a need for more intensive care and services. Long-term services and supports, such as VA's facility-based services, end-of-life services, geriatric outpatient programs, and home and community-based services, are increasingly in demand from the population that we serve, and we continue to see an increase in the usage of these programs amongst veterans under the age of 65. We believe it is essential to support policies that promote the utilization and success of VA's long-term care programs for younger veterans, including those who have suffered TBIs in service.

Investments into the study and treatment of TBI have progressively expanded since 9/11. These include both internally conducted studies and research as well as partnerships through medical facilities, such as Boston University. The Assisted Living for Veterans with TBI (AL-TBI) Program (as part of the 2008 NDAA) was established by Congress in acknowledgement of both the benefits of such treatment and the growing need to provide better options to TBI, caregivers and their families. The legislation was designed to respond to and address situations where young veterans were in VA nursing care designed for aging veterans while civilian rehabilitation facilities existed for younger groups with TBI. While the program served over 250 veterans over 8 years, it was allowed to sunset, leaving patients and families to (in most cases) find different resources to fill the void.

The AL-TBI Program was written in response to a need for specialized residential care and rehabilitation with the purpose of enhancing rehabilitation, quality of life, and community integration. Nothing suggests that this need for care has expired despite the program being allowed to terminate. The program served several veterans who were diagnosed with moderate to severe TBI and required assistance with normal daily activities.

Wounded Warrior Project supports committee oversight into the long-term living options for veterans with TBI and other chronic illnesses that will contribute to challenges living independently that caregivers have helped address for years. Additionally, Congress can take legislative action now to help guide public policy around VA's ability to provide supportive

[8] DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., DOD NUMBERS FOR TRAUMATIC BRAIN INJURY WORLDWIDE (May 2024), *available at* https://health.mil/Reference-Center/Reports/2024/08/29/2000-2024-Q1-DOD-Worldwide-Numbers-for-TBI.

living services other than State Veteran Homes, nursing homes (Community Living Centers), and medical foster homes.

- **Assisted living**: WWP supports the *Expanding Veterans' Options for Long-Term Care Act* (S. 495, H.R. 1815), included within the *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 127). As indicated in RAND's 2023 caregiving survey, the caregiver dynamic is changing as veterans age. As a result, more siblings, friends, and more distant relatives are assuming the caregiver role. While VA is generally prohibited from paying for housing, this bill would require VA to implement a pilot program through September 30, 2026, that will assess the effectiveness of providing assisted living services to eligible veterans. The pilot facilities must be in geographically diverse regions, at least one of which serves veterans in rural or highly rural areas and include at least one State home. Upon termination of the pilot program, VA would provide all participants the option to continue to receive assisted living services at the site they were assigned at VA's expense. This program would allow veterans with serious needs more flexibility and the option to live more independently while potentially demonstrating cost-savings to VA, as these assisted living services can sometimes be provided in lieu of more expensive nursing home care.

Other Challenges to Consider

Addressing Caregivers' Mental Health Needs

- Among post-9/11 caregivers polled by RAND in 2023, one third meet probable criteria for depression, and approximately one in ten have had thoughts of suicide in the past year. Unfortunately, over a quarter needed mental health care in the past 12 months but did not receive it.

Caregivers play an indispensable role in helping to coordinate services, locate resources, advocate, and provide aid and assistance in the home. Given the immense sacrifices most military and veteran caregivers make to ensure their loved one is well taken care of, many of them experience a great toll on their own mental health and wellbeing. Many caregivers suffer from high rates of depression, financial hardship, and burnout. Substance use, particularly alcohol use, may also be a concern: over half of all post-9/11 military/veteran caregivers who drank alcohol met criteria for potentially hazardous use. Critically, caregivers are also on the frontlines of the veteran suicide crisis, watching for every emotional trigger, and monitoring every change in behavior.

We are pleased by proactive steps VA is already taking to increase its support of caregivers – much of which can help ameliorate mental health concerns. During its "Year of the Caregiver – the Whole Caregiver," the Caregiver Support Program (CSP) is continuing to develop the provision of mental health services offered to caregivers by expanding the availability of virtual psychotherapy services within all 18 Veteran Integrated Service Networks (VISNs) by the end of FY24. The CSP has also funded respite liaisons at each VISN to improve access to respite for veterans and their caregivers. However, more should be done to ensure that caregivers are getting the respite and mental health support they need. Congress can support this effort by taking the following actions:

- **Respite care**: The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 123) (see also *Elizabeth Dole Home Care Act* (Sec. 4)) would ensure at least 30 days of respite care is provided to caregivers of veterans enrolled in the Program of General Caregiver Support Services (PGCSS), allowing the caregiver time to rest, take care of their own health needs, or see friends and family. They would also commission a VA report with recommendations on how VA can expand mental health services and support for caregivers.

- **Mental health grants**: The *Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act* (Sec. 123) (see also *COPE Act*) would also provide additional resources to address the mental health needs of veteran caregivers by authorizing VA to provide grants to organizations that support caregiver mental health and well-being. The provisions prioritize grants for areas with high rates of veterans enrolled in the family caregiver program and areas with high rates of veteran suicides or referrals to the Veteran Crisis Line (VCL). Additionally, the bill would require VA to provide outreach to caregivers about the resources available to them and provide Congress with research on the program and its outcomes.

Planning for Financial Future

- According to recent RAND research from 2023, post-9/11 caregivers show an estimated $8,583 of annual out-of-pocket costs associated with caregiving. Further, these caregivers show an estimated $4,522 of annual household income lost due to caregiving.

Veteran caregivers face additional burdens beyond their mental and physical health. Research shows us that caregivers also pay a financial toll for taking on the duties of caregiver. While the figures that follow are inclusive of caregivers to veterans and non-veterans, they are nevertheless illustrative of the fact that the financial future for many caregivers is unclear. Approximately 68% of caregivers today are also financial caregivers, providing financial support towards the recipient's expenses.[9] On average, family caregivers are spending $7,200 per year in out-of-pocket expenses for things like housing, home modifications, and medical and transportation costs.[10] Family caregivers also report spending 26% of their income, on average, on their caregiving activities, an amount that substantially increases for Black and Hispanic/Latino caregivers.[11]

Caregiving duties can also greatly impact the caregiver's ability to maintain a career, placing them in even deeper financial uncertainty. Many caregivers face challenges finding employment that allows for the flexibility that caregiving requires. Many caregivers also place their career ambitions on hold to support their loved ones and face long-term financial uncertainty, particularly into typical retirement age. Nearly one-third of caregivers report having to change their work schedules to accommodate their caregiving duties and nearly 20% say

[9] TIAA INST. & NEWCOURTLAND CTR. AT THE UNIV. OF PENN. SCH. OF NURSING, PLAYING THE LONG GAME: HOW LONGEVITY AFFECTS FINANCIAL PLANNING AND FAMILY CAREGIVING (NOV. 2023), *available at* https://www.tiaa.org/content/dam/tiaa/institute/pdf/insights-report/2023-10/tiaa-institute-upenn-how-longevity-affects-financial-planning-ti-november-2023.pdf.
[10] *Id.*
[11] *Id.*

they've had to work fewer hours.[12] Recent RAND research showed that only about half (52%) of caregivers for post-9/11 veterans reported having a full-time job outside of caregiving.

Time constraints can negatively impact the caregiver's ability to advance in their career and place them further behind financially. RAND recently found that 60% of caregivers reported difficulty paying bills.[13] Caregivers that do not have outside employment also have the burden of not having contributed to Social Security, leaving them without an additional safety net or one that will be notable less than those in the traditional workforce. Assisted living options for veterans with higher needs – and which can potentially ease caregiver responsibilities and free up time to pursue gainful employment – will come at great financial cost until VA is able to assist with room and board costs. Congress should continue to look at ways these issues can be addressed to ensure that caregivers can establish better financial security.

To these ends, WWP strongly supports the *Veteran Caregiver Reeducation, Reemployment, and Retirement Act* (S. 3885, H.R. 9276). This bill would increase and extend certain benefits to PCAFC – including recertification assistance, employment opportunities, retirement planning, and bereavement counseling and support – to help ensure that caregivers are supported as they move to the next phase of their lives after caregiving. Currently, caregivers who receive Civilian Health and Medical Program at VA (CHAMPVA) benefits through the Program of Comprehensive Assistance for Family Caregivers (PCAFC) lose their health insurance when the veteran dies or is discharged from PCAFC. Of note, this bill would increase the time family caregivers remain enrolled in CHAMPVA from 90 to 180 days following dismissal from PCAFC. The *Veteran Caregiver Re-education, Re-employment, and Retirement Act* would also provide caregivers financial support in renewing lapsed professional certifications; incentivize internship opportunities with employers who support caregivers in their re-entry into the workforce; and study the feasibility and advisability of caregivers contributing to personal retirement accounts to secure their financial futures.

CONCLUDING REMARKS

Wounded Warrior Project thanks the House Committees on Veterans' Affairs, its distinguished members, and all who have contributed to a robust discussion regarding caregivers. WWP stands by as your partner in meeting the needs of all who served and all who support them. We are thankful for the invitation to testify and stand ready to assist when needed on issues related to the veteran caregiver community and any others that may arise.

[12] AARP RESEARCH, CAREGIVING OUT-OF-POCKET COSTS STUDY (June 2021), *available at* https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf.
[13] *Id.*

STATEMENTS FOR THE RECORD

Prepared Statement of Veterans of Foreign Wars of the United States

Chairman Bost, Ranking Member Takano, and members of the committee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our comments on this important topic.

As a grateful nation, our mission is to support those who have defended our freedoms but how are we supporting the caregivers who have dedicated their lives to caring for our Nation's veterans? The Department of Veterans Affairs has come a long way in the services it provides to support the care of our Nation's veterans but there is still more work to be done. Caregivers make up a variety of people from spouses to children, parents, and even neighbors who work tirelessly to ensure that veterans have the best quality of life. Veterans who require caregivers are not only part of the aging population of 65 years and older but also include Post 9/11 veterans with critical injuries like Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), gunshot wounds, amputations, spinal cord injuries, etc.

Background

Prior to 2010, the VA had an informal caregiver program. Caregivers assisting veterans who served prior to 9/11 tend to resemble civilian caregivers where they relied on local programs to assist. Informal caregiver training and resources including family caregivers of veterans were eligible for VA counseling and mental health services, and reimbursed attendants for travel expenses related to authorized VA treatment for the veteran were available by the VA. However, there was no dedicated program to address the unique needs of the veterans. When the veterans were unable to care for their daily needs, decisions were made by caregivers to ensure that their loved one would not be institutionalized. However, this resulted in emotional, financial, and physical strain on caregivers that led to burnout.

It was in March 2007 when President George W. Bush established the President's Commission on Care for America's Returning Wounded Warriors, which was tasked with providing a comprehensive review of the care provided to injured military personnel returning from the wars in Afghanistan (Operation Enduring Freedom/OEF) and Iraq (Operation Iraqi Freedom/OIF). The Commission resulted in six recommendations: (1). Modernizing and improving the disability and compensation systems; (2). Aggressively preventing and treating post-traumatic stress disorder and traumatic brain injury; (3). Significantly strengthening support for families; (4). Immediately creating comprehensive recovery plans to provide the right care and support at the right time in the right place; (5). Rapidly transferring patient information between the Departments of Defense (DoD) and Veterans Affairs (VA); and (6). Strongly supporting Walter Reed by recruiting and retaining first-rate professionals through 2011. Through these recommendations, the President was able to get a 77 percent budget increase to support veterans' healthcare.

In May 2010, Congress passed the VFW-supported Caregivers and Veterans Omnibus Health Services Act of 2010 requiring that VA establish a range of new services to support caregivers of eligible Post 9/11 veterans. There were strict guidelines to eligibility requirements, 86 percent of the veterans who are enrolled in the caregiver program have a service-connected disability rating of 70 percent or higher. A veteran must have incurred or aggravated a serious injury while serving in the military on or after Sept. 11, 2001. Due to the serious injury, the veteran must also now require assistance with the management of their personal care and functions involved in daily life. This assistance must be needed for a minimum of six continuous months based on a clinical decision, and then receive continuous care from a Patient Aligned Care Team or another VA health care team which is in the best interest of the veteran. The veteran must also agree to receive ongoing care at home by the designated family caregiver, and those services provided by the caregiver may not be provided by any other individual or entity. The payment structure was

based on a 3-tier system which was determined by how many hours of care a week were needed based on the clinical decision.

To comply with this legislation, VA created two new caregiver programs. The first, the Program of General Caregiver Support Services (PGCSS) established peer support mentoring, skills training, coaching, telephone support, online programs, and referrals to available resources to caregivers of veterans. The second, the Program of Comprehensive Assistance for Family Caregivers (PCAFC) expanded benefits and services to include a Caregiver Support Line, a monthly stipend, health care coverage, legal and financial planning services, and travel expenses. However, members of VFW, some of whom were from World War II, the Korean War, the Vietnam War, the Gulf War, and various other conflicts, expressed concerns that there was no justifiable reason to exclude otherwise deserving veterans from program eligibility simply based on the era in which they served.

After the push for veterans of all eras to participate in the PCAFC and as a part of the VA MISSION Act of 2018, the PCAFC was then expanded to veterans of all eras. In July 2020, VA published the final rule for the caregiver expansion program after a 16-month delay. The first phase of the expansion was implemented in Oct. 2020, adding veterans who served after May 7, 1975, and before Sept. 11, 2001. However, eligibility criteria requirements for acceptance into the caregiver program became rigorous. VA's definition of a serious injury for participation in the caregiver program as, "any injury, including traumatic brain injury, psychological trauma, or other mental disorder, incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, that renders the veteran or service member in need of personal care services." That definition was critical because it did not successfully define the inclusion of those who need the assistance of a caregiver due to debilitating illnesses that render a veteran unable to perform activities of daily living without the assistance of a caregiver, such as Parkinson's Disease and Amyotrophic Lateral Sclerosis (ALS). While VA has never considered non-mental health illnesses when determining eligibility for the caregiver program, the Department of Defense's Special Compensation for Assistance with Activities of Daily Living (SCAADL) program did.

In fall 2021, VA officials announced they would review all "legacy" participants—individuals admitted before October 2020—to ensure they still met the criteria for participation. At the time, it was estimated that about one-third of the nearly 20,000 legacy participants could be dropped from the program because of eligibility changes. These issues have led to VA implementing a moratorium on involuntary revocations from the program until VA was able to analyze the thousands of recent revocations to determine if veterans are being erroneously removed from the program.

While the VFW certainly agrees that veterans who have recovered from injuries and illnesses should be put on a path to achieve independent living and no longer require the assistance of a caregiver, such decisions must be made when the veteran and the caregiver agree and not by VA employees who lack the proper training and medical expertise to make such decisions. When a decision is made to graduate a veteran from the caregiver program, VA must ensure veterans and their caregivers are given the training and resources, such as employment training and independent living counseling, to ensure veterans can properly transition from needing a caregiver to performing activities of daily living without the assistance of others.

On September 21, 2022, VA issued an interim final rule by extending eligibility for legacy participants, legacy applicants, and their Family Caregivers, and the applicable benefits afforded to such Family Caregivers, to include the monthly stipend, by 3 years. In Oct. 2022, the second phase of the implementation expanded the PCAFC program to all veterans leading to more than 74,000 veteran caregivers in Fiscal Year 2023. VA's Caregiver Annual 2023 Report indicated that 98 percent of PCAFC applications were processed within 90 days or less. The Caregiver Support line has received more than 150,000 calls, with the top three reasons being appeals, application status, and referrals. The national training curriculum has been provided in multiple languages and the approximately 2500 Caregiver Support Staff are receiving training to provide the adequate assistance and support needed to assist the caregiver.

Economic and Personal Hardships of Caregivers

Parents and children of veterans are impacted in many ways when they become caregivers. Parents raise their children to become independent with the goal of the child caring for the parent's during their aging years but when a life-altering injury or illness occurs unexpected things happen. Sometimes these older parents have a difficult time caring for themselves and it becomes an emotional strain and burden on them to accept the role of caregiver to their child. Challenges that caregivers face

are managing their time, lack of privacy, sleep deprivation, depression and isolation, and being afraid to ask for help. Children of veterans who suffer from an injury or illness may have to go through the process of growing up too soon by helping more around the house, some have a hard time understanding the significance of the injury or illness and the impact it has on them, and not having that emotional connection they yearn for as they are figuring out who they are in this world. Family and individual mental health services offer the support caregivers need, as they travel the road to recovery or a sense of normalcy.

The economic hardships that veterans, their families, and caregivers face is substantial; families sacrifice a lot when a veteran is disabled and needs care and supervision. Often, the spouse, child, parent, or family friend must quit their job to meet the need. This sacrifice leaves a hole in the financial picture of the family. The Caregiver stipend should be increased to offset this sacrifice. Also, when a caregiver stops their outside employment, there is no contribution to Social Security, which is concerning for the caregiver. 38 CFR 71.40 (c)(4)(1) and (2) report that the stipend amount for the PCAFC provides two levels of benefit. The VA approved Primary Caregiver for the veteran can receive a monthly stipend which is calculated by multiplying the monthly stipend rate by 0.625 and if the VA determines that the eligible veteran is unable to self-sustain in the community, the Primary Caregiver stipend would be calculated by multiplying the monthly stipend rate by 1.00. These caregivers are taking the place of a VA services and should be compensated as such.

Current VA Programs

The VA Caregiver Program is a critical service provided to veterans and their families. For veterans, their families, caregivers, and future enrollees, the VA Caregiver Support Programs are critical. Improvements are necessary for the Caregiver programs to include Respite Services, Non-primary Caregiver Employment Support, and Modernization and Standardization of the systems used to process and adjudicate Caregiver Claims including Notification Letters. Caregivers are often on duty for 24 hours a day, the mental strain of caring for a loved one is complex and overwhelming at times and can lead to depression and burnout. The PCAFC provides respite services and CHAMPVA coverage. CHAMPVA is a cost-share program and is not insurance coverage. We know that an individual's mental health has a direct correlation to an individual's physical health. Respite services, if approved, are authorized up to 30 days of care in a calendar year and must be arranged in advance. The current types of Respite Care offered are: 1 visit of 30 days in a Community Living Center (VA Nursing Home); 10 short stays of 3 days each; or you may have a Home Health Aide come to your home and stay for up to 6 hours in a row, day or night, with each of these visits counting as 1 day. Families can divide their approved respite care among the different types of Respite Care. When listening to the concerns of Caregivers the 30-day limitation for respite services does not adequately allow for unpredicted illnesses or emergencies that may arise that could impact their ability to complete their roles as a caregiver.

VA approved Non-Primary Caregivers for veterans have limited protection if they must miss work to step in for the Primary Caregiver. There is no protection of their employment or financial offset when they do leave or miss work to provide this service. Providing employment protection to Non-Primary Caregivers under PCAFC would additionally relieve the mental burden and concerns of financial insecurity of those Non-Primary Caregivers, who do not receive all the same benefits that the Primary Caregivers receive under PCAFC.

Unlike the process that the Veterans Benefits Administration (VBA) has in place to process Disability Claims, Appeals, and other benefits administered under the Department of Veterans Affairs; the Caregiver Applications and Appeals process is administered under the Veterans Health Administration and does not provide the ability for Veterans Service Organizations and Accredited Representatives to follow these claims through the adjudication process, as seen in the VBA systems.

The PCAFC claims are received and processed at the local VA Medical Centers, which lack standardization and oversight like compensation claims. Inconsistency in adjudicating these claims and processing notifications of decisions is causing undue mental and financial burden on these veterans, families, and caregivers. Much like the VA Disability Claims and Appeals letters sent to notify veterans of rating decisions, the Caregiver Notification letters are intended to communicate crucial information about the veteran's caregiver status, required process, and benefits within the program. However, the complexity of these letters often makes it difficult for the veteran to comprehend the status details and implications if further information or action is required.

The VFW and the Veterans Service Organizations (VSO) community advocated for the simplification of decision notices, as well as standardized verbiage when recog-

nizing the service of the caregivers and the loss of the veteran. It is understood that all the complex legal language is required to be included but recognition of service, and condolences should be upfront and not lacking compassion. Some letters that caregivers or veterans have received do not even include condolences for the loss and are straight to the benefits decision. Many decision letters do not provide adequate information for veterans, families, or caregivers to determine why the claim for caregiver status was declined. Some will come with a one-sentence explanation with no direct "why" which leaves even VSOs and accredited service officers guessing on how to proceed. And finally, standardization of the veteran eligibility process should be done as well. 38 CFR 71.20 reports veteran eligibility criteria for the PCAFC program. This regulation reports that for an individual to be eligible they must have had a serious injury incurred or aggravated by service, and VA defines serious injury as a 70 percent VA rating or a combination of 70 percent for disability, and they must be in need of personal care services for a minimum of six continuous months based on any ONE of the following: an inability to perform an activity of daily living (ADL); or a need for supervision, protection, or instruction. VA defines the inability to perform ADLs as a veteran or service member who requires personal care services each time he/she completes one or more of the following: dressing/undressing, bathing, grooming oneself in order to keep oneself clean and presentable, adjusting any special prosthetic or orthopedic appliance, that because of the disability, cannot be done without assistance, toileting, feeding oneself due to loss of coordination of upper extremities, extreme weakness, inability to swallow or the need for non-oral means of nutrition or mobility. The inability to self-sustain in the community is defined by VA as the veteran requiring personal care services each time, he/she completes three or more of the seven activities of daily living listed above and is fully dependent on a caregiver to complete ADLs or has a need for supervision, protection or instruction. These criteria set for ADLs are clearly defined yet the inability to self-sustain in the community based on supervision, protection, or instruction is not defined at all.

VFW Recommendations

The role of the caregiver is crucial to ensuring that veterans have the dignity of staying in their own homes while receiving care. We have listed some possible solutions that could further support the work and great service caregivers provide.

(1). Congress should increase the stipend amount while providing coverage for Social Security points.

(2). Recognizing that the role of a caregiver is highly stressful and VA should provide more comprehensive insurance coverage for the caregivers, providing for physical and mental health coverage.

(3). Increase the number of respite days or allow a flex increase for those emergency or unpredictable situations that may arise. This will assist with the burden of care and help to improve the mental health of caregivers.

(4). Provide employment protection services to approved Non-Primary Caregivers to help reduce financial burdens. This would help increase mental health and economic stability.

(5). Standardize the caregiver program to include letters, along with modernizing the digital access of the PCAFC adjudication process like those that are accessible to VSOs through VBA.

(6). Define the eligibility criteria for supervision, protection, or instruction, as it is not well defined. Also, standardize the implementation of the criteria as it should be standard practice, nationally.

The VFW urges Congress and VA to be mindful of the sacrifices that families, friends, children, etc. selflessly accept to care for and support our Nation's veterans. The PCAFC provides a robust number of services that our caregivers greatly need and improving these services will allow for a greater quality of care. The VFW strongly urges Congress to pass H.R. 8371, The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, which would enhance and reform the delivery of services at the VA by prioritizing veterans, their families, their caregivers, and their survivors. This bill would increase of expenditure cap for non-institutional care alternatives to nursing home care. It would authorize the Secretary to enter into agreements with Aging and Disability Resource Centers, area agencies on aging, or State agencies, as well as centers for independent living, Indian Tribes or Tribal organizations. It would also provide coordination with assistance and support services for caregivers, and provide a centralized website to access information and provide improvements to the Homemaker and Home Health aide program. These are critical improvements the program needs, and caregivers have

waited long enough, and should not have to wait for another Congress to provide this help.

Chairman Bost, Ranking Member Takano, this concludes my statement. Again, thank you for the opportunity to offer our comments on this issue to the committee.

Information Required by Rule XI2(g)(4) of the House of Representatives

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any Federal grants in Fiscal Year 2024, nor has it received any Federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or the preceding two calendar years.

Prepared Statement of Paralyzed Veterans of America

Chairman Bost, Ranking Member Takano, and members of the committee, Paralyzed Veterans of America (PVA), would like to thank you for the opportunity to submit our views on the Department of Veterans Affairs' (VA) Caregiver Support Program. PVA members uniquely understand the value of caregiver support. While the VA provides essential health care services to severely disabled veterans, it is their caregivers that provide the day to day services needed to sustain their well-being. Caregivers are often the most important component of rehabilitation and maintenance for veterans with catastrophic disabilities because their welfare directly affects the quality of care veterans receive.

Affect of Funding Deficiencies in VA Health Care on Caregivers

In June, PVA warned this committee that VA's Spinal Cord Injury and Disorder (SCI/D) system of care was not sufficiently funded to properly care for all of the SCI/D veterans on the department's registry. Veterans are not the only ones who suffer when health care services are unavailable or even eliminated. Often, their caregivers are forced to fill the gaps that result when critical services such as inpatient respite are eliminated or unavailable.

Staffing levels for the SCI/D system of care are detailed in Veterans Health Administration (VHA) Directive 1176, which was last amended on February 7, 2020. PVA strongly believes in each of the requirements outlined in this directive because they are based on the level of care needed to maintain the health and well-being of veterans with SCI/D.

For months, our staff in the field have been telling us critically needed positions at SCI/D centers were going unfilled. Now, essential positions across VHA are being "lost" due to an inability to recruit for them or even "abolished." Specifically, many vacant positions in social work, nursing, and several therapy disciplines have been eliminated. Additionally, when medical staff leave, their vacated positions are often not being back filled causing strain on the system and ultimately denying veterans access to earned health care services.

Eligible veterans are entitled to up to 30 days of respite care services per calendar year. These hours can be utilized for in-home care, depending on the family's preference and the veteran's needs. Normally, veterans with SCI/D are placed in one of VA's acute or long-term care SCI/D centers to accomplish this. But in many parts of the country, insufficient funding coupled with the elimination of staff positions and unfilled vacancies has severely limited the availability of respite care.

Earlier this year, the husband of PVA's National Senior Vice President needed back surgery. Our Senior Vice President is a quadriplegic and her husband is her primary caregiver. Despite the fact they live close to one of VA's larger SCI/D centers, VA was unable to provide respite prior to his surgery. A friend stepped in to help for a few days, but as soon as he was released from the hospital, her husband had to forego his own recovery and resume caring for her. In this instance, and in many others, VA is failing in one of its very basic obligations to SCI/D veterans. Something is very wrong here and we urge this committee to get to the bottom of it quickly.

Role of the VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC)

VA's PCAFC is unique in that it is the only integrated program that provides caregivers with health insurance, a stipend, travel expenses, mental health care, respite care, and injury specific training. Without these support services the quality of care provided by the caregiver is likely to be compromised and the veteran is more likely to experience frequent medical complications and require long-term institutional care. Veterans who access PCAFC are medically stable enough to live outside an institution, but lack the functionality to care for themselves on an ongoing basis.

Despite having been established nearly 15 years ago, executing the program continues to be challenging for the VA. As of August 5, 2024, the VA reported having 13,881 applications in process, but the department is no longer reporting the number of approved applications. Instead, they are reporting the percentage of approvals from the Veterans Integrated Services Network (VISN). Without being able to track the number of applications approved in comparison to the number of pending applications it is difficult to keep track of their progress.

Recently, we learned that other specialty care areas, including VA's PCAFC, are also suffering with staffing shortages. PCAFC vacancies cannot be filled because they were not previously identified as "critical," and we understand that more than 125 of them have been eliminated. Now more than ever, it is important that Congress understand the important correlation between PCAFC, the SCI/D system, and the impact that understaffing due to funding deficiencies has on them.

Reforming VA's PCAFC to Better Serve Veterans and Their Caregivers

VHA is working on a rulemaking to make changes to the current caregiver regulation and an announcement about those proposals was expected months ago. PVA joined 11 other advocacy groups in a letter to the President last month pressing the White House to release proposed changes to the PCAFC. While we wait for the proposed rule, we would like to highlight several concerns that consistently pose challenges for our members in accessing and benefiting from this critical program.

First, we strongly believe that the PCAFC should be reformed to ensure that veterans' efforts to be independent, when possible, do not disqualify them from participating in this program. The current requirement for veterans to need assistance "each time" they perform an activity of daily living (ADL)[1] is overly restrictive and fails to recognize the reality of living with a catastrophic disability. As a result, veterans have been unjustly denied participation in the PCAFC. Instead, VA should adopt a less stringent requirement, such as "regularly requires" assistance.

In addition, we continue to be concerned by the requirement for veterans to have a 70 percent disability rating in order to be eligible for the PCAFC. As PVA noted in our May 2020 comments on the proposed rule, the necessary VA rating should be lowered to 50 percent or more; or as combined with any other service-connected disability or disabilities for a combined rating of 50 percent or more." Congress believed that these veterans were of the highest concern, and assigned them to VA health care priority group one, which is the highest priority group a veteran can be assigned."[2] We firmly believe the current rating requirement is too restrictive as it has prevented many deserving veterans from being eligible for the program and it should be lowered to 50 percent.

VA should also address the onerous criteria for assignment to the highest tier under the PCAFC. Veterans with significantly different levels of disability are assigned to the lowest tier, because of the overly restrictive criteria for the highest tier. Our National President, who is a quadriplegic, is in the PCAFC and was assigned the lowest tier. Out of curiosity, he asked a nurse in the program what it would take for a veteran to be placed in the higher tier. Essentially, she told him the veteran would have to be bedbound and incoherent in order for that to happen.

VA's current requirement fails to recognize that veterans who are able to have a measure of independence still may need significant caregiver assistance in completing their ADLs. PVA raised this concern in our comments to VA's proposed rule in May 2020. We noted that, "Requiring a veteran to be fully dependent on a caregiver each time he or she completes three or more ADLs will result in few veterans being eligible for the higher-level stipend. VA should reconsider this requirement because it works against the department's efforts to foster veterans' independence

[1] 38 C.F.R. § 71.15.

[2] Paralyzed Veterans of America, Comment Letter on Proposed Rule about the Program of Comprehensive Assistance for Family Caregivers Improvements and Amendments Under the VA MISSION Act of 2018 (May 5, 2020).

wherever and whenever possible and promotes total reliance on a caregiver."[3] This concern has now become a reality and VA must remedy this problem when revising the PCAFC rule. In the alternative, VA should provide additional tiers to recognize the diversity of care needs and the burden on family caregivers.

In September 2022, VA announced the extension of legacy veterans and their family caregivers in the program through September 2025. The extension allows the department to continue supporting this cohort of veteran caregivers, while they worked to ensure that PCAFC met the unique needs of veterans of all eras and their caregivers. This cohort of legacy veterans and their caregivers are once again facing an uncertain future. Many of them have been found eligible for the program over the years and endured multiple pauses, regulation and leadership changes, lack of previous program standardization, and questionable assessments. The physical and emotional toll on them is tremendous, and they deserve some degree of certainty that will allow the Caregiver Support Program to focus on its mission of supporting all generations of caregivers.

Additional Supports Needed for Caregivers

A 2023 AARP report titled, "Valuing the Invaluable,"[4] determined that family caregivers provide an average of 18 hours of unpaid care per week. We have no doubt that commitment is even higher whenever a veteran is involved. Many caregivers of veterans are taking care of other family members and maintaining jobs outside the home. Too many are forced, however, to reduce their hours or leave the workforce entirely. The physical, emotional and financial toll of family caregiving is enormous so it is extremely important that VA and Congress do more for them.

PVA supports the Credit for Caring Act (H.R. 7165) which would provide an annual, nonrefundable Federal tax credit of up to $5,000 to eligible family caregivers to help address the financial challenges of caring for older parents, spouses, and other loved ones, while remaining in the workforce. Another PVA endorsed bill, the Alleviating Barriers for Caregivers (ABC) Act (H.R. 8018) would eliminate red tape for caregivers who interact with Medicare, Medicaid, and Social Security. Also, the PVA-supported Social Security Caregiver Credit Act (H.R. 3729) would provide credits under Social Security to ensure that caregivers are not penalized in retirement for taking time out of the workforce to perform caregiving duties. The changes enacted by these bills alone would go far in supporting those who care for the Nation's veterans at home.

A growing number of veterans with chronic illnesses or other disabling conditions receive care from unpaid family members. Many of these family caregivers are also employed outside the home. While some are able to alter their work schedules or take time off from their jobs to provide hands on care, others are compelled to leave their jobs to assume a fulltime caregiver role. Numerous barriers often impede this important family decision, and the caregiver having access to their own health insurance is likely to be chief among them. The primary caregivers of veterans in PCAFC are fortunate because they receive medical insurance coverage through VA's Civilian Health and Medical Program (CHAMPVA). Granting access to CHAMPVA for other disabled veterans who are not eligible for the PCAFC or who are not 100 percent permanent and total would also benefit their caregivers, and keep many of these veterans out of much more costly, institutional long-term care.

Finally, we cannot overlook the importance of passing the many caregiver-related provisions in the Elizabeth Dole Home Care Act (H.R. 542) which have now been incorporated into the much larger omnibus package entitled, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (H.R. 8371). This includes a requirement that the VA provide a personalized and coordinated handoff of veterans and caregivers denied or discharged from the PCAFC into any other home care program for which they may be eligible. Passage of this legislation is one of PVA's top legislative priorities in 2024. We urge Congress to complete action on this critically important legislation immediately after it returns in November.

PVA would once again like to thank the committee for the opportunity to submit our views on supporting veterans' caregivers, and would be happy to take any questions for the record.

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[3] Id.

[4] Valuing the Invaluable

Information Required by Rule XI 2(g) of the House of Representatives

Pursuant to Rule XI 2(g) of the House of Representatives, the following information is provided regarding Federal grants and contracts.

Fiscal Year 2023

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events——Grant to support rehabilitation sports activities—$479,000.

Fiscal Year 2022

Department of Veterans Affairs, Office of National Veterans Sports Programs & Special Events——Grant to support rehabilitation sports activities—$ 437,745.

Disclosure of Foreign Payments

Paralyzed Veterans of America is largely supported by donations from the general public. However, in some very rare cases we receive direct donations from foreign nationals. In addition, we receive funding from corporations and foundations which in some cases are U.S. subsidiaries of non-U.S. companies.

Prepared Statement of Quality of Life Foundation

Chairman Bost and Ranking Member Takano, and Members of the Committee, thank you for allowing Quality of Life Foundation's Wounded Veteran Family Care Program (QoLF WVFCP) to present our testimony to you about veteran caregivers and their needs through this statement for the record. Quality of Life Foundation is a national non-profit organization that was founded in 2008 to address the unmet needs of caregivers, children, and family members of those who have been wounded, become ill, or were injured serving this Nation. Since 2008, QoLF's mission evolved to include working directly with veterans and caregivers as they attempt to apply for and navigate the Program of Comprehensive Assistance for Family Caregivers (PCAFC) and other clinical support programs within the Department of Veterans Affairs. Serving all generations, we focus on those with significant wounds, illnesses, or injuries, and find ourselves often assisting veterans with the most complex needs.

As one of the few organizations working exclusively within the Veterans Health Administration (VHA), QoLF has been a prime witness to and help for caregivers utilizing many of the programs and services available within VHA. While we do NOT provide clinical recommendations of any kind, our role is to ensure that veterans and their caregivers are prepared for the PCAFC process, assist in drafting clinical appeals to ensure VHA is following its own regulations and directives, and assist veterans and their caregivers in navigating other programs and supports available to them.

Our role allows us to see the positive things which happen when veterans and their caregivers are connected by caring, passionate providers and social workers to the programs and services that enhance both their care and quality of life. PCAFC, Respite, Veteran Directed Care, and the Homemaker Home Health programs are just some of the programs supporting veterans in their homes and serve as a lifeline for veterans and their caregivers in need. Unfortunately, we also see what happens when those especially vulnerable veterans and their caregivers are not connected to these vital resources.

Overview

The recent RAND study, America's Military and Veteran Caregivers: Hidden Heroes Emerging From the Shadows, highlights that veteran caregivers often spend their time on a range of activities, including providing personal care, managing medical tasks, and handling administrative duties related to healthcare. Many caregivers also reported high levels of emotional and physical strain, with significant time dedicated to supporting their loved ones' mental well-being. This study underscores the need for additional support and resources for these caregivers to effectively manage their responsibilities. The RAND study validates the trends that Quality of Life Foundation's staff see on a daily basis when assisting veterans and their caregivers. And, as QoLF has done previously, we will again make recommendations for legislation that can assist those caregivers, this time with the backing of evidence from the recently released RAND study.

Problems:

1. **Veteran caregivers experience financial hardships**. Military and veteran caregivers lose an average of **$13,105 annually** in lost wages and productivity due to their caregiving responsibilities. (RAND, viii) **35** percent of military and veteran caregiver households live at or below **130** percent of the Federal poverty level, and less than 33 percent of those households are using government programs that provide financial assistance, like the Supplemental Nutrition Assistance Program, or SNAP. (RAND, viii-ix) In addition, fewer than half of veteran caregivers are able to take advantage of workplace accommodations, such as flexible hours, telecommuting, shortened work weeks, which would make their caregiving easier, thus contributing to income loss and higher caregiver burden. (RAND, ix)

2. **Veteran caregivers experience a high mental health burden**. Specifically, 43 percent of military and veteran caregivers whose care recipients were under 60 met the criteria for depression. 20 percent of those caregivers had thought about suicide within the past 12 months, and 36 percent said they needed mental health help but did not access it. (RAND, vii). And 25 percent of caregiving military and veteran caregiving parents reported that their children needed mental healthcare. (RAND, viii)

3. **Veteran caregivers do not feel valued by veterans' healthcare teams**. Veteran caregivers whose care recipients use VHA healthcare as their primary healthcare believe their input on the veteran is not valued. These caregivers also believe they are not included in healthcare decisions made by the veteran's healthcare team, despite being responsible for carrying out the treatment plan. Many caregivers feel that they must follow up on care and paperwork from the VHA healthcare team, and that their veterans experience healthcare delays. (RAND, x) Many of these caregivers are caring for veterans with complex wounds, illnesses, and injuries.

Recommended Solutions

1. **Pass the Veteran Caregiver Re-education, Re-employment, and Retirement Act (H.R. 9276)**. When the original legislation (PL 111–163) was passed creating the VA Caregiver Support Program (CSP), the unintended consequence of making the income from PCAFC an unearned income stipend was that included caregivers have no means to save for their own retirement or contribute to Social Security if there is no other earned income in the home. (Combat Related Special Compensation, VA Disability, and Social Security Disability Income are all considered unearned income and are the only income sources for many veteran-caregiver households.) Because no prior program had existed to support caregivers in this way across the United States, the consequences for retirement and Social Security contributions were not understood at the time of the legislation. Caregivers first learned of the consequences after they attempted to make contributions to their preexisting retirement accounts and were hit by fees for making unauthorized contributions.

Additionally, caregivers have gaps in their resumes and lose their employment certifications while caregiving for their loved one. When their loved one either passes away or returns to independent functioning, caregivers need to return to the workplace and have to address these issues.

Since the creation of the CSP, caregivers have been concerned about being able to prepare themselves for their retirement years. The Veteran Caregiver Re-education, Re-employment, and Retirement bill would study the issue of allowing caregivers to make contributions to Social Security and other types of existing retirement accounts.

This bill would allow caregivers to have funds provided to renew their professional certifications, study the feasibility of caregivers being allowed to participate in a Department of Labor returnship program, and create a study to explore VA incorporating former caregivers into the VA workforce as personal care attendants which would assist VHA in filling gaps in its workforce.

Ultimately, QoLF sees this bill as a way to support caregivers who voluntarily supported their veterans through wounds, illnesses, and injuries, while preventing them from falling into poverty and necessitating that they rely on public assistance programs after caregiving whether though aging out or through their veteran passing away. QoLF is not asking Congress to fund retirement for these caregivers, simply to find a pathway so caregivers have the option of funding their own retirement accounts.

2. **Pass the Credit for Caring Act (H.R. 7165)**. This legislation provides up to a $5000.00 non-refundable Federal tax credit for working family caregivers. The bill would help to offset a portion of caregiving expenses that veteran caregivers are

paying out of pocket. It would cover home health aides, respite care, adult day care, etc.

3. **Legislate the language surrounding Activities of Daily Living and the level of assistance needed by the veteran to ensure the intent of Congress to allow "regular assistance with an ADL" to be the standard for PCAFC eligibility rather than the current assistance standard of "each and every time a veteran performs an ADL."** The requirement that a caregiver must assist a veteran with an Activity of Daily Living (ADL) "each and every time" it is completed for eligibility in PCAFC was reviewed by the courts. The *Veteran Warriors, Inc. v. McDonough* ruled that this strict interpretation of assistance with ADL's under VA's regulation was allowed under the legislation creating PCAFC. However, VA Central Office CSP has acknowledged that this strict interpretation is keeping veterans, especially older veterans, out of the program and penalizing veterans for being able to do anything for themselves which impedes progress in rehabilitation and potentially causes patient harm. Prior to the 2020 regulation governing PCAFC, the ADL standard for PCAFC was "regular assistance" which was in line with the standard for Supervision, Protection, and Instruction.

By legislating this language, PCAFC would be opened to those caregivers who have previously been denied participation, thus allowing them to participate in PCAFC which would allow them financial compensation for responsibilities that they have been fulfilling for free and that has caused them to miss time at or leave their job, impacting their income.

While QoLF would not normally ask Congress to legislate this language to such specificity, we do so in this instance. The regulation governing PCAFC has changed four times since the creation of this program in 2011, and we are currently waiting for a new proposed regulation to be published in the immediate future. In order to keep changes from being made each time there is new leadership at the helm of VA, we ask that Congress write the legislation into statute, preventing the legislative language that exists now from being continually re-interpreted by VA and necessitating the constant pauses in PCAFC that have occurred since the programs inception.

4. **Establish a cadre of specially trained case managers**, similar to the Federal Recovery Care Coordination Program (FRCP) and potentially linked to the lead coordinator who can take on the most difficult cases. This would benefit the individual caregiver and veteran while freeing up the care managers and other case managers to serve more veterans. While most caregiver and veteran dyads can be accommodated by a simple phone call to a social worker or care manager, those with the most complex needs often need an individual with the training, competency, desire, and authority to request waivers, explore options, and develop integrated care plans.

5. **Ease the process of obtaining a case manager**. It is difficult to obtain a case manager and very little public information exists to educate the veteran and the caregiver on case management. As a result, caregivers do most of the case management for their care recipients.

If a caregiver were to look for a case manager the following might ensue: The Richmond, Virginia VAMC homepage only mentions case management once as a subheading for Post 9/11 M2VA Care. There is no mention of co-morbid complex care case management or of disease specific case management. If you click on Post 9/11 M2VA case management, the description is not about multiple disease/condition/injury care, but more a description of transitioning back into civilian life after serving in the military. For those veterans that entered Afghanistan in 2001 or Iraq in 2003, should they look for case management services for multiple complex care needs, the description would not be one that would likely cause them to connect with the M2VA program or case managers. For any other veteran, not post 9/11, there is no mention of case or care management programs on the front page for that facility.

So how exactly does a veteran know that these programs exist, know to ask for them, and know how to find them?

6. **Establish a "Pathway to Advocacy" for outside organizations to officially assist veterans and caregivers within VHA**. QoLF strongly supports the recent Senate introduction of the **CARE Act of 2023** which includes a provision requiring the Secretary to develop a process to train and recognize non-profit organizations to assist in the navigation of programs and services within the Veterans Health Administration, allowing support and assistance for caregivers in obtaining care for their veteran care recipients. While QoLF currently uses Releases of Information to advocate on behalf veterans and caregivers, such a process would allow

certified organizations to work more effectively WITH social workers and care managers to better support the population we all serve.

7. **Pass the Elizabeth Dole Home Care Act (H.R. 542)**. QoLF strongly supports the passage of this act which provides expanded mental health care and respite care for veteran caregivers in the Program of General Caregiver Support Services who do not currently receive mental health care in support of their caregiving duties. This also honors veterans' decisions to be cared for in their homes by eliminating the home care cost cap that currently forces a veteran into a nursing home. Additionally, QoLF offered language in this bill that would ensure if veterans and caregivers were found ineligible for PCAFC, other programs the care recipient was qualified for would have to be identified and put in place before the caregiver could be removed from PCAFC or as a result of a denial of PCAFC. This would allow caregivers to feel supported.

Conclusion

Quality of Life Foundation would like to thank the Committee for allowing us to offer these suggestions to improve the lives of military and veteran caregivers as well as the veterans for whom they care. We would be happy to answer any questions that you have.

Prepared Statement of Blue Star Families

Chairman Bost and Ranking Member Takano, thank you for holding this critically important hearing on "Everyday Heroes: Supporting the Veteran Caregiver Community."

I am the Associate Director of Policy at Blue Star Families—the nation's leading grass-roots military family support organization, with over 300,000 members and impacting more than 1.5 million military and Veteran family members every year. By cultivating innovative programs and partnerships, Blue Star Families seeks to ensure no matter where their service takes them, our military and Veteran families always feel connected, supported, and empowered to thrive. This approach ensures military readiness and enhances retention and recruiting efforts.

With 13 chapters strategically located across the country and a robust and secure digital presence, Blue Star Families provides both virtual and in-person support, creating a consistent and reliable presence that resonates with military, Veteran, guard, and reserve families. Our chapters are unique and serve as vital hubs where innovative programs, events, and services are offered, fostering a sense of community and connection. By providing opportunities to engage with civilian neighbors, institutions, and organizations, we aim to integrate military families seamlessly into their local communities.

For well over 10 years, Blue Star Families has recognized caregivers in military families as a vital member of the military community and provided them with personalized and intimate programming and reliable resources. While our programs continuously innovate and adapt to evolving caregiver needs, the one thing that has remained constant is that Blue Star Families is a trusted ally and supporter for ALL caregivers.

The term "Military caregivers" is currently defined as those caring for an active-duty or Veteran service member who has serious injuries or illnesses,[1] likely caused by military service. This definition falls short of fully capturing the scope of caregiving for today's military family. "Military caregivers" are disproportionately wives caring for a spouse or partner with a military-connected injury, or sometimes adult children or battle buddies.[2]

Amending the term and referring to them instead as "caregivers in military families" allows for the inclusion of caregivers of all kinds.[3] A caregiver in a military

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[1] Strong, J. (2018). Military Caregivers. Clinical Social Work Journal. 46. 156–163. DOI: https://doi.org/10.1007/s10615–018–0657–6

[2] Ramchand, R., Tanielian, T., Fisher, M.P., Vaughan, C.A., Trail, T.E., Batka, C., et al. (2014). Hidden Heroes: America's Military Caregivers. Santa Monica, CA: RAND Corporation, 2014. https://www.rand.org/pubs/research_reports/RR499.html.

[3] Blue Star Families. (2021). Special report: *Caregiving in military families*. https://bluestarfam.org/wp-content/uploads/2021/06/BSF_RCI_Caregiving_Report_2021.pdf

family may care for children with special needs, other family members with chronic conditions, aging parents and grandparents, battle buddies, and many others.[4]

Additionally, a significant yet often overlooked group of caregivers, commonly referred to as Hidden Helpers, has gained attention through the work of the Elizabeth Dole Foundation. These are children and youth who live in homes with injured or ill service members and Veterans.[5] Despite their young age, they take on caregiving responsibilities, often without realizing the extent of their role.

It is estimated that 2.3 million Hidden Helpers across the United States provide essential care and support to their loved ones.[6] These young caregivers manage tasks ranging from assisting with daily activities to providing emotional support, all while balancing school and other personal commitments.

Despite their critical contributions, many Hidden Helpers do not see themselves as caregivers. Instead, they view their actions as simply doing what is best for their family members.[7] Blue Star Families 2021 Special Report on Caregiving also found this to be true of adult caregivers.[8]

Caregivers in military families often have to balance caregiving responsibilities with the unique demands of the military lifestyle. This lifestyle brings its own set of challenges, frequently prioritizing military service obligations and daily job demands over family and caregiving needs. These challenges can include separations from the service member due to deployments or training, leading to periods of isolation from family and friends.

These caregivers face the same military lifestyle challenges as their non-caregiver peers, but their issues are often intensified. For example, the stress of frequent moves not only disrupts the family routine but also complicates access to consistent medical care and support services for their loved ones.[9] The service member's absence can leave caregivers solely responsible for managing the household and caregiving duties, adding to their emotional and physical burden.

Furthermore, typical stressors of military life, such as financial instability and the pressure of adapting to new environments, carry different and more profound meanings for caregivers. The need to find new healthcare providers and support systems with each move is daunting, and the isolation felt during a service member's absence is more pronounced for those already under the strain of caregiving.

Sustaining programs that support their well-being and self-care are essential, as they play a pivotal role in maintaining caregivers' health and happiness and the overall resilience of our military community.

Our enduring partnership with the Veterans United Foundation remained steadfast in supporting the Caregivers Empowering Caregivers (CEC) Program, an integral program within Blue Star Families. This partnership enabled us to expand and enhance our program, which is focused on providing crucial resources, support networks, and education to empower caregivers.

Dedicated to the principles of self-care, resource sharing, and community building, we offer a platform for caregivers to connect, share experiences, and develop strategies for self-care. We equip participants with the tools and resources to manage their caregiving responsibilities while prioritizing their own well-being.

In 2022, the Blue Star Families of Dayton & Southwestern Ohio Chapter embarked on an inspiring initiative to strengthen community bonds and support students within Franklin City Schools and Lakota East Schools. This initiative led to the creation of the Purple Star & Hidden Helper Club, a beacon of togetherness and understanding for students with diverse backgrounds and experiences.

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[4] Blue Star Families. (2021). *Special report: Caregiving in military families*. https://bluestarfam.org/wp-content/uploads/2021/06/BSF__RCI__Caregiving__Report__2021.pdf

[5] Elizabeth Dole Foundation, Wounded Warriors Project, Hidden Helpers. (n.d.). *What you need to know about hidden helpers*. Hidden Heroes.https://hiddenheroes.org/wp-content/uploads/2021/11/EDF-HiddenHelpers-Programs.pdf

[6] Malick, S., Sandoval, M., Santiago, T., Jacobs Johnson, C., Gehrke, A., & Metallic, E. (2022). *Hidden helpers at the frontlines of caregiving: Supporting the healthy development of children from military and veteran caregiving homes* (No. 0cb41ff18c0a4064abd0dca2b83008a7). Mathematica Policy Research. https://hiddenheroes.org/wp-content/uploads/2022/01/Hidden__Helpers.pdf

[7] Malick, S., Sandoval, M., Santiago, T., Jacobs Johnson, C., Gehrke, A., & Metallic, E. (2022). *Hidden helpers at the frontlines of caregiving: Supporting the healthy development of children from military and veteran caregiving homes* (No. 0cb41ff18c0a4064abd0dca2b83008a7). Mathematica Policy Research. https://hiddenheroes.org/wp-content/uploads/2022/01/Hidden__Helpers.pdf

[8] Blue Star Families. (2021). Special report: *Caregiving in military families*. https://bluestarfam.org/wp-content/uploads/2021/06/BSF__RCI__Caregiving__Report__2021.pdf

[9] Blue Star Families. (2021). Special report: Caregiving in military families. https://bluestarfam.org/wp-content/uploads/2021/06/BSF__RCI__Caregiving__Report__2021.pdf

The program started modestly with just six students but quickly expanded, eventually welcoming over 40 students. This diverse group included children of active-duty service members, Guard/Reserve members, Hidden Helpers, and civilian students. The club's growth highlighted its significant impact and the importance of such support systems within schools. Throughout the school year, these students gathered monthly, focused on the noble cause of fostering a sense of belonging and mutual support among students.

This initiative is an excellent model of the importance of community-level stewardship, which supports military-connected children and fosters a broader sense of empathy and understanding among all students.

In that same community in April 2023, during the Month of the Military Child, an extraordinary vision board activity took place, filled with laughter, creativity, and the delightful aroma of pizza. This special event was designed to foster new friendships, deepen existing bonds, and promote a greater understanding of military culture.

For the Hidden Helper students, this initiative was significant. These students face the daily challenge of balancing their academic pursuits with caregiving responsibilities at home, creating a life filled with unpredictability and stress. The event offered them a cherished moment of respite and camaraderie, allowing them to relax and connect with peers who understood their experiences.

The event fostered a sense of belonging and solidarity among the students. As they crafted their vision boards, they shared their dreams and aspirations, discovering common ground and building a network of mutual support.

This is the story of the Purple Star & Hidden Helper Club, where every journey is shared, and no one walks alone. Through events like these, the club continues to foster a supportive and understanding community, celebrating the resilience and strength of military-connected children and their caregivers.

In 2023, Blue Star Families offered in-person Caregivers Empowering Caregivers programming in four of our Chapter locations nationwide. These in-person programs invite up to 20 caregivers in each location to be part of a cohort that meets four or more times during the year. These face-to-face interactions offer a secure environment for caregivers to come together, establish connections, and allocate dedicated time to prioritize their personal self-care journeys.

The Caregivers Empowering Caregivers Program had 12 in-person cohorts and served 126 caregivers and Hidden Helpers. Data collected through the program's post-event surveys revealed diverse participation: 36 percent were Veteran spouses, 27 percent were active-duty spouses, and 18 percent were Veterans. Furthermore, 45 percent identified as Black, Indigenous, people of color, or multiracial.

The feedback was overwhelmingly positive. Every participant (100 percent) felt respected, able to connect with others, and comfortable expressing themselves. This inclusive environment fostered a sense of community and belonging among the attendees.

Quotes from Participants

The joy of seeing many military-affiliated caregivers taking some time out to relax, network, share experiences, and laugh brings great fulfillment to me.—Army Reserve Spouse

I loved being able to talk to others who "get it." Being a caregiver and a military spouse can be so isolating and lonely at times.—Active-Duty Air Force Spouse

The survey also highlighted tangible outcomes from the cohort. Over 41 new peer connections were established, creating a supportive caregiver network. Additionally, 73 percent of participants were introduced to new resources that could aid them in their caregiving roles. This exposure significantly enhanced their understanding of available support, with 73 percent reporting a deeper knowledge of local resources. Moreover, 54 percent of participants learned how to navigate these existing resources better, empowering them to utilize the support systems effectively.

The Caregivers Empowering Caregivers cohorts provided a respectful and inclusive space for caregivers, facilitated meaningful connections, and increased awareness and understanding of valuable resources. This initiative by Blue Star Families has significantly impacted the participants, equipping them with the tools and networks necessary to support their caregiving journey.

Blue Star Families continues to demonstrate its unwavering commitment to military and Veteran families through innovative programs and dedicated support. By creating a network of inclusive and empowering initiatives, we have made significant strides in ensuring that these families feel connected, supported, and empowered, no matter where their service takes them.

The success stories and positive feedback from participants underscore the critical impact of Blue Star Families' work. Whether it's through supporting Hidden Helpers, facilitating new friendships and resource awareness, or offering a platform for self-care and mutual support, Blue Star Families has shown that a strong, supportive community is essential for the resilience and well-being of military and Veteran families.

As we continue to evolve and expand our programs to meet the changing needs of our communities, Blue Star Families remains a trusted ally and steadfast supporter for all caregivers within military and Veteran families. Our dedication ensures that no military-connected family has to navigate their journey alone, reinforcing our role as a cornerstone of support and empowerment within the military and Veteran community.

Policy recommendations

- Extend the U.S. Department of Veterans Affairs' **Program of Comprehensive Assistance for Family Caregivers (PCAFC)** [10] for Legacy Participants and Legacy Applicants through Sept. 30, 2025.
- Develop accommodations through the Department of Education for Hidden Helpers in K–12 and Higher Education settings to allow for caring of family members.
- Develop tax credits for caregivers to promote financial stability.
- Promote work environments that are supportive of caregivers.
  - A national campaign to address the stigma associated with caregiving to ensure employers and others are supportive of caregivers.
- Continue to conduct rigorous evaluations of those initiatives designed to support military and veteran caregivers.[11]
- Continue to conduct research that fully captures the breadth of caregiving and those who serve as caregivers.[12]

Thank you for holding this important hearing. Please use Blue Star Families as a resource when you consider this or other matters of concern to military and Veteran families.

[10] https://news.va.gov/115526/good-news-for-veterans-and-caregivers/

[11] Ramchand, R., Dalton, S., Dubowitz, T., Hyde, K., Malika, N., Morral, A.R., Ohana, E., Parks, V., Schell, T.L., Swabe, G., Trail, T.E., & Williams, K.M. (2024). America's military and Veteran caregivers: Hidden heroes emerging from the shadows. RAND Corporation. https://www.rand.org/pubs/research__reports/RRA3212–1.html

[12] Ramchand, R., Dalton, S., Dubowitz, T., Hyde, K., Malika, N., Morral, A.R., Ohana, E., Parks, V., Schell, T.L., Swabe, G., Trail, T.E., & Williams, K.M. (2024). America's military and Veteran caregivers: Hidden heroes emerging from the shadows. RAND Corporation. https://www.rand.org/pubs/research__reports/RRA3212–1.html